AGENDA ITEM NO: 9

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**18 August 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health & Social Care Partnership**	**Report No:**	**IJB/41/2016/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**PERFORMANCE EXCEPTIONS REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to present a sample of key performance exceptions data to the Integration Joint Board 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 Service Review (QSR) arrangements, 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 includes: safe, healthy, achieving, nurtured, active, respected and responsible and included.

2.2 Our previous performance report was presented to the former CHCP Sub-Committee on 23rd April 2015. This report re-commences the twice yearly performance exceptions reporting that has been put in place since formal establishment of the HSCP and IJB structures.

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 improvement and reporting of such to the Integration Joint Board (IJB).

Brian Moore
Corporate Director (Chief Officer)
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 The Integration Joint Board has a central function in respect of reviewing performance and scrutinising achievement of key outcomes. This report structure ensures that our efforts are focused on improving performance in line with our key commitments, as outlined in our Strategic Plan 2016 – 2019, and approved by the IJB in April 2016.

4.2 Our fully integrated system and process for the management of performance in the form of Quarterly Services Reviews (QSR) arrangements 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, however Members are asked to note performance within the report along with the remedial actions suggested, and to provide any relevant comments to assist in ongoing performance improvement and reporting.

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.

7.0 CONSULTATIONS

7.1 None.

8.0 LIST OF BACKGROUND PAPERS

8.1 HSCP Integrated Performance Exceptions Report: Period to July 2016.

Performance Exceptions Report

June 2016

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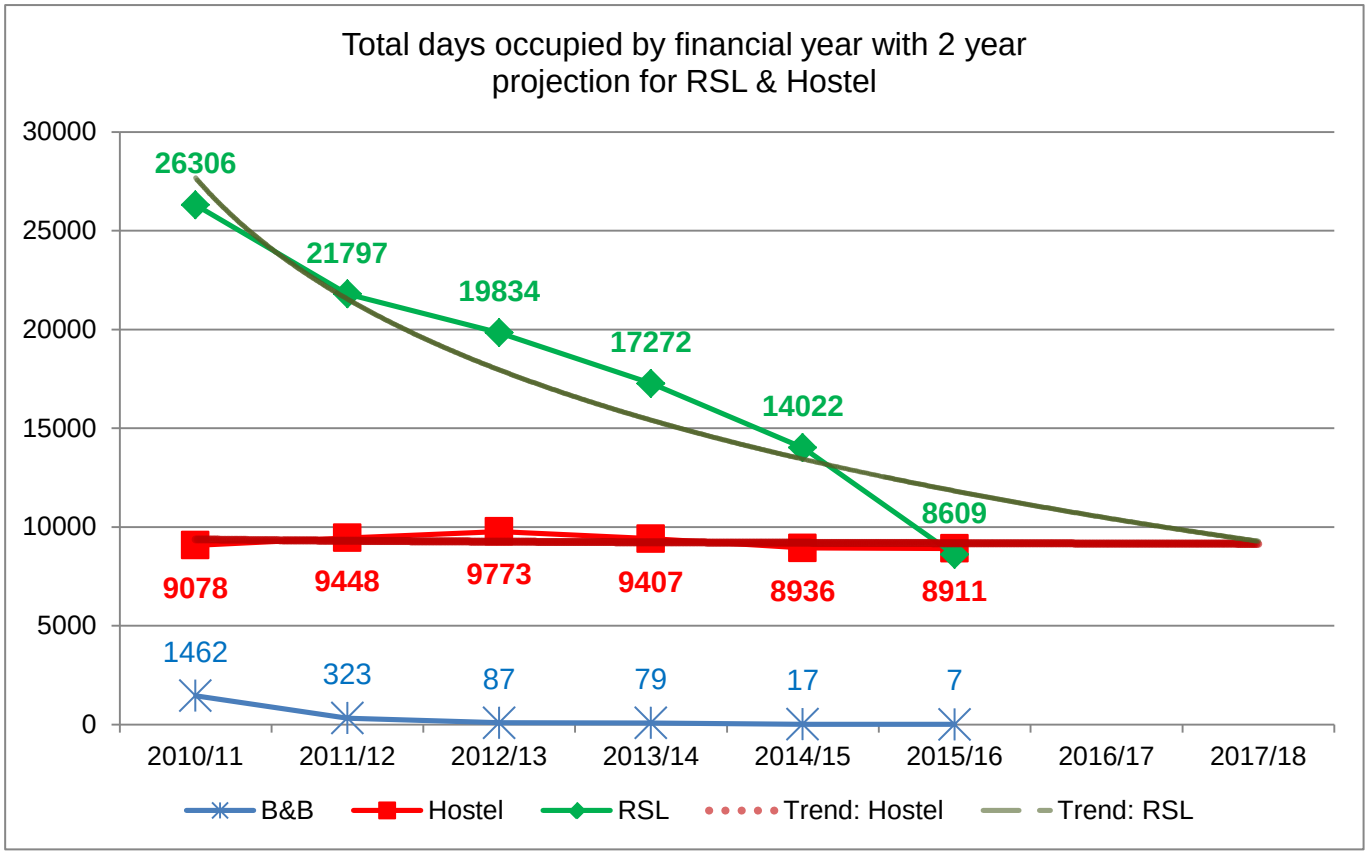
MHAH: Homelessness Temporary Accommodation

Objective	Reduce reliance upon temporary accommodation by ensuring that people are housed into secure tenancies.
Outcome	(5) Health and social care services contribute to reducing health inequalities.
Measure	Length of time in temporary accommodation
Current Performance	2015/16 – 17527 days occupied

Number of days temporary accommodation occupied by financial year.

	Accommodation Type			
Year	**Bed and Breakfast**	**Hostel**	**RSL dwelling**	**Grand Total**
2010/11	1462	9078	26306	36846
2011/12	323	9448	21797	31568
2012/13	87	9773	19834	29694
2013/14	79	9407	17272	26758
2014/15	17	8936	14022	22975
2015/16	7	8911	8609	17527



Commentary

The use of Bed & Breakfast has significantly reduced as a result of increased capacity within the Registered Social Landlord (RSL) accommodation. The RSL temporary accommodation usage has dropped significantly year on year and this trend is likely to continue. This can be attributed to a number of factors including prevention work, link with Advice Services and easier access for securing a tenancy.

Homelessness presentations nationally and locally have been reducing year on year. This is mainly attributable to the increased activity around prevention work, housing options and the work of the Housing Options Hubs initiated by the Scottish Government.

However, the recent implementation of Choice Based Lettings by all the RSLs has resulted in a similar number of homeless applicants accessing housing by this method as those accessing housing by their Section 5 referral. This is resulting in homeless people receiving an offer of housing earlier and spending shorter period of time in temporary accommodation.

The number of temporary days occupied in a hostel has remained static due to the client group that are normally accommodated by this service. The provision of emergency accommodation, out of hours services and specific health support on site provide an essential service to the homeless people of Inverclyde.

Actions

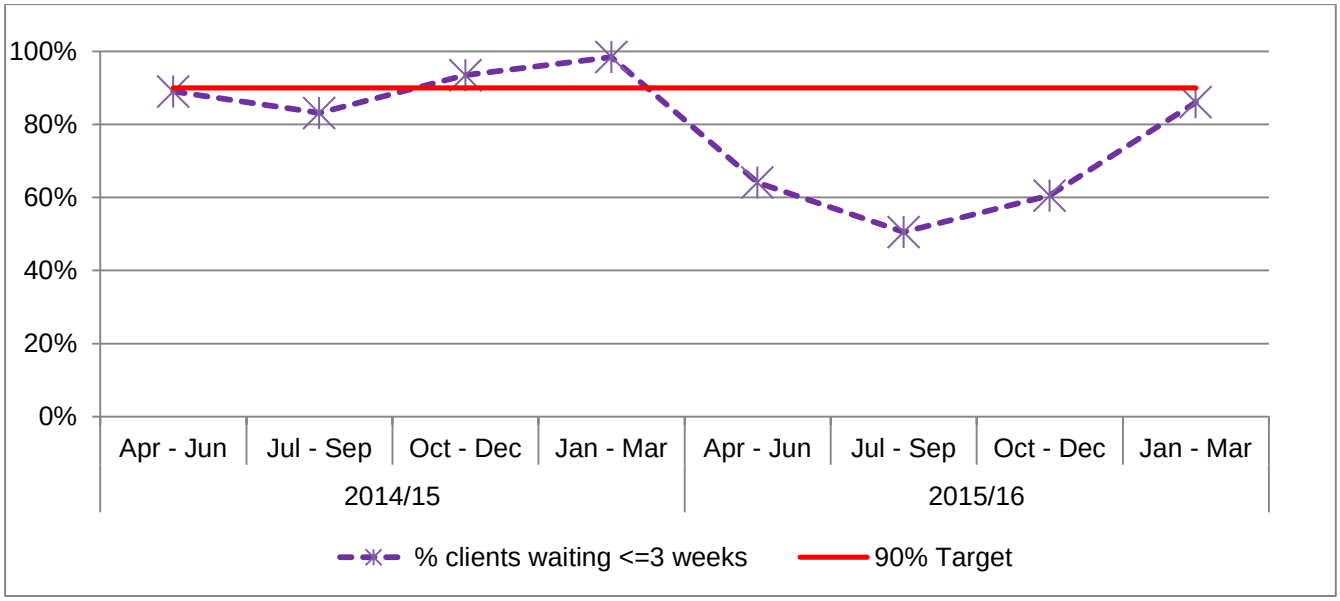
The Homelessness Service will continue to monitor this performance on a quarterly basis through the Mental Health, Addictions and Homelessness Quarterly Service Review (QSR).

The Homelessness Service continues to work with the Registered Social Landlords (RSLs) to access permanent accommodation for those in need via the Section 5 process.

MHAH: Referral to Treatment - Inverclyde Integrated Drugs Service (IIDS)

Objective	At least 90% of all IIDS Service Users will receive a 1st treatment appointment within 3 weeks of assessment
Outcome	(1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
Measure	Referral to 1st Treatment Drug Services: % of services users seen within 3 weeks
Current Performance	Jan16 to Mar16: 60.53%

	2014/15				2015/16			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
Total Clients	66	71	61	63	89	97	76	43
Clients waiting <=3 weeks	59	59	57	62	57	49	46	37
% clients waiting <=3 weeks	89.00%	83.10%	93.44%	98.41%	64.04%	50.52%	60.53%	86.05%
Clients waiting >3 weeks	7	12	4	1	32	48	30	6



Commentary

The Scottish Government set a target that by June 2013, 90% of people who need help with their drug problem will wait no longer than three weeks for treatment that supports their recovery. This was one of the national Health Improvement, Efficiency, Access, Treatment (HEAT) targets and has now become a Local Delivery Plan (LDP) standard.

Between March and July 2015 the performance against the 90% target dropped due to various issues, this in addition to an increase in the number of referrals.

In order to reduce the negative impact of this, cases were prioritised; people with child care responsibilities and those injecting were seen promptly, while some other cases were signposted to more appropriate services.

By taking a more targeted and focused approach, the graph above demonstrates that performance against waiting times is improving again, and at March 2016 was close to the target of 90% starting treatment within 3 weeks.

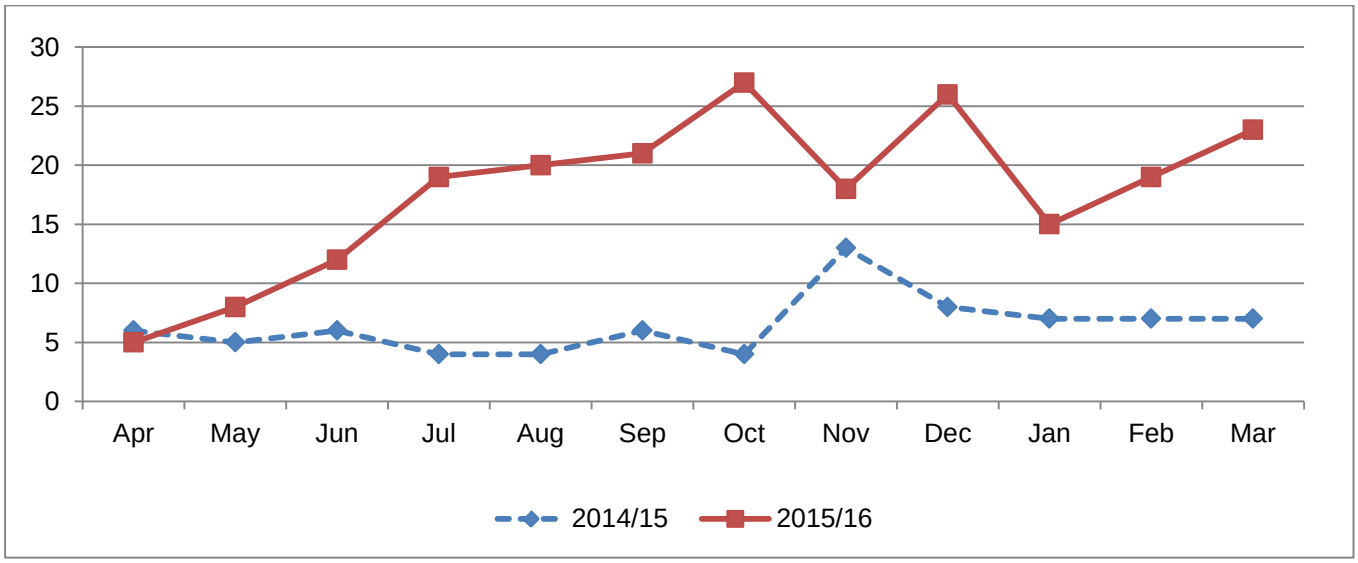
Actions

- Performance against this target will continue to be monitored in the Mental Health, Addictions and Homelessness Quarterly Service Review (QSR).
- We have negotiated alternative destinations for non-urgent cases; e.g. cannabis users who do not require medical intervention [these would have been low priority and waited beyond 3 weeks].
- We are prioritising cases (people with child care responsibilities and those injecting are seen quickly).

MHAH: Dementia – Post Diagnostic Support (PDS)

Objective	All people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.
Outcome	(4) Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Measure	New referrals to Post Diagnostic Support Service
Current Performance	57 new referrals in the quarter Jan 2016 to Mar 2016 (up from 21 in the same period last year)

	Dementia Post Diagnostic Support (PDS) new referrals											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15	6	5	6	4	4	6	5	13	8	7	7	7
2015/16	5	8	12	19	20	21	27	18	26	15	19	23



Commentary

We have seen a notable increase in people being referred to the PDS service. Total referrals for the financial year 2014/15 were 78 and for 2015/16 were 213, a 173% increase. This represents a challenging increase in demand for the PDS service.

To respond to the increase in referrals, since April 2015 an additional post has been funded but despite this we still have an increasing waiting list for PDS. Whilst the increasing number of referrals shows positive access and is a clear indication of the need for the service, the average wait from the date of diagnosis to being seen by the service is now 12 weeks. Some people have been referred within the 12 months post diagnostic period and have received support, whilst others are offered support from the Alzheimer Scotland Dementia Advisor and/or referred for other support services as appropriate.

The picture over the year indicates that the diagnostic rate in Inverclyde is much higher than the figures for the previous year would suggest.

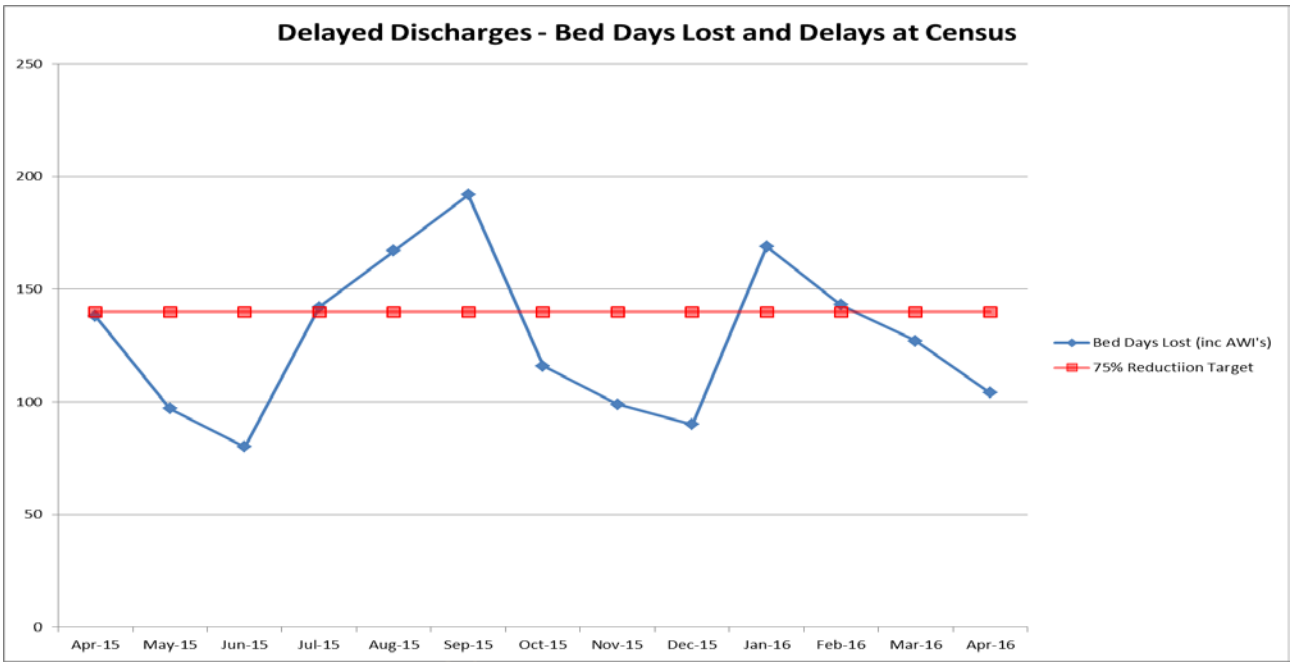
Actions

- Performance against this indicator will continue to be monitored in the Mental Health, Addictions and Homelessness Quarterly Service Review (QSR).
- Continue to review Argyll Unit service to improve the Post Diagnostic Support for people in Inverclyde.

HCCPC: Delayed Discharges

Objective	Ensure people are not in hospital longer than they need to be
Outcome	(2) People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Measure	Acute Bed Days Lost to Delayed Discharge
Current Performance	104 bed days lost in January 2016

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Number of acute bed days lost to delayed discharges (65+)	138	97	80	142	167	192	116	99	90	169	143	127	104



Commentary

From April 2015 the target for Delayed Discharge decreased from 4 weeks to 2 weeks. NHS Greater Glasgow and Clyde has also reported on the number of bed days lost due to delayed discharges; this provides a more complete picture of the impact of hospital delays.

We continue to maintain positive performance in relation to the 14 day Delayed Discharge target. We have consistently achieved zero delays over 2 weeks since April 2015 up to and including May 2016.

Despite an increase in delays and bed days lost during the winter period (in Inverclyde as well as the rest of GG&C) we are achieving the overall target of reducing bed days so far this financial year.

Across the year (April 15 to March 16), we reached a 76.8% reduction on Bed Days Lost against the 2009/10 baseline; 1.8% better than the target set for us.

Our total Bed Days Lost for this period was 1,560, which works out on average at 130 lost days per month. The monthly target is 140, so we exceeded the target on average by ten days each month.

The overall performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

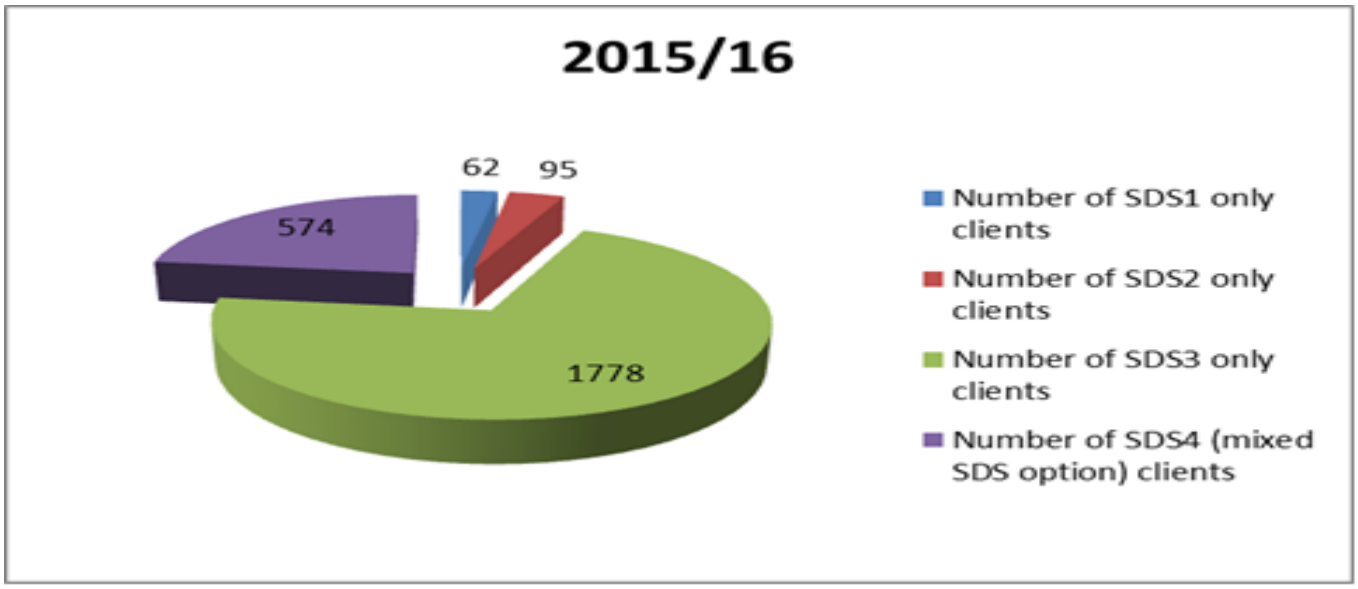
Actions

Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a home care package and residential care placement

There is a continued focus to develop integrated and joint improvements to continually improve the hospital journey and discharge processes. This covers intermediate care (step up beds) and comprehensive geriatric assessment.

HCCPC: Self Directed Support (SDS)

Objective	To give options to the supported person ensuring that they are provided with the information and tools to make an informed choice about the available services and funds to best help them meet their outcomes.
Outcome	(1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
Measure	Increase in Number of unique and mixed options chosen over the last 3 years.
Current Performance	2509 SDS clients in 15/16 – increase of 1068 clients from 14/15



SDS Unique Client Summary	2014/15	2015/16	Increased No. of clients
Total Number of SDS clients	1441	2509	1068
Number of SDS1 only clients	53	62	9
Number of SDS2 only clients	51	95	44
Number of SDS3 only clients	1316	1778	462
Number of SDS4 (mixed SDS option) clients	21	574	553

Commentary

Since the 1st of April 2014, Scottish councils have a legislative duty to offer the 4 SDS options to all service users assessed as requiring social care support. Collating the information to evidence the choices being made and the shift in services has been a major challenge. Since January 2016 we have put in place an individual support plan that is able to record the SDS option chosen by service users and link to service provided.

For 2015 all 2,509 service users assessed or reviewed were offered a choice of the 4 SDS options and the graph illustrates the number of individual service users who chose each option. 574 individuals chose a mix of the options offered which demonstrates the exercise of real choice and control by these individuals and the flexibility of service provision within Inverclyde.

There is a slight but gradual increase in number of SDS Option 1 (Direct Payment) which appears to be in line with other local authority areas but still below the average uptake. The more marked increase is in

Option 2 (individual service fund) and is related to changes in service provider following the implementation of the Homecare contract, choice around an independent day care provider for older people and re-coding services such as short breaks from option 3 (HSCP arranged service) to option 2.

Actions

Revision of the SDS Implementation Plan which will cover 4 themes.

- People
- Processes and Procedures
- Positioning the Social Care Market
- ICT

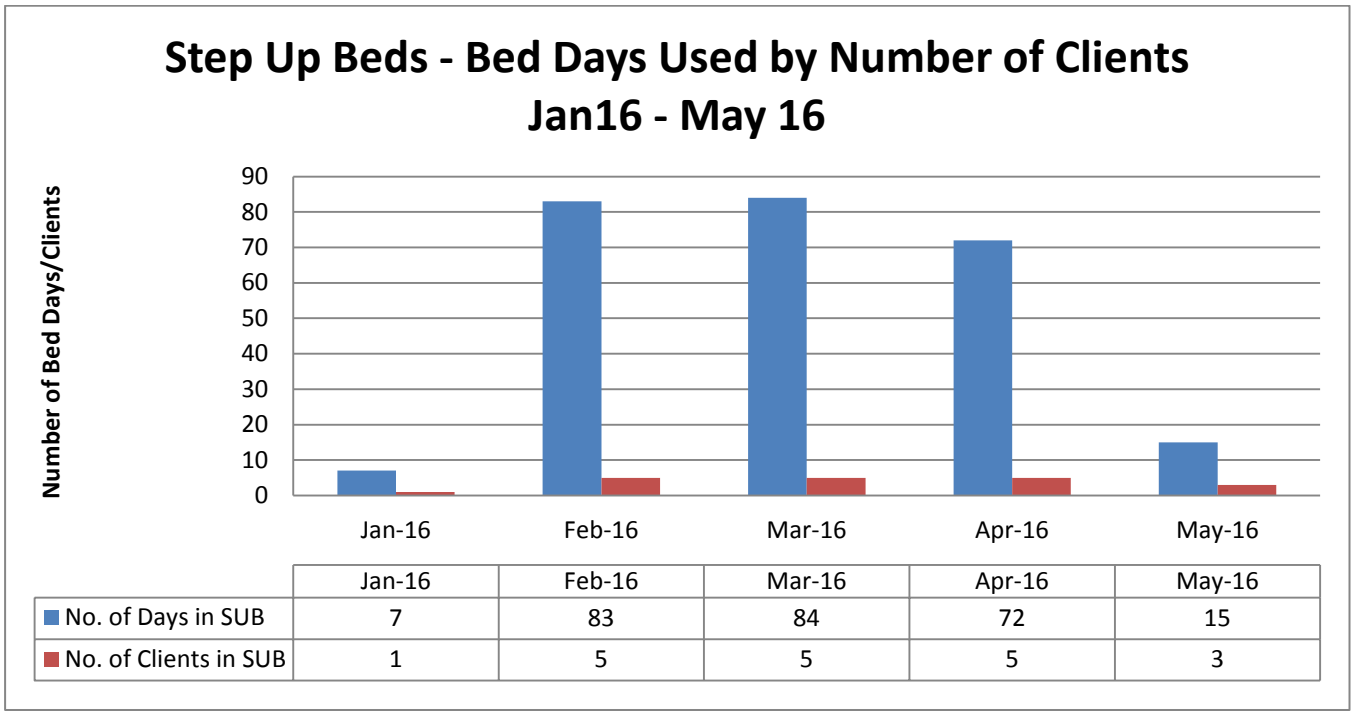
Key areas for action this year include;

- Governance Structure around SDS Implementation
- Review of the current Resource Allocation System (RAS)
- Finalise Procedures and Practice Guidance – including Service Agreements for Option 1 & 2.
- Training matrix for Staff
- Public Information including Employer Handbook
- Community Connectors and Inverclyde Life Portal
- Communication
- Support to strategic commissioning
- Continuation of SDS project team staff temporary posts

To deliver on the *Creating a Confident Workforce* element of the SDS legislation we are developing a Training Plan for staff covering awareness of outcome focused work and assessment and support planning.

HCCPC: Step Up Beds (Intermediate Care)

Objective	To avoid unnecessary hospital admission and to provide rehabilitation within an alternative community environment.
Outcome	(2) People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Measure	Bed days provided within step up beds (intermediate care) rather than acute hospital.
Current Performance	261 days provided at 27 May 2016



	Jan-16	Feb-16	Mar-16	Apr-16	May-16
No. of Days in SUB	7	83	84	72	15
No. of Clients in SUB	1	5	5	5	3

Commentary

There have been 35 referrals to step up beds since 11th January 2016 with 11 admissions to the end of May 2016. We are confident that these individuals would otherwise have been admitted to hospital but instead were cared for in a community setting saving 261 days of acute bed usage. Of the 11 people who were admitted to Step Up Beds, one person subsequently required long term care and the other 10 were able to return to their own homes.

Actions

Complete full review of pilot so far to inform commissioning process. Health & Community Care Management team to determine way forward and meet with providers at the end of August 2016.

PHIC: Smoking Cessation

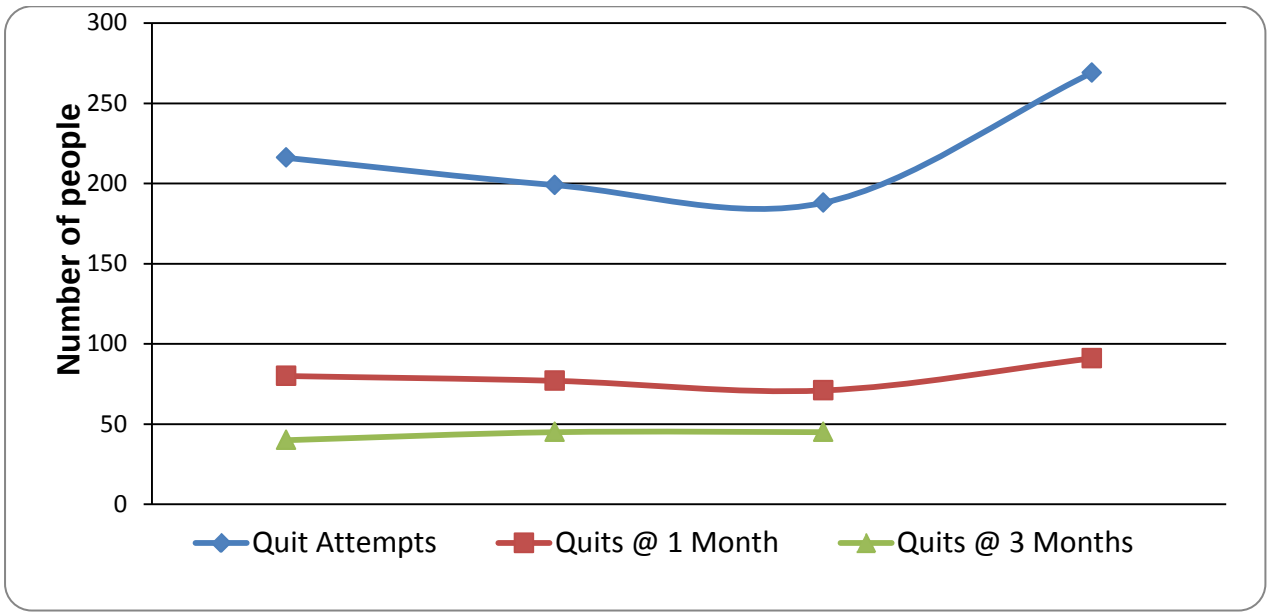
Objective	**To sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas**
Outcome	(1) People are able to look after and improve their own health and wellbeing and live in good health for longer.
Measure	The 2015/16 target for Inverclyde is 94 quits, 12 week post quit date from the 40% most deprived from all Inverclyde stop smoking services (community, pharmacy, acute, pregnancy).
Current Performance	Currently 130 have quit, 12 weeks post quit date from the 40% most deprived, which is 38% above the target. The data is incomplete for this reporting period, therefore it is anticipated to be higher.

Estimated smoking prevalence of adults (16+) in Inverclyde is 27.6% (source = Health & Wellbeing Survey 2013) which equates to 18,510 people.

Quarter	Quit Attempts	Quits @ 1 Month	Quits @ 3 Months
Apr15 - Jun15	216	80	40
Jul15 - Sep15	199	77	45
Oct15 - Dec15	188	71	45
Jan16 - Mar16	269	91*	
TOTAL	872	319*	130*

% Quits @ 1 Month	% Quits @ 3 Months
37%	19%
39%	23%
38%	26%
34%	

***** only partial data available for the period of Jan16 to Mar16.



Commentary

A comprehensive stop smoking service is delivered across Inverclyde, within community, hospital, pregnancy and pharmacy settings. All services contribute towards the target with the pharmacy

service having the greatest footfall.

Over the preceding 3 years, there has been a gradual reduction in the number of people accessing stop smoking services across Inverclyde and further afield. As a result a piece of research was carried out with smokers from SIMD areas, including Inverclyde, to ascertain reasons for this reduction. Reasons included poor awareness of services and support available and the increased role of e-cigarettes. A review, re-branding and redesign of community stop smoking services was carried out and improvements implemented, early indications are that there has been an increase in uptake of services and improved performance.

The first Tobacco Strategy for Inverclyde was ratified in January this year through our Community Planning Partnership. It is anticipated, with support from our Inverclyde Alliance partners, that a comprehensive tobacco control strategy will be implemented which in turn will increase awareness of local services and further reduce the smoking prevalence within Inverclyde.

Actions

There is a further proposed 2016/17 Local Delivery Plan target for Inverclyde, which has the same focus on 12 week successful quits from the 40% most deprived communities. The proposal sees the target potentially increasing to 167 across all Inverclyde stop smoking services. NHSGGC has still to formally commission this level of delivery.

Continue to increase local awareness of the stop smoking services with local community, alcohol and drug services, family centres, GP practices, health and social care staff.

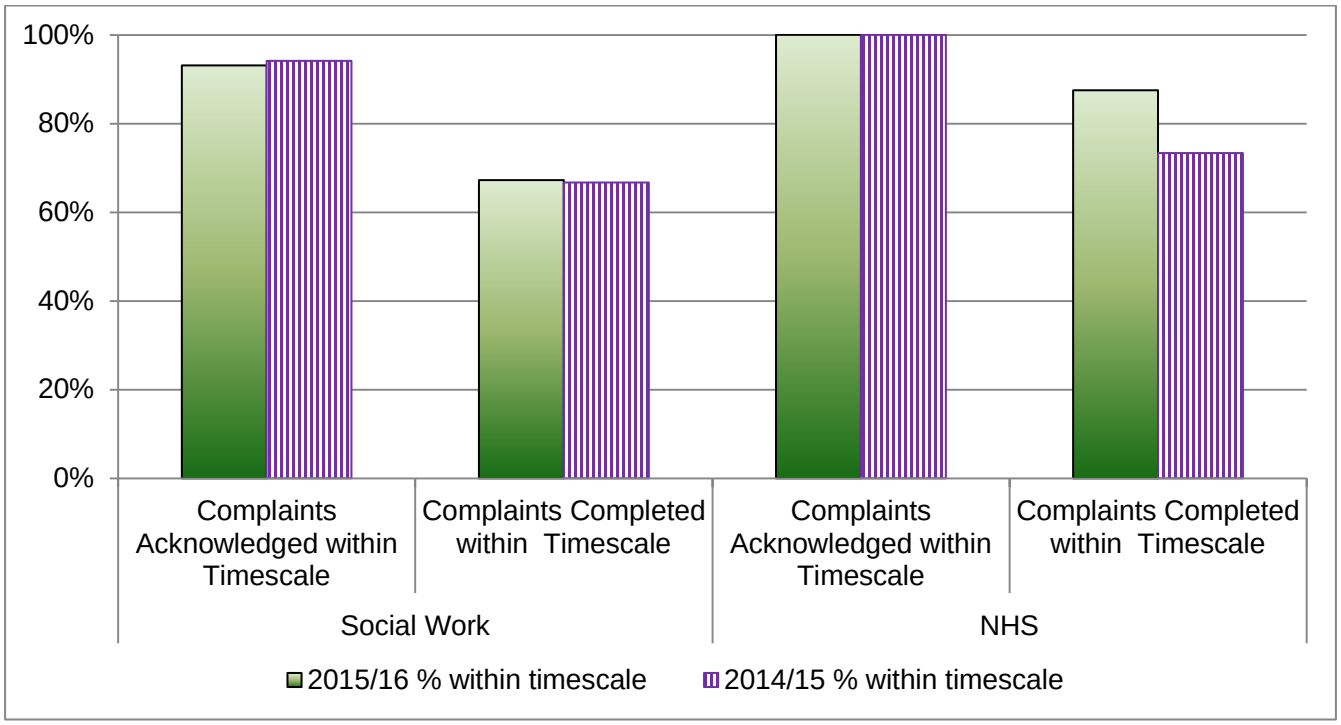
Increasing links with local pharmacy services across Inverclyde.

Increase support and activity of the Inverclyde Tobacco Strategy Local Implementation Group.

PHIC: Complaints

Objective	We use complaints as a valuable feedback to improve service standards
Outcome	(3) People who use health and social care services have positive experiences of those services, and have their dignity respected.
Measure	% of complaints received & investigated within timescales
Current Performance	100% March 2016

Complaints		2015/16* All Complaints			2014/15^ Investigated Complaints		
		Met	Not Met	% within timescale	Met	Not Met	% within timescale
Social Work	Acknowledged within Timescale	54	4	93.1%	48	3	94.1%
	Completed within Timescale	39	19	67.2%	34	17	66.7%
NHS	Acknowledged within Timescale	8	0	100%	15	0	100%
	Completed within Timescale	7	1	87.5%	11	4	73.3%



Commentary

The Health and Social Care Partnership Integrated Complaints Procedure was implemented in 2015 which combined the requirements of the NHS and Social Work response target into an agreed formal process based on the Scottish Public Service Ombudsman Model Complaints Handling Process.

In house training supported by the SPSO took place in 2015 to support managers and teams in effective complaints handling and investigation skills.

Only Investigated Complaints were previously reported. As we seek to improve our learning from complaints resolved at the frontline, these have been included in the figures for future analysis and reporting.

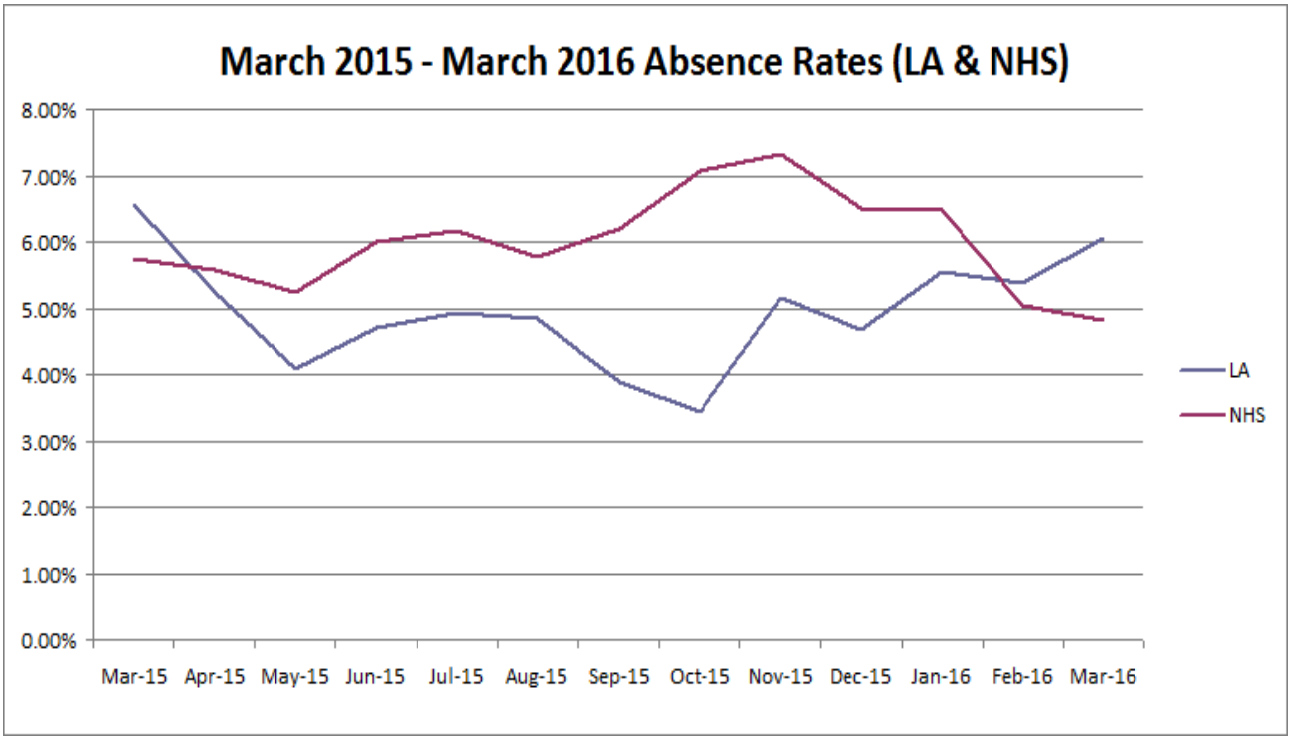
Resolving complaints within the agreed timescales is an important measure of performance. However the complex, multifactorial nature of some complaints needs consideration to ensure a comprehensive, accurate and meaningful response.

Actions

- Action plans with key themes for learning are identified by managers on conclusion of complaints.
- Performance for complaints is routinely monitored and scrutinised at quarterly performance management information reviews (QSR) within all service areas within Head of Service Meetings and at Clinical and Care Governance Group.
- The Annual Complaints Report for April 2015 – March 2016 has been compiled for presentation to the IJB during August 2016.
- The Quality and Complaints Officer will provide a focus for developing a quality assurance process around complaints.
- The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 abolishes the existing social work complaints process and gives SPSO authority to undertake the review procedure for Social Work Services Complaints. This is due to become operational from April 2017.
- The Children and Young People (Scotland) Act 2014 (Part 4 and Part 5 Complaints) Order 2016 gives the SPSO the ability to consider the merits of decisions when dealing with complaints made under parts 4 and 5 relating to the named person and child's plan.
- Further guidance is awaited on the SPSO role and their approach around both pieces of legislation.
- Once guidance is received from SPSO local arrangements will be further developed.

PHIC: Absence

Objective	To manage attendance effectively to ensure a sufficient workforce to meet the needs of the service user.
Wellbeing	**Respected and Responsible**
Measure	target is 9 days / 4%
Current Performance	LA - 6.05% / NHS – 4.82%



	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
LA	6.55%	5.24%	4.08%	4.70%	4.94%	4.84%	3.88%	3.44%	5.16%	4.68%	5.56%	5.38%	6.05%
FTE*	913.30												927.70
NHS	5.76%	5.58%	5.25%	6%	6.16%	5.77%	6.21%	7.06%	7.33%	6.50%	6.47%	5.05%	4.82%
FTE*	489.56												486.53

**The ratio of the total number of paid hours during a period (part time, full time, contracted) by the number of working hours in that period.*

**The ratio units are full time equivalent (FTE) units or equivalent employees working full-time. In other words, one FTE is equivalent to one employee working full-time.*

Commentary

To improve attendance at work we have regular meetings with the Chief Officer, Head of Service and HR to identify areas within the HSCP that have high numbers of absence. Support is provided to managers particularly around complex cases.

We provide reports on attendance by employee and distribute to all line managers charged with managing attendance and also include quarterly workforce information reports.

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HR staff have been focusing on long term absence and have been involved in a number of terminations over the past year. There is a focus on referrals to occupational health and producing letters of concern.

Attendance at work is a standing item on the Trade Unions (TU) liaison group who also receive management reports. Improving attendance is also a standing agenda item for the Senior Management Team.

We have improved working environments across the HSCP which can improve attendance as can flexible working which we have introduced across some teams within the HSCP, in line with the Council's Mobile Working Policy and the NHS Agile Working Policy.

The chart shows the number of whole time equivalents at end March 2014/15 and 2015/16, and the absence percentage in year 2014/15 in comparison to 2015/16.

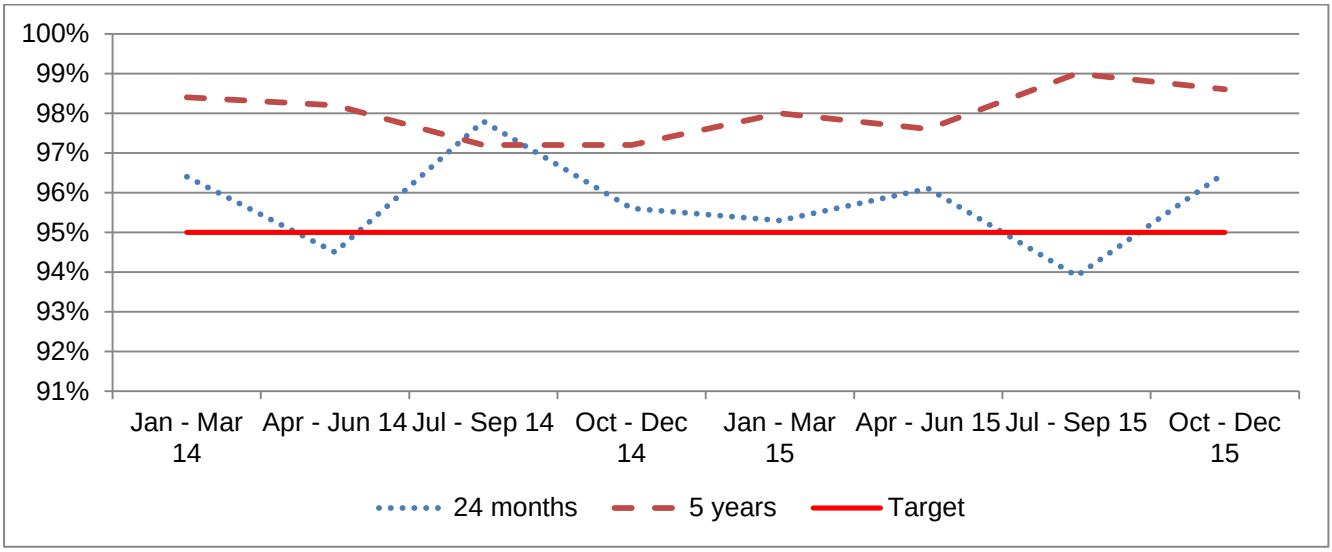
Actions

- Ongoing monitoring of absence information of all service areas
- Regular absence meetings with Chief Officer, Head of Service, HR Council and NHS to explore ways to improve attendance.
- Absence Information provided to each Service Manager on a monthly basis
- Focus on letters of concern / referral to occupation health / long term absence and support returning to work

CFCJ: MMR vaccination

Objective	Deliver childhood immunisation programmes improving uptake of Measles, Mumps and Rubella vaccination (MMR).
Outcome	(9) Resources are used effectively in the provision of health and social care services.
Measure	% children vaccinated MMR at 24 months % children vaccinated MMR at 5 years
Current Performance	% children vaccinated MMR at 24 months is sitting above target by 1.5%. This is the highest uptake since Jul-Sep 2014. % children vaccinated MMR at 5 years is sitting above target by 3.8%.

	Jan - Mar 14	Apr-Jun 14	Jul - Sep 14	Oct - Dec 14	Jan-Mar 15	Apr-Jun 15	Jul - Sep 15	Oct - Dec 15
24 Months	96.4%	94.5%	97.8%	95.6%	95.3%	96.1%	93.9%	96.5%
5 Years	95.9%	95.5%	96.5%	95.6%	95.3%	95.8%	95.5%	95.7%
Target	95%	95%	95%	95%	95%	95%	95%	95%



Commentary

The graph above shows performance against the MMR immunisation target for children aged 24 months and 5 years. The target has been consistently achieved for children aged 5 and only dipped below the target for children aged 24 months on two occasions since January 2014.

Most immunisations continue to be delivered via the Health Visiting teams. Parents are actively encouraged to bring their children for immunisations. All parents in Inverclyde are given information relating to the benefits of the MMR vaccination, and the importance of attending.

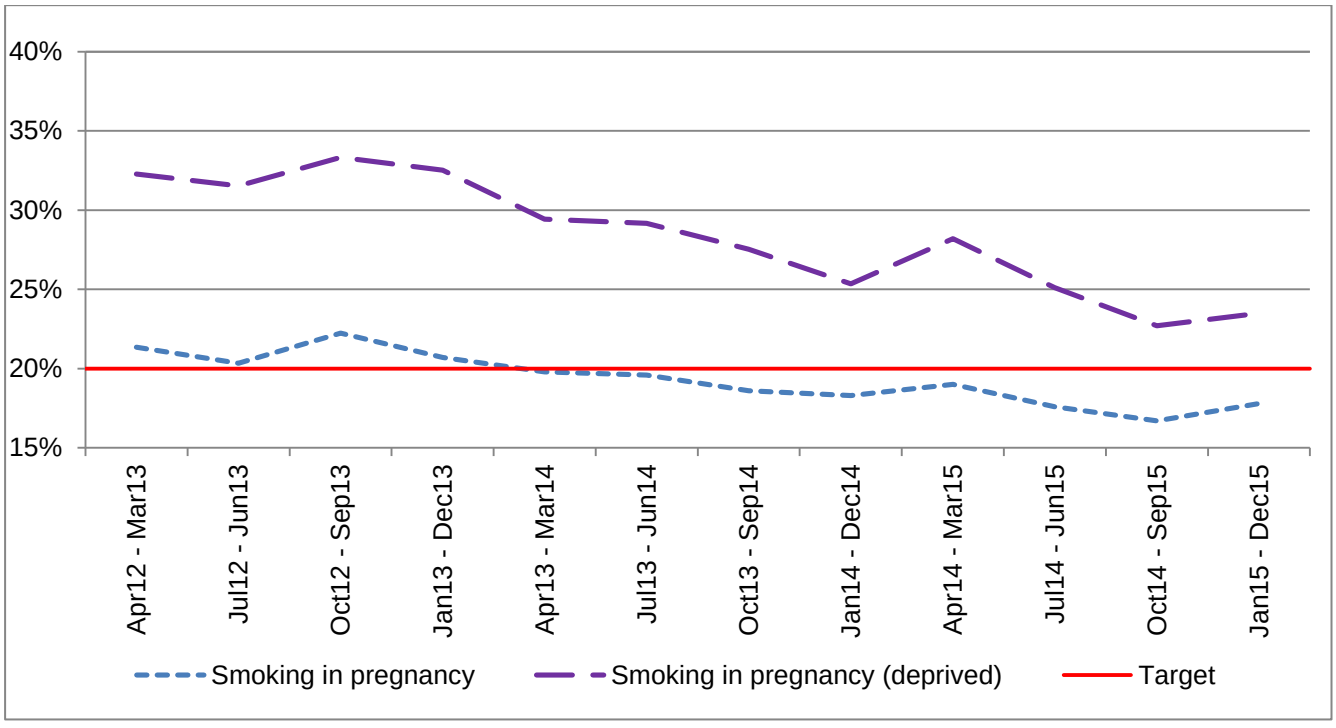
Actions

We will continue to deliver the childhood immunisation programme, with a particular focus on improving uptake of MMR. We will monitor performance via the Children's Services Quarterly Service Review (QSR).

CFCJ: Smoking in Pregnancy

Objective	Reduce smoking in pregnancy and reduce equalities gap through the delivery of targeting smoking cessation services for women in SIMD 1.
Outcome	(5) Health and social care services contribute to reducing health inequalities.
Measure	% of expectant mothers who smoke whilst pregnant (lower = better)
Current Performance	17.8% at Dec 2015 – overall (above target) 23.5% at Dec 2015 – most deprived quintile (below target)

Healthy	Oct12 - Sep13	Jan13 - Dec13	Apr13 - Mar14	Jul13 - Jun14	Oct13 - Sep14	Jan14 - Dec14	Apr14 - Mar15	Jul14 - Jun15	Oct14 - Sep15	Jan15 - Dec15
Smoking in pregnancy	**22.2%**	**20.7%**	**19.8%**	**19.6%**	**18.6%**	**18.3%**	**19.0%**	**17.6%**	**16.7%**	**17.8%**
Number Pregnant	724	744	739	750	742	722	717	695	700	650
Number Smoking	161	154	146	147	138	132	136	122	117	116
smoking in pregnancy (most deprived quintile)	**33.3%**	**32.5%**	**29.4%**	**29.2%**	**27.5%**	**25.3%**	**28.2%**	**25.1%**	**22.7%**	**23.5%**
Number Pregnant	369	369	384	377	374	363	351	327	339	323
Number Smoking	123	120	113	110	103	92	99	82	77	76



Commentary

There has been a continual improvement in reducing the percentage of expectant mothers smoking. In March 2014 we exceeded the 20% target for the Inverclyde area and the trend for the most deprived quintile is moving in the right direction with our lowest percentage to date. 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;

Reducing smoking in pregnancy is important because it is related to other health issues, particularly low birth weight of babies and poorer child health.

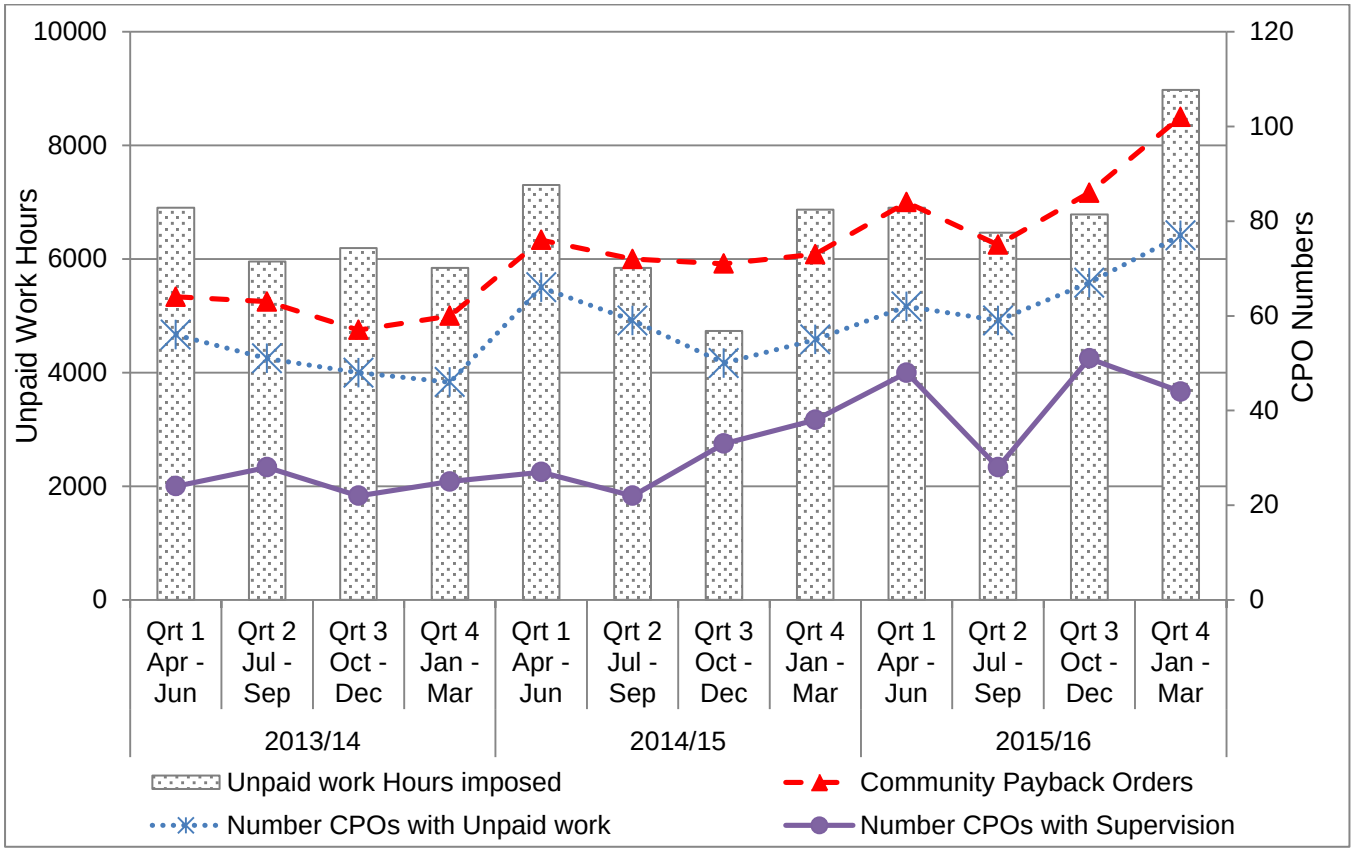
Actions

- We will continue to monitor performance of the target waiting times as part of our established Quarterly Service Reviews (QSR).
- Work with maternity smoke free services to provide all possible support for women to reduce the incidence of smoking in pregnancy.

CFCJ: Community Payback Orders (CPO)

Objective	A Community Payback Order (CPO) is a community sentence which is designed to ensure that individuals who have committed offences payback to society, and in particular their communities, along with providing learning opportunities to support change.
Outcome	(5) Health and social care services contribute to reducing health inequalities.
Measure	• Number of Community Payback Orders (CPOs) • Number of CPOs imposed with Supervision Requirements • Number of CPOs with Unpaid Work Requirements. • Unpaid Work hours imposed
Current Performance	• 102 new CPOs (Jan to Mar 16) • 44 new CPOs with Supervision Requirements (Jan to Mar 16) • 77 CPOs made with Unpaid Work Requirements (Jan to Mar 16) • 8975 hours of Unpaid Work (Jan to Mar 16)

	2013/14				**2014/15**				**2015/16**			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
Community Payback Orders	64	63	57	60	76	72	71	73	84	75	86	102
Number CPOs with Supervision	24	28	22	25	27	22	33	38	48	28	51	44
Number CPOs with Unpaid work	56	51	48	46	66	59	50	55	62	59	67	77
Unpaid work Hours imposed	6900	5958	6194	5845	7300	5843	4735	6870	6900	6464	6782	8975



Commentary

- There has been a 42% increase in the number of CPOs imposed by the courts from 2013/14 to 2015/16 (up from 244 to 347)
- Supervision requirement has increased by 73% (up from 99 to 171)
- CPOs with Unpaid Work have also risen by 14% (up from 201 to 265)
- The amount of hours of Unpaid Work being imposed has also seen a rise of 17% (up from 24,897 to 29,121)
-

The increase in CPO's has a positive impact on the community as the reduction in short term custodial sentences is beneficial to both the person and society in general. Retaining their tenancy, minimal disruption to the family unit and the opportunity to learn new skills have all been positive outcomes for the person. Society benefits from the work being carried out in the community and by the programmes and treatments offered to support the person to be rehabilitated in a community setting.

This upward trend in the imposition of CPOs is mirrored nationally. The resourcing implications in terms of servicing this rise in CPOs has proved extremely challenging given there has been no uplift to the core funding for Criminal Justice Social Work nationally. In addition the recent consultation on extending the presumption against short sentences beyond the current 3 months will certainly, if taken forward, generate a further increase in numbers.

Actions

The Criminal Justice Social Work (CJSW) funding formula is currently under review and Social Work Scotland along with COSLA has actively been involved in this process. The Inverclyde CJSW Service Manager is an active member of Social Work Scotland and from discussions which have

taken place to date it is unlikely that the proposed changes to the formula will deliver an uplift that corresponds to the challenge of meeting this increasing demand, particularly if there is no national uplift in the CJSW funding to which the formula is applied.

The CJSW Management Team has also been proactive in looking at the efficiency and effectiveness of how our current resources are deployed. However, these changes are unlikely to be sufficient in themselves, particularly if the upward trend continues, to meet the demand. The current funding model does not lend well to employing additional staff as for example the transfer of resources from the prison service to the community is only in place on a short term basis. The Scottish Government are currently reviewing this position and it is proposed that a new funding model will be applied to allocate funds on a three year basis. This would support the service to better plan and to employ staff to support the ongoing changes.