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### Key Performance Indicators: Summary of Progress






























Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	92.6%	84.1%	90%				Provisional - Data reported subject to review and change, figure as at August 2014.	90%
PCMHT average waiting times from referral to first assessment appointment (Days)	28	35	14				Provisional - Data for Quarter 2 unavailable and August 2014 reported as interim.	14
Percentage of designated staff groups trained in suicide prevention	100%	100%	50%				Target achieved.	50%
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix)	76.5%	76.5%	80%				Provisional - Data for Quarter 2 unavailable and March 2014 reported as interim.	80%
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	44%	50%	63%				4 of the 8 children who left care between April and September entered a positive destination.	66%
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	4.8	4.8	6.5				This figure relates to 2013/14. The 2014/15 figure will be published Autumn 2015.	6.5
Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	33.15	33.15	38.5				This figure relates to 2013/14. The 2014/15 figure will be published Autumn 2015.	38.5
Percentage of babies breast-feeding at 6-8 weeks	15.3%	16%	16%				Provisional - data for September 2014 unavailable and July 2013 - June 2014 reported as interim figure.	16%
Percentage of babies breast-feeding at 6-8 weeks from the 15% most deprived areas	9.9%	9.7%	16%				Provisional - data for September 2014 unavailable and July 2013 - June 2014 reported as interim figure.	16%
Percentage smoking in pregnancy	19.6%	20%	20%				Provisional - data for September 2014 unavailable and July 2013 - June 2014 reported as interim figure.	20%
























Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage smoking in pregnancy - Most deprived quintile	28%	28.3%	20%				Provisional - data for September 2014 unavailable and July 2013 - June 2014 reported as interim figure.	20%
Rate of stillbirths per 1,000 births	5.1	0	5				This is a provisional figure based on the National Records of Scotland's provisional quarterly figures for April 2014 to June 2014.	5
Rate of infant mortality per 1,000 live births	2	0	3.5				This is a provisional figure based on the National Records of Scotland's provisional quarterly figures for April 2014 to June 2014.	3.5
Number of children with mental health issues (looked after away from home) provided with support	50	40	11				Target achieved.	23
Number of children with or affected by disability participating in sports and leisure activities	175	151	128				Target achieved.	172
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	97.4%	95.5%	95%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2014 reported as interim.	95%
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.3%	95.4%	97%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2014 reported as interim.	97%
Number of patients in anticipatory care programmes	1,024	1,249	1,200				Provisional figure based on new anticipatory care programmes.	1,200
Percentage of child protection investigations to case conference within 21 days	80.2%	93.1%	95%				Case conferences were carried out within the timescale for 54 out of 58 children.	95%
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%				Target achieved.	100%
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%				Target achieved.	100%
Number of adult mental health patients waiting more than 28 days to be discharged from hospital into a more appropriate setting, once treatment is complete	1	0	0				Target achieved.	0






















Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Number of adult mental health patients waiting more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete	1	0	0				Target achieved.	0
Balance of Care for looked after children: % of children being looked after in the Community	87.7%	88.6%	89%				Target has not been achieved.	89%
Long Term Conditions - bed days per 100,000 population	8,618.2	8,511.3	8,508				Provisional – Data for Quarter 2 unavailable and Quarter 1 reported as interim figure.	8,508
Long Term Conditions - bed days per 100,000 population COPD (crude rate)	3,044.2	2,930.6	3,001				Provisional – Data for Quarter 2 unavailable and Quarter 1 reported as interim figure.	3,001
Long Term Conditions - bed days per 100,000 population Asthma (crude rate)	262.8	349.6	261				Provisional – Data for Quarter 2 unavailable and Quarter 1 reported as interim figure.	261
Long Term Conditions - bed days per 100,000 population Diabetes (crude rate)	712.6	727.1	705				Provisional – Data for Quarter 2 unavailable and Quarter 1 reported as interim figure.	705
Long Term Conditions - bed days per 100,000 population CHD (crude rate)	4,598.6	4,504	4,541				Provisional – Data for Quarter 2 unavailable and Quarter 1 reported as interim figure.	4,541
Average waiting times in weeks for musculoskeletal physiotherapy services - WDCHCP	9	13	9				Provisional – Data for Quarter 2 unavailable and August 2014 reported as interim.	9
Average waiting times in weeks for musculoskeletal physiotherapy services - NHSGGC	6	13	9				Provisional – Data for Quarter 2 unavailable and August 2014 reported as interim.	9
Percentage of Care Plans reviewed within agreed timescale	62.9%	80%	70%				Target achieved.	72%
Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	85%	88%	85%				Target achieved.	86%
Total number of respite weeks provided to all client groups	6,522	3,254	3,270				Provisional – Data reported subject to review and change. Process mapping review in progress and this will provide improved and more accurate recording and reporting.	6,540

Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage of community pharmacies participating in medication service	100%	100%	80%				Target achieved.	80%
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	27%	23%	35%				Target achieved.	35%
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	49.6%	31%	40%				Target achieved.	40%
Number of acute bed days lost to delayed discharges	4,925	2,339	954				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	1,909
Number of acute bed days lost to delayed discharges for Adults with Incapacity	1,547	655	117				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	233
No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013	2	2	0				Target has not been achieved.	0
Unplanned acute bed days (aged 65+)	45,641	20,501	22,478				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	44,956
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,025	1,342	1,472				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	2,944
Unplanned acute bed days (aged 75+)	33,094	15,829	16,299				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	32,598
Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	4,788	2,300	2,368				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	4,736
Number of emergency admissions aged 65+	3,973	1,843	1,956				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	3,913







Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Emergency admissions aged 65+ as a rate per 1,000 population	263	121	128				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	256
Number of bed days lost to delayed discharge elderly mental illness	710	177	266				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	530
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	41%	44%	40%				Using SPARRA data we are now identifying assessments for all people who have had 2 or more emergency admissions in the last 3 years with the most recent admission in the last year. This is a larger cohort than the measure requires and targets are currently under review in line with this.	40%
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	22,666	23,673	22,091				Target achieved.	22,410
Occupancy rate in local authority care homes (65+ only)	93%	93%	95%				When all cross border residents and those aged under 65 who are resident in our care homes for older people are included, occupancy is sitting above target at 96%.	95%
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	51%	55.2%	55%				Target achieved.	55%
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98.2%	98.1%	96%				Target achieved.	96%
Number of patients on dementia register	613	641	672				Figure taken from QOF report for 1st October 2014. Target has not been achieved.	672
Total number of homecare hours provided as a rate per 1,000 population aged 65+	642.3	635.9	695				Provisional – Data reported subject to review and change. In line with the focus on reablement, service is being	695

Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
							targeted towards those with high level needs to maximise any potential for improvement in levels of independence.	
Percentage of homecare clients aged 65+ receiving personal care	82.7%	82.5%	82%	✓	↑	↓	Provisional – Data reported subject to review and change.	82%
Percentage of people aged 65 and over who receive 20 or more interventions per week	51.3%	49.2%	45%	✓	↓	↓	Provisional – Data reported subject to review and change.	45%
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95%	92.3%	91.5%	✓	↓	↓	Provisional – Data for Quarter 2 unavailable and June 2014 reported as interim.	91.5%
Number of carers of people aged 65+ known to CHCP	1,348	1,348	1,680	✗	↓	—	Process mapping review is currently in progress and this will provide both improved and more accurate recording and reporting.	1,680
No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015	5	7	0	✗	↓	↓	Target has not been achieved.	0
Percentage of people aged 65 or over with intensive needs receiving care at home	40.71%	40.2%	51%	✗	↓	↓	Provisional – Data reported subject to review and change.	51%
Average length of stay adult mental health	28.8	31.5	34	✓	—	↓	Provisional – Data for September 2014 unavailable and August 2014 reported as interim.	34
Percentage of people receiving free personal or nursing care within 6 weeks of confirmation of 'Critical' or 'Substantial' need	100%	100%	100%	✓	↑	—	Target achieved.	100%
Percentage of patients achieved 48 hour access to appropriate GP practice team	93%	93%	95%	⚠	↓	—	Provisional - Data for 2014/15 not yet available and 2013/14 reported as interim figure.	95%
Percentage of patients advanced booking to an appropriate member of GP Practice Teams	77.2%	77.2%	90%	⚠	↑	—	Provisional - Data for 2014/15 not yet available and 2013/14 reported as interim figure.	90%
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	98%	96%	98%	⚠	↑	?	It should be noted that there are factors outwith the control of the team which affect performance. In particular there	98%

Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
							have been a relatively high number of failures to attend resulting in reports or letters to court after the target deadline	
Number of unplanned admissions for people 65+ from SIMD1 communities	588	230	289				Provisional – Data for month of September 2014 unavailable and April - August reported as interim figure.	577
Number of quality assured Equality Impact Assessments	16	3	2				Target achieved.	8
Percentage uptake of bowel screening SIMD1	42.2%	42.2%	60%				Provisional – Data for 2014/15 unavailable and September 2013 reported as interim.	60%
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix) SIMD1	74.57%	74.57%	80%				Provisional – Data for 2014/15 unavailable and December 2013 reported as interim.	80%
Number of successful quits, at 12 weeks post quit, in the 40% most deprived areas (SIMD1 and 2)	99	1	84				Provisional – Full 3 month follow-up data not expected until November 2014.	211
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks SIMD1	95%	93.4%	90%				Provisional – Data for September unavailable and April - August 2014 reported as interim. 212 out of 227 patients waited no longer than 18 weeks SIMD 1.	90%
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks SIMD5	93.3%	90.6%	90%				Provisional – Data for September unavailable and April - August 2014 reported as interim. 48 out of 53 patients waited no longer than 18 weeks SIMD 5.	90%
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks Male	91.9%	91.7%	90%				Provisional - Data for September unavailable and April - August 2014 reported as interim. Out of a total of 228 male patients 209 waited no longer than 18 weeks.	90%

Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks Female	96%	91.9%	90%				Provisional – Data for September unavailable and April - August 2014 reported as interim. Out of a total of 405 female patients 372 waited no longer than 18 weeks.	90%
Percentage of complaints received and responded to within 20 working days (NHS)	100%	86%	70%				Target achieved.	70%
NMC Registration compliance	100%	100%	100%				Target achieved.	100%
Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)	4.6%	3.8%	4%				Provisional - data for September 2014 unavailable and July 2014 reported as interim figure.	4%
Percentage of complaints received which were responded to within 28 days (WDC)	79%	75%	70%				Target achieved.	70%
Average number of working days lost per WD CHCP Council Employees through sickness absence	16.15	9.79	5				Work is ongoing both council wide and within the CHCP to address the increase in sickness absence and this continues to be a priority amongst the SMT. Management information is continuing to improve and further roll out of direct absence input through HR21 to improve both recording and reporting is continuing. A follow up absence audit is planned to ensure that the policy is being applied fairly and consistently across CHCP.	9
Percentage of WD CHCP Council staff who have an annual PDP in place	67%	70%	90%				Provisional - Data for September 2014 not yet available. PDP action plan has been developed and implemented by SMT. This emphasises the manager and individual member of staff responsibilities for undertaking	90%



Performance Indicator	2013/14	H1 2014/15						2014/15
	Value	Value	Target	Status	Long Trend	Short Trend	Note	Target
							PDP processes.	
Percentage of WD CHCP NHS staff who have an annual e-KSF review/PDP in place	68.09%	69.48%	80%				Target has not been achieved.	80%
Percentage of staff with mandatory induction training completed within the deadline (NHS)	67%	100%	100%				Target achieved.	100%

### WD CHCP Strategic Plan: Key Actions – Summary of Progress within Quarters 1 & 2 of 2014/15

Key Outcomes 2014-15	Brief note on action taken and numeric information
Embed 30 month assessment for all children, ensuring developmental needs being met as per CPP EYC programme.	The 30 month assessment has been implemented successfully across Community Health Visiting, not-withstanding service experiencing significant staff shortages, and this has been prioritised. Monitoring and review processes have confirmed that Speech and Language referrals are appropriate; and shown that in the last quarter the referrals for parenting have increased as would be expected.
Complete local implementation of GIRFEC National Practice Model.	<p>West Dunbartonshire's Community Planning Partnership approach ensures a multi-agency implementation Work Plan has been agreed with partners pending initial guidance from Scottish Government on named person role. Whilst the timeframe for implementation has been delayed by Scottish Government until August 2016, plan is to still have all requirements in place by August 2015. The local Work Plan has been shared with Scottish Government, who have provided positive feedback.</p> <p>West Dunbartonshire is part of the early implementation of NHS Greater Glasgow and Clyde National Practice Model (NPM) with implementation to coincide with live date for EMIS in November 2014. The review of the CHCP's Social Care Comprehensive Assessment is due at the end of 2014. Both assessments are GIRFEC compliant and</p>

	<p>reflect other single assessment frameworks. A first draft of the 'Getting It Right for Every Child' local guidance is due following receipt of Scottish Government Guidance on Named Person. The full suite of GIRFEC guidance for staff across CHCP and Education services will be developed and consulted upon through 2015.</p> <p>All of these are reflected within the locally agreed GIRFEC Implementation Plan.</p> <p>The CHCP Youth Mentoring Scheme won the Preventing &amp; Reducing Re-offending category at the 2014 Care Accolades Awards.</p>
Continue roll-out of EMIS Web across children's health services.	Speech and Language Services and CAMHS are early adopters of the EMIS Web systems and operational staff are using the system. Community Children's services are due to go live in November 14, with work on-going to ensure connectivity into the CHCP recording and reporting systems in line with the establishment of the new HSCP.
Lead implementation of Child Protection Committee Improvement Action Plan with and across community planning partners.	The Child Protection Committee (CPC) has comprehensive representation: all agencies, services and organisations work together to protect children and provide support to parents, carers, children and young people. The CPC Improvement Action Plan has been agreed and which reflects the CPC's Mission Statement aims and objectives, with also which complement the objectives of the Community Planning Partnership's Integrated Children's Services Plan. Within the Mission Statement of the CPC, there is also an articulation of the clarity of role for the West Dunbartonshire Public Protection Chief Officers Group (PPCOG) and the CPC, in recognition of learning from recent national reports. Violence Against Women services have been realigned within the CHCP to better reflect the need for closer operational links between services to support children affected by domestic abuse. The PPCOG has arranged a staff development event in November for staff from across agencies on domestic abuse. The CPC's web presence has also been reviewed and re-launched to ensure good and timeous information is available to professionals and families.
Further develop CMS with local pharmacies through local community pharmacists group.	Utilising CMS, local community pharmacies continue to support the community pharmacy asthma LES which was developed within West Dunbartonshire and which has now been rolled out across the whole of GGC. A pilot project targeting the review of patients with chronic pain is about to be commenced: the aim of the project is to

	<p>maximise medication adherence, provide targeted information/education; and to signpost onto other local services as appropriate.</p>
<p>Deliver quality assured NHSGGC-wide eye care service through audit and review.</p>	<p>While there is an increasing cohort of diabetic patients requiring Diabetic Retinal Screening Service there continues to be quality assured investigations delivered to patients. The service is continuing to experience pressures in meeting the target times for 3rd stage examinations, although for the majority of patients results are available within target. It has been agreed with NHSGGC Acute Services Division that OCT examinations will be delivered to reduce the cost of waiting list initiatives and reduce waiting times to be seen.</p>
<p>MSK Physiotherapy Service:</p> <ul style="list-style-type: none"> <li>• Ensure equitable waiting times across sites.</li> <li>• Complete roll-out of self-referral across all sites.</li> <li>• Improve supported self-management by working with staff and by developing standardised resources and other methods to support self-management.</li> <li>• Develop and implement physiotherapy pathways to ensure patients get the right treatment at the right time by the right person (including involving key stakeholders)</li> <li>• Outcome measures will be fully implemented and used to address physical activity, stress, anxiety &amp; depression, employability, smoking, obesity and alcohol use.</li> <li>• Implement a single IT system across</li> </ul>	<p>Awaiting roll out of TrakCare starting mid-October and the referral management centre which will support waiting time improvements. Complete – all MSK sites across NHSGG&amp;C offer self-referral.</p> <p>Work continues involving patients and staff. All staff have had training and focus groups now looking at resources. Physiotherapy Support Workers have attended gym instructor training and we are now developing supported management gym rehab programmes. Spinal, Shoulder and Knee pathways ready to pilot – developing feedback and evaluation tools prior to pilot.</p> <p>Complete – all staff using outcome measures for every patient. Last audit showed the significant benefit MSK physiotherapy had in reducing pain, increasing function, getting patients back to work or keeping them at work. It also showed a considerable rise in health improvement activity as a result of “raising the issue” training and focusing on specific target areas. Implementation starts October 2014.</p>

service.	
Implement Year Four CPP Older People's Change Fund Commissioning Plan.	<p>The Community Planning Delivery and Improvement Group for Older People chaired by the CHCP oversees the CPP workstream focusing on the needs of older people.</p> <p>Now providing accessible options to General Practice and operational CHCP community services for clients who require rapid response, nursing and care at home provision by providing a single point of contact. This links into the development of an ACP nursing post linked to the Out of Hours services. The CHCP now also manages its Out of Hours Nursing, Home Care, Sheltered Housing, Care Homes, and Mobile Attendants as a coherent network, based around neighbourhood teams to ease access and pathways for those using our services.</p> <p>Established a bureau model for older peoples respite services that links to CHCP Primary Care Dementia Service, CHCP Community Older Peoples Team, Out of Hours Services and independent sector providers. It enables direct access, improved coordination and take-up of existing respite and step up/step down opportunities. It is more flexible and responsive to peoples' needs and provides an out of hours service to support emergency access to respite and step up services where a client's or a carer's needs are urgent.</p> <p>Established a Home Care Reablement team which changes the culture of Care at Home from task and time to better outcomes, maximises clients long term independence and quality of life and appropriately minimises support reducing the whole life cost of care. A local evaluation of CHCP reablement service outcomes shows that one third of clients require additional input; one third the same level of service; but that the final third require no further service. The number of clients in receipt of service has fallen but the average hours per client have risen. This indicates that the CHCP is targeting its services appropriately: maintaining clients with complex needs at home and provides capacity to meet the demand of this growing demographic.</p> <p>A single point of access that allows close links with CHCP Supported Discharge Team</p>

	<p>and CHCP Community Older Peoples Team is in place. In addition to the Care at Home and Occupational Therapy staff, there has been recruitment of pharmacy technicians managed within the CHCP's prescribing service to provide compliance support and to liaise with community pharmacy.</p> <p>Developed networked services with WD CVS to build on community capacity in particular befriending services, care and repair, support to carers and increasing awareness. This has also been accompanied by investments in developing community directories; and in publicising independent and 3rd sector services and groups, in partnership with Carers of West Dunbartonshire and Alzheimer Scotland.</p> <p>The West Dunbartonshire Link Up initiative has gained further national recognition having won both the Working with Local Communities category at the 2014 Care Accolades Awards and the Self Management Project of the Year at the Health and Care Alliance Scotland Awards 2014, as well as being a finalist at the 2014 Scottish Charity Awards.</p>
	<p>The CHCP has embedded the Supportive and Palliative Action Register (SPAR) within its Care Home documentation, and the tool is used routinely in Care and Nursing homes to help to identify patients who are deteriorating. A Palliative Care Nurse is in post to support the on-going educational needs of Clinical and Non Clinical staff for people at end of life (which includes refresher sessions on SPAR and support visits to Care and Nursing Homes). Since 2008 patients on the palliative care register dying in a homely setting has increased from 44% to 67.5% in 2013/14. This trend is continuing during 2014/15 with 72% dying in a homely setting to August 2014. Performance for non-cancer patients during 2013/14 was 49.6% which has improved on 2012/13.</p> <p>The CHCP has worked with Alzheimer Scotland to recruit a local dementia adviser, matching their contribution to provide support to patients, their carers and to health and social care staff across all care settings. The post supports early diagnosis of dementia and diagnosis in primary care and provides education and training to staff. With support from Alzheimer Scotland and WDCVS, the CHCP continues to develop social supports for patients with dementia and their carers.</p>

Deliver plans for the design and location of two Older People's Residential Care Homes with Day Care facilities.	The CHCP has invested in a joint development programme (My Home Life) which has already produced evidence of improved co-ordination and service quality across the CHCP and independent sector care homes in West Dunbartonshire. The programme had also provided valuable feedback and insights from our care home residents and their relatives. The design team and building contractors appointed for the construction of the two new 84 room care homes and day care centres have been working closely with the Project Team and have been consulting with local residents, relatives and staff through the design phase. Planning consent is currently being sought for the Dumbarton facility at Crosslet House. If approved, work will begin in January 2015 with a completion date of July 2016. The Clydebank care home and day care centre will be part of a wider regeneration scheme at Queen's Quay and is expected to be complete late in 2016.
Consolidate improvement in Care Inspectorate Gratings Fostering Service.	Progress is being made on this steadily across the service: grades of 4 at their last inspection, which have been sustained across all areas of inspection. The introduction of a Senior Residential grade across the service has enhanced the CHCP's ability to improve grades through improved working across all key Quality Indicators.
Consolidate improvement in Care Inspectorate Gratings for Adoption Service.	While the Service is currently awaiting it's next inspection, progress continues to be made, clear leadership being provided by a new and experienced manager.
Implement requirements of Self-Directed Support Act.	Initial Self-Directed Support Policy has been authorized by West Dunbartonshire Council together with user guide for staff. A number of events have been arranged to better inform service users and carers.
Work with WDC Housing Section and third sector providers to develop appropriate supported living accommodation for those with long-term mental health needs.	The project is well underway: building works are ongoing and the Third Sector has agreed to become the tenants. Clients have been identified by the clinical team at Gartnavel Royal Hospital, and plans are well underway to discharge clients to their flats with ongoing housing support.

Work with third sector to relocate local clients with a learning disability diagnosis who are currently living in specialist care facilities out of area back within West Dunbartonshire.	Baxter House is due to open towards the end of Autumn or beginning of the Winter 2014. Negotiations are ongoing to relocate identified clients who are currently out of area.
Maintain Healthy Working Lives Gold Award.	The HWL Gold Annual Review took place on 13 <sup>th</sup> August 2014. West Dunbartonshire Council and West Dunbartonshire CHCP have had official notification that they have successfully maintained the Gold HWL award. This was the first joint assessment and necessitated a concerted effort from various staff and departmental teams across WDC & WDCHCP. The level of commitment evidenced by both organisations specifically in terms of planning, developing, implementing, monitoring activities in order to successfully execute the HWL award across both organisations was positively commented on by the assessor with the approach taken in West Dunbartonshire highlighted as good practice.
Develop proposed HSCP Integration Scheme.	Have been actively drafting a working version of a local integration scheme, the content of which is being used to populate the model integration scheme recently published by the Scottish Government. This has been informed by internal discussions with various officers of both the Council and the NHS Health Board (including its Integration Steering Group) and WDC. Once the regulations that support the legislation are published, will update draft integration scheme for formal consultation before then taking to Shadow Integrated Joint Board for endorsement ahead of Health Board and Council for agreement. On-going process of engagement that has been undertaken with stakeholders since the legislation was conceived – so already can evidence significant consultation, with the working draft of the integration scheme already having been informed by feedback received/generated to-date.

Development of Integration Joint Board.	In-depth briefings have been provided to the Shadow Integrated Joint Board (Shadow IJB), with the latter having endorsed the comprehensive submissions made to the two complementary consultations regarding the regulations accompanying the legislation. It should be noted that the proposed IJB for West Dunbartonshire (that will succeed the current CHCP Committee/Shadow IJB arrangements) will have a different complexion as indicated by the draft regulations and the Shadow Integrated Joint Board has been made of aware of this. Three elected members from the Council and three non-executive members from the Health Board will form the voting members of the IJB. The NHS Health Board is in process of identifying which of its non-executive directors will be put forward. The Chief Officer designate of the Shadow HSCP will be taking forward a report to a future meeting of West Dunbartonshire Council to invite the authority to identify its elected members to sit on the local IJB. Experience to-date would indicate that any actions eventually required locally will be undertaken sensibly and smoothly, facilitated by the current Shadow IJB and Shadow HSCP arrangements.
Develop singular model of support for HR management.	The CHCP successfully appointed a new integrated Head of People & Change whose responsibilities include the provision of a singular model of HR support by the Council and the NHS Health Board to staff, the Senior Management Team and the CHCP Director. This is the first such integrated HR appointment made within NHSGGC area.