Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Health & Social Care Committee**	**Date:**	**23rd April 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Health & Social Care Partnership**	**Report No:**	**SW/03/2015/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**Integrated Performance Improvement Exceptions Report**		

1.0 PURPOSE

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

2.0 SUMMARY

2.1 The measures have been carefully selected from our on-going quarterly performance service 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 relate predominantly to 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 Some of the measures include an element of health service delivery, but these relate to aspects that are rooted in a social model of community health, and as such require the full support of social care services to enable their optimum delivery.

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 Committee.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 Although we are moving to Health and Social Care Partnership (HSCP) arrangements, the Health and Social Care Committee retains its scrutiny over Council-funded social care services, and as such will be keen to see evidence of progress. The report structure ensures that our efforts are focused on improving performance in line with our key commitments, as outlined in our Corporate Directorate Improvement Plan.

4.2 Our fully integrated system and process for the management of performance in the form of quarterly performance services reviews (QPSR) and reporting structure are now well embedded into our performance reporting framework and have 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 There are no equalities implications in respect of this report.

	YES (see attached appendix)
√	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

Appendix 1

Performance Improvement Exceptions Report March 2015

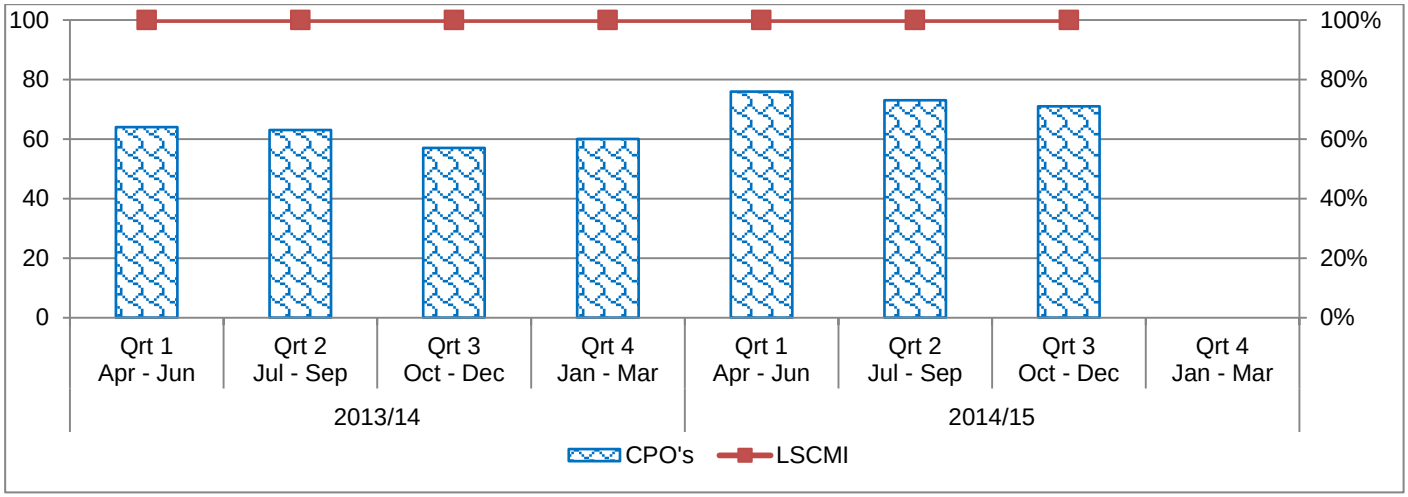
Table of Contents

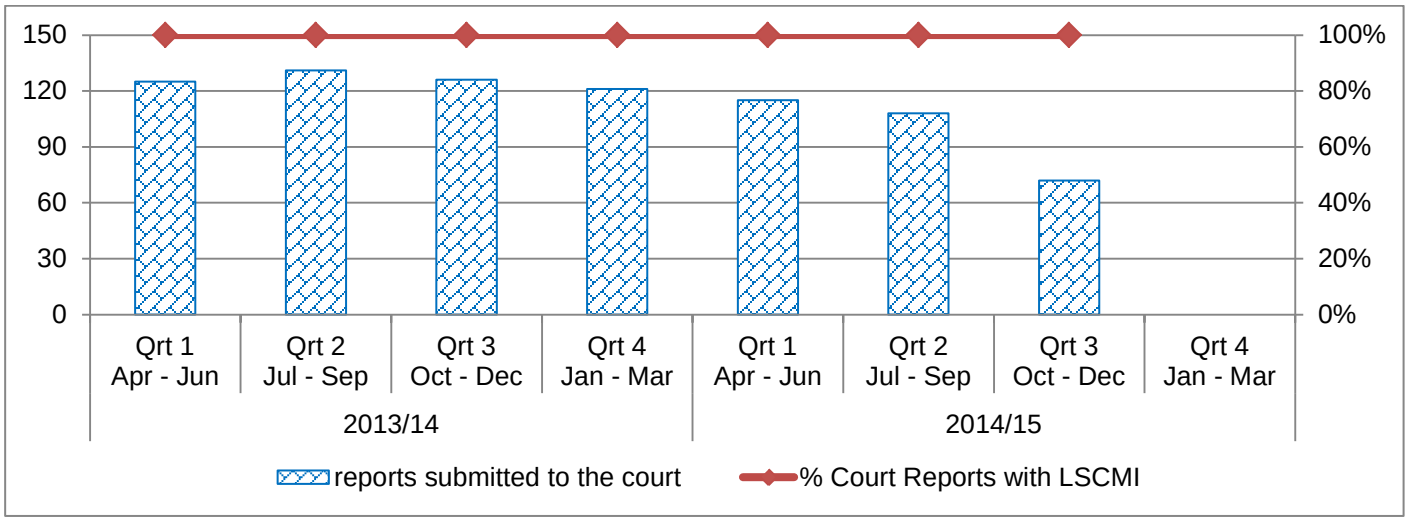
Note Key:
CFCJ: Children and Families & Criminal Justice
PHIC: Planning, Health Improvement & Commissioning
MHAH: Mental Health, Addictions and Homelessness
HCCPC: Health, Community Care and Primary Care

CFCJ: Community Payback Orders (CPO) & Court Reports with Level of Service Case Management Inventory (LSCMI)

Objective	A community sentence is designed to ensure that offenders payback to society, and to particular communities
Wellbeing	**Nurtured**
Measure	% Level of Service/Case Management Inventory (LS/CMI) completed
Current Performance	100% - for all new CPO and CJ Reports submitted by CJ staff

	2013/14				2014/15			
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar
New CPO's imposed	64	63	57	60	76	73	71	
% CPOs with LSCMI	100%	100%	100%	100%	100%	100%	100%	
Number of reports submitted to the courts during the year	125	131	126	121	115	108	72	
% Court Reports with LSCMI	100%	100%	100%	100%	100%	100%	100%	





Commentary

Community Payback Orders (CPOs) have been available to Courts as a community-based sentencing option since 1st February 2011. A CPO consists of nine requirements from which the Court may select one or more at the point of sentencing, usually having been informed by a Criminal Justice Social Work Report. Its aim is to provide a high quality intervention which balances the requirement that individuals' pay back for their crimes to communities with opportunities to address their offending behaviour and improve their opportunities to avoid such behaviour in the future.

The Level of Service/Case Management Inventory (LS/CMI) is a tool used across Scotland to assess both the risk of re-offending and risk of (serious) harm and to inform case and risk management planning. All social work qualified operational staff within Inverclyde Criminal Justice Services have been trained in the application of the tool.

The latest data available shows us that for every new Community Payback Order (CPO) imposed and every Criminal Justice Court Report completed by the criminal justice team within Inverclyde, **100%** have had a risk assessment completed in the form of a 'level of service and case management Inventory' (LS/CMI) over the past seven quarters tabled. Whilst the volume of Criminal Justice Social Work Report requests by the Courts has decreased steadily over the reporting period, which has also been reflected nationally, the introduction of LS/CMI into this process has added additional complexity to this task.

In recognition that this is a self-reported quality assurance measure, at the request of the Criminal Justice Service the CHCP Quality & Development team is in the process of developing a management information system to better enable recording and evidence of this good practice.

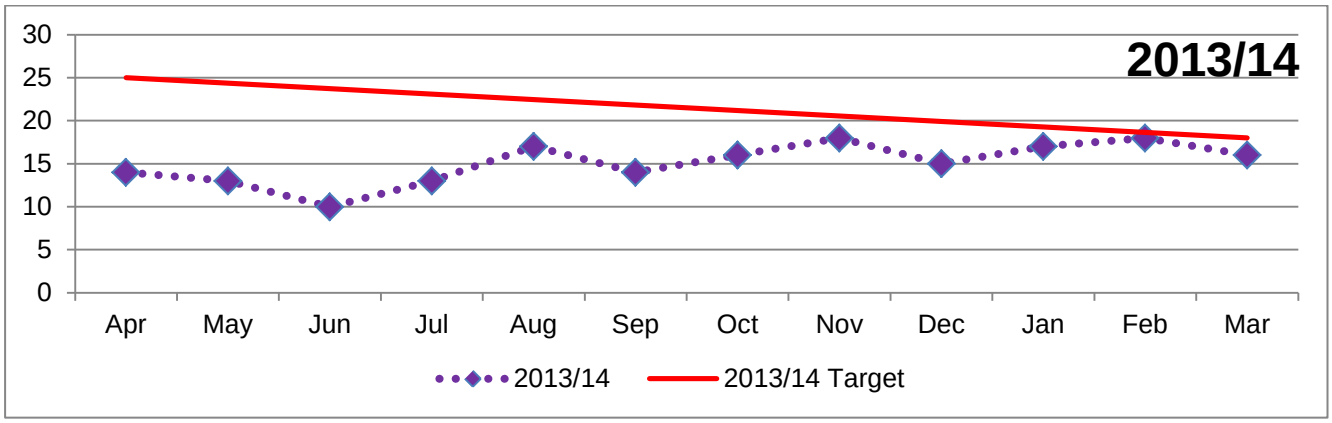
Actions

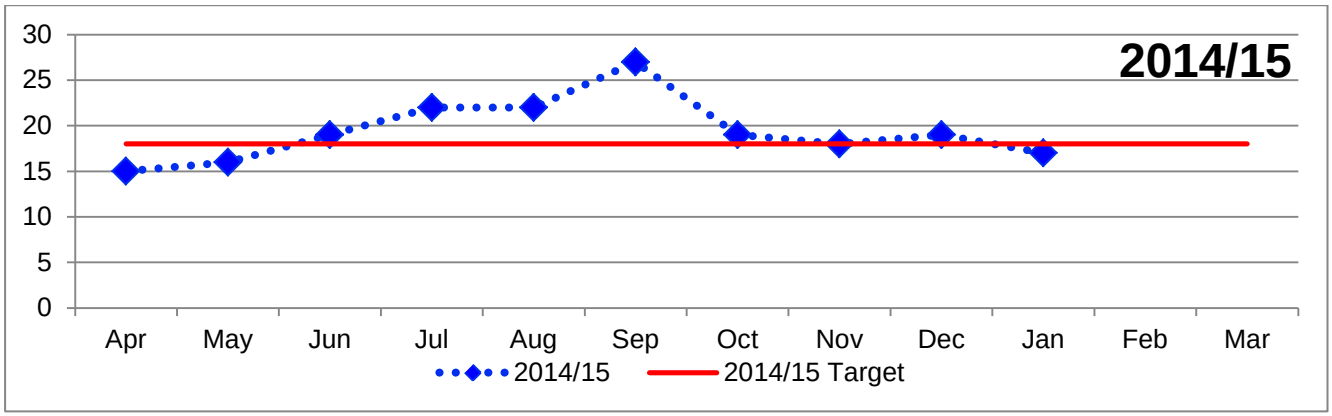
- We will complete the work on the management information system to add to the range of options the Service has to quality assure its use of LS/CMI.
- We will monitor performance as part of our established Quarterly Performance Service Reviews (QPSR).

CFCJ: Child and Adolescent Mental Health Services (CAMHS)

Objective	Vulnerable Children & Young People with Mental Health conditions can access services
Wellbeing	**Healthy**
Measure	Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist CAMHS services from March 2013; reducing to 18 weeks by December 2014
Current Performance	17 weeks at January 2015

	Longest wait in weeks												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
2013/14	14	13	10	13	17	14	16	18	15	17	18	16	24 at Q1 to 18 by Q4
2014/15	15	16	19	22	22	27	19	18	19	**17**			18





Commentary

The data charted above for 2013/14 shows that the average waiting time target was well maintained below the 24 weeks and when the target dropped to 18 weeks at December 2013. This continued until June 2014 where performance declines and the target line is crossed on the 2014/15 chart. The CAMHS Inverclyde Team has made a concerted effort to prevent further breaches of the average waiting time target where the average waiting time fell below the target in each of reporting periods between June and September 2014.

The graph for **2014/15** shows a gradual increase in the average waiting, to **27 weeks** at September, before falling back to 19 weeks in October 2014 and finally to **17 weeks** and below the 18 week target in January 2015. The team has reviewed the overall work plan and this has restored the balance between demand and capacity. Staffing changes have been identified and a review by the team's Service Manager over the next few months will be required to monitor the impact of these changes.

The team has experienced an increase in referrals, many of which have been identified as being more complex and multifaceted cases requiring to be seen for longer periods of interventions.

The introduction of the Functional Analysis of Care Environments (FACE) Child and Adolescent Risk Assessment Suite (CARAS) is the UK's first evidence-based tool that is designed and validated to conduct accurate risk assessments for young people. This tool has been identified as part of a clinical risk management strategy in CAMHS, and has been introduced to the CAMHS teams in Greater Glasgow & Clyde (GGC) to allow the implementation of a person centred risk management plan. The Inverclyde team received training in November 2014 and this is now currently being implemented for the vulnerable children and young people identified.

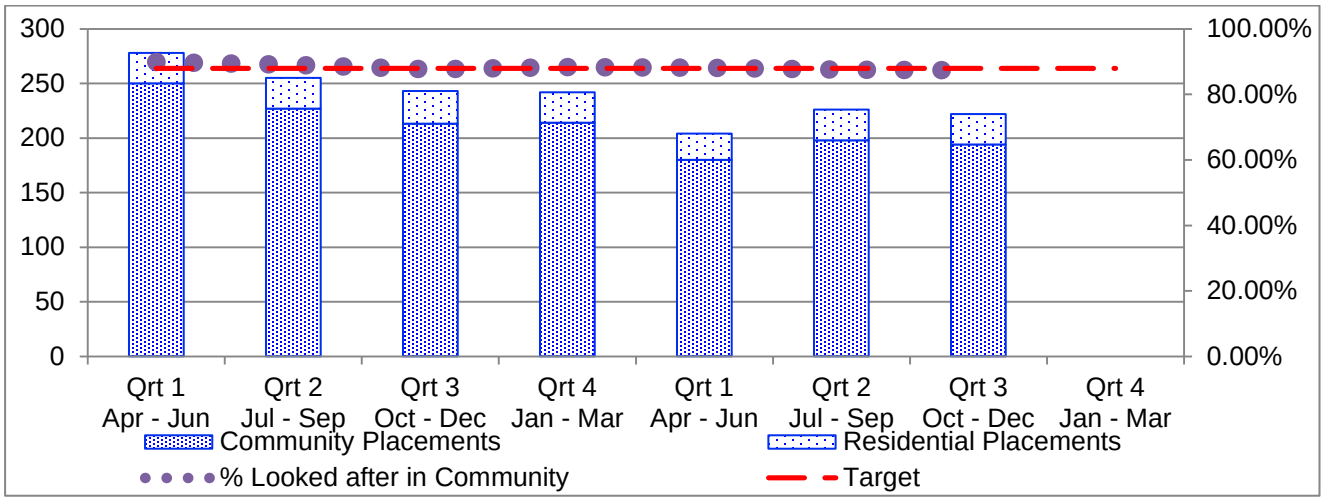
Actions

- Waiting Times: We will monitor performance of the target waiting times as part of our established Quarterly Performance Service Reviews (QPSR).
- FACE (CARIS): We will monitor the impact and roll out of this new assessment tool in relation to capacity and staff resource.
- Staff Changes: We will action a prompt replacement of staff that have left or are due to leave through retirement or staff movement.

CFCJ: Looked After and Accommodated Children (LAAC) - Placements

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	87.4% as at December 2014

	2013/14				2014/15			
	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar	Qrt 1 Apr - Jun	Qrt 2 Jul - Sep	Qrt 3 Oct - Dec	Qrt 4 Jan - Mar
Number of Children Looked after in Community Placements (snapshot at end of reporting period)	250	227	213	214	180	198	194	
Number of Children Looked after in Residential Placements (snapshot at end of reporting period)	28	28	30	28	24	28	28	
Total number of children	278	255	243	242	204	226	222	
% Looked after in Community	89.90%	89.00%	87.65%	88.40%	88.20%	87.60%	87.40%	



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). Overall the number of children looked after and accommodated has reduced from 278 in June 2013 to 222 by December 2014.

Annual trends of children looked after and cared for in the community have been consistent for a number of years around **88%** in Inverclyde. The local target set for this measure is **88%**.

This measure has been adopted by the Society of Local Authority Chief Executives and Senior Managers (Solace) as one of the national benchmarking indicators and our performance against the 'family benchmarking authorities' ranked 14th in Scotland in 2013, which is an improvement from rank 16th in the previous year (2012).

Nb. The definition used 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.

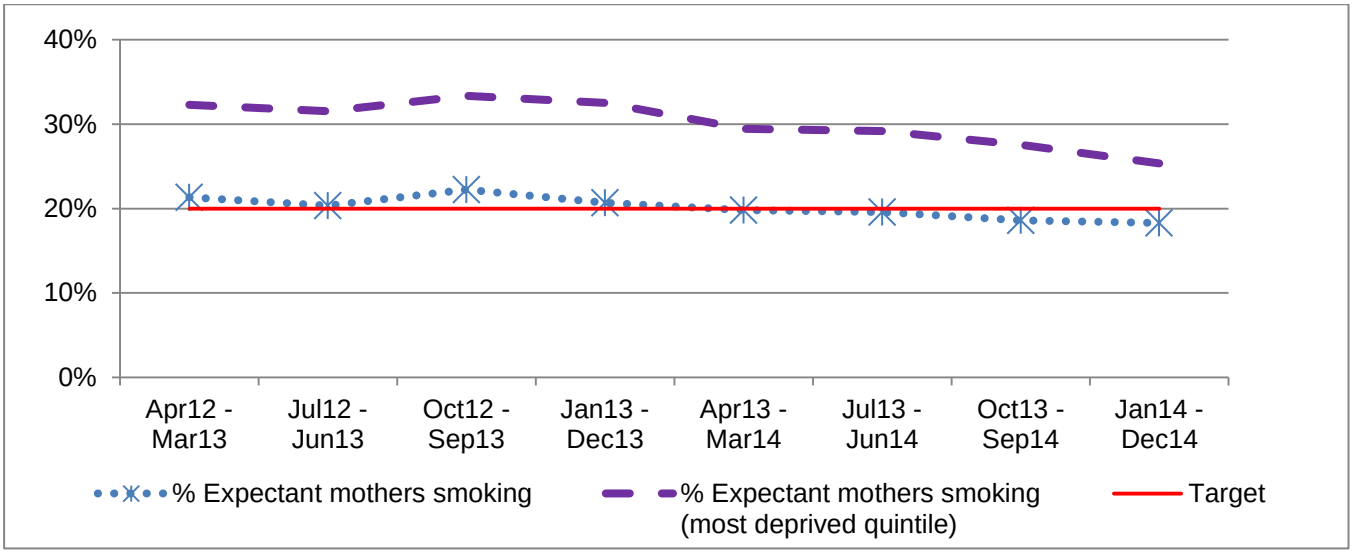
Actions

- We will 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.
- We will monitor the percentage of children being looked after in the community as part of our established Quarterly Performance Service Reviews (QPSR).

PHIC: Smoking in Pregnancy

Objective	Improve the health of both expectant mother and babies	
Wellbeing	**Healthy**	**Active**
Measure	Reduce Smoking in pregnancy	
Current Performance	18.3% at December 2014 – overall 25.3% at December 2014 – most deprived quintile	

	Apr12 - Mar13	Jul12 - Jun13	Oct12 - Sep13	Jan13 - Dec13	Apr13 - Mar14	Jul13 - Jun14	Oct13 - Sep14	Jan14 - Dec14
% Expectant mothers smoking	**21.3%**	**20.3%**	**22.2%**	**20.7%**	**19.8%**	**19.6%**	**18.6%**	**18.3%**
Number Pregnant	773	757	724	744	739	750	742	722
Number Smoking	165	154	161	154	146	147	138	132
% Expectant mothers smoking (most deprived quintile)	**32.3%**	**31.5%**	**33.3%**	**32.5%**	**29.4%**	**29.2%**	**27.5%**	**25.3%**
Number Pregnant	409	406	369	369	384	377	374	363
Number Smoking	132	128	123	120	113	110	103	92
TARGET	**20%**	**20%**	**20%**	**20%**	**20%**	**20%**	**20%**	**20%**



Commentary

There has been a continual improvement in reducing the percentage of expectant mothers smoking. The latest data available and tabled above shows that the percentage of all expectant mothers who smoke at December 2014 dropped to **18.3%** from **21.3%** at March 2013 exceeding the 20% target for this period. Similarly for those mothers who live in the most deprived quintile, the percentage reported as smoking, dropped to **25.3%** at December 2014 down from **32.3%** at March 2013, and is heading in the right direction towards meeting the target. The Health Improvement Team facilitated joint development sessions with Health Visitors and Midwives specifically focussed on smoking in pregnancy to ensure referral pathways and joint working arrangements are robust.

The Health Improvement Team will continue to work with maternity Smoke Free Services to support women to reduce the incidence of smoking in pregnancy. The plan is to take the learning from the service evaluation which includes the entire pregnancy pathway from pre conception to post natal;

certain aspects of this are being facilitated by Greater Glasgow & Clyde Early Years Collaborative. This is a sub group of the Healthy Mums Healthy Babies programme.

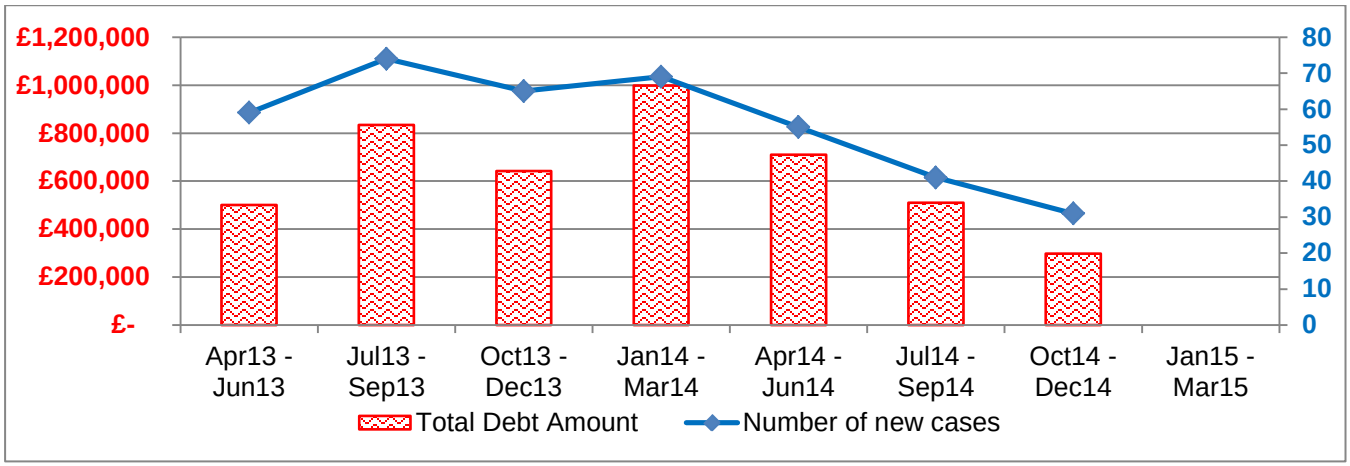
Actions

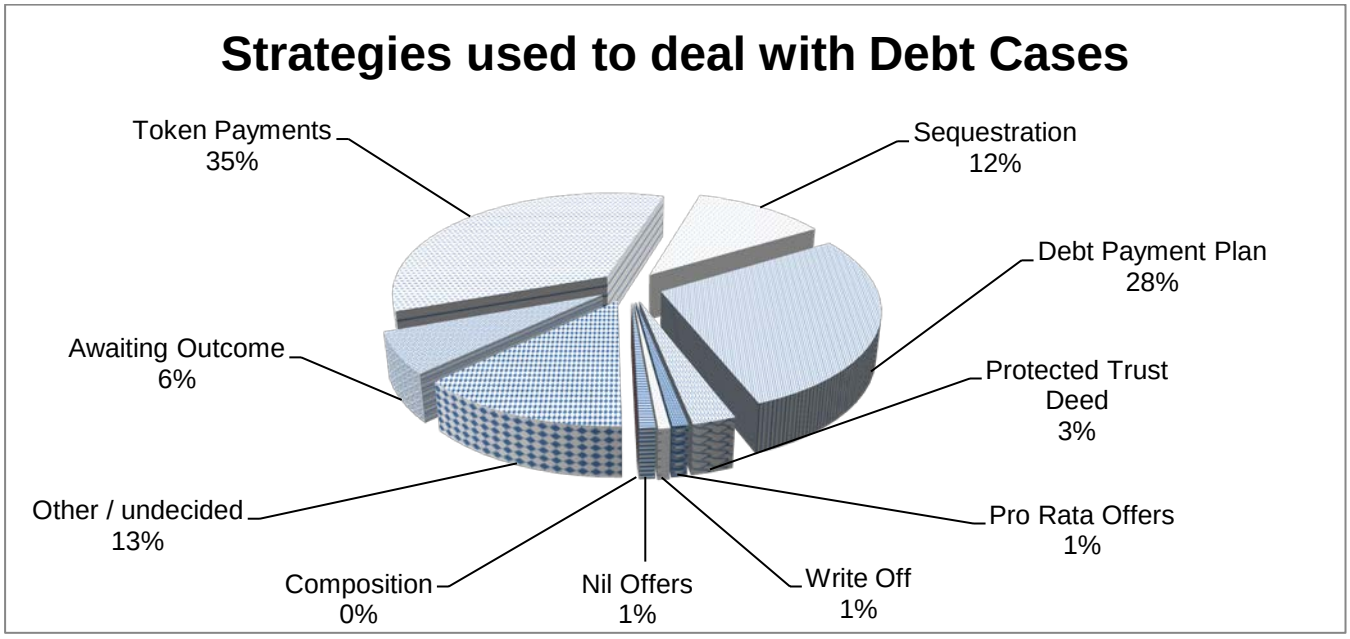
- We will aim to reduce the equalities gap through the delivery of targeted smoking cessation services for women in SIMD 1 areas.
- We will monitor the reduction in smoking in pregnancy for all mothers and also for those who live in the most deprived areas as part of our established Quarterly Performance Service Reviews (QPSR).

PHIC: Money Advice

Objective	Assist people to take control of their finances
Wellbeing	**Achieving**
Measure	Improve health and wellbeing by reducing impact of debt
Current Performance	Average Debt £9615.48 at December 2014

	Apr13-Jun13	Jul13-Sep13	Oct13-Dec13	Jan14-Mar14	Apr14-Jun14	Jul14-Sep14	Oct14-Dec14	Jan15-Mar15
Number of new cases	59	74	65	69	55	41	31	
Total Debt Amount	£ 500,453	£ 833,751	£ 642,348	£ 998,845	£ 710,602	£ 510,256	£ 298,080	
Average	**8482.25**	**11266.91**	**9882.28**	**14476.01**	**12920.04**	**12445.27**	**9615.48**	





Commentary

Inverclyde CHCP Advice Services Money Advisors provide comprehensive specialist advice and continuing support to clients to help them deal with their personal debt. Interventions show this is being addressed through their disposable income and affordable repayment plans which accounts for **66%** of all strategies to deal with debt cases. This allows for conversations about income

maximisation, budgeting, sensible spending and other ways in which the client can best manage their finances.

The chart above shows there was a gradual decrease in the number of debts cases seen by Advice Services Money Advisors since April 2014 this can be attributed to staff shortages and two office moves. However, the sharp increase in January to March 2014 can be attributed to a seasonal trend from debt accrued over the Christmas period.

A National Organisation recently reported that the average debt in Inverclyde was £6,210 for the first six months of 2014 this does not reflect the true picture of the cases seen by our Advice Services who calculated the average debt figure of £13,786 for the same period which can be evidenced from the data reported in the above chart. Debt trends are ever changing and tend to reflect current social issues such as the impact of welfare reforms and the uptake of pay day loans and low-paid workers who are experiencing pressure on their incomes as their wages remain fixed and their living costs rise steadily.

New Government regulations commencing on the 1st April 2015 will bring more clients to Advice Services as they have to seek mandatory Debt Advice before contemplating any severe debt relief option. This can only be obtained from an approved Money Advisor (MA) working for the Council or Citizen Advice Bureau. Other charitable organisations must have an approved and accredited MA working in their service.

A new Case Management system has been introduced for Advice Services which will help track clients better and provide more robust reporting.

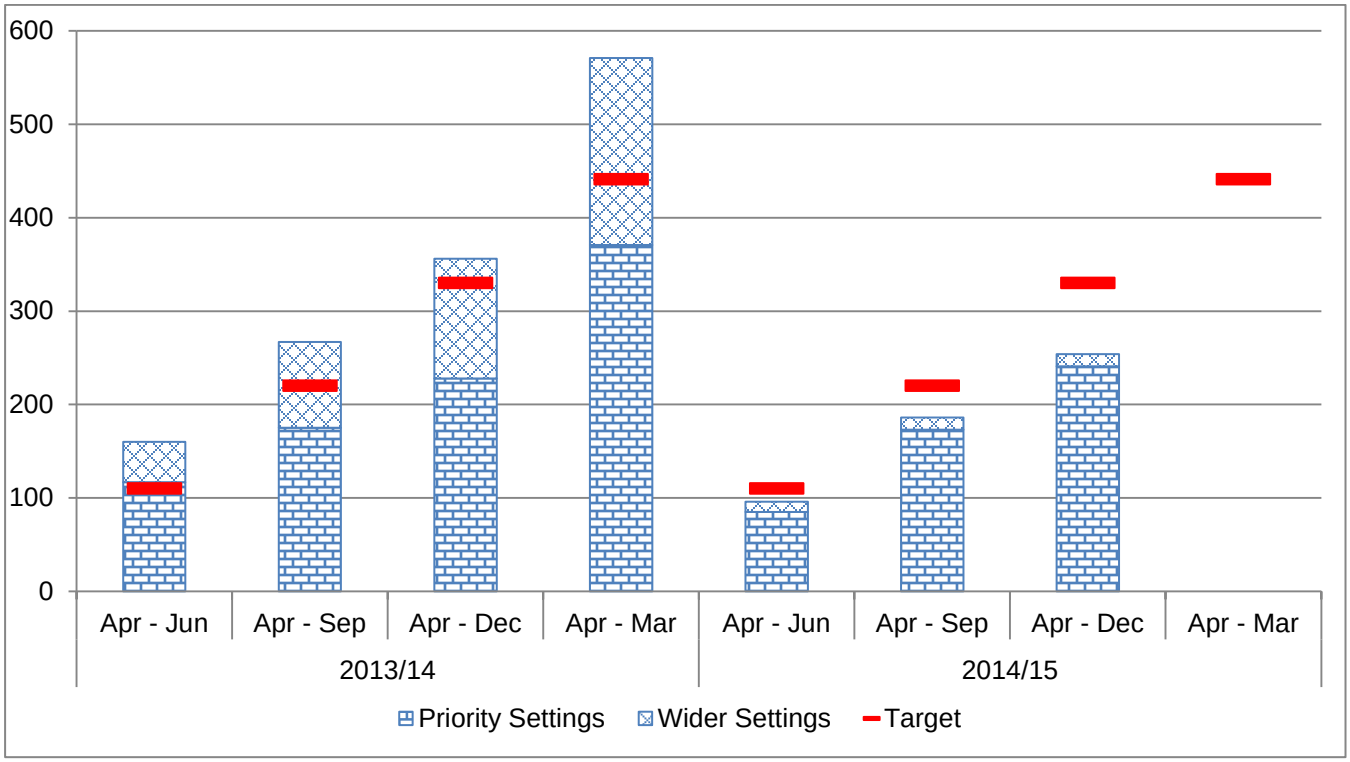
Actions

- Promote and develop Advice Services and improve accessibility for service users.
- Develop Networking and Financial Inclusion.
- Provide appropriate training and development for Money Advisors.
- We will monitor performance as part of our established Quarterly Performance Service Reviews (QPSR).

MHAH: Addictions – Alcohol Brief Interventions (ABI)

Objective	Highlight potentially harmful behaviours and provide individuals with the tools to make informed choices about how they drink and reduce the risk to their health
Wellbeing	**Healthy**
Measure	Embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal). In addition, continue to develop delivery of alcohol brief interventions in wider settings
Current Performance	254 (April to December 2014/15) against a pro-rata target of 330

	2013/14				2014/15				Target
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	
Priority Settings (Primary Care, A&E, Antenatal)	117	58	53	143	85	88	68		397
Wider Settings (Community Based)	43	49	36	72	11	2	0		44
TOTAL	**160**	**107**	**89**	**215**	**96**	**90**	**68**		**441**



Commentary

Delivery of alcohol brief interventions has been a Scottish Government priority area for a number of years, as part of wider alcohol-related policies, with each Health Board and its associated Alcohol and Drugs Partnerships (ADPs) having set delivery targets within the HEAT standards system. The Scottish Government recently set out its intended approach for delivery across Scotland, affirming that the HEAT standard arrangement will remain in place for 2015-16.

The standard is as follows:
NHS Boards and their ADPs will sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.

Within Inverclyde for Priority Settings, 13 out of the 16 GP Practices opted in to deliver ABIs. However, due to changes in the GP contract some practices no longer have to report their ABI activity. This is resulting in reduced numbers being recorded on systems and has impacted on our ability to reach our target for 2014/15 as indicated in the chart above. Additionally, some practices wait until year end before submitting their data; therefore we expect to see an increase in the number of ABIs in the final quarter similar to the previous year.

The delivery of ABIs within the Accident & Emergency (A&E) setting at Inverclyde Royal Hospital remains challenging as the environment is considered to be too highly pressurised, although the Acute Liaison Nurse Service will refresh practice in respect of A&E contacts. Further opportunities for priority ABIs are also being explored through the 'Health & Pregnancy' Group [Health Improvement] and Women's Offenders Group [Action for Children].

Wider setting ABIs have decreased in the last year mainly due to staff shortages within those service areas that have historically delivered ABIs. In an effort to broaden delivery in wider settings we are liaising with HMP Greenock and will examine possibilities for brief interventions in this setting. We are also in discussions with the Community Mental Health Team and the Integrated Drug Team. ABIs will continue to be delivered via Persistent Offenders Partnership and Arrest / Referral arrangements which will assist us to capture communities which are harder to reach, in particular where deprivation is greatest.

The Young Person's Alcohol Team is also focused upon training to deliver ABIs across partner agencies including Community Wardens, Street Pastors and Youth Workers. It is intended that the Team will also explore opportunities for ABI delivery to Employability groups as this has been successful in the past. The Team delivers extensive training to a variety of staff groups across a range of Services.

Further engagement of partners will be led by the Alcohol Drug Partnership Recovery Development Group who will undertake to identify training needs and further opportunities for ABI delivery.

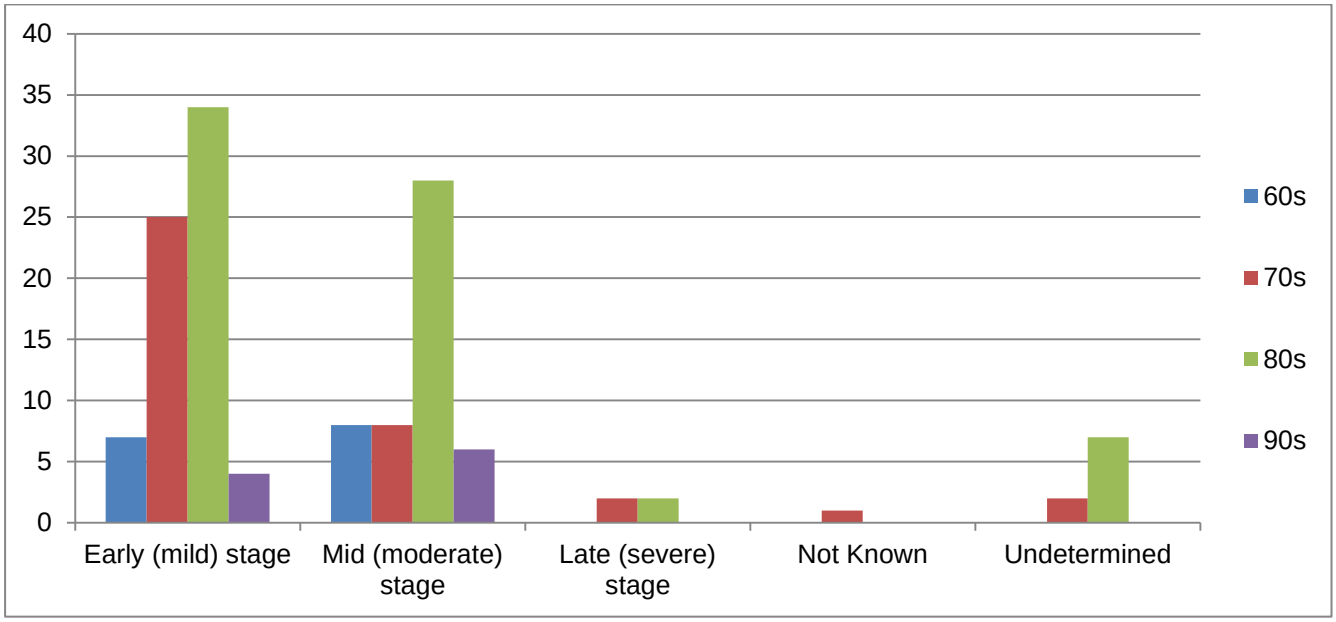
Actions

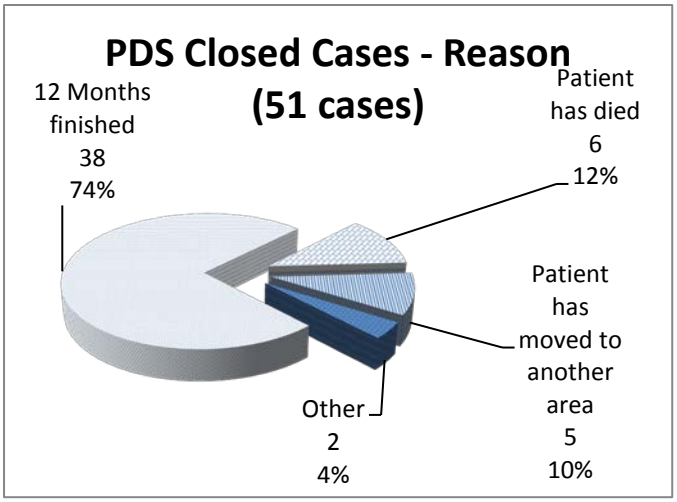
- Recruit new alcohol counsellor in the Health & Homelessness Team.
- Improve delivery in Primary Care, Antenatal and A&E.
- Broaden delivery in wider settings, which should capture those communities which are harder to reach, in particular where deprivation is greatest.
- Explore the development of IT support to capture ABI delivery and administration.
- Monitor performance as part of our established Quarterly Performance Service Review (QPSR).

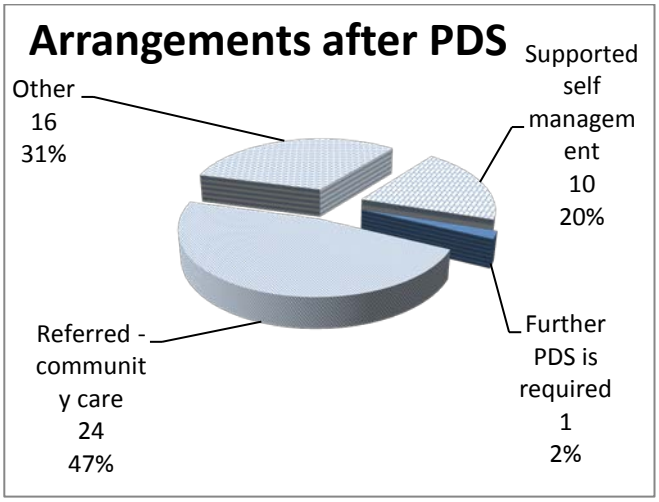
MHAH: Dementia Post Diagnostic Support (PDS)

Objective	Ensure people with dementia receive the help they need following diagnosis	
Wellbeing	**Included**	**Healthy**
Measure	All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker	
Current Performance	Total referrals = 134 (51 closed, 83 open at end February 2015)	

Stage of Illness at referral	**60s**	**70s**	**80s**	**90s**	**Total**
Early (mild) stage	7	25	34	4	70
Mid (moderate) stage	8	8	28	6	50
Late (severe) stage		2	2		4
Not Known		1			1
Undetermined		2	7		9
Total	**15**	**38**	**71**	**10**	**134**







Commentary

In April 2013 the Inverclyde Dementia Strategy was launched. The strategy looks at the developments of safe effective services for people with dementia and their families with post diagnostic support (PDS) included. The PDS link worker post was initially funded by the Change Fund for a period of 12 months and supported by a partnership between Alzheimer Scotland and Inverclyde CHCP. The post holder is employed by Alzheimer Scotland and based within the Older Person's Community Mental Health Team (OPCMHT). The post was funded for a further 12 months from mainstream funding with a commitment to ensure on-going mainstream funding and partnership working with Alzheimer Scotland.

There have been a total of **134** referrals for PDS from March 2013 to February 2015. Of these **53%** were people in their 80s of which **48%** were referred at the Early (mild) stage of dementia. **52%** of all referrals were at the early stage with only **3%** being at the Late (severe) stage. We know that people with dementia benefit from early diagnosis and having access to a range of post-diagnostic services as it enables them and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for their future care.

Of the 51 closed cases **74%** completed the 12 months of Post Diagnostic Support with **47%** being referred on to Community Care Services.

Given the estimated prevalence rate of dementia for Inverclyde is 1384 we expect that the number of referrals for PDS will increase.

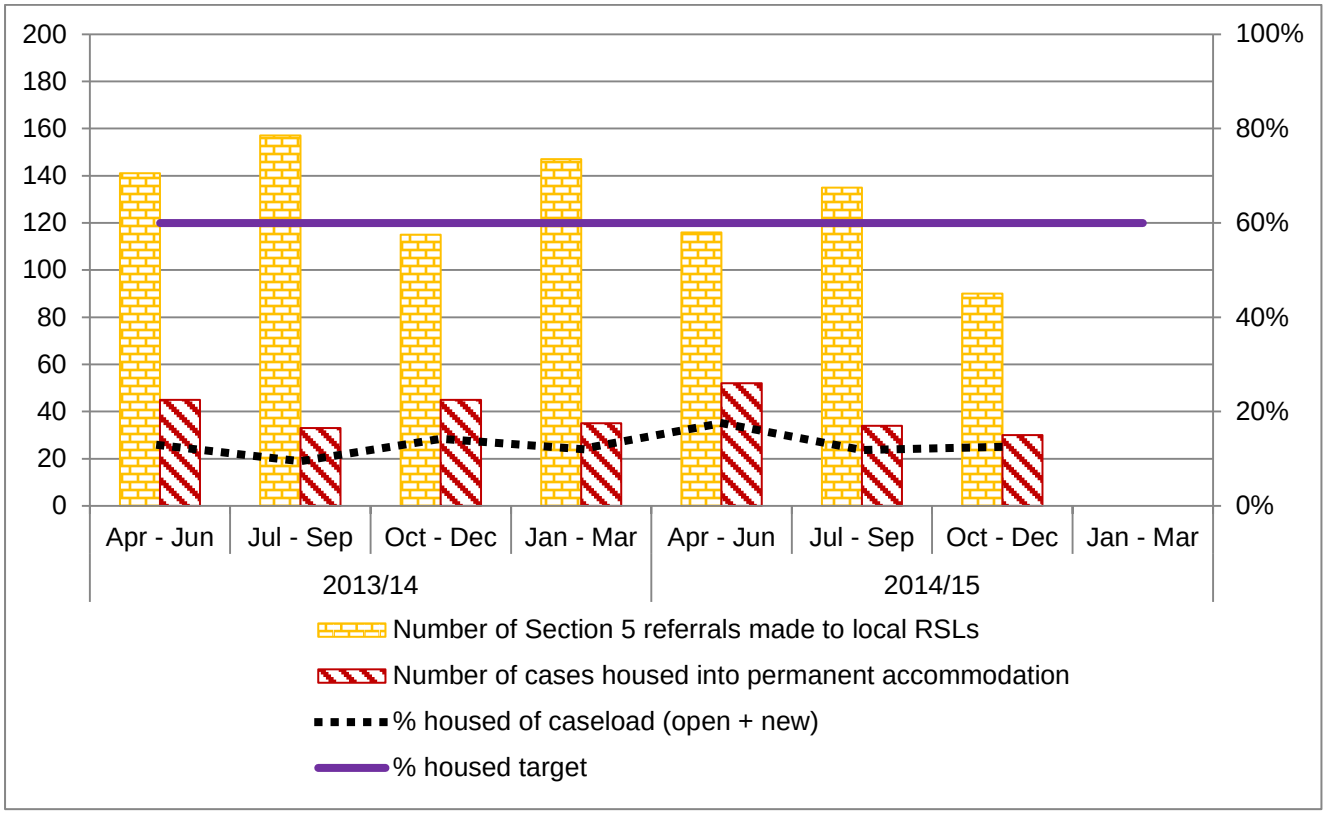
Actions

- Further embed the pathway for people receiving diagnosis of dementia to Post Diagnostic Support.
- Further develop systems to capture and monitor the delivery of the HEAT target.
- Develop further the model of post diagnostic support guided by national priorities.
- Monitor performance as part of our established Quarterly Performance Service Review (QPSR).

MHAH: Homelessness – Nomination Agreements with Registered Social Landlords (RSLs)

Objective	We anticipate and prevent homelessness whenever possible	
Wellbeing	**Nurtured**	**Safe**
Measure	Number and percentage of homeless people or families who are housed into permanent accommodation	
Current Performance	30, 12.6% (October - December 2014/15)	

	2013/14				2014/15			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
Homelessness cases open at start of period	187	180	179	177	171	147	135	
Number of new homelessness presentations	81	90	65	59	65	77	49	
Number of Section11* referrals to service	82	77	72	55	60	62	55	
Number of Section 5** referrals made to local RSLs	141	157	115	147	116	135	90	
Number of cases housed into permanent accommodation	45	33	45	35	52	34	30	
% housed of caseload	**12.9%**	**9.5%**	**14.2%**	**12%**	**17.6%**	**11.9%**	**12.6%**	
% housed target	**60%**	**60%**	**60%**	**60%**	**60%**	**60%**	**60%**	**60%**



***Section 11** places a duty on mortgage lenders, private landlords and/or registered social landlords (RSLs) to inform the relevant local authority when they initiate legal proceedings to repossess a property. The early warning that a section 11 notification provides should

allow for information and support to be provided to households. This should prevent homelessness occurring, or will allow a planned approach for suitable alternative accommodation to be found.

Section 5 places a duty on the RSL's to assist the local authority in the discharge of its homelessness duty. A request is made to an RSL to house a homeless applicant and it is expected that the RSL should comply by providing accommodation within 6 weeks unless it has good reason for not doing so.

Commentary

As a stock transfer authority the Homelessness Service is solely reliant on the Section 5 referral process with the local Registered Social Landlords (RSLs) to resolve homelessness. Section 5 places a duty on the RSLs to assist the local authority in the discharge of its homelessness duty.

In May 2013, Inverclyde Common Housing Register was introduced which was made up of Oak Tree, Cloch, Link and Larkfield Housing Associations with a Choice Based Letting (CBL) system. This system allows a single point of access to anyone applying for housing from these organisations. CBL allows applicants to bid for a house of their choice on the weekly publication of available housing. Homeless applicants also have provision made for them through the Section 5 referral route which should increase a homeless person's opportunity to resolve their situation.

River Clyde Homes introduced CBL in June 2014 which operates in a similar way to the Inverclyde Common Housing Register but does not make any provision for Section 5 referrals.

Our experience to-date has shown a decrease in homeless applicants accessing housing through the Section 5 referral process. This has resulted in a marked decrease of homeless applicants achieving housing and has impacted on our ability to reach our target of 60% which is sitting at **12.6%** from the latest available data as shown in the chart above.

The Homelessness Service is now a member of tri partite arrangements with Strategic Housing, RSLs and the CHCP and there is on-going discussions regarding access to housing for particular groups such as homeless.

The Homelessness Service is now closely monitoring housing achieved by Section 5 referral and CBL and this information will be shared with our RSL partners. The Section 5 protocol is currently under review and should be finalised at the next tri partite meeting.

The introduction of Housing Options has seen a reduction in accepted homeless applications. It is hoped that a resolution to the above issues would allow our target of 60% to be decreased in the future.

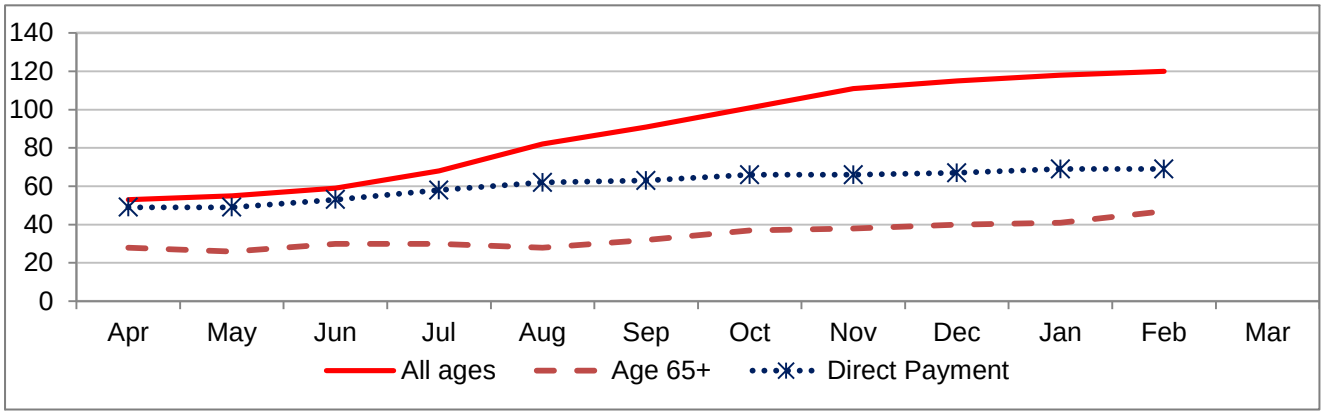
Actions

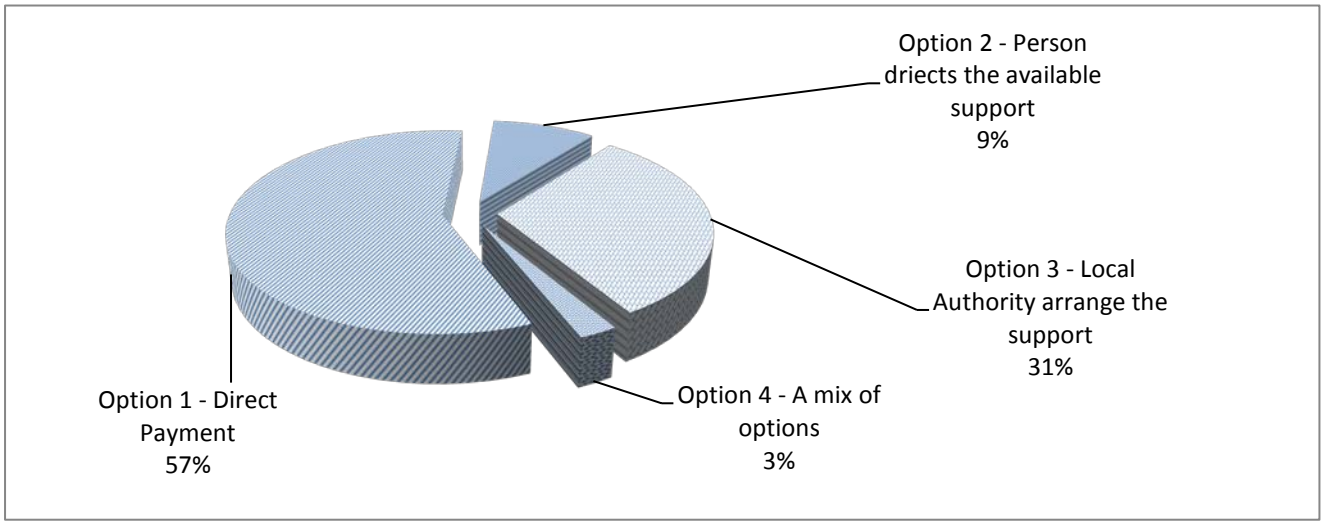
- We will work with RSL partners to improve the options available to homeless people through Section 5 referrals and through direct applications for housing.
- Monitor the Common Housing Register and the common allocation policy by RSLs in Inverclyde.
- Work closely with housing providers and mortgage lenders to prevent homelessness occurring as the result of eviction and repossession procedures.
- Support proposals for a 'one stop shop'.
- Ensure that the needs of all applicants for housing are recognised and catered for, including overcrowding, opportunities for downsizing from larger homes, and widening housing options and choices.
- We will monitor performance as part of our established Quarterly Performance Service Reviews (QPSR).

HCCPC: Self-Directed Support (SDS)

Objective	People who need support can choose how and by whom it is delivered
Wellbeing	**Respected and Responsible**
Measure	Number of people accessing Self-Directed Support (SDS)
Current Performance	120 (all ages) as at February 2015

	Total of all individuals in receipt of SDS recorded on SWIFT from 01/04/2014. (Cumulative)											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Ages	53	55	59	68	82	91	101	111	115	118	120	
Age 65+	28	26	30	30	28	32	37	38	40	41	47	
Direct Payments	49	49	53	58	62	63	66	66	67	69	69	





Commentary

Self-directed support (SDS) is a term that describes the ways in which individuals and families can have informed choice about how their support is provided to them. SDS gives people control over an individual budget and allows them to choose how it is spent on support which meets their agreed health and social care outcomes. SDS includes a number of options for getting support. The person's individual budget can be:

Option 1 - Taken as a Direct Payment (a cash payment)

Option 2 - Allocated to a provider the individual chooses. The council or funder holds the budget but the person is in charge of how it is spent (this is sometimes called an individual service fund)

Option 3 - Or the individual can choose a council arranged service

Option 4 - Or the individual can choose a mix of these options for different types of support

The baseline figure at April 2014 for Direct Payments (Option 1) was 49 rising to 69 at February 2015 an increase of **41%**. Uptake of SDS in Inverclyde has shown a steady increase with numbers increasing in all age groups and across all SDS options.

The focus has been on the development of processes to ensure that people have been made aware of the options and this is being supported with fair and equitable access to services.

Staff training is currently being undertaken to tie outcome based assessments with the options for SDS. Paperwork has been changed in order to ensure these options are discussed with service users and recorded. Resource allocation system has been developed and is being introduced on a pilot basis. Public Information has been produced and Inverclyde are participating in the SDS Awareness week this month.

Actions

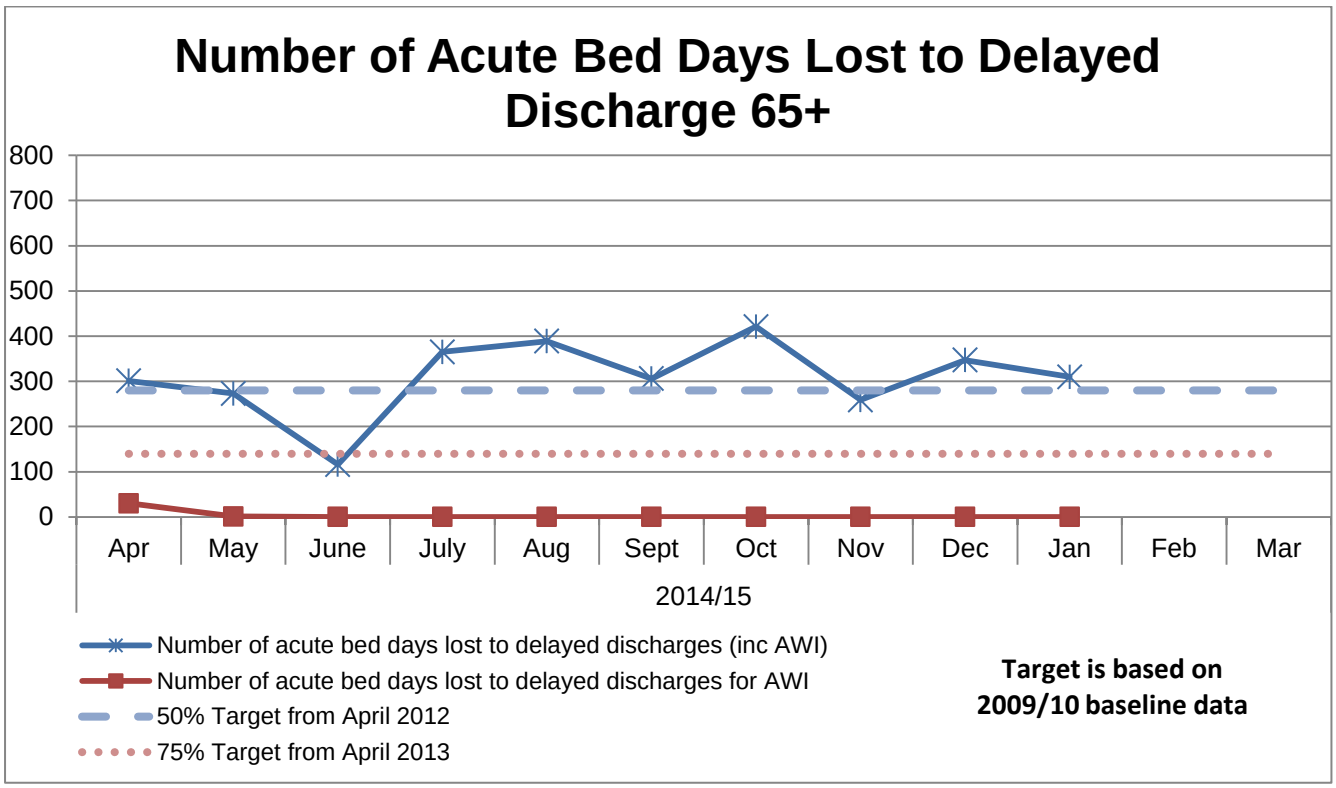
- Monitor performance as part of our established Quarterly Performance Service Review (QPSR).
- We will develop processes to support the application of SDS and implement the action plan.
- Work will be undertaken to update the contract for option 1 and to develop an individual service framework for option 2.
- Systems will be developed to capture activity information to track service changes to ensure these changes form a baseline for developing a commissioning planning process.
- 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 work stream.

HCCPC: Delayed Discharges & Acute beds days lost

Objective	Ensure people are not in hospital longer than they need to be
Wellbeing	**Healthy**
Measure	Acute Bed Days Lost to Delayed Discharge
Current Performance	310 bed days lost in January 2015

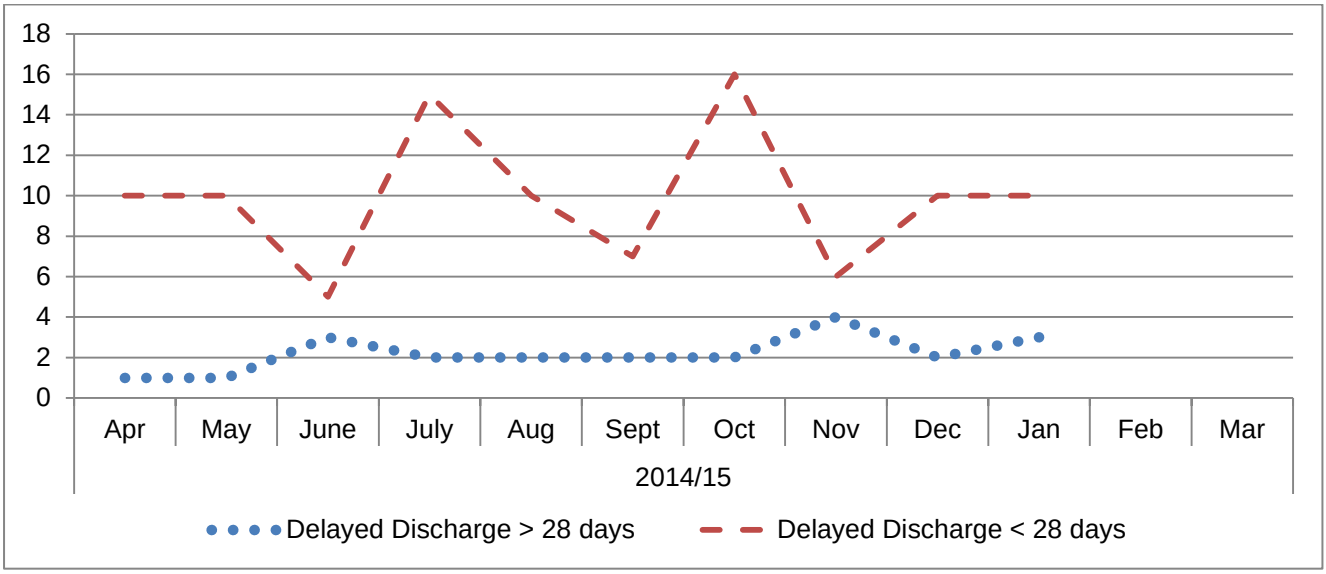
Number of acute bed days lost to delayed discharges (inc AWI)												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	301	273	116	365	389	306	421	259	347	310		

Number of acute bed days lost to delayed discharges for AWI												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	30	1	0	0	0	0	0	0	0	0		



Delayed Discharge > 28 days												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	1	1	3	2	2	2	2	4	2	3		

Delayed Discharge < 28 days												
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	10	10	5	15	10	7	16	6	10	10		



Commentary

From April 2015 the current target for delayed discharges will decrease from 28 days to 14 days. In addition to the target, for some time scrutiny has also surrounded the number of bed days occupied by delayed discharges to provide a more complete picture of the impact of hospital delays. Going forward, it is suggested that we also focus and measure the proportion of patients discharged within 72 hours of being ready for discharge and the associated bed days.

Performance towards the new delayed discharge target continues to be challenging however we have recently seen a reduction in both the number of delayed discharges and the length of time which individuals are delayed. Whilst it is possible to evidence reduced bed days associated with admissions, we continue to see a rise in emergency admissions for those over 65.

Delayed Discharge Census data reported for March 2015 shows nine delays with seven of these being delayed for less than two weeks and two being delayed for between two and four weeks.

Actions

Recent Initiatives

- Improve home based intermediate care to include more robust through the night care and intensive rehabilitation. This would allow a safe environment to facilitate earlier discharge from hospital and the ability to more appropriately assess for aids & adaptations, telecare and longer term care needs within the patient's own home.
- District Nurse in post to work on the Acute site, supporting early intervention and coordinated discharge.
- Additional physiotherapy hours to support early discharge.
- Reorganisation of Assessment and Care Management Team, to focus resources upon Delayed Discharge.

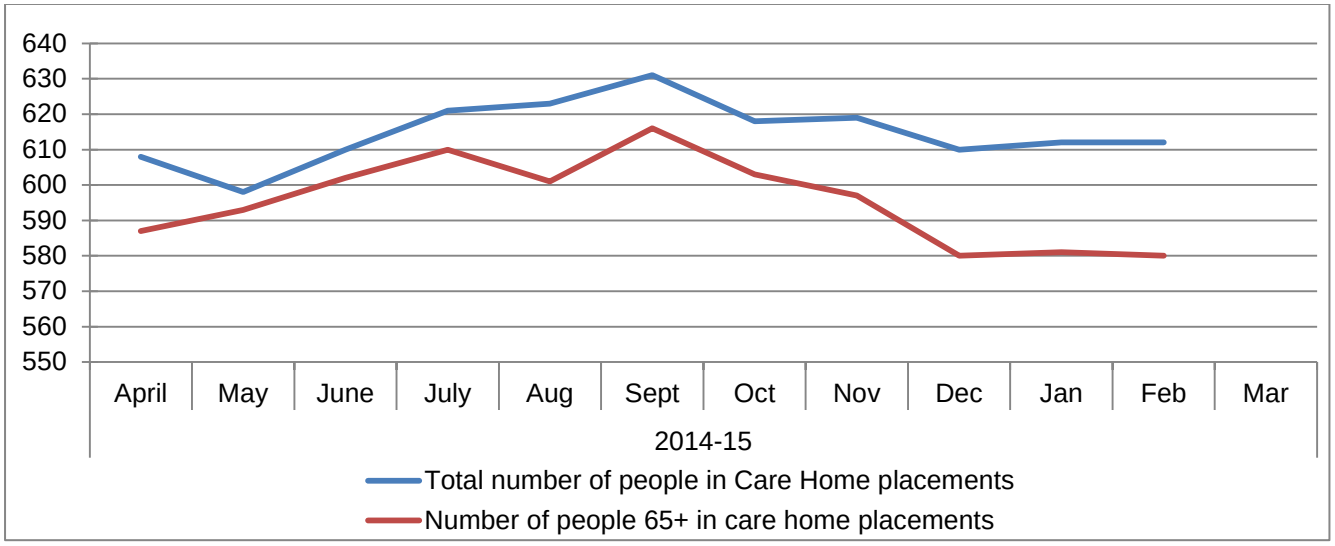
Planned Initiatives

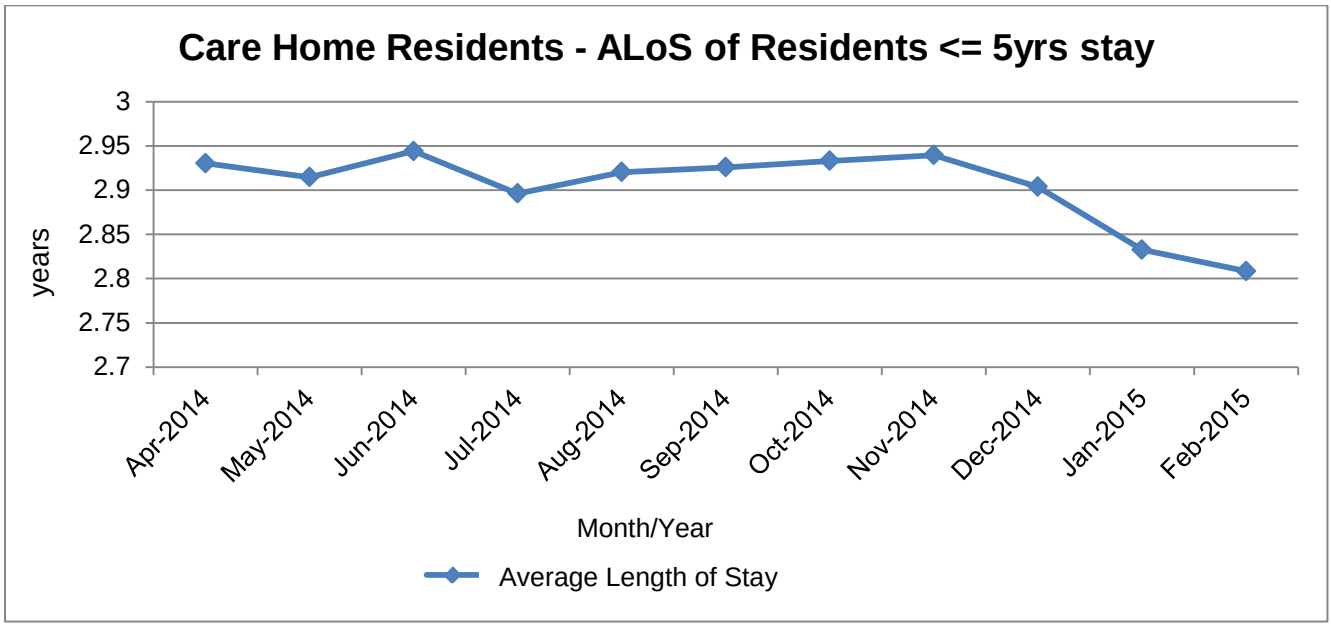
- Provision of Step Up Beds.
- Embed the Home First Approach in Inverclyde's Discharge Process.

HCCPC: Care Homes

Objective	Ensure appropriate admissions to Care Homes
Wellbeing	**Healthy** / **Safe**
Measure	Number of people in Care Home placements
Current Performance	612 as at February 2015

	2014-15											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total number of people in Care Home placements	608	598	610	621	623	631	618	619	610	612	612	
Number of people 65+ in Care Home placements	587	593	602	610	601	616	603	597	580	581	580	
Number of new admissions to Care Homes 65+	15	20	13	18	13	9	8	12	20	22		





Commentary

Inverclyde has in recent years been a relatively high user of care home beds with an average length of stay for residents of 2.9 years, reflecting the second longest length of stay in Scotland. More recently we can evidence that residents are being admitted when they are older and staying for a shorter period of time, reflecting the shifting balance of care in sustaining people in their own homes for longer.

Shifting the balance of care is a real challenge for HSCP. The demographic changes in population mean more older people are living longer with more complicated support needs.

A more robust approach to assessment and support planning results in safer plans to keep people in their own home longer.

Actions

- Continued investment in community resources including Home Care, Respite (Hillend) and Day Care.

- Reduction in Long Term Care Beds will mean an opportunity to move resources to community, including intermediate care facility and continued investment in enablement services.