Inverclyde HSCP Outcomes Framework

April 2023-March 2024

The HSCP is required to monitor progress in line with both national and local outcomes, specifically the nine national outcomes and the six local big actions.

The performance measures set out against each of our six Big Actions/outcomes, along with the National Integration Indicators; the Ministerial Strategic Group (MSG) Indicators, and the Local Government Benchmarking Framework indicators (LGBF), together, provide our Outcome Framework.

Big Action 1

BIG ACTION / OUTCOME 1 - REDUCING INEQUALITIES BY BUILDING STRONGER COMMUNITIES AND IMPROVING PHYSICAL AND MENTAL HEALTH		
Contribution to delivering the Big Action / Outcome	**Link to National Outcome(s)**	**How will we measure progress**
1) Mental health and wellbeing is enhanced through a partnership approach 2) Health inequalities will be reduced by working with partners and communities 3) Access to prevention and early prevention is available	National Health and Wellbeing Outcomes 1 & 5	**Indicator 1:** Number of referrals to Primary Care Community Link Workers. **Indicator 2:** Psychological Therapies: - Waiting for Treatment from Referral (18 week target). **Indicator 3:** Number of referrals to PDS (Post Diagnosis Support Dementia). **Indicator 4**: Number of referrals to Distress Brief Interventions (DBI) programme. **Indicator 5:** Number of new and returning service users to Advice Services. **Indicator 6**: Number of cost of living support payments made (broken down by SIMD area).

KEY DELIVERABLES / ACTIVITIES

1.1 We will continue to respond to the proactive and reactive needs of the COVID-19 Pandemic as per Scottish Government guidelines.
1.2 We will deliver the HSCP projects funded through the Council/HSCP Anti-poverty/Cost of Living Support fund which aims to support the most vulnerable in our communities.
1.3 We will develop mental health inpatient and community advanced clinical practice roles to sustain and improve service delivery.
1.4 We will deliver the new Inverclyde Financial Inclusion Partnership Strategy and outcomes.
1.5 We will contribute to the delivery of the NHSGGC mental health strategy and deliver on specific areas for Inverclyde.
1.6 We will deliver the health improvement plan which is focussed on delivering the national and NHSGGC public health priorities.

Big Action 2

BIG ACTION / OUTCOME 2 - A NURTURING INVERCLYDE WILL GIVE OUR CHILDREN AND YOUNG PEOPLE THE BEST START IN LIFE		
Contribution to delivering the Big Action / Outcome	**Link to National Outcome(s)**	**How will we measure progress**
1) Deliver on our corporate parenting responsibilities to our Children and Young People ensuring a seamless transition from birth to adulthood 2) Respond to the physical, mental and emotional health and wellbeing of our children and young people 3) Deliver on our corporate parenting responsibilities to our accommodated and care experienced young people have safe, secure, stable and nurturing homes	National Health and Wellbeing Outcomes 1 & 7 / Children and Criminal Justice Outcomes 1, 2 & 3	**Indicator 1:** Number of LAC Medicals carried (access of 6 weeks referral to treatment). **Indicator 2:** Number of young people in receipt of continuing care. **Indicator 3:** Percentage of referral to treatment time target met for Children & Young People in Inverclyde, Children and Adolescent Mental Health services (CAMHS). **Indicator 4:** Percentage of looked after children and young people who require to be cared away from home, who continue to reside in Inverclyde. **Indicator 5:** Percentage of children vaccinated for MMR. **Indicator 6:** Percentage of women breastfeeding in Inverclyde.

KEY DELIVERABLES / ACTIVITIES

2.1 We will set up a Promise Board to audit our commitments to #The Promise Partnership within Inverclyde.
2.2 We will review the support to families for young carers and children with Additional Support Needs (ASN).
2.3 We will continue to support children and young people's health, mental health and wellbeing through the delivery of the Children's Wellbeing Service.
2.4 We will support our looked after children to remain in Inverclyde.
2.5 We will continue to deliver a whole system early intervention approach to our young people who are in conflict with the law.

Big Action 3

BIG ACTION / OUTCOME 3 - TOGETHER WE WILL PROTECT OUR POPULATION		
Contribution to delivering the Big Action / Outcome	**Link to National Outcome(s)**	**How will we measure progress**
1) Protect our most vulnerable adults, children and families 2) Trauma informed practice embedded across services	National Health and Wellbeing Outcomes 3 & 7 / Children and Criminal Justice Outcomes 4 & 6	**Indicator 1**: Number of referrals received by Children's Social Work that progress to a child protection investigation. **Indicator 2**: Percentage of initial Child Protection Case Conferences held within 21 days from notification of concern. **Indicator 3:** Number of Adult Protection Case Conferences that convert to an Adult Protection Plan. **Indicator 4:** Number of Adult Protection Investigations completed within 10 days of referral. **Indicator 5**: Number of staff and partner organisations trained in trauma informed practice. **Indicator 6:** Number of unpaid work hours completed. **Indicator 7:** Percentage of Community Payback Orders (CPOs) successfully completed. **Indicator 8:** Percentage of Integrated case management (ICM) Case Conferences attended by community justice social workers for people in SPS custody. **Indicator 9:** Percentage of MAPPA level 2 and 3 meetings convened within timescales (as specified in national guidance).
KEY DELIVERABLES / ACTIVITIES		
3.1 We will implement the learning and recommendations from the 2021 Adult Protection Inspection and any Significant Adverse Incidents (SAI's) / Significant Critical Incidents (SCI's). **3.2** We will continue to deliver our Clinical and Care Governance Plans and ensure appropriate reporting on feedback and learning to be presented to HSCP Clinical and Care Governance group and IJB. **3.3** We will fully implement the national Child Protection Guidance with a strengthened focus on children's rights, engagement with families and more holistic approaches to reduce stressors on families and communities. **3.4** We will continue to support the national Child Abuse Enquiry as required and implement learning and recommendations once available. **3.5** We will roll out trauma informed approaches across all HSCP staff and commissioned services to ensure delivery of trauma informed services. **3.6** We will continue to progress the Woman in Criminal Justice System Project.		

Big Action 4

BIG ACTION / OUTCOME 4 - WE WILL SUPPORT MORE PEOPLE TO FULFIL THEIR RIGHT TO LIVE AT HOME OR WITHIN A HOMELY SETTING AND PROMOTE INDEPENDENT LIVING		
Contribution to delivering the Big Action / Outcome	**Link to National Outcome(s)**	**How will we measure progress**
1) Support more people to live independently 2) Early intervention and prevention of admission and improve discharge 3) Improved primary/secondary interface to managed care 4) Carers can access accurate information to develop their own support plan	National Health and Wellbeing Outcomes 1, 2, 4, 6 & 7 / Children and Criminal Justice Outcome 4	**Indicator 1:** Number of referrals for Early Intervention Support (Access 1st). **Indicator 2:** Number of community alarm activations. **Indicator 3:** Number of people self-directing their care through receiving direct payments and other forms of SDS. **Indicator 4:** Percentage people of adults with intensive care needs receiving care at home. **Indicator 5:** Number of completed specialist housing reports. **Indicator 6:** Number of new adult carer support plan completed. **Indicator 7:** Number of delayed discharge bed days 18+ **Indicator 8:** Number of Anticipatory Care Plans (ACPs) completed. **Indicator 9:** Number of advice enquiries that support and maintain tenancy sustainability. **Indicator 10:** Number of housing 1st tenancies supported. **Indicator 11:** Percentage reduction in external placement for adults with learning disabilities.

KEY DELIVERABLES / ACTIVITIES

- **4.1** We will undertake and complete the Review of our internal and external Care at Home Services.
- **4.2** We will continue to deliver the range of work related to Unscheduled Care with a focus on prevention of admission and improving discharges.
- **4.3** We will continue to support the development of the Care Home Collaborative Team for NHSGGC through the hosting agreements for Hub 5.
- **4.4** We will deliver the new Community Learning Disability Model to provide transformational support for our learning disabled clients.
- **4.5** We will continue to work to ensure appropriate Out of Hours services are available for the Inverclyde community.
- **4.6** We will continue to work with our wider primary care partners to implement the Primary Care Improvement Plan (PCIP).
- **4.7** We will continue to support and ensure carer engagement to help develop and shape services.
- **4.8** We will continue to work towards a strategic approach to end of life care in Inverclyde.
- **4.9** We will implement a new model for homeless services within Inverclyde to support people where possible in their own tenancies.
- **4.10** We will continue to work toward delivering Inverclyde's Rapid Rehousing Transition Plan.

Big Action 5

BIG ACTION / OUTCOME 5 - TOGETHER WE WILL REDUCE THE USE OF, AND HARM FROM ALCOHOL, TOBACCO AND DRUGS		
Contribution to delivering the Big Action / Outcome	**Link to National Outcome(s)**	**How will we measure progress**
1) People have access to a range of supports on their recovery from drug and alcohol related harms 2) Support access to prevention and early intervention of smoking cessation	National Health and Wellbeing Outcomes 1, 2, 4 & 7	**Indicator 1:** Percentage increase of people beginning alcohol and drug recovery treatment within 3 weeks of referral. **Indicator 2:** Number of people who started on MAT treatment within the reporting period. **Indicator 3:** Current MAT Caseload, as at reporting date (Total number of people currently receiving MAT treatment) **Indicator 4:** Total number of people identified as being at high risk of drug-related harm who are assessed within reporting period. **Indicator 5:** Number of people funded for residential rehabilitation. **Indicator 6**: Number of smokers supported to successfully stop smoking in most deprived SIMD data zones.
KEY DELIVERABLES / ACTIVITIES		
5.1 We will continue to commission and expand recovery and support communities for those affected by drugs and alcohol. **5.2** We will deliver on the Medication Assisted Treatment (MAT) standards across all services within the Alcohol and Drug Partnership. **5.3** We will develop a residential rehabilitation pathway for people affected by drugs and alcohol and increase the number of people from Inverclyde accessing these residential services. **5.4** We will continue to work with our NHS GGC partners to deliver smoking prevention and cessation within Inverclyde.		

Big Action 6

BIG ACTION / OUTCOME 6 - WE WILL BUILD ON THE STRENGTHS OF OUR PEOPLE AND OUR COMMUNITY		
Contribution to delivering the Big Action / Outcome	**Link to National Outcome(s)**	**How will we measure progress**
1) Staff have access to information and resources, which sustains and improves their wellbeing 2) Staff maintain a sense of connectedness to their team, line manager and organisation 3) Third and independent sector are key partners in delivery of services 4) Opportunities are promoted in our community to be active in health & wellbeing	National Health and Wellbeing Outcomes 3,4, 8 & 9/ Children and Criminal Justice Outcomes 1, 2 & 3	**Indicator 1:** Number of Wellbeing Activities promoted to staff. **Indicator 2**: Number of registered feedback reports on Care Opinion. **Indicator 3:** Number of staff completing iMatter feedback, **Indicator 4:** Percentage of HSCP complaints received and responded to within timescale. **Indicator 5:** Number of new 3rd Sector commissioned contracts. **Indicator 6:** Percentage of adults able to look after their health very well or quite well.

KEY DELIVERABLES / ACTIVITIES

6.1	We will implement Care Opinion to ensure a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result.
6.2	We will use our complaints process to ensure continuous learning and development of quality services.
6.3	We will continue to deliver on the Market Facilitation and Commissioning Plan and support providers to be ready to tender for future contracts.
6.4	We will continue Inverclyde Cares to develop the four key focus areas of addressing stigma; supporting bereavement and loss; implementing the Kindness Award; and delivering the COVID-19 memorial project.
6.5	We will take forward locality planning through the establishment of locality planning groups for the HSCP, linking with key partners and our community.
6.6	We will develop our HSCP workforce plan with a key focus on supporting the health and wellbeing of our staff and our commissioned partners' staff.
6.7	We will continue to develop initiatives and campaigns to support our communities through COVID-19 recovery.
6.8	We will continue to develop Capital investments to support sustained delivery and improvement of services.
6.9	We will review and deliver the HSCP Digital strategy which encompasses all aspects of staff, service and user delivery.
6.10	We will deliver the replacement recording system to support health and social care delivery.

National Integration Indicators

1	Percentage of adults able to look after their health very well or quite well
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
5	Total % of adults receiving any care or support who rated it as excellent or good
6	Percentage of people with positive experience of the care provided by their GP practice
7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
8	Total combined percentage of carers who feel supported to continue in their caring role
9	Percentage of adults supported at home who agreed they felt safe
11	Premature mortality rate per 100,000 persons
12	Emergency admission rate (per 100,000 population)
13	Emergency bed day rate (per 100,000 population)
14	Readmission to hospital within 28 days (per 1,000 population)

National Integration Indicator	
15	Proportion of last 6 months of life spent at home or in a community setting
16	Falls rate per 1,000 population aged 65+
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
18	Percentage of adults with intensive care needs receiving care at home
19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) (age 75+)
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

PHS are still developing 4 of the 23 National Integration Indicators, therefore No 10. 21. 22 and 23 are not included in this report.

MSG Indicators

1	Emergency admissions (age 18+)
2a	Unplanned bed days – Acute (all ages)
2b	Unplanned bed days – Geriatric Long Stay (all ages)
2c	Unplanned bed days – Mental Health (all ages)
3a	Accident and Emergency Attendance (All ages)
3b	Accident and Emergency - % seen within 4 hours*
4	Delayed discharge bed days (Age18+)
5	% of Last Six Months of Life by Setting (all ages)
6	Balance of Care: Percentage of population in community or institutional settings (age 65+)

Local Government Benchmarking Framework Indicators (LGBF)

CHN8a	The Gross Cost of "Children Looked After" in Residential Based Services per Child per Week
CHN8b	The gross cost of "children looked after" in a community setting per child per week
CHN9	% of children being looked after in the community
CHN17	Percentage of children meeting developmental milestones
CHN22	Percentage of child protection re-registrations within 18 months
CHN23	Percentage LAC with more than 1 placement in the last year (Aug-July)
CHN24	% of children living in poverty (after housing costs)
SW1	Home care costs per hour for people aged 65 or over
SW2	Direct Payments + Managed Personalised Budgets spend on adults 18+ as a percentage of total social work spend on adults 18+
SW3a	Percentage of people aged 65 or over with long-term care needs receiving personal care at home
SW4b	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
SW4c	Percentage of adults supported at home who agree that they are supported to live as independently as possible
SW4d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

SW4e	Percentage of carers who feel supported to continue in their caring role
SW5	Residential costs per week per resident for people aged 65 or over
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

*Some indicators appear in more than one table – where this occurs, they will only be reported once.