

Report To: Community Health & Care
Partnership Sub Committee

Date: 9th January 2014

Report By: Brian Moore
Corporate Director
Inverclyde Community Health &
Care Partnership

Report No:
CHCP/15/2013/HW

Contact Officer: Helen Watson
Head of Service
Planning, Health Improvement &
Commissioning

Contact No: 01475 715369

Subject: Integrated Performance Improvement Exceptions Report

1.0 PURPOSE

- 1.1 To present to the Sub-Committee an exceptions report of performance (Appendix 1) as proposed in a previous committee paper dated 28th February 2013. It is intended that this performance report will support the Sub Committee's scrutiny role in respect of the Inverclyde CHCP, and that the Sub-Committee find the process for developing such routine performance reports to be relevant and clear, and reflect the pressing issues or priorities of our communities.

2.0 SUMMARY

- 2.1 The CHCP Management Team currently undergoes six-monthly joint Organisational Performance Reviews (OPRs) which are reported regularly to Sub-Committee. At OPR, officers are required to provide an account of performance against key targets including HEAT, SOA and our Directorate Plan.
- 2.2 Most of the targets that are examined through the OPR process are high level ones that are shaped through national policy, and are often put in place as a proxy to give an indication of our overall functioning. On that basis they do not always directly reflect the pressing issues or priorities of our communities.
- 2.3 The CHCP Planning and Performance Team have now developed a fully integrated system and process for the management of performance through the introduction of the Quarterly Performance Service Reviews (QPSR) and our new Performance Data Repository. This is a system which captures all local and national data measures that we are required to report for statutory or non statutory purposes, for a range of business functions relating to Inverclyde CHCP. The repository holds a vast range of information where each measure is mapped to a SHANARRI Wellbeing indicator.
- 2.4 Our February 2013 report outlined a proposed process to develop a regular report that is more reflective of local issues. We have developed such a report using existing data, and have presented this in a more accessible and meaningful format that will bring a clearer understanding of how people experience health and social care in Inverclyde and also support Sub-Committee members in their scrutiny function.
- 2.5 It is intended that this performance exceptions report will be produced for the Sub-Committee on a quarterly basis and will also feed into the twice yearly May and October Organisational Performance Review (OPR) to the Health Board and Council.

3.0 RECOMMENDATION

- 3.1 Members are asked to comment on the relevance and usefulness of this performance report at appendix 1 and to provide views as to its final structure and content to inform with future performance reports.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 Inverclyde Community Health and Care Partnership (ICHCP) is a partnership between Inverclyde Council and NHS Greater Glasgow and Clyde bringing together both NHS and Local Authority responsibilities for community-based health and social care services within a single, integrated structure. The Integrated CHCP has accountability to NHSGGC and Inverclyde Council.
- 4.2 The CHCP Sub-Committee has a scrutiny function in terms of performance. The structure ensures that our efforts are focused on improving performance in line with our key commitments, as agreed through the CHCP Sub-Committee, and that the ambitions of the CHCP are implemented at the front line of service delivery.
- 4.3 A new quarterly performance service reporting structure (QPSR) was established 18 months ago for each Head of Service within the CHCP. The structure is illustrated in the chart at **Appendix 2**. The purpose of the QPSR is to present key performance information and statistics for analysis to identify strengths and weaknesses in performance. A critical aspect of the QPSR process is also to update and review the progress of key actions and outcomes for each of the service areas on their strategic priorities. The QPSR process is being embedded into our performance reporting framework to assist with the demands of all the reporting requirements both locally and nationally.

We have developed a fully integrated system and process for the management of performance through the introduction of the Quarterly Performance Service Reviews (QPSR) and our new Performance Data Repository. This is a system which captures all local and national data measures that we are required to report for statutory or non statutory purposes, for a range of business functions relating to Inverclyde CHCP.
- 4.4
- 4.5 The repository holds a vast range of information including all of the measures we are required to report on the SOLACE indicators. Performance measures are aligned to the SHANARRI (Safe, Healthy, Achieving; Nurtured; Active; Respected; Responsible and Included) wellbeing indicators which provides a full picture of our performance, and measures progress and outcomes for individuals and communities through which we promote and measure success.
- 4.6 Each of the QPSR reports are combined into a full report with an accompanying summary, which is provided to each Head of Service and the Director for scrutiny at their quarterly performance Management Meeting. Through this process, exceptional performance is identified and selected measures are reported to Committee.
- 4.7 The report at **Appendix 1** aims to highlight a relatively small number of areas where performance is out with the normal range that we would expect, either positively or negatively. The indicators have been chosen to reflect a cross section of CHCP services as well as the range of SHANARRI outcomes.
- 4.8 The report at **Appendix 3** highlights the SOLACE benchmarking Indicators specifically relating to the CHCP. One of the SOLACE indicators is also included in the children and families exceptions reports (% children looked after in the community) highlighting the rankings for each year.
- 4.9 We will aim to develop a regular report that is reflective of local issues, that is balanced and coherent, using existing data, and is presented in a more accessible and meaningful format that will bring a clearer understanding of how people experience

health and social care in Inverclyde, and explicitly highlight what aspects work well and where improvements need to be made. By using established data sets whenever possible, there should also be scope for us to benchmark our performance across other areas whilst recognising that as a CHCP it would not make sense to disaggregate local information into NHS or Social Work components where we have brought our data together under a single reporting system.

- 4.10 Whilst initially we are using quantitative data sources, it is recognised that we may have to develop some qualitative measures for the future to reflect our need to evidence improved outcomes. However this would be in line with the strategic direction of the CHCP in moving towards outcomes-focused planning, commissioning and delivery across our services. The report itself will be presented in a consistent format, but the content will evolve over time to remain reflective of local issues.

5.0 PROPOSALS

- 5.1 CHCP Sub-Committee Members are asked to review the report and agree its format as an acceptable way of describing performance exceptions.

6.0 IMPLICATIONS

- 6.1 Legal: There are no legal implications in respect of this report.
- 6.2 Finance: There are no financial implications in respect of this report.

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

- 6.3 Personnel: There are no personnel implications in respect of this report.
- 6.4 Equalities: There are no equalities implications in respect of this report.
- 6.5 Repopulation: There are no repopulation implications in respect of this report.

7.0 CONSULTATION

- 7.1 Consultation has taken place with services through the Quarterly Service Review process. Various presentations of the repository and final combined performance reports have been provided to Heads of Service. A presentation of the proposed exceptions report, the repository and processes was made to Members on 9th August this year and was received positively by them at that time.

8.0 LIST OF BACKGROUND PAPERS

- 8.1
1. Performance Structure Chart
 2. CHCP Integrated Performance Exceptions Report
 3. Summary SOLACE measures

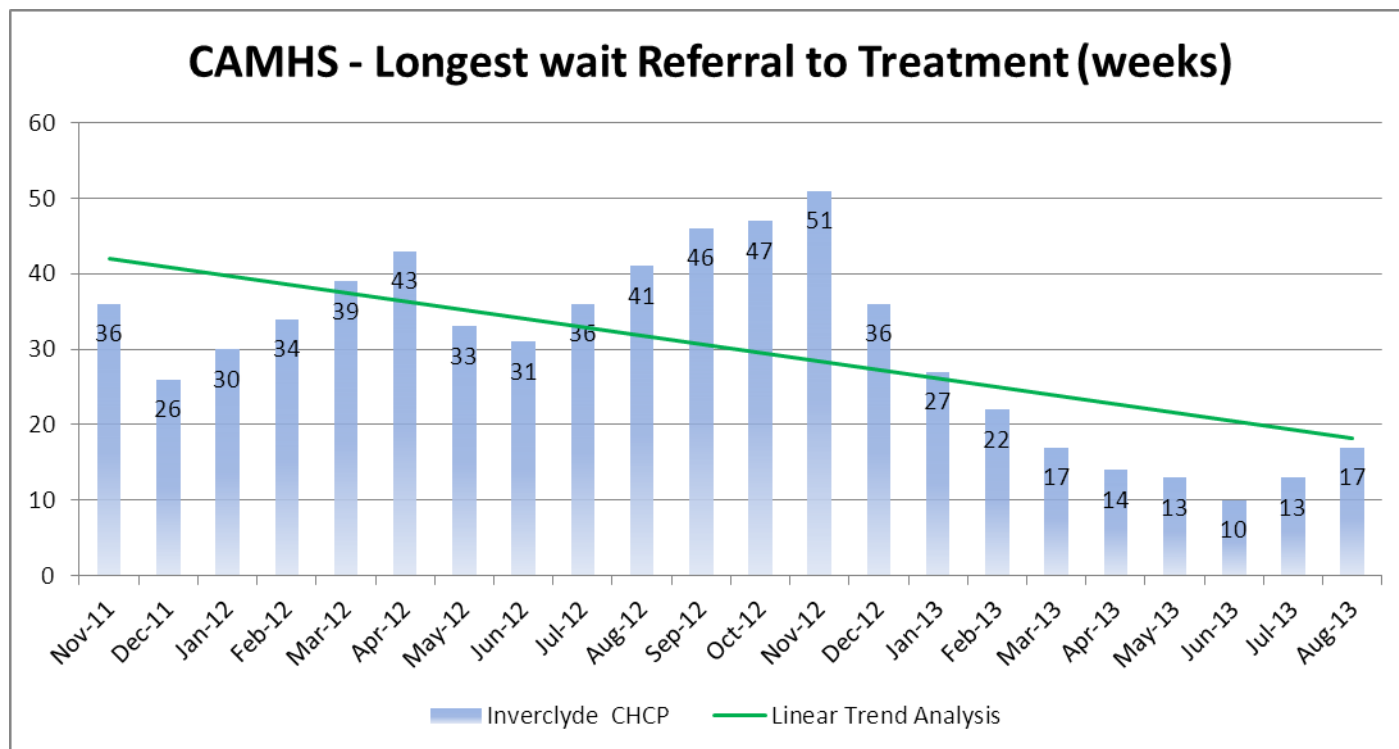
Integrated Performance Improvement Exceptions Report for Committee Period to September 2013

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Child and Adolescent Mental Health Services (CAHMS)

Objective	Vulnerable young people can access services
Wellbeing	Healthy
Measure	CAMHS – Referral to Treatment (longest wait at month end in weeks)
Current Performance	17 as at August 2013



	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Glasgow City CHP	32	29	26	26	21	20	24	19	17	20	23	24
Inverclyde CHCP	46	47	51	36	27	22	17	14	13	10	13	17
Renfrewshire CHP	42	51	28	23	21	18	19	16	17	16	18	18
West Dunbartonshire CHCP	19	21	17	12	14	16	18	14	15	18	16	16
NHSGGC	46	51	51	36	27	22	24	19	17	20	23	24
Target	28	27	26	26	26	26	26	25	24	24	23	23

Commentary

In February 2013 we exceeded the set target of 26 weeks waiting time, achieving the longest wait at 22 weeks. This was largely due to the focused management of a number of issues and challenges, including:

- an increase in the age range of young people eligible for the service from 16 -18 resulting in increased referrals;
- implementation of the Board-wide Resource Allocation Model (RAM) which meant a reduction in resource for CAMHS in Inverclyde;
- Significant LT sickness in Nursing and Psychology teams; and several unsuccessful attempts to recruit to backfill posts to address the reduced capacity resulting from long term sickness

These issues were managed and addressed, and our action plan is now focussed on sustaining our renewed level of resilience.

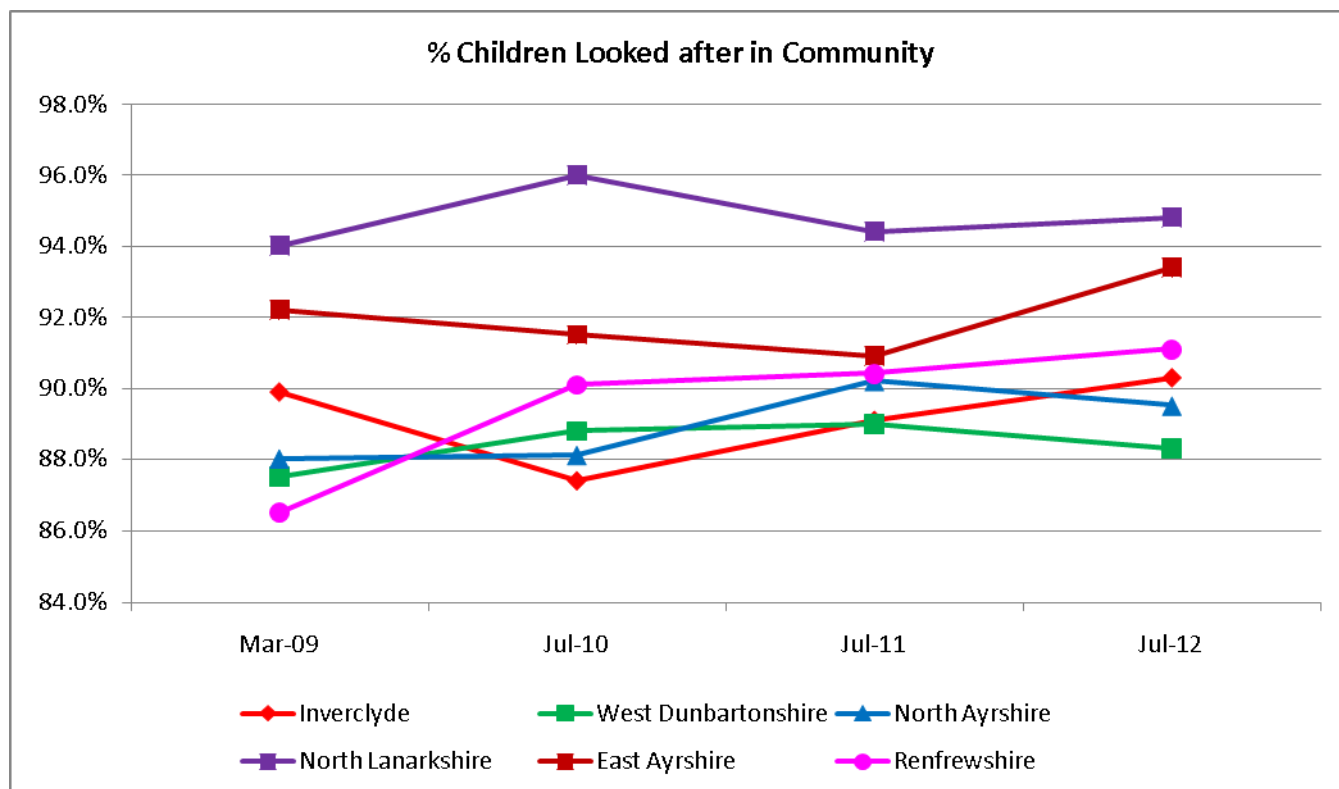
Comparative analysis for Inverclyde shows that despite meeting the target in February 2013 and matching the NHSGGC average, we still had some catching up to do, showing the longest wait in the group of authorities tabled above, however by March 2013 we surpassed all other authorities tabled and our performance at that point was 'best in the group' at 17 weeks. This downward trend continued until Jun 13 with the longest waiting times falling to 10 weeks for Inverclyde. However, although still well within target, the figure begins to climb again in July and August showing a slight increase back to 17weeks in August 2013 and sitting 'second best in the group' after West Dunbartonshire at 16wks.

Actions

- Continue to review and make service improvement by moving towards full use of the Choice and partnership Approach. This will improve access and engagement with the children, young people and families who require our service.
- Work closely with Cowal and Bute colleagues to ensure service is value for money and accessible to children and young people in these communities
- Monthly review of how the team is performing working towards the 18 weeks referral to treatment target.
- Continue to monitor the performance of the HEAT target through the Quarterly Performance Service Review process.
- Monitor the number of young people in need of this service locally through the clinical outcome data that is available.
- Ensure that whole team/skill set resource can readily be in place to meet demand.

Looked After and Accommodated Children (LAAC) in Community

Objective	Vulnerable children have a nurturing environment
Wellbeing	Nurtured
Measure	Percentage of Children Looked after in Community Placements (snapshot at end of reporting period)
Current Performance	90.01% as at March 2013



% Children Looked after in Community	Mar-09	Jul-10	Jul-11	Solace Ranked 2011	Jul-12	Solace Ranked 2012	Change in Rank
Inverclyde	89.9%	87.4%	89.1%	17	90.3%	16	1
West Dunbartonshire	87.5%	88.8%	89.0%	18	88.3%	19	-1
North Ayrshire	88.0%	88.1%	90.2%	16	89.5%	17	-1
North Lanarkshire	94.0%	96.0%	94.4%	2	94.8%	1	1
East Ayrshire	92.2%	91.5%	90.9%	14	93.4%	6	8
Renfrewshire	86.5%	90.1%	90.4%	15	91.1%	13	2

Commentary

As part of our overall Nurturing Inverclyde approach we are pursuing an explicit policy of placing Inverclyde Children within Inverclyde (with the exception of adoption). We are pleased to report that the number of Inverclyde Children placed in residential schools is at its lowest level and the number of children placed in community based settings is at its highest at 90.3% at July 2012

Annual trends of children looked after and cared for in the community have been consistent for a number of years around 88% in Inverclyde. This has risen to 90.3% at July 2012 and 90.01% in the latest quarterly stats at March 2013.

This measure has been adopted by SOLACE as a national benchmarking indicator and the chart above illustrates our performance against the 'family benchmarking authorities' ranked 17th in Scotland in 2011.

The % change in value from 2010-11 shows an improvement for Inverclyde from **89.1** to **90.3%** and an improved ranking position to **16** from the previous year.

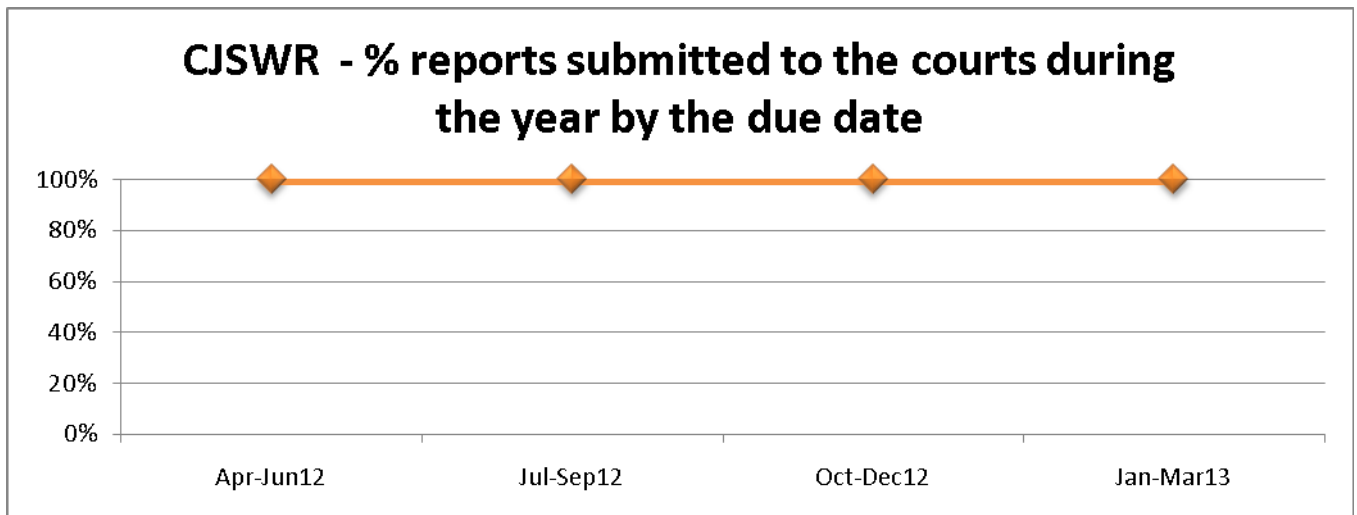
*Nb. It is worth noting that the definition of 'community placement' in the indicator is strictly in terms of all types of placements other than in **residential establishment** i.e. foster, adoption, at home, with friends/family other community. Children looked after in a local residential establishment is included as a 'residential' placement and is not defined as a community placement for this indicator.*

Actions

- Continue with the implementation and provision of the Family Placement Strategy to ensure that every looked after child is placed appropriately and in a nurturing environment.
- Continue to monitor the balance of care for looked after children: % of children being looked after in the community as part of our established Regular Quarterly Performance Service Reviews (QPSR).

Criminal Justice

Objective	Offenders are supported to be respected and responsible citizens
Wellbeing	Respected and Responsible
Measure	Criminal Justice Social Work Reports (CJSWR) - % reports submitted to the courts during the year by the due date
Current Performance	100% as at March 2013



	Apr-Jun12	Jul-Sep12	Oct-Dec12	Jan-Mar13
CJSWR - % reports submitted to the courts during the year by the due date	100%	100%	100%	100%

Commentary

The introduction of the new Community Payback has been one of the most significant reforms for criminal justice for many years, replacing and extending most of the existing community based sentences. The establishment of a more structured approach to working with offenders has been part of the criminal justice social work service, however, the new legislation re-emphasises this and stresses the need for a systematic, evidence based approach, related to national standards.

Preparing assessments and reports are crucial parts of the social work tasks in the Criminal Justice System to ensure that the right decisions are made and appropriate interventions are agreed. The assessment process has the following key elements: information gathering, interviewing, analysis and report writing. Reports should be accurate, timely and fit for purpose to ensure that the right decision can be made at the right time for each individual.

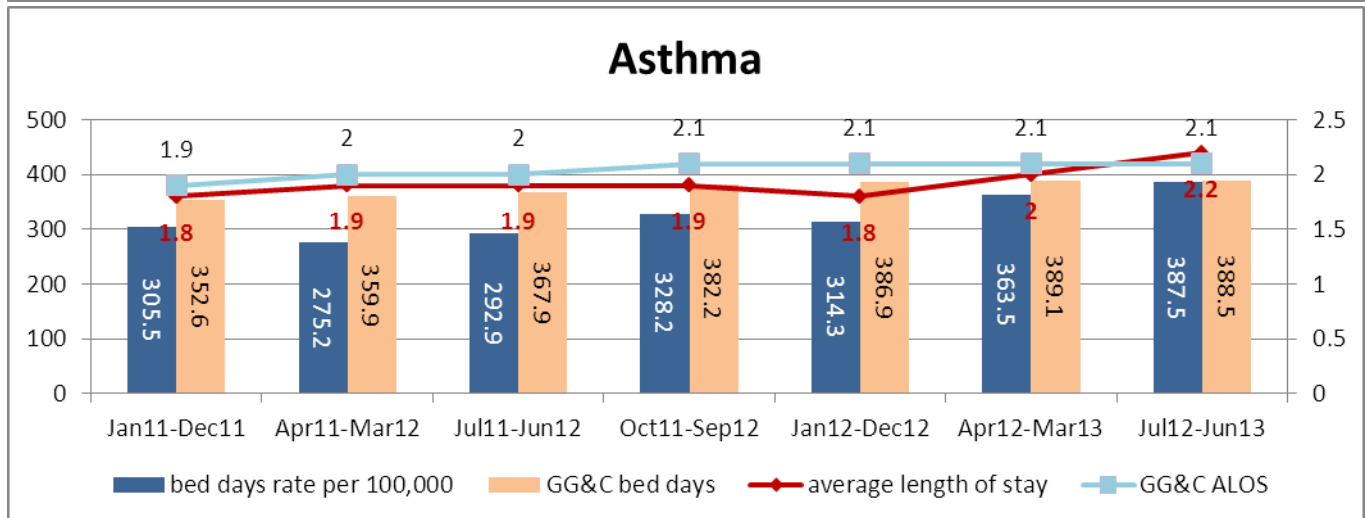
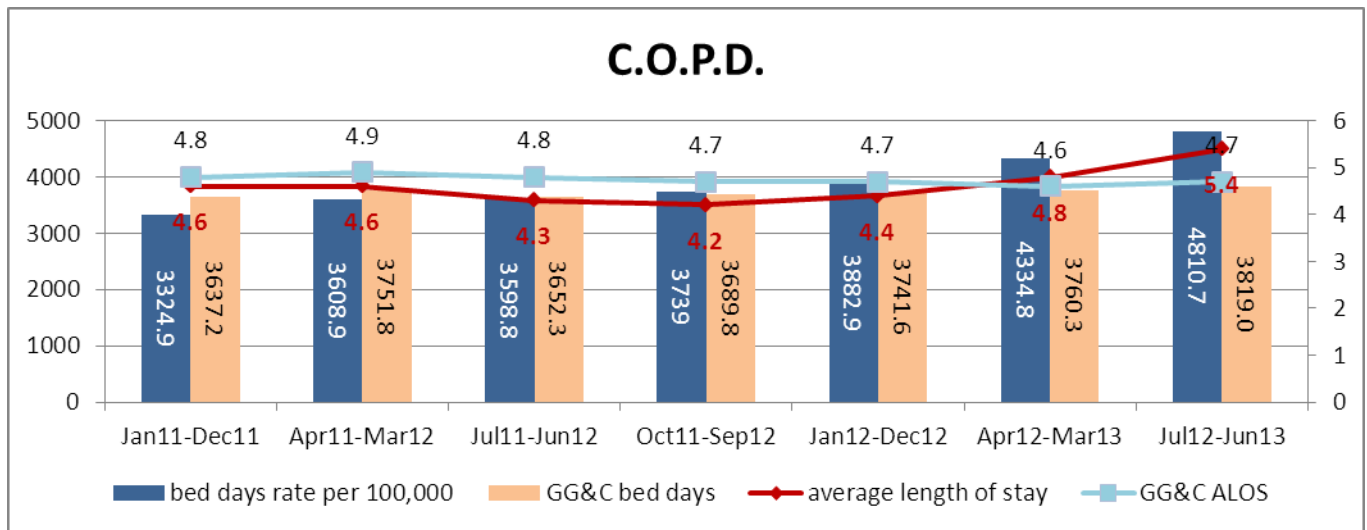
Criminal Justice social work services in Inverclyde have continued to deliver a high standard of service across the full spectrum of their responsibilities. This is evidenced above illustrating that every Criminal Justice Social Work Reports requested by courts was submitted within the agreed timescales. The service provides an underpinning resource to community safety and endeavours to ensure that individuals involved in the criminal justice system can have the best opportunity to be active, positive, respected and responsible members of our communities.

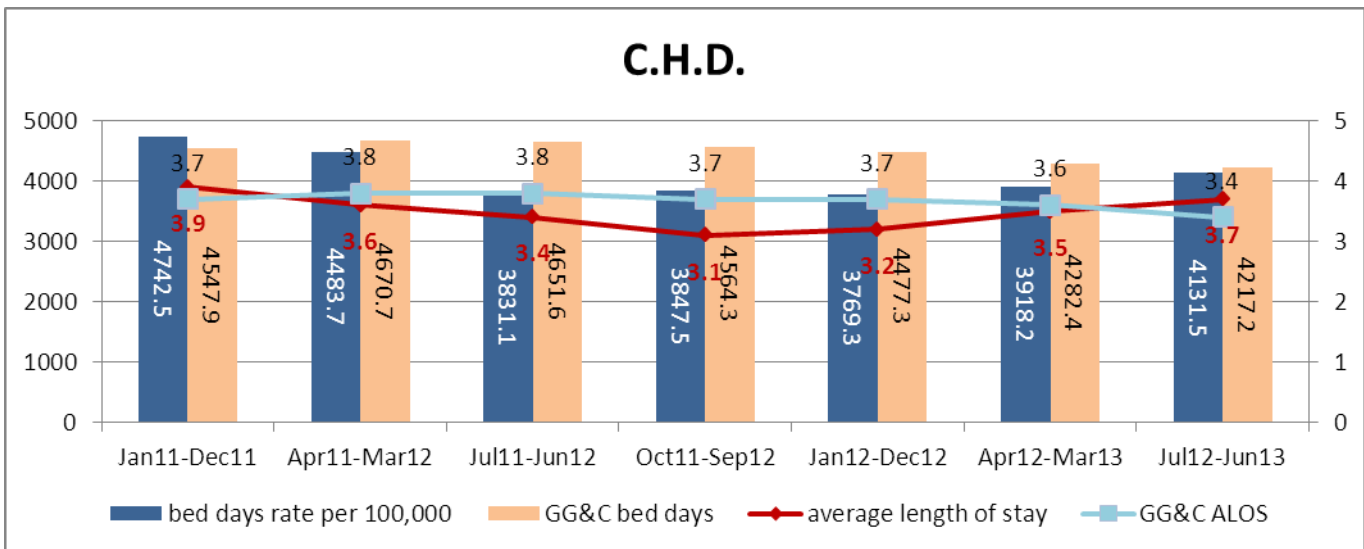
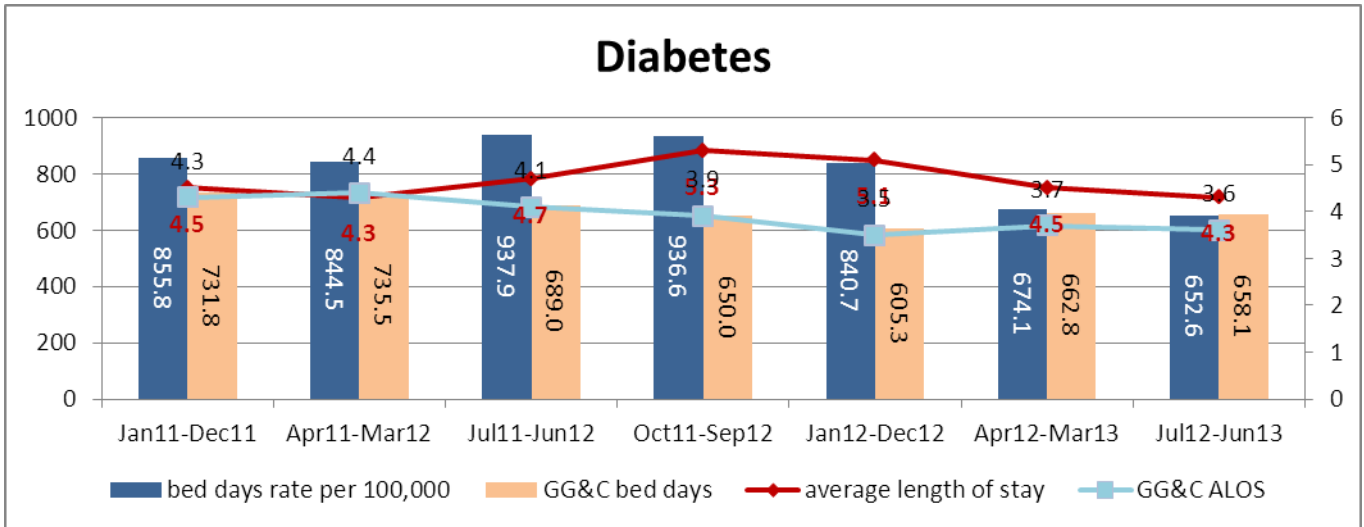
Actions

- Continue to monitor performance for this measure and ensure that we continue to deliver within agreed timescales

Long Term Conditions

Objective	Implement the LTC plan to reduce the use of hospital inpatient care through a collaborative approach to the patient journey
Wellbeing	Healthy
Measure	Reduce the number of acute bed days consumed by each LTC (Crude bed days rate per 100,000 pop)
Current Performance	COPD – 4810.7, Asthma – 387.5 Diabetes – 652.6, CHD – 4131.5





Commentary

Dialogue with acute diabetes service for development of community in-reach service to include Local Enhanced Service for Diabetes Team to support Type 1 and 2 patients with diabetes. This would allow a community approach to diabetes management moving away from traditional outpatient appointments within the acute system. Commitment to Huntington's three year project across NHS GG&C to support patient's with early Huntington's within the community. Continue to support locally patients with Multiple Sclerosis via occupational therapy rehabilitation services. Review of COPD telehealth use with increase in availability of service to patients within the community.

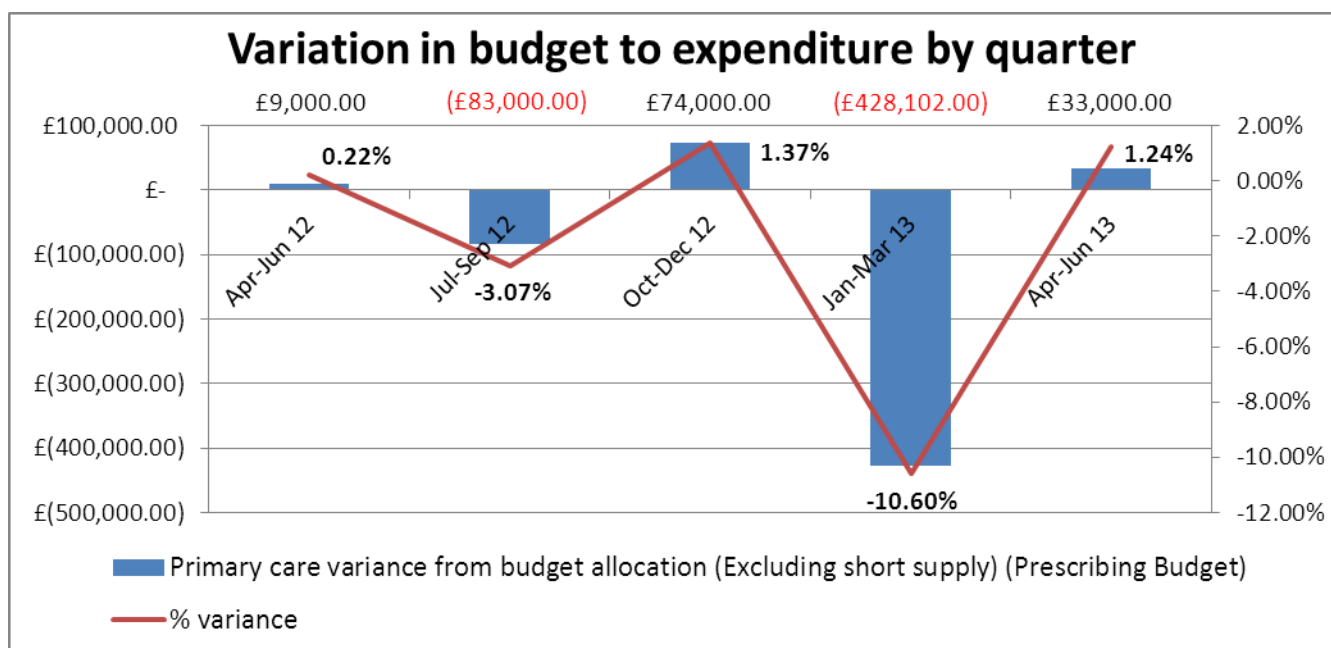
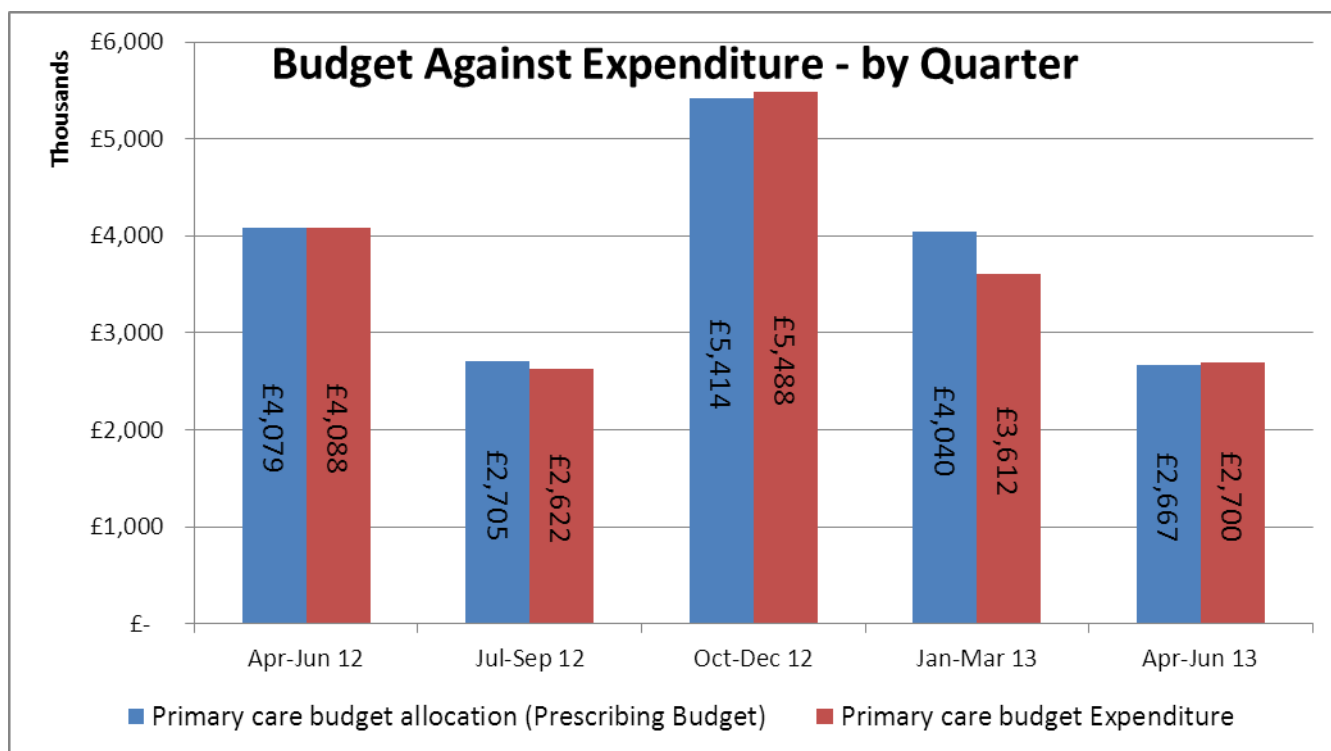
Actions

- Implement the LTC plan to reduce the use of hospital inpatient care through a collaborative approach to the patient journey to
 - Reduce hospital follow up
 - Increase range and level of community service responses to LTCs.

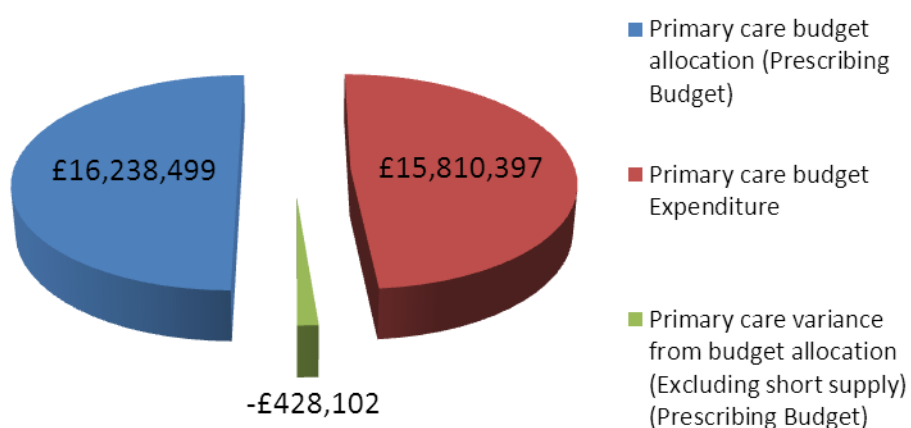
This will be supported by our work to review acute service usage data by Inverclyde patients as part of the further integration pilot

Prescribing

Objective	Ensure that money spent on medication targets need and provides best value
Wellbeing	Healthy
Measure	Primary care budget allocation (Prescribing Budget), expenditure and variance
Current Performance	2012-2013: 2.64% under budget 2013-2014 to June 2013: 1.24% Over budget



2012 - 2013 Total Budget



Commentary

A CHCP Prescribing Savings Plan is in place. 2013/2014 initiatives include

- Polypharmacy LES
- Medicines Management LES
- GMS indicators
- Medication reviews (particularly focussing on pain, respiratory, care homes, unlicensed medicines, medicines reconciliation, supporting Reablement and cost efficiency).

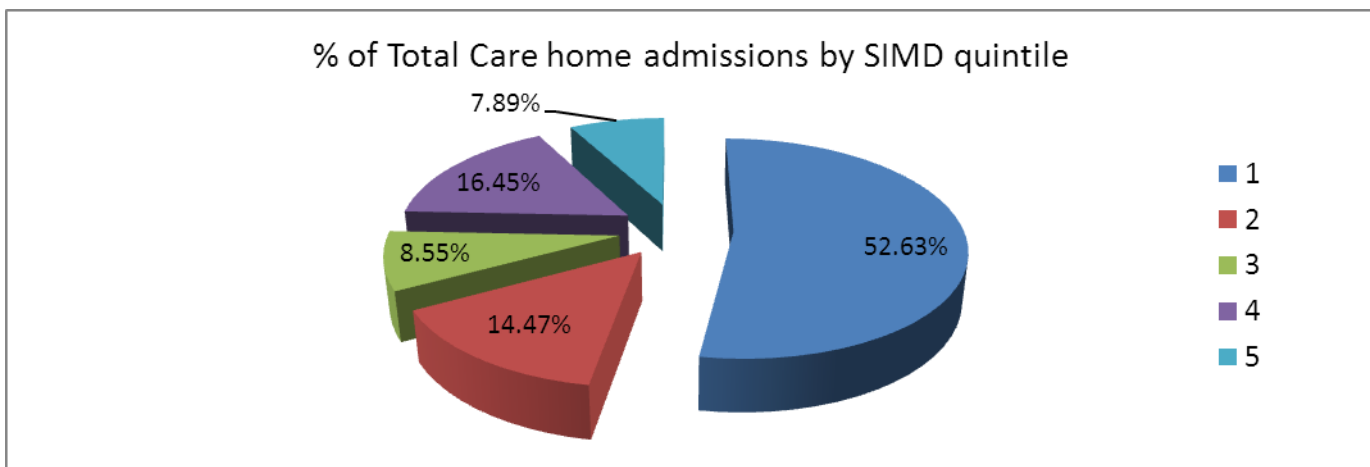
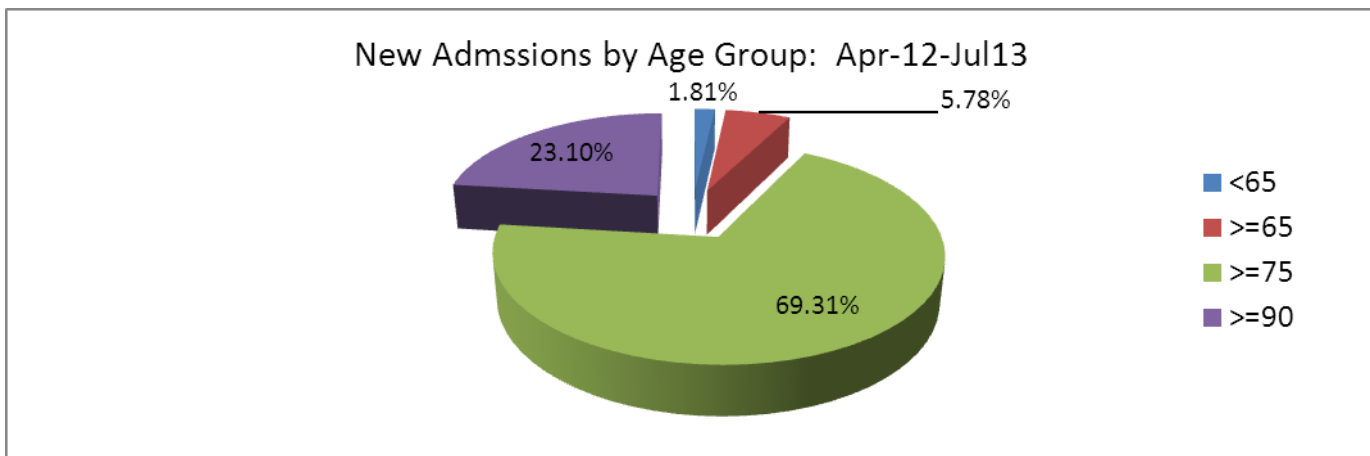
Four GPs actively participate in CHCP Prescribing Group and Prescribing is a standing item on GP Forum agenda.

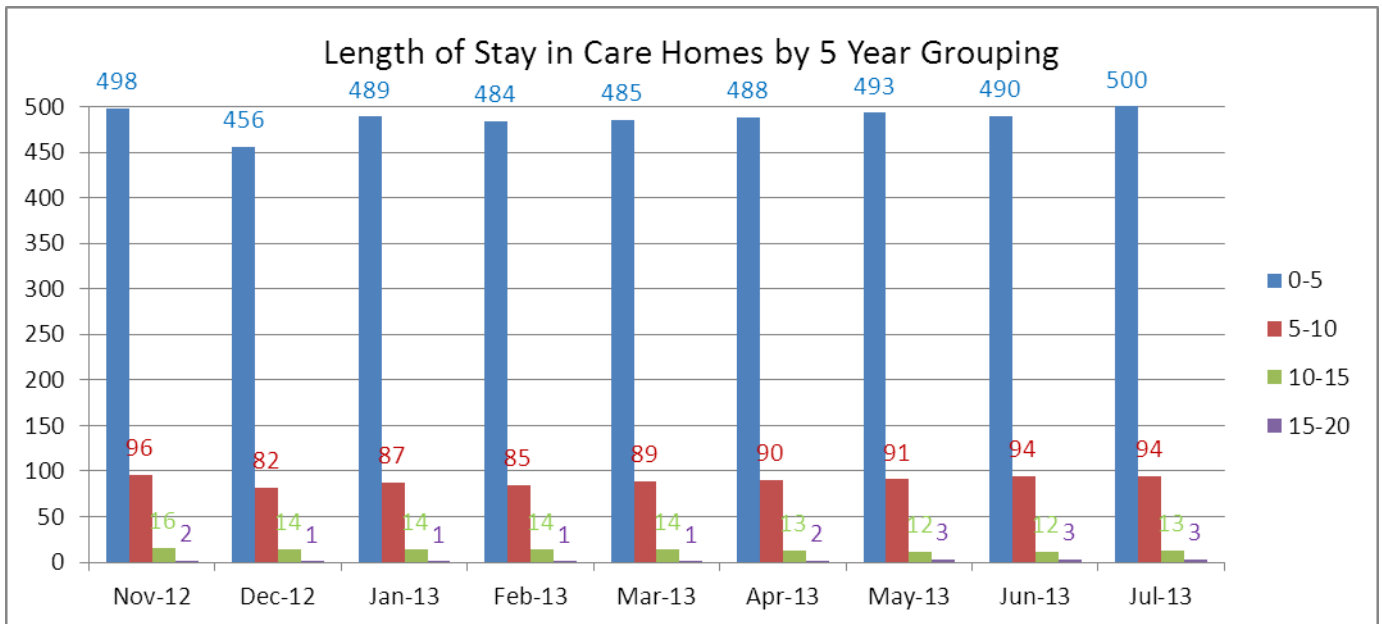
Actions

- We will continue to closely monitor our prescribing savings plan and the progress being made across the identified initiatives.

Care Home Beds

Objective	More people are cared for in settings which are appropriate for their needs
Wellbeing	Nurtured
Measure	Number of new admissions to care homes for people aged 65 years+
Current Performance	April to June 2013 – 54 new admissions





Commentary

From April 2012 to July 2013 there have been 227 new admissions to Care Homes in the Inverclyde LA area. The highest age group being admitted to Care Homes is in the 75-90 year old bracket. This age group accounts for nearly 70% of all the new admissions, with the next age bracket (90+) making up 23% and the other 2 age groups (under 65 and 65 – 75) making up the rest (1.18% and 5.78%).

Over half the new admissions to care homes live in the most deprived areas of Inverclyde. These areas are classified under the Scottish Governments Single Index of Multiple Deprivation (SIMD) which has a rating from 1 to 5 with 1 being the most deprived.

Long stays (10 yrs +) in Care homes remains overall fairly stable although stays in care homes between 0-5 year and 5-10 years shows a trend that is slightly increasing since November 2012. As people live longer, it is likely that the lengths of stay in the 10-15 and 15-20 lengths of stay will start to increase as the people who are currently in the lower brackets move into the upper brackets.

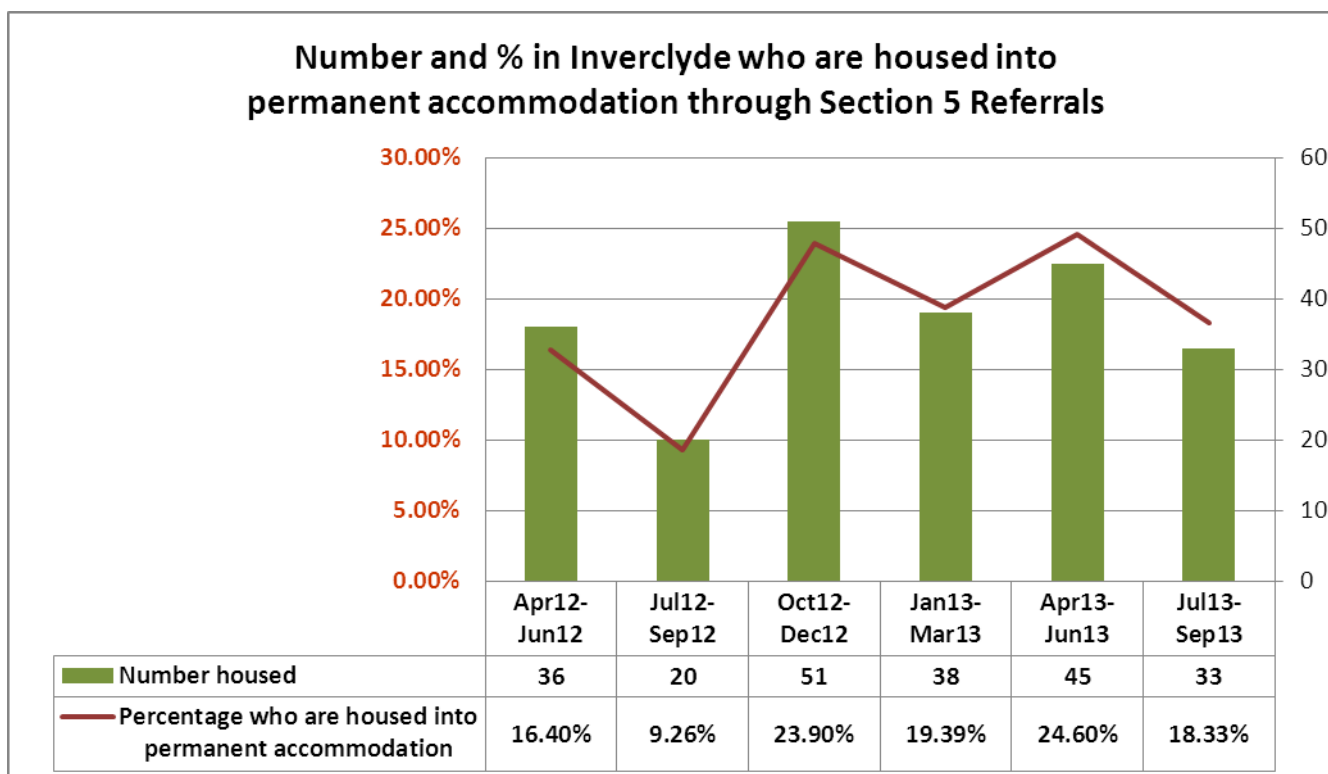
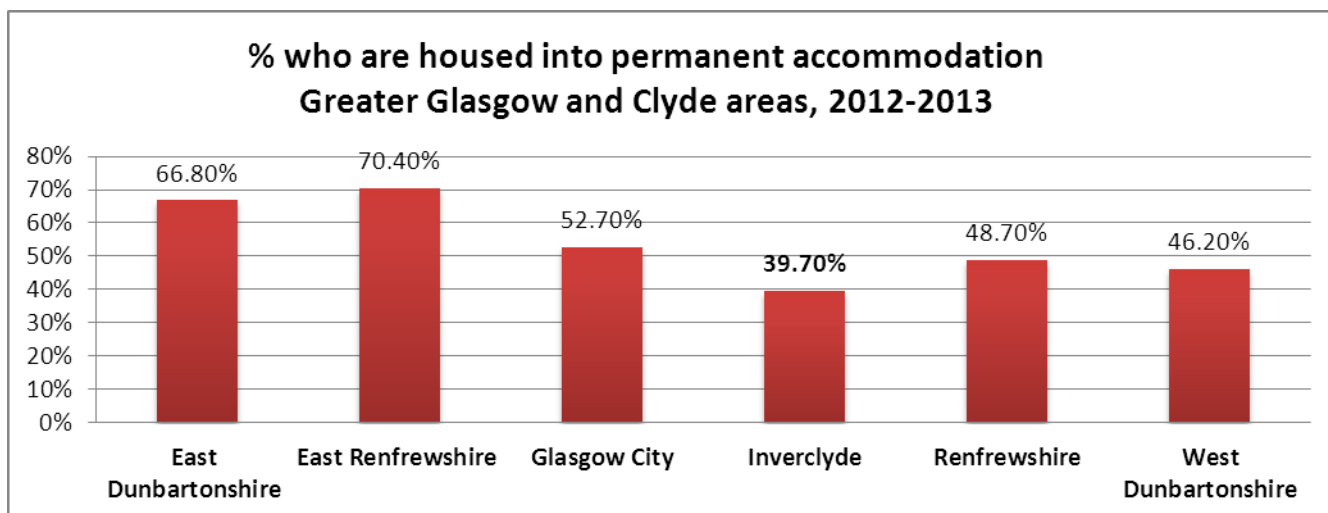
Actions

We have committed to reducing the number of older people inappropriately admitted to care homes and we are seeing a shift in the age range of those admitted, with these tending to be older with an increasing number aged over 90. We expect our increased focus on ACP, weekly monitoring of care home admissions and move to integrated teams to help us continue to shift this balance. Where admission to care home is appropriate to need, delivery of the 'My Home Life' development programme for care home managers in Inverclyde will improve quality of life and clinical outcomes for residents.

A number of options for intermediate care beds have been identified and these will be tested as alternatives to emergency respite or acute admission and for step down rehab where appropriate. There is much improved communication with RSL's and we are beginning to develop much clearer transparent processes across CHCP around housing allocation including chairing multi-disciplinary housing allocations meeting to influence best use of extra care housing provision and testing processes for allocation of adapted or specialist housing with one provider.

Homelessness

Objective	Anticipate and prevent homelessness whenever possible
Wellbeing	Safe
Measure	Number and percentage who are housed into permanent accommodation
Current Performance	33 (18.3%) as at September 2013



Commentary

It is a key priority in Inverclyde to tackle and prevent homelessness and to ensure vital prevention activity continues to result in many more people avoiding the misery of homelessness.

Homelessness affects a wide diversity of households with a range of needs. It can affect those who

have suffered a disaster (such as a fire or flood), people with debt problems, people with unresolved health or addiction problems, those who have experienced abuse, family breakdown and a whole range of other circumstances. Very often a homeless person may be affected simultaneously by a number of different but interrelated issues. Homelessness affects families with children, childless couples, same sex couples, single people (both men and women), and single parents, all ethnic groups including gypsy travellers and refugees, and all age groups.

The Homelessness Service currently has 174 homeless applications with a further 195 live advice cases which have the potential to become homeless. The 174 cases are at various stages of the homeless process however of that number we have 41 single households that have been waiting re-housing for over 3 months. We are experiencing difficulty in obtaining housing for this client group due to the welfare reforms and the single room rent.

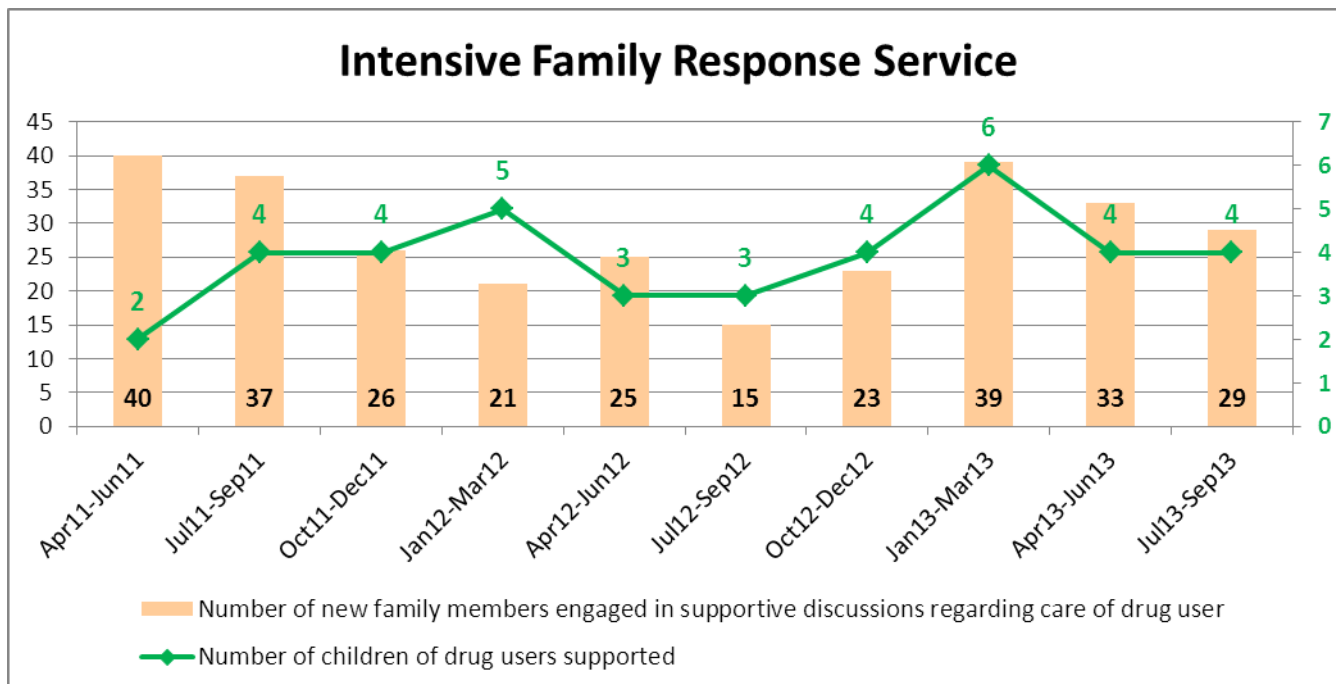
The RSL's are at the moment addressing the issues of under occupancy within their own tenancies. This is likely to place additional strain on the need for temporary accommodation. However, through our continued RSL liaison meetings this remains a topic for discussion and we are aware that one RSL is looking to expand the number of one bedroom properties in their portfolio.

Actions

- Continue to work with RSL partners to improve the options available to homeless people through Section 5 referrals and through direct applications for housing.
- Continue to work closely with housing providers and mortgage lenders to prevent homelessness occurring as the result of eviction and repossession procedures by providing advice, assistance, and mediation services to tenants and owner occupiers.
- Continue to monitor performance on a regular basis through the new reporting framework of the Quarterly Performance Service Review.

Addictions

Objective	Supporting families, young people and children who may be providing carer support for parents with addictions issues
Wellbeing	Nurtured Included
Measure	Number of new family members engaged in supportive discussions regarding care of drug user (Included) Number of children of drug users supported (Nurtured)
Current Performance	29 Families, 4 Children (Jul-Sep ,2013-2014) 102 Families, 16 Children (2012-2013)



Commentary

In Scotland this project is unique in terms of its governance, aims and objectives and methods of delivery. It is the only service specifically dedicated to supporting the families of those with drug dependency problems which is managed by a statutory organisation, and uses social work qualified staff. In its short life it has developed from a service with limited aims and aspirations to a holistic family care service, constantly innovating and devising new approaches to family support. These innovations have anticipated and aligned perfectly with local and national government policies aimed at tackling and reducing health inequalities.

The Intensive Family Response Service (IFRS) has taken an approach of developing the service to meet needs as they come to be recognised and prioritised. It started by promoting the service in the community, setting up support groups, and drop in centres. Recognising that stigma prevented many families from coming forward with their problems, the service formed a partnership with the local Carers Centre and provided many services from there. This had the dual advantage of reinforcing that carers of drug users were indeed carers and had needs just as other carers, and ensuring that these carers were introduced to wider health, welfare and financial support resources in the area.

IFRS have also linked local support groups into national family support networks through Scottish Families Against Drugs (SFAD), Family Addiction Support Services (FASS) and IFRS arrange for groups to attend national seminars of these agencies.

Starting with one support worker it was soon found that the needs of the area were overwhelming. Families presented with a broad range of issues - psychological, relationship, physical health, financial and practical. Parents with drug using sons and daughters were not only trying to help them but often being left with the care of grandchildren. A decision was made to bring in an additional Qualified Social Worker to better meet the needs. As it became apparent that there were limited services to support children of drug users IFRS set up its own, developing a model of work involving individual supports to these children incorporating personal workbooks and discussion as well as fun outings, all aimed at lifting their morale and self esteem.

With a number of families experiencing one or more bereavements through drugs IFRS again identified a gap in support services for these clients, and undertook to provide this. Reflecting the workers' strong desire to provide the best service the Social Worker undertook a new qualification in Bereavement Counselling, while the other worker sought a further qualification in the Psychology of Addiction.

IFRS takes its message to the wider community in a number of ways - by delivering training to other agencies; by developing a website page which allows families to make contact, ask questions and just learn about the resource and by taking part in national and local health awareness events.

IFRS is now playing a significant role in Adult Protection as parents, particularly elderly parents often find themselves being bullied and abused by the drug user. IFRS now offers families access to leisure passes for local sports resources and accesses complementary therapies for families to relieve stress.

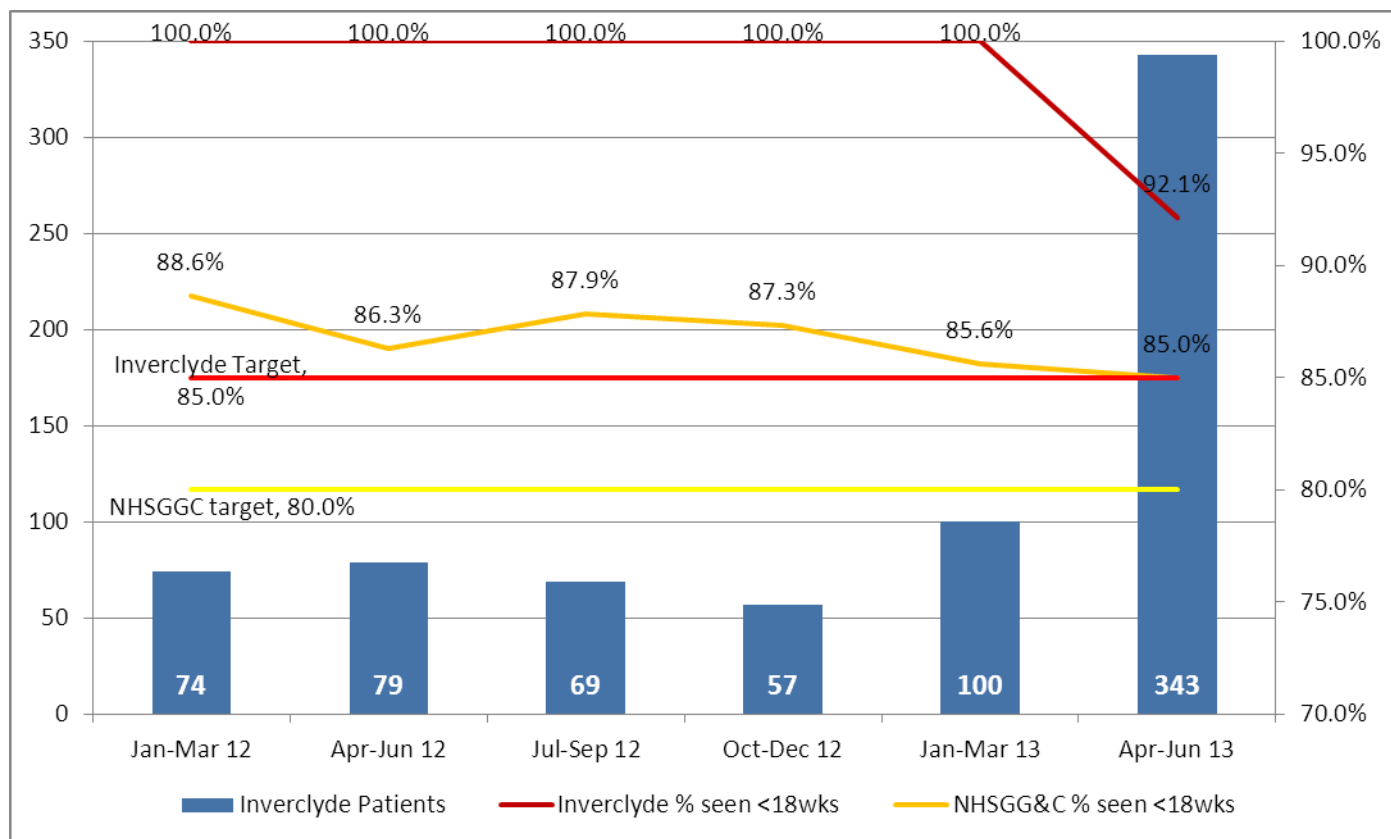
It should also be noted that the Project was recently submitted for a COSLA Excellence Award.

Actions

- Confirming permanent funding which would allow for more extensive forward planning, longer term goal setting and prioritization, as well as ensuring the retention of highly skilled and experienced staff.
- Continue to disseminate information about carer's addiction issues and the support available for children and young people.
- Continue to provide access to addictions training for those who come into contact with children and young people where parental substance misuse is impacting on their lives.
- Continue to provide education in schools around awareness of drug misuse issues
- Map local provision of information and education about addictions to young people from ADP Partner agencies and identify gaps.
- Continue to monitor performance on a regular basis through the Quarterly Performance Service Review process.

Psychological Therapies

Objective	People who need psychological therapies will be able to access them in a timely manner
Wellbeing	Healthy
Measure	% Patients who started treatment within 18 weeks of referral:
Current Performance	92.1% as at June 2013



	Jan-Mar12	Apr-Jun12	Jul-Sep12	Oct-Dec12	Jan-Mar13	Apr-Jun13
Inverclyde	100%	100%	100%	100%	100%	92.1%
East Renfrewshire	97.3%	90.3%	100%	58.3%	56.0%	77.7%
Renfrewshire	93.9%	84.4%	85.5%	87.9%	97.4%	84.1%
West Dunbartonshire	80.0%	69.8%	76.3%	92.9%	78.6%	85.8%
Glasgow City	79.6%	81.2%	82.8%	79.8%	74.2%	81.2%
GG&C	88.6%	86.3%	87.9%	87.3%	85.6%	85.0%

Commentary

The Psychological Therapies HEAT target is aimed at improving access to mental health services and requires that by December 2014 no-one will wait longer than 18 weeks from referral to the start of a

psychological therapy treatment.

The HEAT Target is a measure of all psychological therapies being delivered by health services across the Board area and includes the following care groups in both inpatient and community settings: - Adult Mental Health, Older Peoples Mental Health, CAMHs (beyond March 2013), Forensic Services, and where there is an associated mental health problem in Learning Disability, Addiction and Acute Physical Health Services.

Within Inverclyde teams/services are migrating the recording of their activity to the Patient Management Information System (PiMS) – there is a PiMS implementation plan in place for this migration process.

Currently, the Primary Care Mental Health Team average of 22 days for referral to initial assessment – 73% under 28 days (a special GG&C target), with remaining patients not seen in the target timescale due to their own choice or circumstances rather than service reasons. Self referral has dedicated admin in place.

The dramatic increase in number of patients seen in the period Apr–Jun 13 is a data-recording phenomenon – it is due to the inclusion of CMHT and Psychology patients in the PiMS reporting process from that point onwards. Prior to that, the reported data only referred to PCMHT cases.

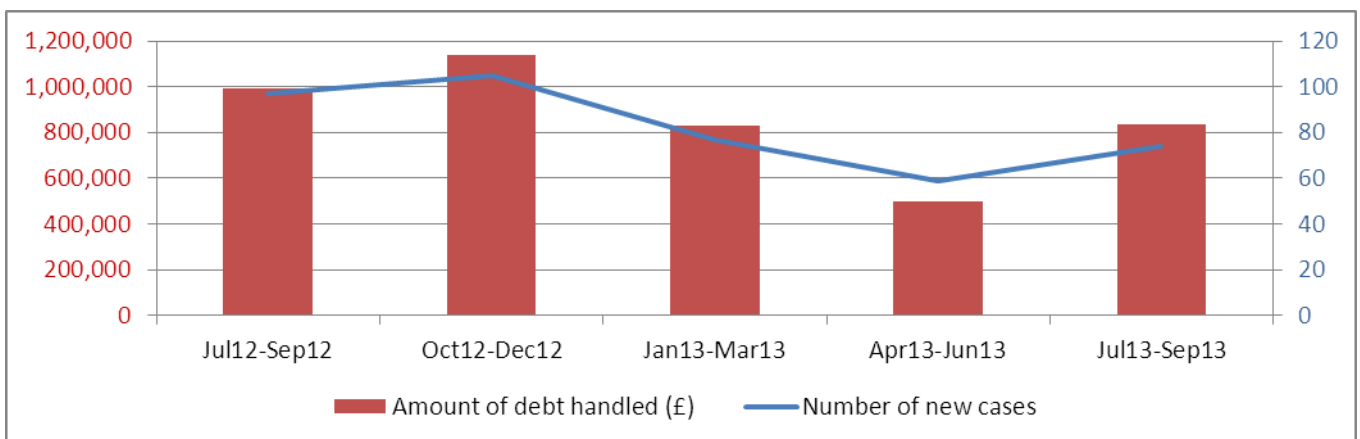
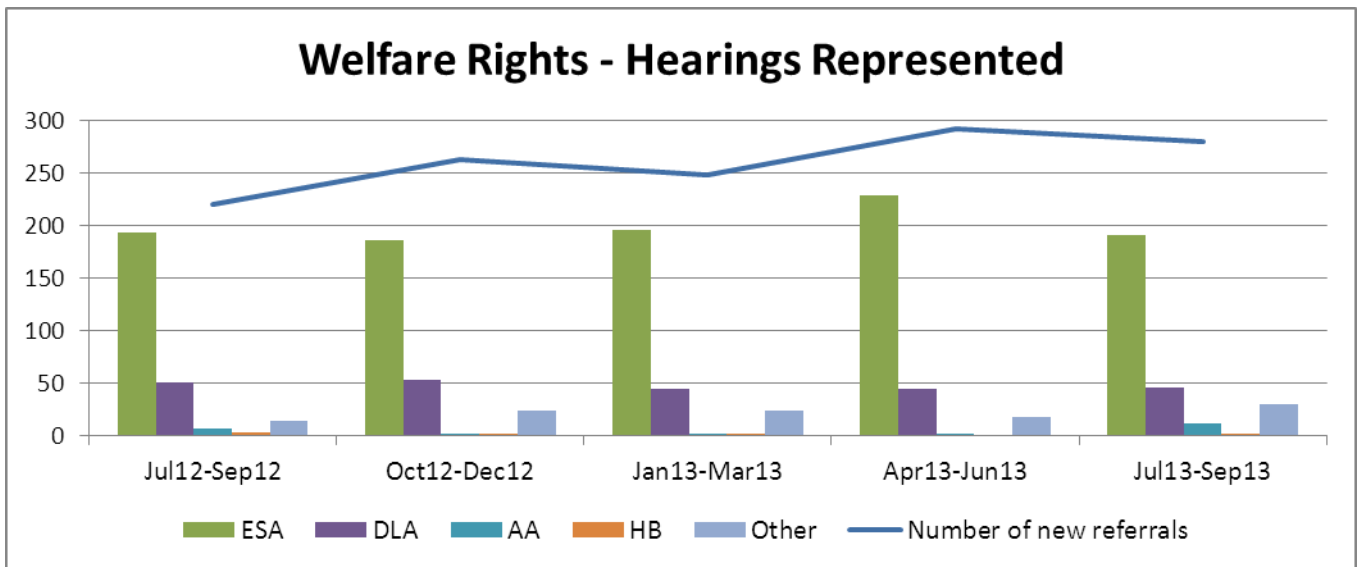
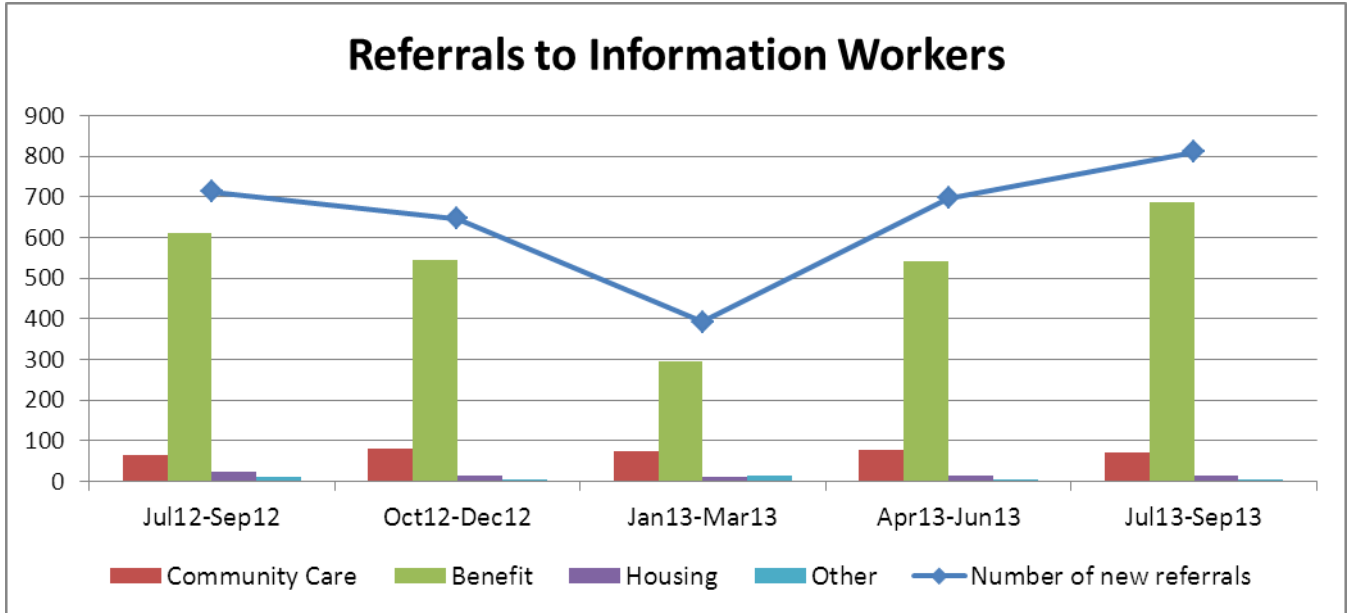
Patients who are not seen within the 18 weeks target as recorded from Apr 2013 are mostly Psychology patients, and the main reason is the recruitment difficulty the Psychology Team is facing. There is a vacant Psychologist post from the beginning of this year, and although a new psychologist has now been appointed, she will not start until April 2014. In the meantime, the Psychology Team has taken the interim measures of increasing the hours of one part-time psychologist and trying to use the budget underspend to employ a temporary therapist, in order to enhance clinical capacity.

Actions

- Continue to monitor performance for this measure and ensure that the information from the data is used to better understand the capacity of the service to meet the demands of the service users and to guide service improvements.
- The Psychology Team will continue to manage the issue of clinical capacity robustly.

Advice Services

Objective	To provide a robust Advice Service for the people of Inverclyde.
Wellbeing	Included
Measure	Advice Services: Information Workers referrals, Welfare Rights Hearings and Debt Advice
Current Performance	



Advice Services - Information Workers	Jul12- Sep12	Oct12- Dec12	Jan13- Mar13	Apr13- Jun13	Jul13- Sep13
Number of new referrals	714	647	392	698	811
Community Care	65	81	73	79	71
Benefit	613	546	295	543	688
Housing	24	14	11	13	14
Other	12	6	13	4	5
Advice Services - Welfare Rights					
Number of new referrals	220	263	248	292	280
ESA	194	186	196	229	191
DLA	51	53	45	44	46
AA	7	2	1	1	11
HB	3	2	2	0	1
Other	14	24	24	18	30
Advice Services - Debt Advice					
Number of new cases	97	105	77	59	74
Amount of debt handled (£)	991,088	1,136,941	827,265	500,453	833,751

Commentary

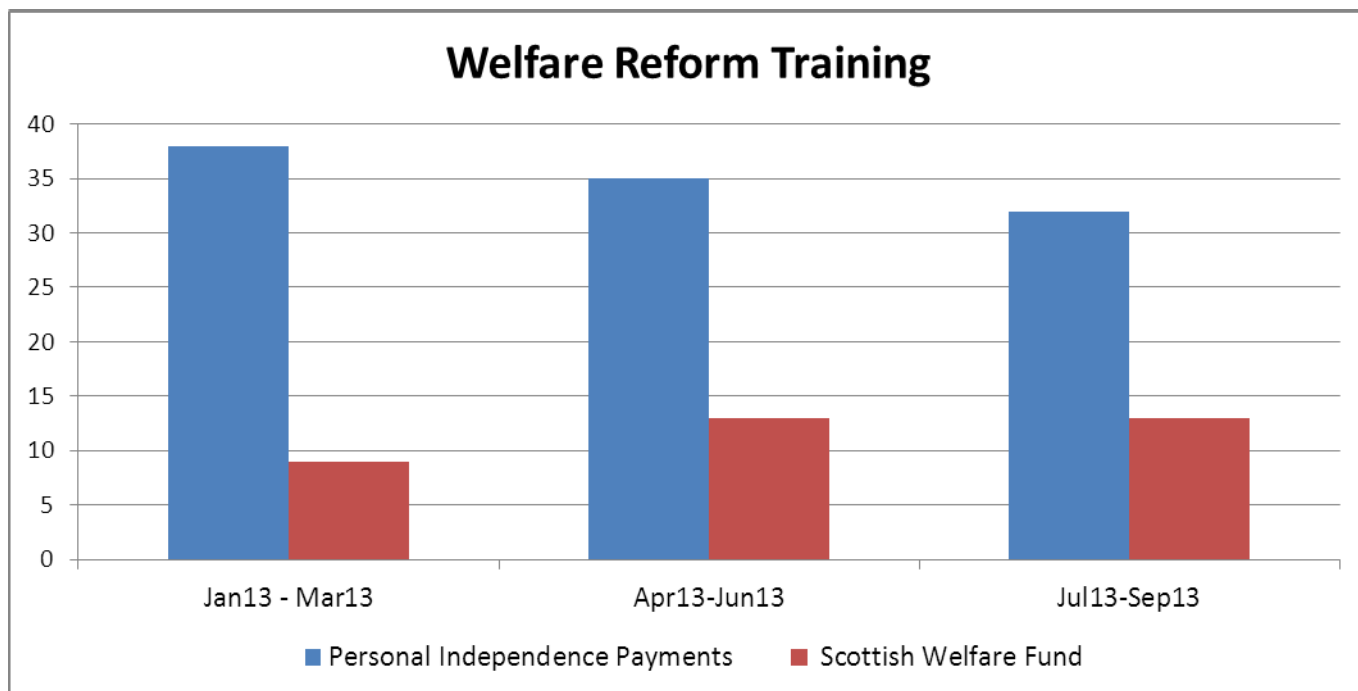
- Welfare reform has impacted on the advice services team with clients presenting with a more complex range of issues looking for advice and support. The team have responded to this through a range of support mechanisms including more telephone triage, outreach sessions etc.
- The ongoing issue of client recording and robust performance management for the advice services team is of major concern however we are currently procuring a robust case management system for this team which will also be utilised by a range of financial inclusion partners.
- The advice services team have continued to develop close working relationship with a range of partners involved in the Inverclyde Financial inclusion partnership with a range of joint bids being submitted to new funding streams.

Actions

- Recruitment of new posts funded through additional monies
- Procurement of case management system
- Development of resources for staff and clients to use particularly around PIP and the move to universal credit.

Welfare Reform Training

Objective	Provide staff with knowledge of reforms in welfare system to be able to advise Service Users
Wellbeing	Achieving
Measure	Number of staff attending Welfare Reform training sessions
Current Performance	PIP – 67, SWF – 26 at September 2013 (218 for 2012/13)



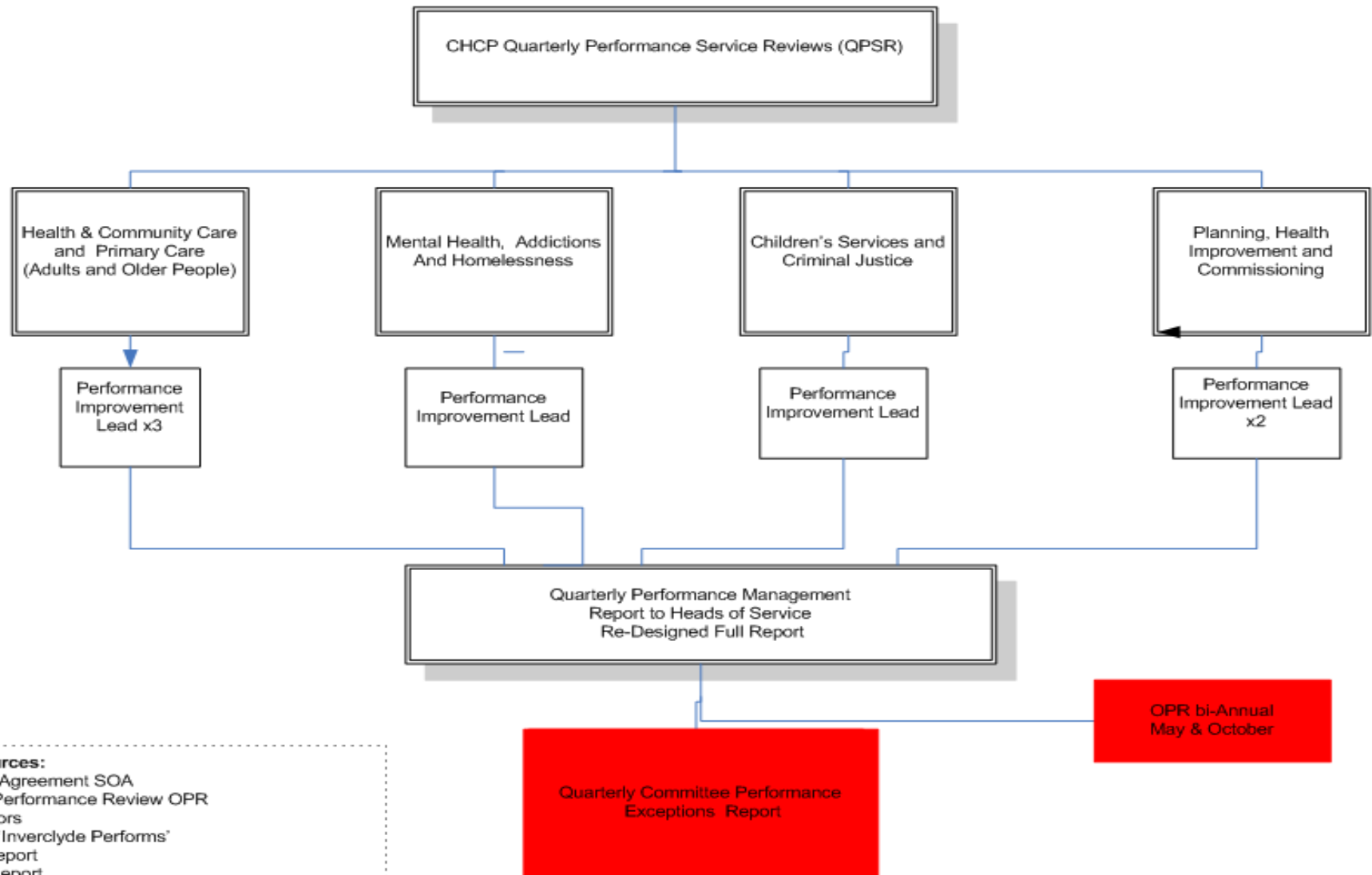
Number of staff attending Welfare Reform training sessions	Jan13 - Mar13	Apr13-Jun13	Jul13-Sep13
Welfare Reform	171		
Personal Independence Payments	38	35	32
Scottish Welfare Fund	9	13	13

Commentary

- The advice team have provided a robust training programme on Welfare Reform to many CHCP staff and in addition developed a range of resources and materials for staff and clients to use.

Actions

- Continue to deliver a programme of training for CHCP staff and in particular encourage NHS staff to attend to ensure they have a good awareness and understanding of welfare reform in order to best support their clients



- Information sources:**
- :Single Outcome Agreement SOA
 - :Organisational Performance Review OPR
 - :SOLACE Indicators
 - :Corporate KPI's 'Inverclyde Performs'
 - :CHCP Annual Report
 - :CSWO Annual Report
 - :Councillor Enquiries
 - :FOI Requests
 - :Complaints
 - :Directorate Plan
 - :New Proposed Health Measures
 - :SG Early Years Collaborative Approach Workstream Indicators

Appendix 3

Inverclyde CHCP: SOLACE Indicators Analysis

2010-11 - 2011-12

SOLACE : CHCP	Ranking (2011-12)	Quartile
Indicator CHN8a: The gross cost of 'children looked after' in residential based services per child per week	21 *	3
Indicator CHN8b: The gross cost of 'children looked after' in a community setting per child per week	3 *	1
Indicator CHN 9: The % of children looked after cared for in the community	16 **	3
INDICATOR SW 1: Home Care Costs per Hour (65 and over)	11 *	2
INDICATOR SW2: Self Directed Support Spending on Adults 18+ as a % of total SW spend on adults 18+	24 **	3
INDICATOR SW 3: % people 65+ with intensive needs receiving care at home	17 **	3
SW4: % adults satisfied with social care of social work services	10 **	2

* Costs rank 1 means lowest cost and rank 32 highest costs

**rank=1 highest

Children and Families

There are several indicators that relate to looked after children that can be considered together:

Indicator CHN8a: The gross cost of 'children looked after' in residential based services per child per week

Indicator CHN8a: The gross cost of 'children looked after' in residential based services per children per week							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
£3064	21st	£3276	£2776	3rd	£3109	22nd	1

- Cost reduced in 2011-12 by -1.4% placing Inverclyde in ranking place 21 from 22 the previous year and LA Quartile 3rd.

Indicator CHN8b: The gross cost of 'children looked after' in a community setting per child per week

Indicator CHN8b: The gross cost of 'children looked after' in community based services per child per week							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
£101	3rd	£ 209	£211.2	1st	£93.88	3rd	0

- Costs increased in 2011-12 by 7.6% however ranking remains in 3rd place and LA Quartile 1st

Indicator CHN 9: The % of children looked after cared for in the community

Indicator CHN8b: The gross cost of 'children looked after' in community based services per child per week							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
90.3%	16 th	89.4%	89.9%	3 rd	89.1%	17 th	1

- A slight increase to 90.3% in 2011-12 brings Inverclyde into 16th ranking place and above the national median percentage rate for the balance of care.

What the Data Tells Us

The data shows that costs for children looked after in a residential setting are above the national median, however Inverclyde's costs are significantly lower than other authorities when it comes to children that are looked after in a community based setting. The percentage of children looked after /cared for in the community fell marginally below the average and median in 2010-11 but shifted a ranking point in 2011-12 increasing to 90.3%

Social Work

INDICATOR SW 1: Home Care Costs per Hour (65 and over)

Performance Data:

Indicator SW1: Home Care Costs per Hr (65 and over)							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
£16.35	11 th	£18.80	£19.46	2 nd	£19.37	13 th	2

What the Data Tells Us

The data shows that Inverclyde's homecare costs for those aged over 65 fell slightly in 2011/12, leading to an improvement in ranking relative to other authorities. Inverclyde's costs are also lower than the national average and median.

INDICATOR SW2: Self Directed Support Spending on Adults 18+ as a % of total SW spend on adults 18+

Performance Data:

Indicator SW2: Self Directed Support spending on adults 18+ as a % of total SW spend on adults 18+							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
0.8%	24 th	2.6	1.6	3 rd	0.6%	25 th	1

What the Data Tells Us

The data for the above indicators shows that Inverclyde's SDS costs increased slightly from 2010/11 to 2011/12. The costs vary widely between councils from 18% in Eilean Siar to 0.1% in West Dunbartonshire (2011/12 figures). Inverclyde's costs are well below the Scottish average and median.

INDICATOR SW 3: % people 65+ with intensive needs receiving care at home

Performance Data:

Indicator SW3: % of people with 65+ with intensive needs receiving care at home							
Inverclyde 2011/12	Ranking	National Mean	Median	LA Quartile	2010/11	2010/11 Ranking	Change in Rank
35.6%	17 th	33.3%	36.2%	3 rd	37.9%	10 th	-7

What the Data Tells Us

The data shows that there has been a slight fall in the number and % of people aged 65+ with intensive needs receiving care at home, although the percentage is higher than in Inverclyde than the national average, however it is slightly lower than the Scottish median.

INDICATOR SW4: % adults satisfied with social care of social work services

Performance Data:

Indicator SW4: % adults satisfied with social care of social work services				
Inverclyde %	Ranking	National Mean	Median	Quartile
67.6%	10 th	63%	62.8%	2 nd

What the Data Tells Us

There are concerns about the robustness of data extracted from the Scottish Household Survey, particularly for smaller Councils. This has been recognised by SOLACE and the Improvement Service and the use of SHS survey data is a short term measure.