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<b>Report To:</b>	<b>Community Health and Care Partnership Sub-Committee</b>	<b>Date:</b>	<b>28<sup>th</sup> August 2014</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director Inverclyde Community Health &amp; Care Partnership</b>	<b>Report No:</b>	<b>CHCP/37/2014/HW</b>
<b>Contact Officer:</b>	<b>Helen Watson Head of Service Planning, Health Improvement &amp; Commissioning</b>	<b>Contact No:</b>	<b>01475 715369</b>
<b>Subject:</b>	<b>Integrated Performance Improvement Exceptions Report</b>		

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to present a sample of integrated performance exceptions data to the Community Health and Care Partnership Sub-Committee which reflects a balanced view of performance across the four Heads of Service areas of the CHCP as well as providing a picture of how people in Inverclyde experience Health and Social Care Services as shown through the wellbeing indicators.

## 2.0 SUMMARY

- 2.1 The measures have been carefully selected from our ongoing quarterly service performance reviews, to evidence areas of positive and negative performance and to highlight the remedial actions we plan to put in place in order to improve performance in those areas. The measures consist of health and social care delivery and span the "Nurturing Inverclyde" model of wellbeing categories which include: safe, healthy, achieving, nurtured, active, respected and responsible and included.
- 2.2 Our previous performance report presented to the CHCP Sub-Committee on 9<sup>th</sup> January 2014 provided the first of such reports where members were asked to consider the content, relevance, usefulness and structure of our performance exceptions report and we have taken on board the feedback from that meeting which has assisted us in improving the quality of reporting going forward.

## 3.0 RECOMMENDATIONS

- 3.1 Members are asked to note performance within the report along with the remedial actions suggested where performance is below the standard that we would expect, and to provide any relevant comments to assist in ongoing performance and reporting of such to committees.

**Brian Moore**  
**Corporate Director**  
**Inverclyde Community Health & Care Partnership**

## 4.0 BACKGROUND

- 4.1 The CHCP Sub-Committee has a scrutiny function in terms of performance, and our performance management structure ensures that our efforts are focused on improving performance at the front line of service delivery, in line with our key commitments, as agreed through the CHCP Sub-Committee.
- 4.2 Our fully integrated system and process for the management of performance in the form of quarterly performance services reviews (QPSR) and its reporting structure is now well embedded into our performance reporting, management and improvement framework and has already proven to be successful in assisting the service with the demands of all our local and national reporting requirements.

## 5.0 PROPOSALS

- 5.1 None

## 6.0 IMPLICATIONS

### Finance

- 6.1 There are no financial implications in respect of this report.

#### Financial Implications:

##### One off Costs

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

##### Annually Recurring Costs/ (Savings)

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

### Legal

- 6.2 There are no legal implications in respect of this report.

### Human Resources

- 6.3 There are no human resources implications in respect of this report.

### Equalities

- 6.4 Has an Equality Impact Assessment been carried out?

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YES

NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or



strategy. Therefore, no Equality Impact Assessment is required.

### **Repopulation**

6.5 There are no repopulation implications in respect of this report.

## **7.0 CONSULTATIONS**

7.1 None

## **8.0 CONCLUSIONS**

8.1 N/A

## **9.0 LIST OF BACKGROUND PAPERS**

9.1 N/A

# Performance Improvement Exceptions Report July 2014

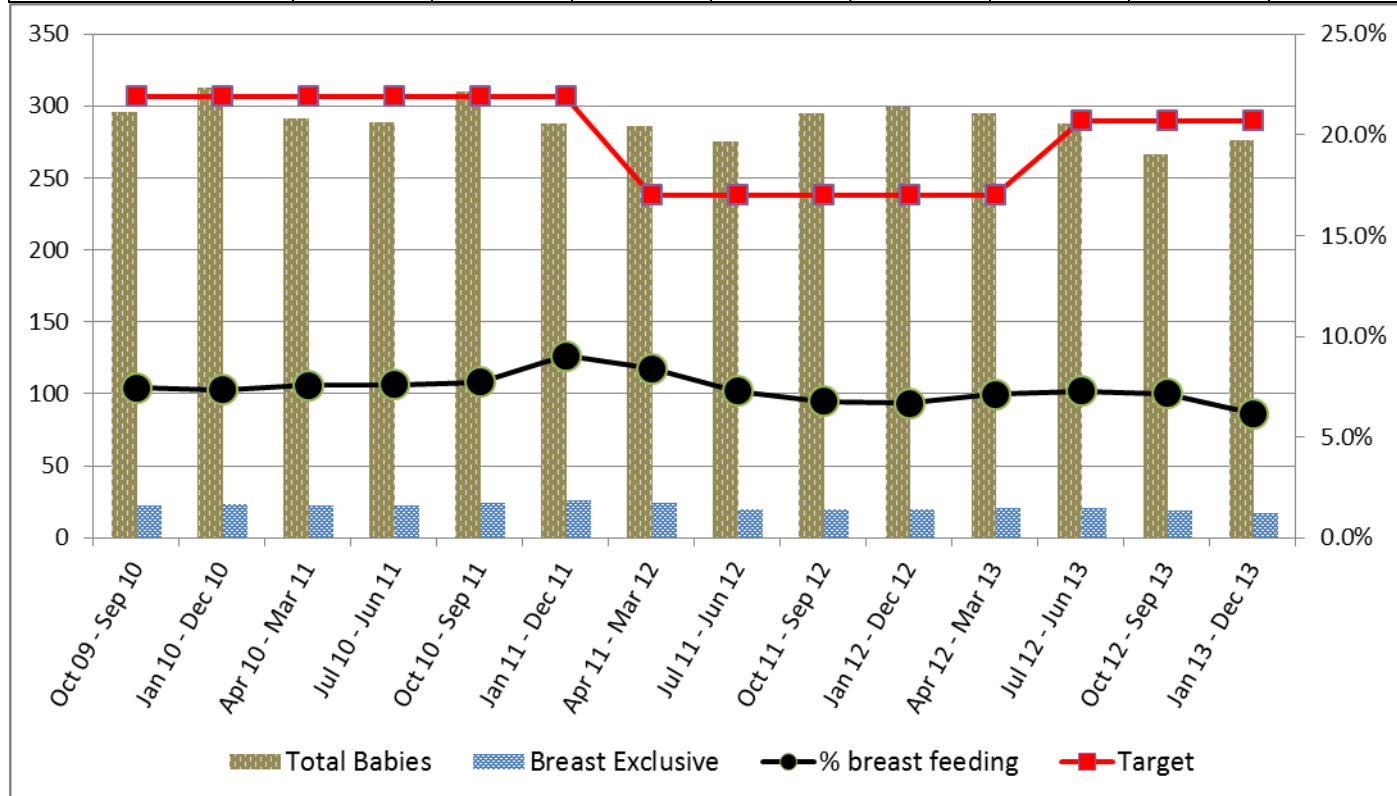
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## Breastfeeding

<b>Objective</b>	Babies achieve the best nutritional start in life through being breast fed.
<b>Wellbeing</b>	<b>Healthy</b>
<b>Measure</b>	Increase Breastfeeding Rates in 15% Most Deprived Areas (6-8 weeks)
<b>Current Performance</b>	6.2% - Jan to Dec 2013

INVERCLYDE	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13
Total babies	286	275	295	299	295	288	266	276
Breast Exclusive (n)	24	20	20	20	21	21	19	17
% Breast Feeding	8.4%	7.3%	6.8%	6.7%	7.1%	7.3%	7.1%	6.2%
Target	17.0%	17.0%	17.0%	17.0%	17.0%	20.7%	20.7%	20.7%



### Commentary

The service has acknowledged low breastfeeding rates in Inverclyde for some time. This is a well-documented national problem. From the chart above it is clear that we are falling below the target of 20.7% of babies within our 15% most deprived areas being exclusively breastfed.

For the 15% most deprived areas, comparator figures from across NHS GG&C at the latest reporting period, range from low (5.4%, South Lanarkshire) to high (32.6%, East Renfrewshire). Inverclyde sits at 6.2% which places us second bottom of this table and well below the NHS GG&C average of 23%.

Breastfeeding figures generally at 6-8 weeks, compared to other areas within NHS GG&C, range from

low (14.6%, Inverclyde) to high (32.6%, East Renfrewshire) placing us at the bottom of this table and well below the NHS GG&C average of 23%.

**Drop off rates:** Inverclyde fares better in comparison to the NHS Board-wide drop off rates, which range from low (4.1%, Inverclyde) to high (10.0%, South Lanarkshire) and the NHS GG&C average of 6.1%. It should be noted that Inverclyde has the lowest % drop off from Health visitor first visit to 6-8 weeks. This has been consistent over the previous 2 years, meaning that although our breastfeeding rates are low, when women choose to breastfeed, we are successfully supporting them to continue.

The service lost a breastfeeding dedicated Health Visitor post (0.6) during this reporting year, which has impacted on the level of support now available locally.

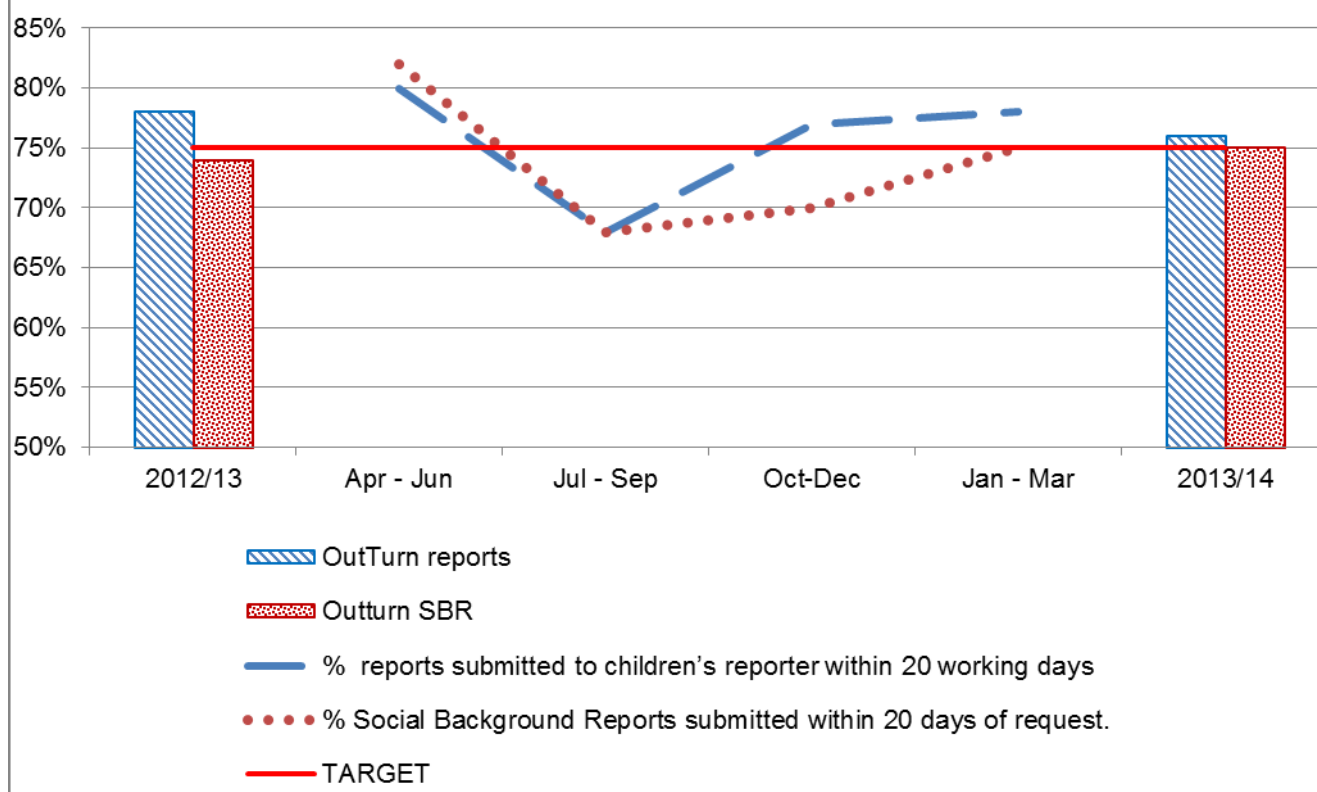
### **Actions**

- Performance is routinely monitored and scrutinised at regular quarterly performance management information reviews (QPSR).
- A test of change is currently underway locally around improving breastfeeding rates. This work is being undertaken in collaboration with Inverclyde CHCP Health Visitors, supported by the Early Years Collaborative Project. Six mothers have been identified by Health Visitors targeting women who are breastfeeding at 10 days and following them through to the 6-8 week period. Data will be captured daily by each mother via diary entries. At any given point when a mother decides to stop breastfeeding between 10 days and 6-8 weeks, a questionnaire has been designed to capture the reasons for stopping.
- Also the CHCP Health Improvement Team has been distributing copies of a newsletter 'Dad's News' throughout Inverclyde in an effort to tackle the cultural issues around the promotion of breastfeeding.
- New UNICEF standards will be introduced and a training programme will be implemented for all staff.

## Children's Hearings

<b>Objective</b>	We make the best possible decisions in respect of our most vulnerable children.
<b>Wellbeing</b>	<b>Respected &amp; Responsible</b>
<b>Measure</b>	% reports submitted to children's reporter within 20 working days % Social Background Reports submitted within 20 days of request.
<b>Current Performance</b>	78% & 75% at Jan-Mar 2014

	2012/13	Apr - Jun	Jul - Sep	Oct-Dec	Jan - Mar	2013/14
% reports submitted to children's reporter within 20 working days	78%	80%	68%	77%	78%	76%
% Social Background Reports submitted within 20 days of request.	74%	82%	68%	70%	75%	75%
TARGET	75%	75%	75%	75%	75%	75%



### Commentary

A Children's Hearing report, if requested by the Reporter, will be used in assisting decision making about a child or young person's needs in relation to their care or protection. The information contained within such reports will often contain a range of details depending on the complexity of the circumstances of the child and his or her family. It is imperative that timeous submission of such reports are with the Reporter's Office to allow these to be carefully read and considered in advance of any decision to ensure that the outcome of the hearing is in the best interests of the child and his or her family. Both measures illustrated above are designed to allow us to monitor our performance in this respect and to ensure that reports are submitted by the social worker within



20 working days of the Children's Hearing date.

The data charted above illustrates that performance has steadily improved for both of these indicators. The data show that the target of 75% was exceeded or met in both the first and the final quarters of 2013-14. These indicators are also reported as annual corporate Key Performance Indicators to 'Inverclyde Performs' and although annual comparisons show a small decrease in overall outturn reports from 78% to 76% in 2013-14, this is still within the target range. The annual SBR figure has shown a slight increase in 2013-14 reaching the target level of 75%.

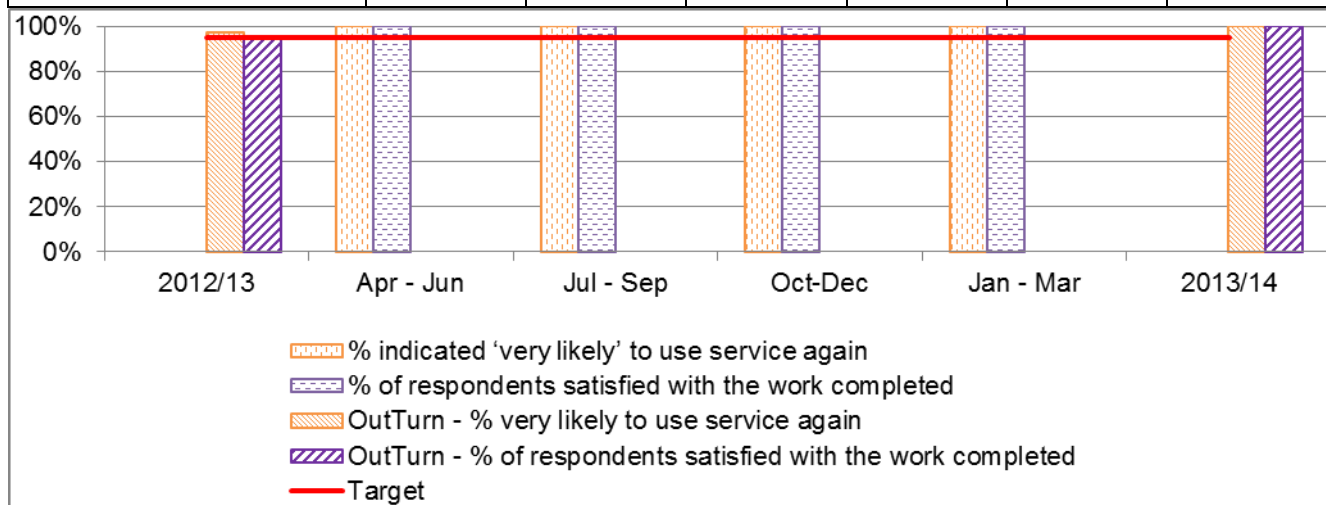
### **Actions**

- Performance is routinely monitored and scrutinised at regular quarterly performance management information reviews (QPSR).
- The training programme for the new Children's Hearing Legislation has been completed for all front line practitioners and managers. Training was delivered in three ways:
  1. Awareness Training was delivered by the CHCP giving staff an initial grounding prior to the implementation of the Act.
  2. We commissioned CLAN to deliver National Training at local venues.
  3. We commissioned an Academic Professor to deliver specialist training, offering places to Scottish Children's Reporter Administration (SCRA) to build shared local knowledge.

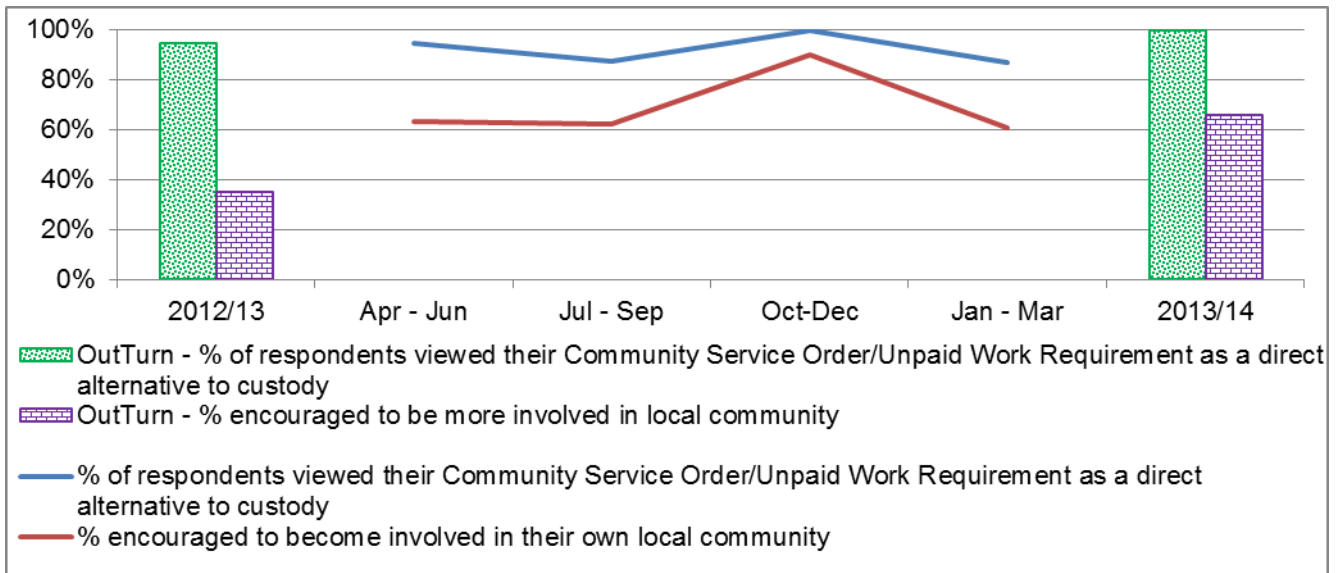
## Criminal Justice Service User Feedback

<b>Objective</b>	To use feedback from Service Users to help improve the quality of Criminal Justice services.
<b>Wellbeing</b>	<b>Respected and Responsible</b>
<b>Measure</b>	Service User Feedback
<b>Current Performance</b>	100% (Recipients) and 66% (Offender) at March 2014

Recipient Views	2012/13	Apr - Jun	Jul - Sep	Oct-Dec	Jan - Mar	2013/14
% indicated 'very likely' to use service again	97%	100%	100%	100%	100%	100%
% of respondents satisfied with the work completed	95%	100%	100%	100%	100%	100%
Target	95%	95%	95%	95%	95%	95%



Offenders Views	2012/13	Apr - Jun	Jul - Sep	Oct-Dec	Jan - Mar	2013/14
% of respondents viewed their Community Service Order/Unpaid Work Requirement as a direct alternative to custody	95%	94.74%	87.50%	100%	86.95%	100%
% encouraged to become involved in their own local community	35%	63.16%	62.50%	90.00%	60.87%	66%



## Commentary

Inverclyde Criminal Justice Unpaid Work Services routinely seeks feedback from both those **sentenced** to Unpaid Work (service users) and the **beneficiaries** (recipients) about the impact of the unpaid work on them and/or the community. In 2013-14 this feedback indicated that:

### Recipient Feedback

- **100%** of respondents in receipt of a community service during 2013-14 indicated that they were 'very likely' to use the service again, an increase from 97% in 2012-13 (Local Target 95%).
- **100%** of respondents in receipt of a community service during 2013-14 indicated that they were satisfied with the work completed, an increase from 95% during 2012-13. (Local Target 95%).

Some individual comments were:

- "I was unwell following a trauma, and was happy to get the painting done; it let me settle in my home again. (Staff) and the boys were very understanding and helpful to me, they do a great job for the community and pensioners like me. Thank you"
- "The team who worked at (the project) were all well-mannered and happy to do the work. We are very happy with all the work and would definitely contact the team again if we need work done. Thank you to all"

### Service User Feedback

- **100%** of respondents subject to a community sentence during 2013-14 viewed their Community Service Order/Unpaid Work Requirement experience as a 'direct alternative to custody' an increase from 95% in 2012-13.
- **66%** of respondents subject to a community sentence during 2013-14 indicated that their experience of Community Service/Unpaid Work had 'encouraged them to become involved in their own local community', an increase from 35% in 2012-13.

Some individual comments were:

- "In general it (Unpaid Work) made me think about everything I do in life."
- "I was impressed with the way my supervisor communicated with his squad. My supervisor

was very patient and was easy to communicate and learn from. I have learned a lot from this experience.”

- “Although prison might have been quicker Community Service reminded you every week why you were there.”

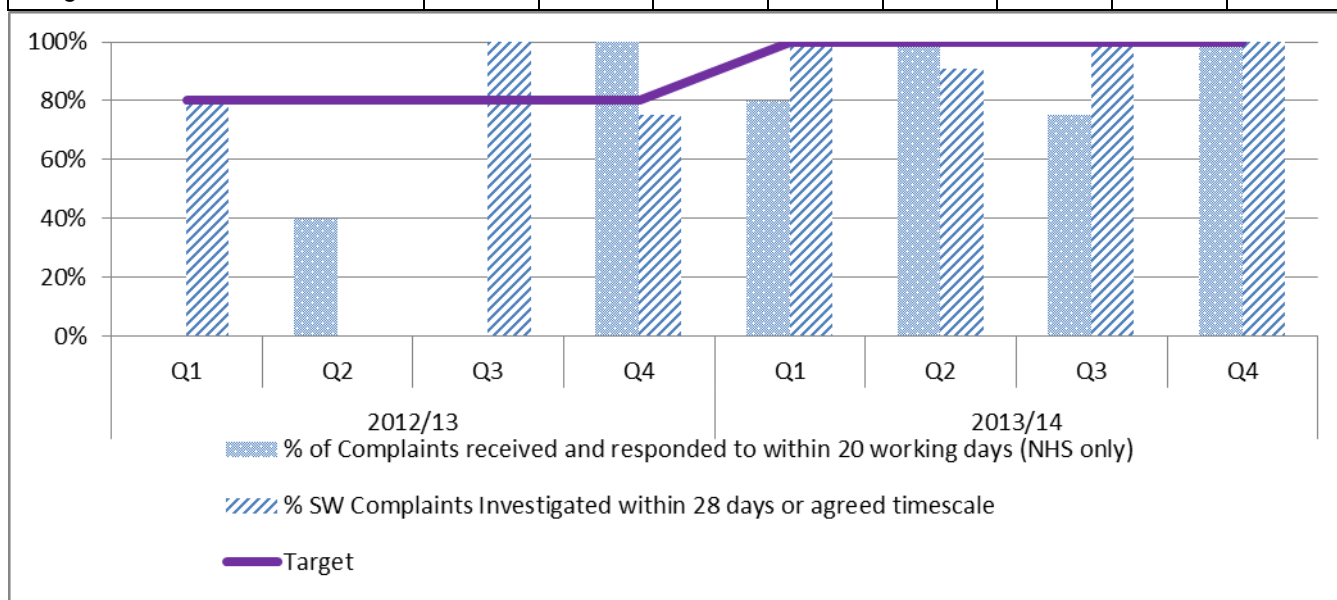
### **Actions**

- To look to extend the processes for service user feedback to all those subject to community social work disposals from the Court.
- To take account of such feedback in service planning and development.
- To continue to monitor performance through the quarterly QPSR framework to ensure standards and agreed targets are met.

## Complaints

<b>Objective</b>	We use complaints as a valuable feedback to improve service standards
<b>Wellbeing</b>	<b>Respected and Responsible</b>
<b>Measure</b>	% of complaints received & investigated within timescales
<b>Current Performance</b>	100% March 2014

	2012/13				2013/14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of NHS Complaints received and responded to within 20 working days	none	40%	none	100%	80%	100%	75%	100%
% of SW Complaints Investigated within 28 days or agreed timescale	80%	ina	100%	75%	100%	91%	100%	100%
Target	80%	80%	80%	80%	100%	100%	100%	100%



### Commentary

The target for both of these measures increased in 2013-14 to 100% from 80% the previous year. The data charted shows that the percentage of complaints received and responded to within 20 working days for NHS improved to 100% thus meeting the target in the final quarter of 2013-14. This performance is mirrored for Social Work complaints that were investigated within 28 working days or agreed timescale for the same period. Responding to complaints within timescales is an important measure of performance; however we also take account of themes of complaints and the learning derived from them. We report more fully on these dimensions every year in our Annual Complaints Report.

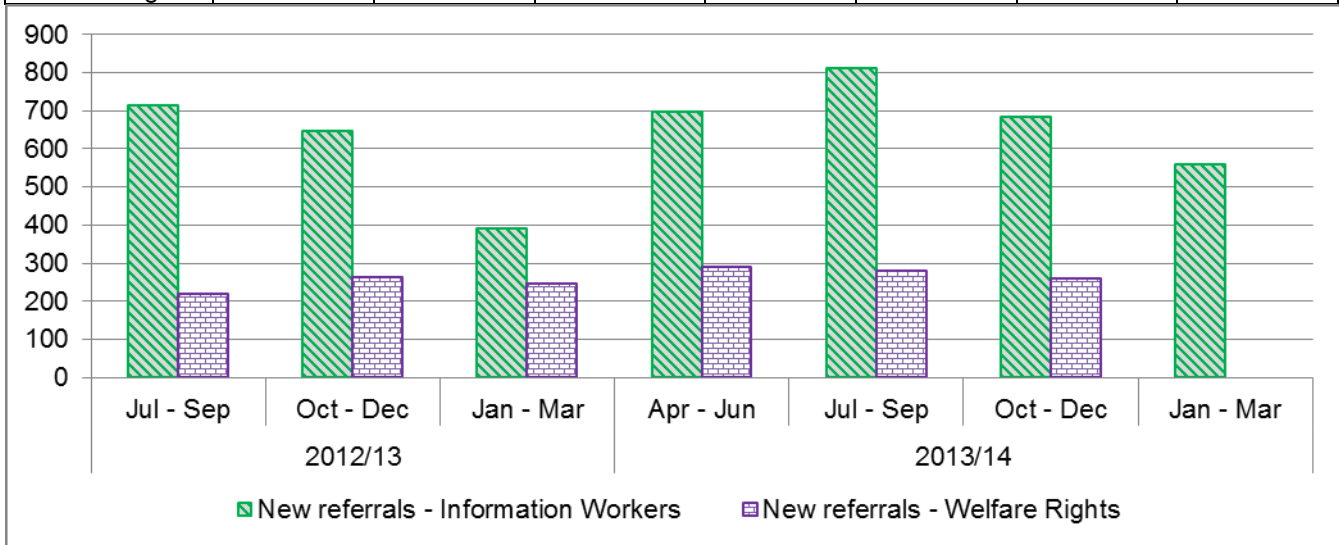
## **Actions**

- Performance for complaints is routinely monitored and scrutinised at regular quarterly performance management information reviews (QPSR) within all service areas. In addition management information complaints reports are provided to service managers on a weekly basis and to the Clinical and Care Governance Committee on a quarterly basis.
- An Annual Complaints Report for the period 2013-14 has recently been completed and outlines how the service plans to progress further integration of processes.
- A recent staff engagement session focused on complaints, and we are working with the Scottish Public Services Ombudsman (SPSO) to develop local training to help staff with complaints handling and investigation skills.

## Advice Services

<b>Objective</b>	To provide robust advice services for people who are experiencing financial difficulties.
<b>Wellbeing</b>	<b>Included</b>
<b>Measure</b>	New referrals
<b>Current Performance</b>	559 Information referrals at March 2014 261 Welfare referrals at December 2013

	2012/13			2013/14			
	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
New referrals - Information Workers	714	647	392	698	811	684	559
New referrals - Welfare Rights	220	263	248	292	279	261	ina



### Commentary

The average number of information worker referrals per quarter rose from 584 in 2012/13 to 688 in 2013/14 (17.8% increase)

The average number of welfare rights referrals per quarter rose from 243 in 2012/13 to 277 in 2013/14 (14% increase)

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 Advice First telephone triage project funded by the Scottish Legal Aid Board (SLAB) has been operating since March 2014 and to date has received over 500 calls for advice and information. Clients are either supported by telephone or if required, offered an appointment with an advice worker to ensure a full benefit/income maximisation check is undertaken.

The case management system (Bright Office) has now been procured and the team are working with the provider to develop a bespoke system that can be accessed by members of the Financial Inclusion Partnership, with an anticipated go-live date in September.

Conditionality and sanctions are now a major concern and work is required to scope why people are not challenging the sanctions imposed by Department of Work and Pensions (DWP).

**Actions**

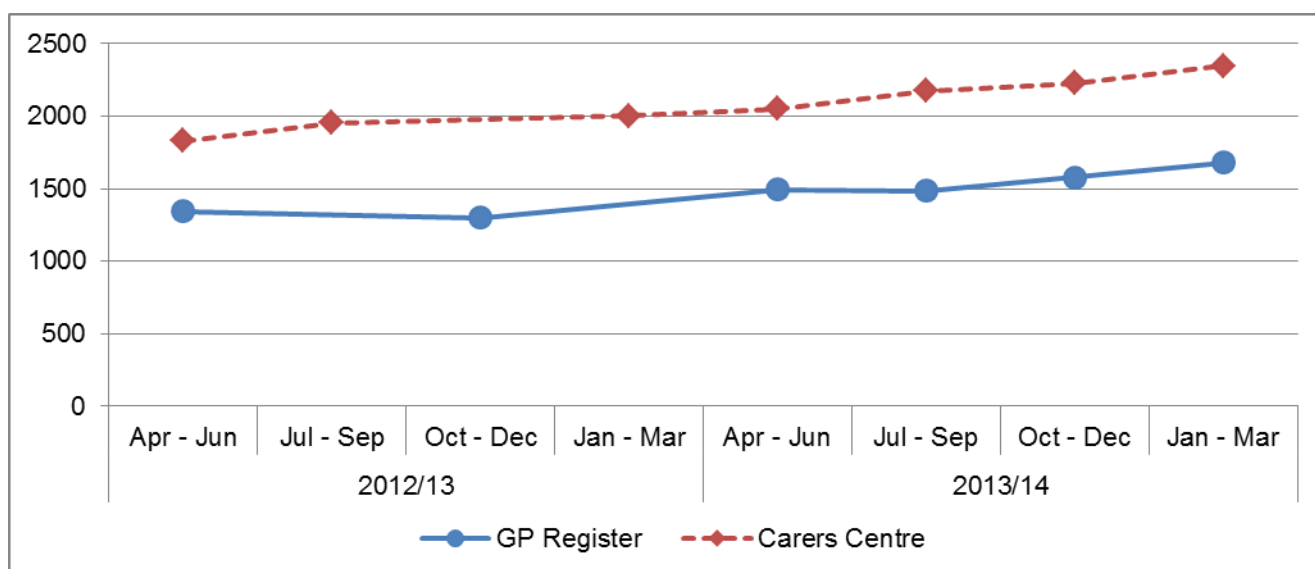
- The development and testing of the case management system is a key priority and will further improve the service we deliver.
- We plan to develop a media campaign including leaflets to highlight sanctions and the support we can offer to challenge these.
- We will develop resources for staff and clients to use, particularly around Personal Independence Payments (PIP) and the move to Universal Credit.



## Carers

<b>Objective</b>	Carers feel supported and valued as equal partners
<b>Wellbeing</b>	<b>Included</b>
<b>Measure</b>	Number of Carers Registered
<b>Current Performance</b>	2347 registered with Carers Centre and 1679 with GPs at March 2014

	2012/13				2013/14			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
GP Register	1342		1299		1496	1487	1578	1679
Carers Centre	1829	1955		2002	2049	2176	2227	2347



### Commentary

The data shows a gradual increase of registered carers with GPs and with the Inverclyde Carers' Centre. Carers Registered with GP practices increased from 1496 at Q1 to 1679 in Q4 of 2013-14. Carers registered with the Inverclyde Carers' Centre increased from 2049 at Q1 to 2347 at Q4 for the same reporting period.

The CHCP aims to ensure that staff are recognising carers as equal partners in the planning and delivery of care, which should therefore enable carers to feel involved and supported in their caring roles. Inverclyde CHCP participated in a pilot project organised by Scottish Council of Social Services and NES Health Education Scotland to offer training to staff around the principles of recognising carers as Equal Partners in Care (EpiC). We established a partnership approach to this involving carers through drama presentations, members of the Carers' Centre and young carers' worker.

We trained over 120 staff employed in frontline services within GP and social care settings, who come into direct contact with carers. We encouraged staff to have the conversation with carers, make them aware of the Self-Assessment tool and refer them to the Carers' Centre for further support.

We plan to roll this training out to all staff within the CHCP to ensure that we are reaching more

carers and offering more opportunities for assessment and support to carers in their own right.

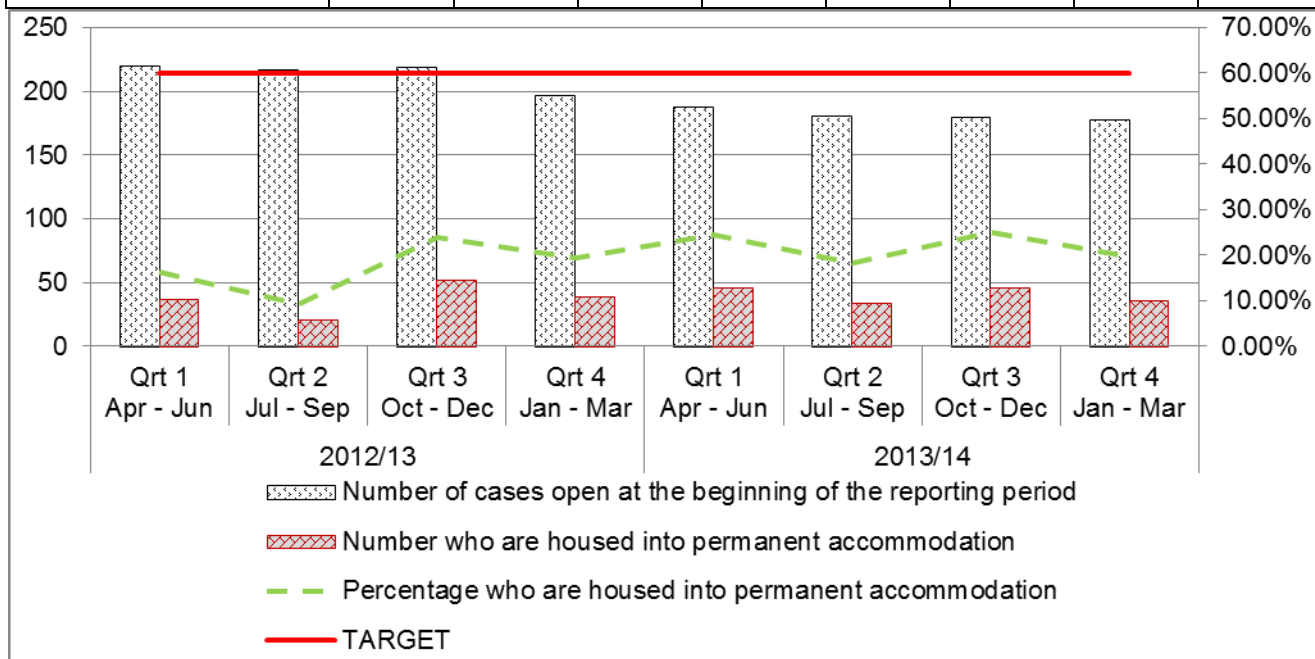
### **Actions**

- Ensure the EPiC training is incorporated into the CHCP Learning and Development Plan and rolled out to staff across all services.
- Ensure that staff are aware of and promoting the self-assessment tool to carers.
- Encourage carers to return the self-assessment tool to Carers' Centre for follow up support.
- Monitor the outcomes from self-assessments completed, ensuring that these inform future planning.

## Homelessness

<b>Objective</b>	We anticipate and prevent homelessness whenever possible
<b>Wellbeing</b>	<b>Nurtured</b>
<b>Measure</b>	Number and percentage of homeless people or families who are housed into permanent accommodation
<b>Current Performance</b>	<b>35 (19.77%)</b> as at March 2014

	2012/13				2013/14			
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2	Qrt 3	Qrt 4
Number of cases open at the beginning of the reporting period	219	216	218	196	187	180	179	177
Number who are housed into permanent accommodation	36	20	51	38	45	33	45	35
Percentage who are housed into permanent accommodation	16.40%	9.26%	23.90%	19.39%	24.60%	18.33%	25.14%	19.77%
TARGET	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%



### 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 implementation of Housing Options and the work with the one stop shop (operating from Oak Tree Housing Association's premises) has seen a fall in homelessness assessments. Housing Options assesses each client's housing needs and provides them with information and opportunities which support them to make informed choices on how to address that need.

The implementation of choice-based letting, common allocation policy and the one stop shop approach has seen an increase in homelessness being resolved without the use of Section 5 referral - a situation the Homelessness Service will monitor and discuss with the Registered Social Landlords (RSL) at our regular meetings.

Welfare Reform is still presenting some challenges in relation to access to housing for single people, however work is in progress with colleagues regarding Discretionary Housing Payment (DHP) which may assist in improving access to the private rented sector.

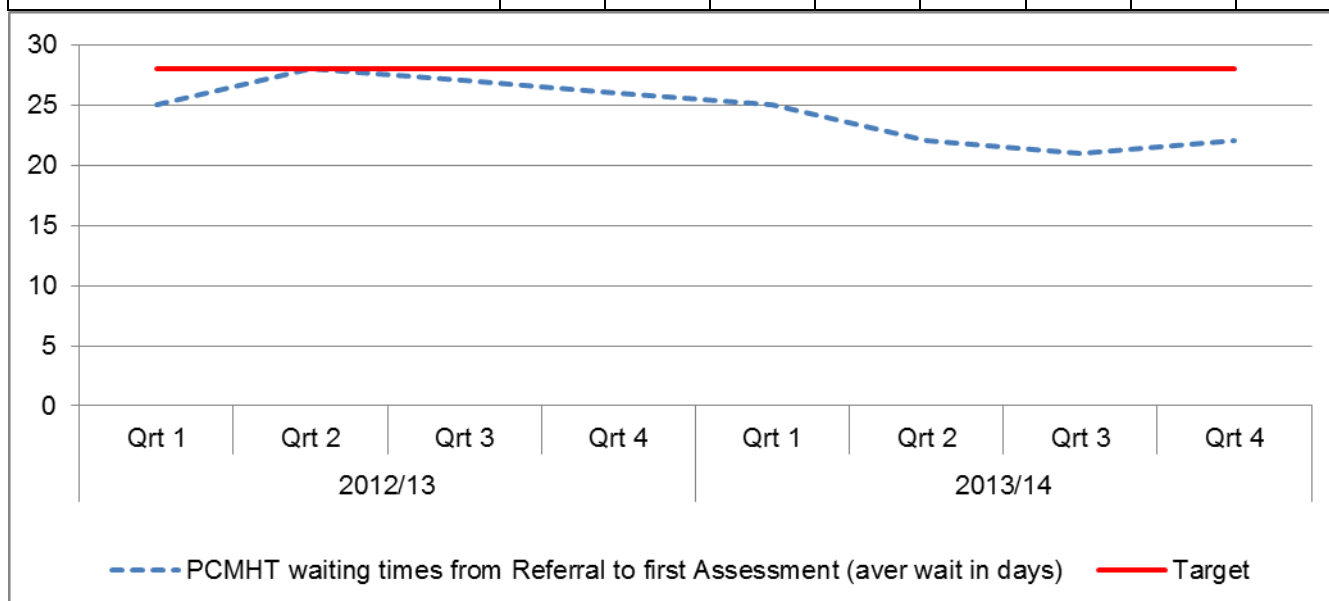
### **Actions**

- 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 monitor performance on a regular basis through the new reporting framework of the Quarterly Performance Service Review.
- Continue to work with colleagues, in the use of DHP to assist in access to the private rented sector.
- Continue to work with RSL partners to minimise the impact of the suspension of the one stop shop and to continue to work toward a more satisfactory outcome.

## Primary Care Mental Health Team

<b>Objective</b>	People who need mental health support get it at a time when it will be most effective for them.
<b>Wellbeing</b>	<b>Healthy</b>
<b>Measure</b>	Waiting times from Referral to first Assessment (average wait in days)
<b>Current Performance</b>	22 days as at March 2014

	2012/13				2013/14			
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2	Qrt 3	Qrt 4
PCMHT waiting times from Referral to first Assessment (aver wait in days)	25	28	27	26	25	22	21	22
Target	28	28	28	28	28	28	28	28



### Commentary

The Inverclyde Primary Care Mental Health Team (IPCMHT) consists of 12 Community Mental Health Nurses who are based in Crown House and operate as part of integrated Community Mental Health Services providing a primary care mental health service to the 16 GP practices in Inverclyde, from Kilmacolm to Wemyss Bay. The team are supported by multidisciplinary colleagues in the provision of this service. The IPCMHT provide comprehensive mental health assessment and where appropriate, offer brief psychological therapy follow up sessions (e.g. CBT approaches, behavioural activation approaches, psycho education, assessing and managing risk and safe planning, education on concordance with medication, education on the effects of alcohol and or illicit drugs on mental health etc).

The team also runs a behavioural activation group for depression and an anxiety management group, as well as offering support for appropriate management of Anxiety, Depression Adjustment Disorders, Obsessive Compulsive Disorder and Post Traumatic Stress Disorder (common mental health problems). Access to the service is formally for those aged 18-64, although as part of local service re-designs, older adults have been able to access the service since 2013. The team also provide

consultation and guidance to GPs regarding signposting to the most appropriate mental health service and community resources within the integrated care pathway.

Referral to the service is electronic and is currently available to the following professionals: GPs, practice nurses, health visitors and colleagues in secondary mental health services. Our current performance highlights that 70% of patients (122 referrals) were seen within 28 days with 99% of our referred cases seen and in psychological therapy treatment within 9 weeks. The 1% represents those who have chosen to wait for their own reasons. Since the beginning of February 2014 we have been operating a self-referral process running CPN self-referral triage telephone clinics every day. Currently our self-referral rate is running at 11% of all referrals received.

### **Actions**

Continue to monitor performance on a regular basis by:

- Data exploration and feedback discussions at monthly meetings with colleagues and Team Leads from GG&C Primary Care Teams.
- Local KPI report information is shared at operational team meetings every month.
- Continue to review analysis of referrals and waiting lists involving Demand Capacity Queue Indicator Audit (DCQIA) and process mapping and mental health activity tracking.
- Use text messaging reminders for patients who have mobile phones to improve attendance and reduce Did Not Attend (DNA) rates.
- Ensure the Team adhere to the guidelines set down in the standardised operational policy for all Primary Care Teams in NHS GG&C.
- Use clinical outcome measures as routine with every patient at every session and explore data report quality.

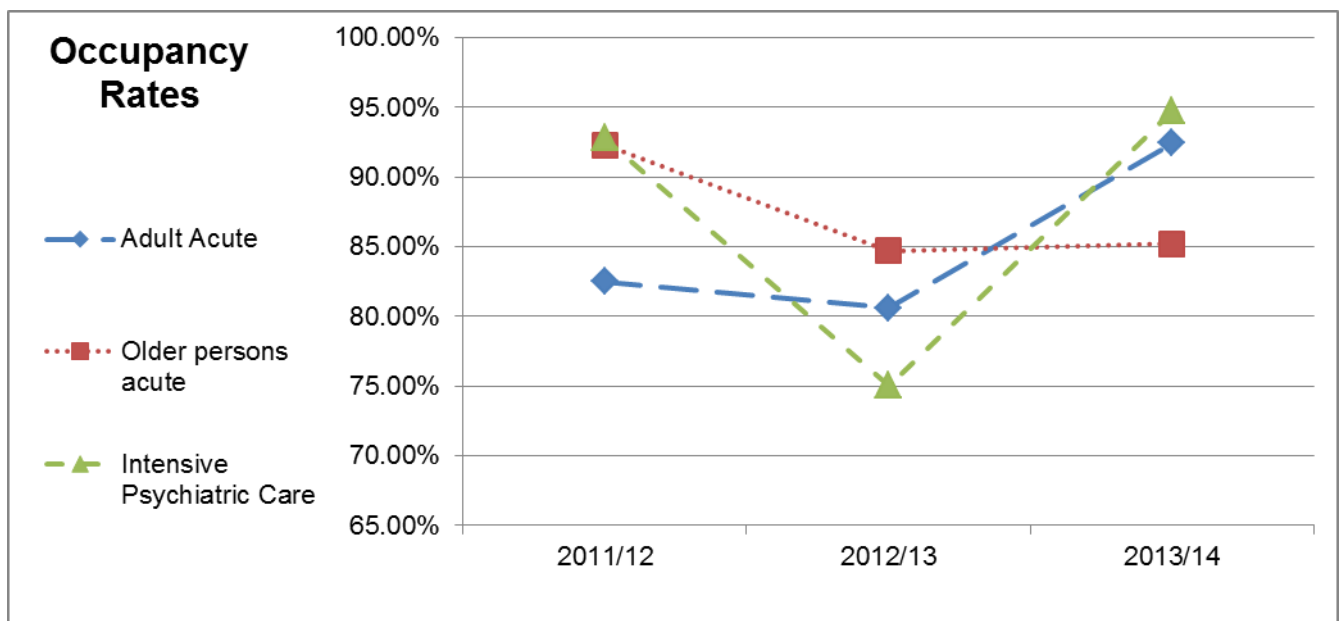
## In-patient Mental Health Services

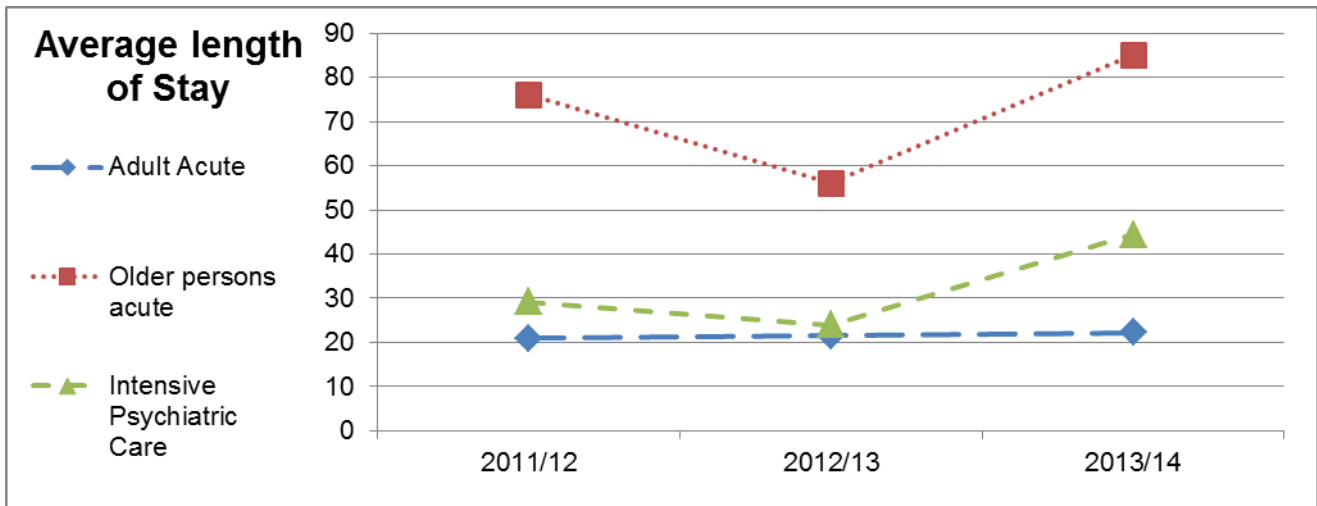
<b>Objective</b>	Inpatient beds are used appropriately so that those who need them can access them.
<b>Wellbeing</b>	<b>Healthy</b>
<b>Measure</b>	Acute admission ward activity data.
<b>Current Performance</b>	See various charts below

	Adult Acute					
	Beds	% Occupancy	Average length of Stay	Re admissions	One to One observation Hours	Admitted outwith Inverclyde
2011/12	20	82.50%	21	0	10007	0
2012/13	20	80.00%	21.5	0	1488	0
2013/14	20	92.40%	22.2	0	1300	5

	Older persons acute					
	Beds	% Occupancy	Average length of Stay	Re admissions	One to One observation Hours	Admitted outwith Inverclyde
2011/12	20	92.30%	76	0	4278	0
2012/13	20	84.70%	56	0	3488	0
2013/14	20	85.20%	85	0	4292	0

	Intensive Psychiatric Care					
	Beds	% Occupancy	Average length of Stay	Re admissions	One to One observation Hours	Admitted outwith Inverclyde
2011/12	8	92.80%	29.2	0	6961	0
2012/13	8	75.01%	24	0	13547	0
2013/14	8	94.70%	44.4	0	5190	0





### Commentary

The charts above show the average activity of the in-patient admission areas over the last 3 years. We continue to perform well in terms of psychiatric re-admissions within 7 days of discharge.

There has been a significant decrease in the level of intensive or one to one level of observation within the Adult acute areas. This is likely to be a consequence of the redesigned accommodation at Langhill Clinic which has reduced challenging behaviours and the introduction of revised operational procedures.

There has been a significant increase in lengths of stay in both the older person's admissions wards and the Intensive Psychiatric Care Unit (IPCU). A relatively small number of exceptionally long in-patient stays have increased the average. In all cases these have been among older people with significantly challenging behaviour for whom no alternative accommodation has been available.

One effect of this increased occupancy and length of stay is that 5 individuals have been admitted outwith Inverclyde for emergency psychiatric care in the period 2013/2014.

### Actions

- Continue the process of reviewing all patients with in-patient stays longer than 12 weeks.
- Implementation of community response and out of hours services.
- Implementation of the Scottish Patient Safety Programme: Dynamic Risk Assessment.

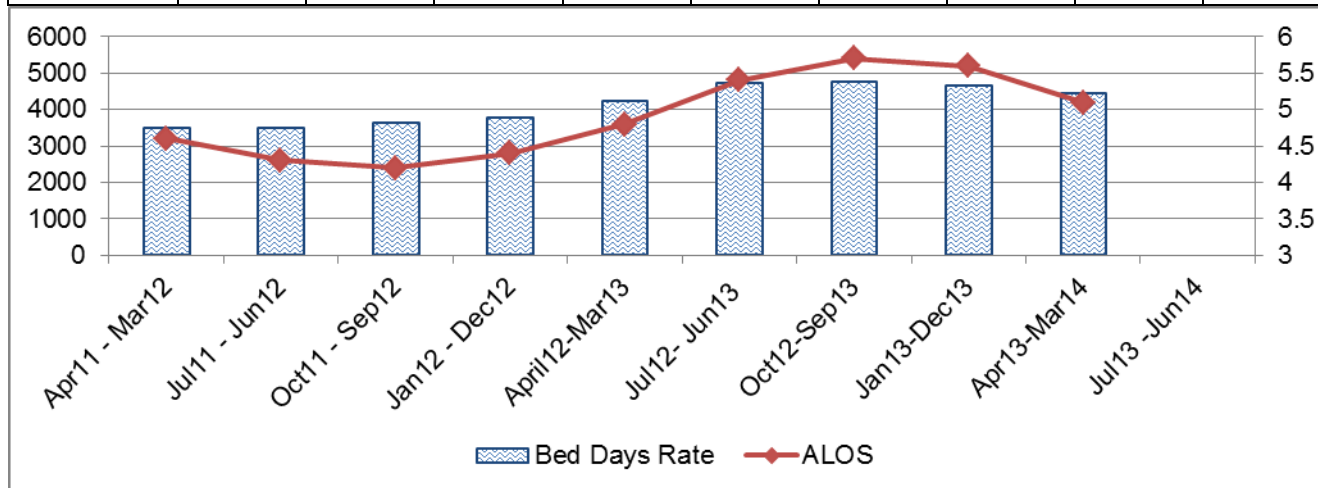


## Long Term Conditions

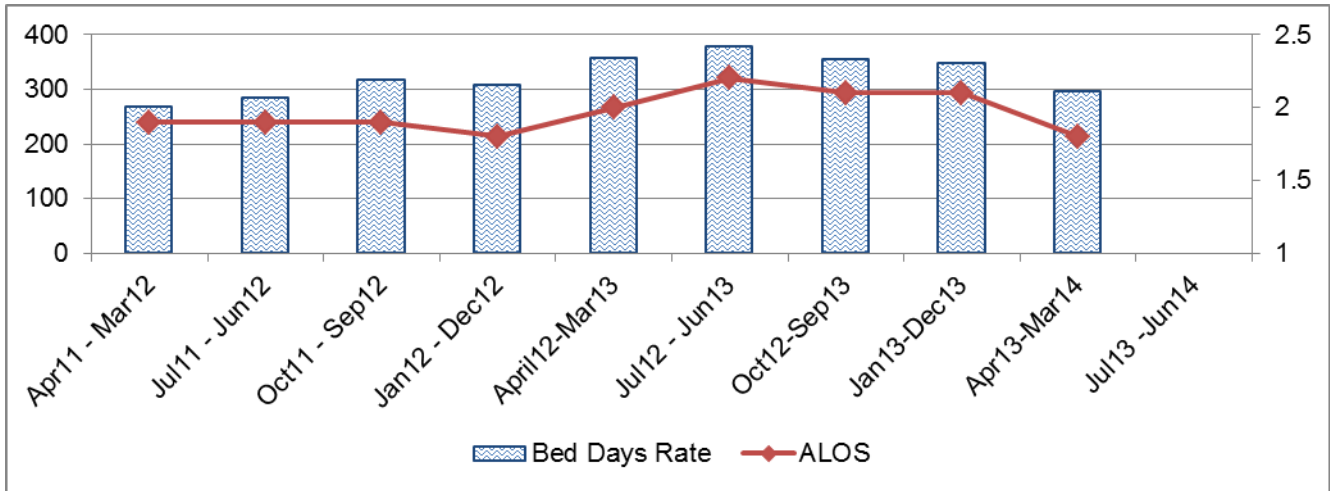
<b>Objective</b>	Ensure people with LTC are not unnecessarily admitted to hospital
<b>Wellbeing</b>	<b>Healthy</b>
<b>Measure</b>	Reduce the number of acute bed days consumed by each LTC (Crude bed day's rate per 100,000 bed days): (rolling year periods).
<b>Current Performance</b>	Various see charts

### Chronic Obstructive Pulmonary Disease (COPD)

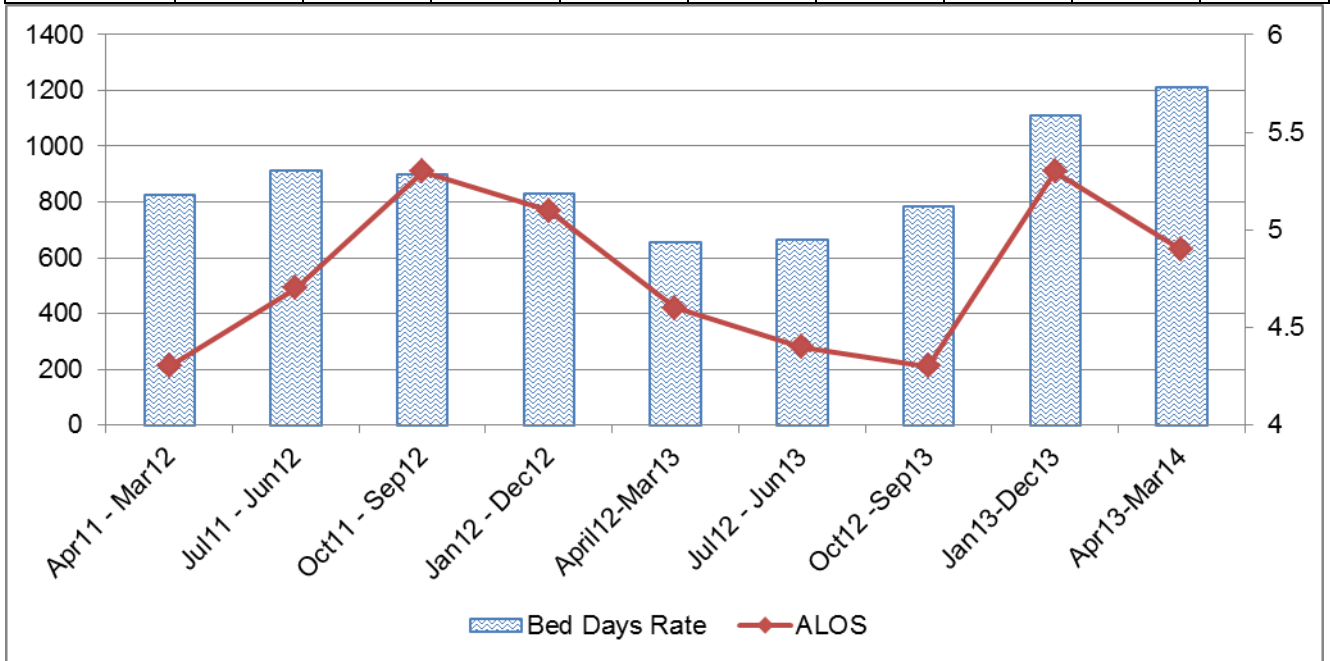
	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12- Mar13	Jul12- Jun13	Oct12- Sep13	Jan13- Dec13	Apr13- Mar14
Bed Days Rate	3491.8	3491.8	3628.4	3795.2	4250.1	4736	4765.7	4644.3	4464.6
ALOS	4.6	4.3	4.2	4.4	4.8	5.4	5.7	5.6	5.1



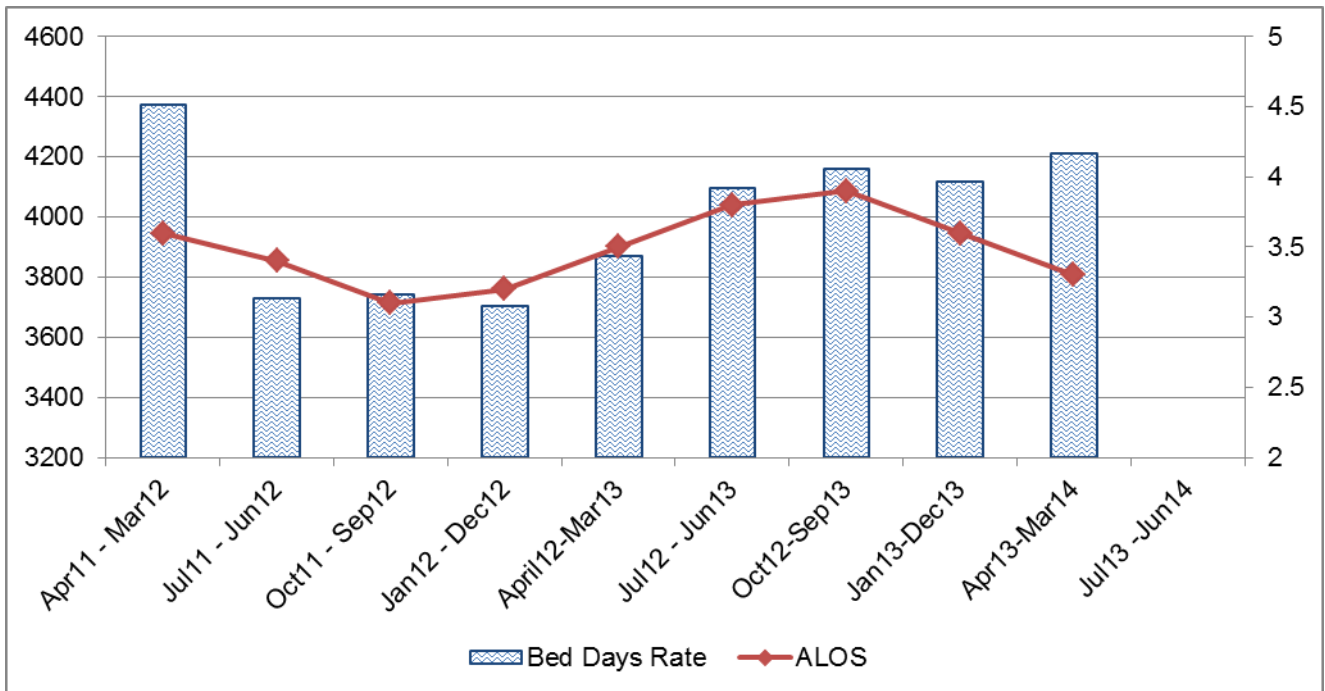
<b>Asthma</b>	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12- Mar13	Jul12 - Jun13	Oct12- Sep13	Jan13- Dec13	Apr13- Mar14
Bed Days Rate	268.4	285.6	318.9	307.4	357	379.3	355.7	348.3	297.5
ALOS	1.9	1.9	1.9	1.8	2	2.2	2.1	2.1	1.8



<b>Diabetes</b>	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12-Mar13	Jul12 - Jun13	Oct12 - Sep13	Jan13-Dec13	Apr13-Mar14
Bed Days Rate	823.7	914.8	900	828	656.9	666.8	784.6	1110.6	1211
ALOS	4.3	4.7	5.3	5.1	4.6	4.4	4.3	5.3	4.9



<b>Chronic Heart Disease (CHD)</b>									
	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12-Mar13	Jul12 - Jun13	Oct12-Sep13	Jan13-Dec13	Apr13-Mar14
Bed Days Rate	4373.3	3728.1	3742.9	3704.8	3868.4	4097.7	4159.6	4116.3	4211.7
ALOS	3.6	3.4	3.1	3.2	3.5	3.8	3.9	3.6	3.3



**Commentary**

There has been a reduction in both COPD and asthma bed days rate and average length of stay. With regards to both diabetes and CHD, while there has been a slight increase in bed day rates, there has been a reduction in average length of stay.

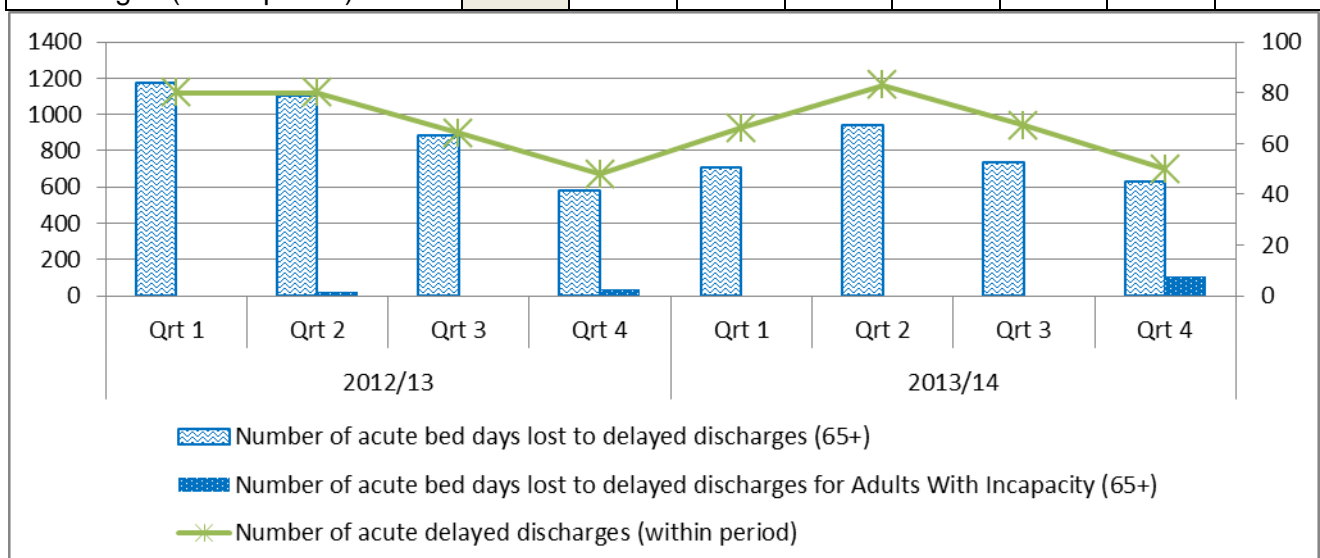
**Actions**

- The Supported Self Care (SSC) sub group of the Anticipatory Care Planning group is continuing to develop the local SSC framework which identifies the range and type of support available across Inverclyde.
- We will be rolling out the NHS GG&C Keep Well Toolkit: Supporting Delivery of Primary Prevention and Early Intervention in general practice when this is finalised. We continue to work with Your Voice to provide appropriate support and information to individuals and groups.
- The Supported Self Care framework has been introduced and is progressing steadily to ensure that the quality of people’s lives are maximised even with a long term or chronic condition. Working closely with and guided by the Anticipatory Care Planning group and with local partners in the voluntary community and public sector, the intention is to have high quality support and information available to those in need in their own homes as well as promoting connections to and support from peer and community groups. This contributes to the discharge transition from acute to home settings.

## Acute bed days

<b>Objective</b>	Ensure people are not in hospital longer than they need to be
<b>Wellbeing</b>	<b>Healthy</b>
<b>Measure</b>	Acute Bed Days Lost to Delayed Discharge
<b>Current Performance</b>	628 at March 2014

	2012/13				2013/14			
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2	Qrt 3	Qrt 4
Number of acute bed days lost to delayed discharges (65+)	1174	1102	885	583	704	942	736	628
Number of acute bed days lost to delayed discharges for Adults With Incapacity (65+)	0	19	0	34	0	0	0	108
Number of acute delayed discharges (within period)	80	80	64	48	66	83	67	50



### Commentary

We have exceeded the 50% reduction of acute bed days lost to delayed discharge (65+) and are making progress towards ensuring we meet the 75% reduction within the target period. There has also been a reduction in the number of delayed discharges relating to acute beds within the period.

While we had been exceeding both the 50% and 75% reduction in acute bed days lost to delayed discharges for adults with incapacity (65+) consistently in recent quarters; there has been a drop in performance in the last quarter and we have taken necessary action to remedy this.

### Actions

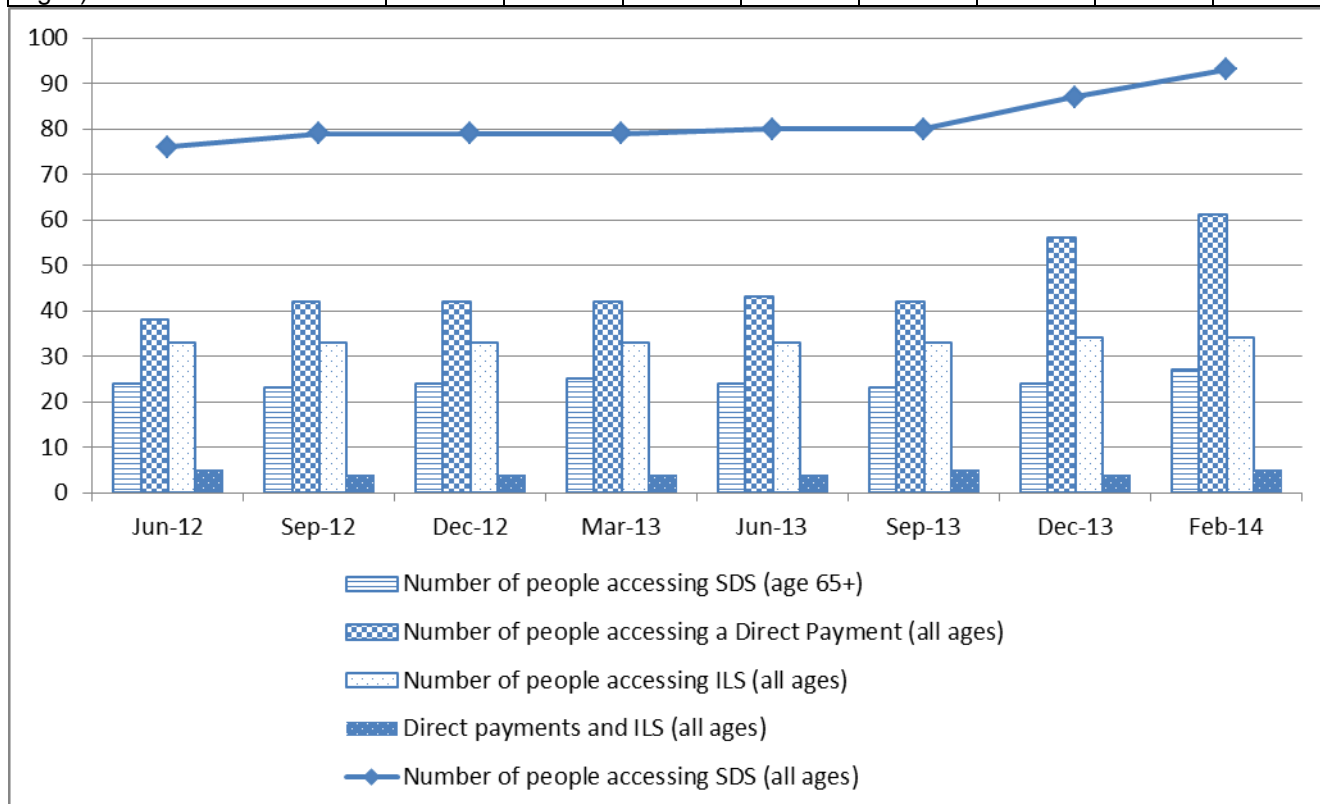
- As outlined earlier, from September 2014 the redesign of Assessment and Care Management will support earlier assessment within the ward environment in advance of the introduction of the 2 week target in April 2015. Alongside this, we are working closely with colleagues in acute care to reduce the length of stay for clients in frail elderly beds, with the aim again of maximising independence. Some recent delays have occurred in our local

mental health services, and we have refreshed awareness raising to tackle this problem.

## Self-Directed Support

<b>Objective</b>	People who need support can choose how and by whom it is delivered.
<b>Wellbeing</b>	<b>Respected &amp; Responsible</b>
<b>Measure</b>	Number of people accessing Self-Directed Support (SDS)
<b>Current Performance</b>	93 at Feb 2014

	Jun-12	Sep-12	Dec-12	Mar-13	Jun-13	Sep-13	Dec-13	Feb-14
Number of people accessing SDS (all ages)	76	79	79	79	80	80	87	93
Number of people accessing SDS (age 65+)	24	23	24	25	24	23	24	27
Number of people accessing a Direct Payment (all ages)	38	42	42	42	43	42	56	61
Number of people accessing ILS (all ages)	33	33	33	33	33	33	34	34
Direct payments and ILS (all ages)	5	4	4	4	4	5	4	5



### Commentary

With the ascension of the Social Care (Self Directed Support) (Scotland) Act 2013, it was anticipated that we would start to see an increase in people accessing SDS options immediately prior to the implementation of the legislation in April 2014 and afterwards, as the public become more aware of this through various media campaigns.

## Actions

- We will closely monitor the trajectory of SDS and the uptake of the four options that are now available to service users and carers.
- The SDS Steering Group continues to meet to oversee the implementation plan, and will undertake a full risk assessment over the summer, ensuring that all identified risks are regularly reviewed by the steering group. An action plan will be developed using the Self-Assessment checklist developed through Audit Scotland as a baseline.
- We will continue to work with partners locally, including the Directions Project, Carers' Centre, Inverclyde Council on Disability (ICOD), Your Voice and CVS (Community groups, Voluntary organisations & Social enterprise). CVS are undertaking work to establish a directory of community facilities to enable people to have access to information about local resources which might reduce or negate the need for formal support services at that point. Nationally we are working with In-Control and SPAEN (Scottish Personal Assistant Employers Network) who provide assistance and support to recipients of direct payments who employ their own carer.
- There have been briefing sessions for frontline staff with further in-depth training being developed. We are working alongside Social Work Scotland (formerly ADSW) helping to pilot some of their training modules. Twelve frontline staff members across community care teams have been identified as "SDS Champions" and we are exploring with them how we can best use them to continue to develop SDS support at the point where it will shape assessment and support planning with service users.
- Work is underway to establish monitoring information to provide information about changes to service uptake and gaps in service. Approval processes are being mapped and options will be developed to support cross service allocation of funding.
- We have established a cross care group of senior practitioners to ensure that SDS work undertaken links to mainstream developments as opposed to being perceived as a separate entity or workstream. This group will also identify training and support needs for staff with a strong link to the champions through this group.