West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report
2015/2016

CONTENTS

Introduction	2
Supporting Children & Young People	5
Supporting Older People	12
Supporting Safe Strong and Involved Communities	25
Public Protection	32
Best Value	38
Good Governance	42
Appendix 1: Outcomes	44
Appendix 2: Strategic Needs Assessment - Snapshot	45
Appendix 3: Care Inspectorate Gradings for WDHSCP Registered Services	49
Appendix 4: Key Performance Indicators - Summary	51
Appendix 5: Scottish Health & Care Experience Survey 2015/16 - West Dunbartonshire Findings (Published 19/05/16)	54

West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). West Dunbartonshire Council and Greater Glasgow & Clyde Health Board discharge the operational delivery of those delegated services except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership (WDHSCP). The Health & Social Care Partnership Board is responsible for the operational oversight of WDHSCP.

The West Dunbartonshire Health & Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness;
- collaboration; respect; and compassion.

Electronic copies of this Annual Performance Report are available at www.wdhscp.org.uk

1. INTRODUCTION

"My mother's very strong wish to remain in her own home was only achieved due to the magnificent service and support my mother received. Your carers are cheery, efficient, and respectful and certainly know the meaning of 'care'. What a wonderful team."

Letter to HSCP from family member

Welcome to the first Annual Performance Report of the West Dunbartonshire Health and Social Care Partnership Board.

The Health & Social Care Partnership Board (as the Integration Authority for West Dunbartonshire) approved its first Strategic Plan at its first meeting on the 1st July 2015. That Strategic Plan confirmed that the integration start date for the new arrangements – as per the Public Bodies (Joint Working) Act 2014 – was the 1st July 2015. This first Annual Performance Report has then been prepared as required by the Act and concerns the period 1st July 2015 to 31st March 2016.

The Health & Social Care Partnership Board's first Strategic Plan recognised that "integration" was not new to West Dunbartonshire. It was informed by the strategic commissioning process advocated by Audit Scotland; and benefitted from ongoing engagement with a full range of local stakeholders (including the third sectors and community groups). Its commitments logically built upon medium-term programmes of work that had already been co-produced with local community planning partners, most notably those articulated within the associated local Integrated Care Fund Plan and local Integrated Children's Services Plan.

In a similar vein then, this first Annual Performance Report has also been shaped by the local experience of integrated performance reporting; and incorporates the progress made with respect to those key programmes of work. The preparation and presentation of this Annual Performance Report reflects the recently published Guidance for Health and Social Care Integration Partnership Performance Reports.

It has also been structured to demonstrate the commitment of the Partnership Board to demonstrating "community planning in practice"; and the three Community Planning Single Outcome Agreement priorities that WDHSCP has a lead role in delivering, namely:

- Supporting Children and Families.
- Supporting Older People.
- Supporting Safe, Strong and Involved Communities.

The fourth Community Planning Single Outcome Agreement priority is Supporting Employability & Economic Growth – which directly links to the broader leadership role that the Health & Social Care Partnership Board has adopted with respect to the "wicked" issue that is health inequalities. The primary determinants of health are well recognised as being economic, social and environmental. One common definition of health inequalities is that they are those systematic and avoidable differences in health between population groups which result from the unequal distribution of resources within populations; and the associated accumulation and interaction of multiple risk factors. Health inequalities then are an example of a wicked issue: i.e. one that by definition involves complex, messy and often intractable challenges; where the causes are complicated, ambiguous and often interconnected; and where there are no clear solutions. Within West Dunbartonshire we are formally committed to a determinants-based approach to health inequalities, with our local-term goal being to have tackled population-level health inequalities as a result of our having collectively addressed its root causes through the local Community Planning Partnership – by stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence. WDHSCP has and will continue to provide clear leadership in championing this progressive and evidence-based approach to addressing health inequalities in a streamlined and integrated manner.

The first Strategic Plan identified two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. Having established the necessary arrangements in 2015/16, the Health & Social Care Partnership is committed to working with and through its locality arrangements to foster improvements to the interface and relationships between community and acute hospital services. This will be enhanced by and contribute to the strengthening of locality professional engagement, particularly with the seventeen local GP practices and other NHS external contractors.

This will include scoping opportunities for the primary care quality cluster model of service delivery in accordance with the 2016/17 General Medical Services Contract; and implementing appropriate elements of both the NHSGGC Clinical Services Strategy and the National Clinical Strategy. Moreover, following the completion of a comprehensive Community Engagement Review in 2015, the Health & Social Care Partnership also continues to work with West Dunbartonshire Community and Voluntary Service (WDCVS) to develop Local Engagement Networks (LENs) for each locality area - with a particular emphasis on increasing the representation and diversity of those involved.

The model is the result of extensive consultation with existing and potential stakeholders and has been designed to evolve in tandem with the broader locality planning engagement arrangements; as well as the requirements of the Carers Act 2016, Community Empowerment Act 2015 and the Equalities Act 2010. With respect to the latter, the Health & Social Care Partnership Board has a number of specific duties, the approach to compliance being detailed within the Equalities Mainstreaming Report prepared over the course of 2015/16 and published in April 2016.

The activity and outcomes delivered within this Annual Performance Report also underscore the Health & Social Care Partnership Board's commitment to clinical and care governance. The National Framework for Clinical & Care Governance – as affirmed within the Integration Scheme for West Dunbartonshire - states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. This Annual Performance Report then reflects two key principles articulated within that quality framework, namely:

- Values of openness and accountability are promoted and demonstrated through actions.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Annual Performance Report; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Mr Soumen Sengupta
Head of Strategy, Planning & Health Improvement
West Dunbartonshire Health and Social Care Partnership

2. SUPPORTING CHILDREN AND YOUNG PEOPLE

The key strategic aims for the Health & Social Care Partnership Board with respect to this priority are:

- Ensuring our children have the best possible start in life and are ready to succeed.
- Ensuring our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- Improving the life chances for children, young people and families at risk.

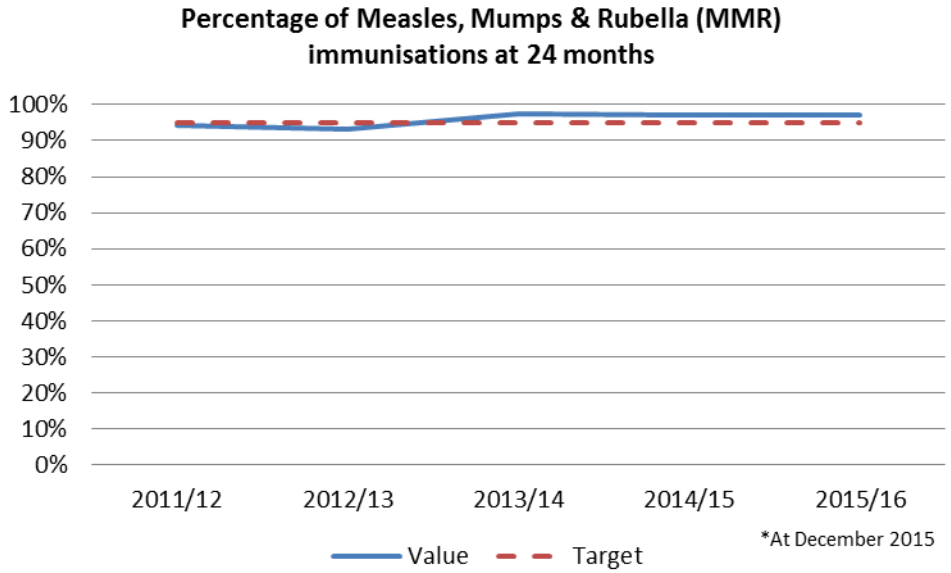
WDHSCP leads on the strategic priority of Supporting Children and Young People across Community Planning Partners, primarily through the vehicle of the local Integrated Children's Services Plan (ICSP). The ICSP describes the key strategic priorities and outcomes for children and young people in West Dunbartonshire. At the heart of this joined up approach is the shared commitment of partners to Getting It Right for Every Child (GIRFEC); to the delivery of corporate parenting responsibilities; and to improving outcomes for looked after children and young people. This includes young people who have had to take on a caring role, with WDHSCP and our partners recognising them as children and young people first; and as such assessing and supporting their needs within their caring context.

Within an environment of integrated health and social care services, the WDHSCP health visiting team has taken a lead role in the delivery of the Early Years Collaborative approach alongside colleagues from Council Educational Services, by supporting pre-natal care and by

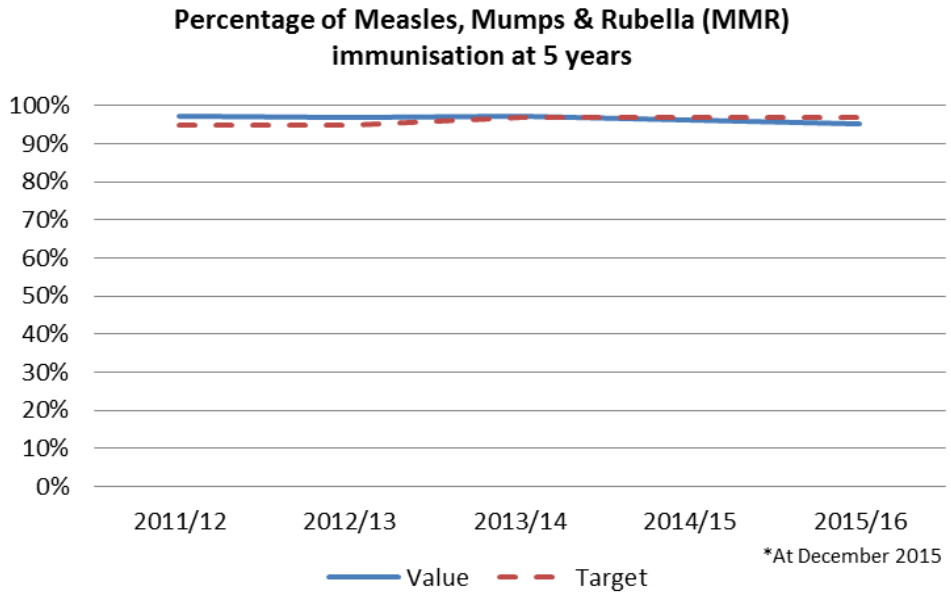
providing intensive support to children and parents within the home and nursery settings. A key milestone was to ensure that 85% of all children have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review by end of 2016. Our results demonstrate progress towards this target with 76.3% of children in 2013/14 and 77.4% of children in 2014/15 reaching all of the expected developmental milestones at this review point.

The health visiting team also continues to work with local general practices to promote and deliver childhood vaccinations.

The graph below shows a favourable (above target) result for uptake of the first MMR vaccination by 24 months; with 692 first vaccinations between April and December 2015.



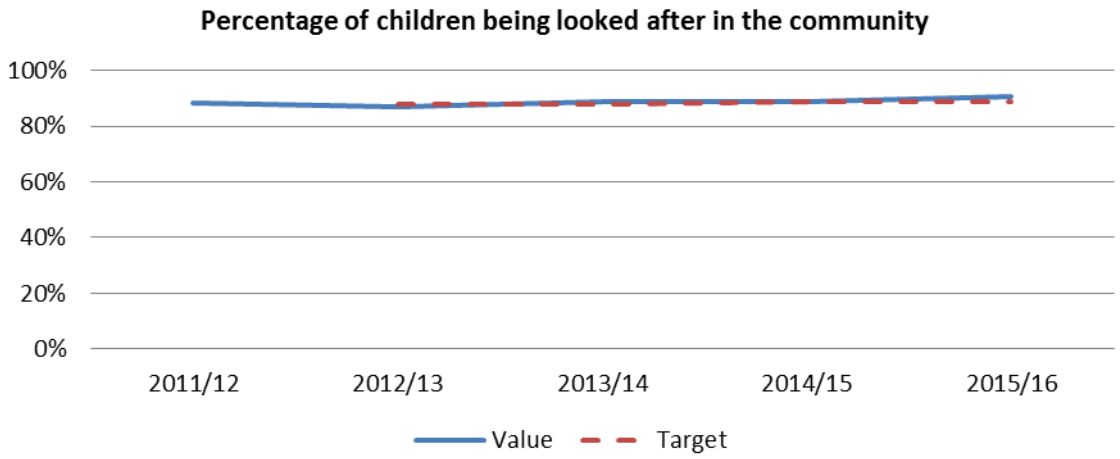
The results below demonstrate that West Dunbartonshire uptake rates of the second MMR by the age of 5 years is slightly below target, although this still equated to 715 vaccinations being delivered between April and December 2015. Whilst uptake rates for the second MMR "jab" are less than the Scottish average, by the age of six years completion of this immunisation is above the Scottish average.



For children and young people to do well now and in the future they have to be safe, healthy, active, nurtured, achieving, responsible, respected and included – which are expressed in the SHANARRI wellbeing indicators. These wellbeing indicators are central to the GIRFEC approach that is currently threaded through all existing legislation, policy, practice and systems for children and young people in Scotland. The Children & Young People (Scotland) Act 2014 was passed in the Scottish Parliament in early 2014; and a number of duties and provisions within this Act will commence in August 2016. Part 4 of the Act requires that relevant authorities, Health Boards for pre-school children and usually Local Authorities for school age children, provide a Named Person service that will integrate the Named Person functions described in the Act into existing roles of practitioners (e.g. health visitors and promoted teachers). The Act will introduce a legal duty to share information about a child's wellbeing that meets specific criteria with their Named Person when there is a concern for the child's wellbeing. The Act also introduces a single planning framework for many children receiving targeted support. This approach relies on strong working relationships within individual agencies and across agencies. In 2015 a number of practices within Clydebank Health Centre nominated themselves to take part in a national Information Sharing between GPs and the Education Named Person Service pilot. This was led by a GP Child Protection Specialist in conjunction with WDHSCP and Council Educational Services. This pilot has proven to be very effective, considerably improving GP understanding of the roles of different professionals; the amount of involvement education professionals have in the lives of families; and the information already held by schools. It has established trusting relationships and improved information sharing - which has in turn positively impacted on the lives of children, young people and their families. The findings from this pilot have been shared locally; and also reported at a recent and well-received two day Masterclass held by the Scottish Government GIRFEC team and attended by all 32 Local Authorities.

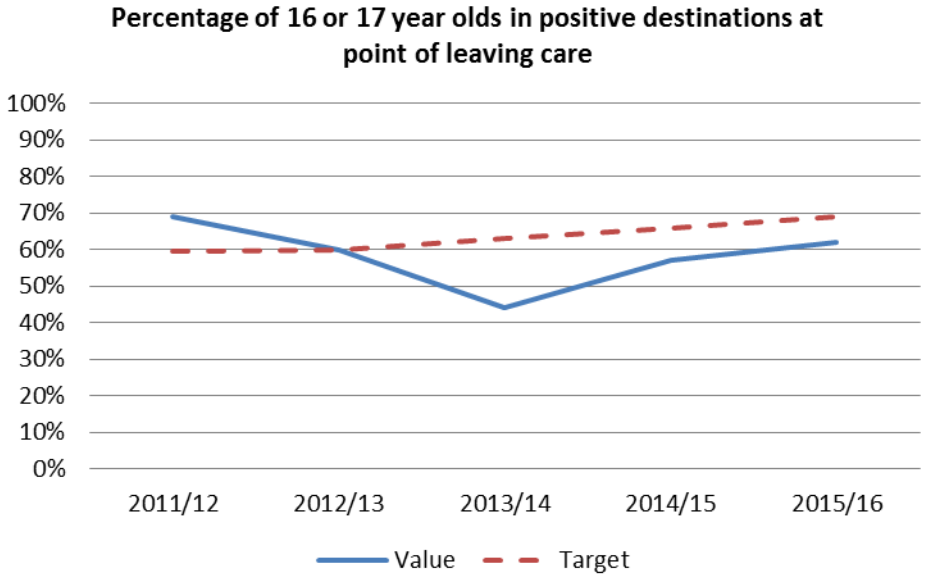
Our shared community planning objective to focus on early intervention in the lives of children, young people and their parents and/or carers continues our shift to preventing crisis, and reducing risk, through assessment and appropriate intervention. We recognise that some of our children may need to be cared for away from home. As per our Community Planning West Dunbartonshire Corporate Parenting Strategy; we have strived to increase the proportion of children and young people who are looked after in the community.

As the graph below shows, this has increased from 88.4% in 2011/12 to 90.6% in 2015/16.

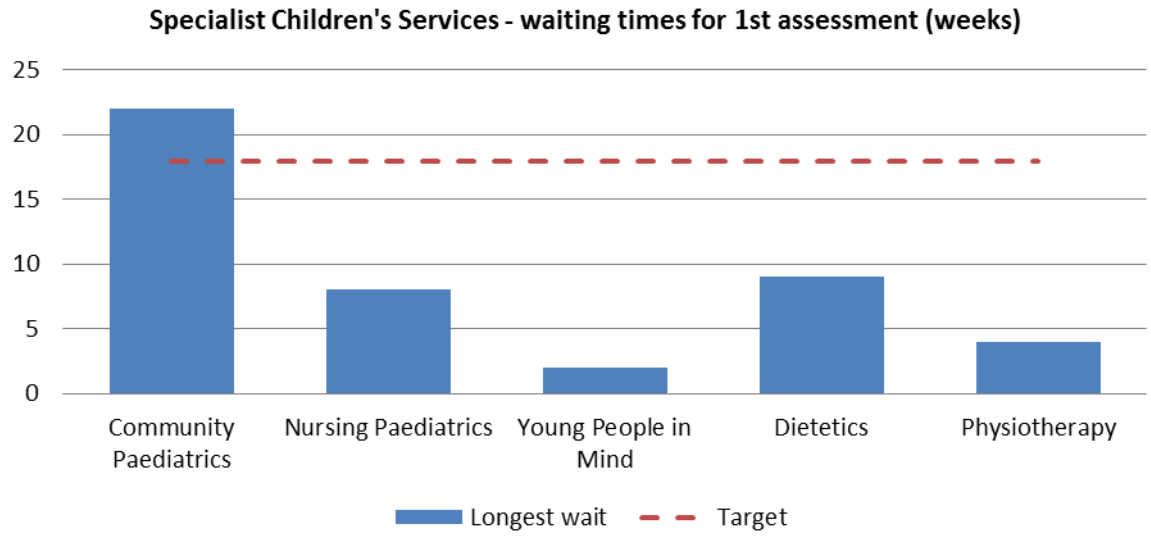


As part of our continued corporate commitments to looked after young people, WDHSCP led a dynamic re-design programme within our provision of children's homes. Throughout this we have engaged constructively with the Care Inspectorate. Throughout 2015 all our residential homes for children and young people achieved either a grading of 4 (good) or 5 (very good).

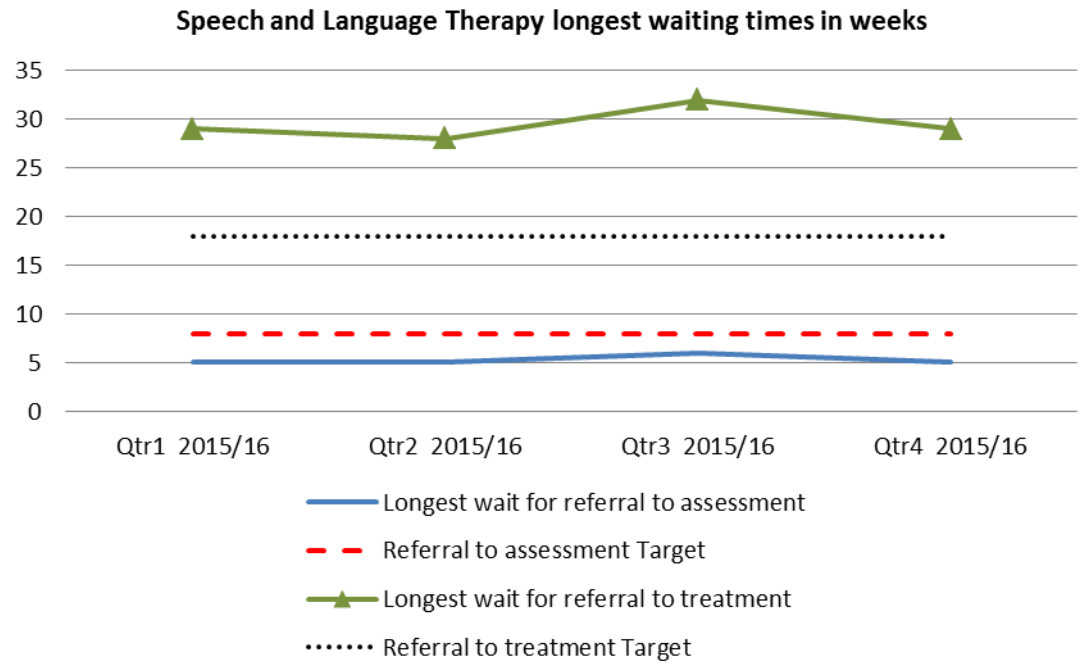
Thirteen young people left care during 2015/16; and of these 62% entered further/higher education, training or employment at the point of leaving care. This is an improvement on the 2013/14 position but less then that in 2011/12 – however, the relatively small numbers of young people involved mean that the percentage performance can easily fluctuate from one year to the next.



Across specialist children's health services and social care services – and in conjunction with Council Educational Services and NHSGGC Acute Division Children's Services - it is vital that care and clinical assessments are managed jointly and effectively for the best outcomes of the child.

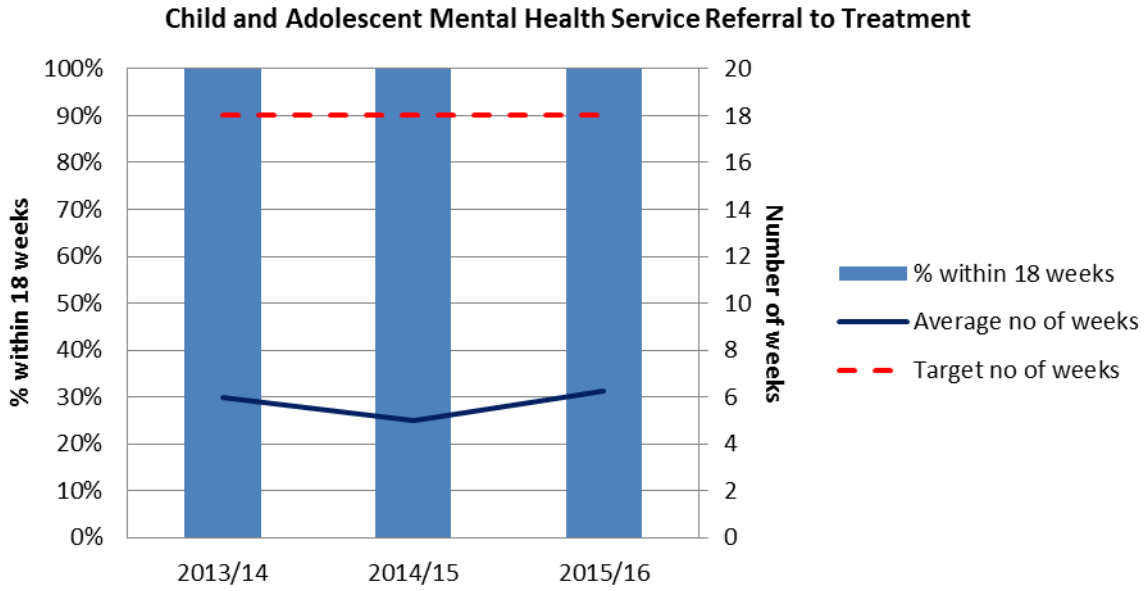


The WDHSCP Speech and Language Therapy Service for children and young people continues to successfully complete triage processes within target timescales. As the chart below shows, the Speech and Language Therapy Team is ensuring that children and young people are having their needs assessed timeously; and within the target waiting time, with 63% waiting no longer than 18 weeks for treatment.



All of our most vulnerable and at risk young people have the opportunity to receive the right support when they need it. The need for strong co-ordination and co-operation is particularly true with respect to services for children with disabilities. Robust and early planning systems have been agreed to support transitions from children's services to specialist adult services. In January 2016 a standardised Integrated Pathway for Autistic Spectrum Disorder (ASD) Services was introduced, which applies the principles of GIRFEC and delivers in line with Scottish Intercollegiate Guidelines Network (SIGN) guidelines.

WDHSCP continues to develop a strong multi-agency approach to supporting children with mental health and emotional wellbeing issues. The graph below shows that timescales from referral to treatment for Child and Adolescent Mental Health Services (CAMHS) have consistently been well below the target time of 18 weeks.



Our early identification of children and young people with mental health issues and the timeous provision of community based support has helped to maintain positive mental health for these affected young people. WDHSCP's Young People in Mind Team achieved success at the 2015 NHSGGC Celebrating Success Awards when they were recognised and congratulated for their contribution to children and young people affected by mental health.

We continue to provide a range of interventions to support vulnerable young people who may be experiencing difficulties. This includes offering and delivering mainstream parenting opportunities to all parents within our communities; and offering support from the multi-award winning Youth Mentoring Scheme which has provided individual, long term mentoring for many young people in West Dunbartonshire. In 2015 the Youth Mentoring Team were winners at the Scottish Mentoring Network Awards, receiving the Justice Project of the Year Award as well as the Exceptional Contribution Award for Ronnie Reardon, one of our local mentors. In addition, Ronnie Reardon was recognised as the West Dunbartonshire Council Employee of the Year Award for 2016.

Case Study: The Youth Mentoring Scheme

Chris was heavily immersed in gang fighting within his local community and struggling to change his behaviour. He agreed to work with a volunteer youth mentor and this helped him to start thinking about how he could make different choices and decisions. With long term consistent support from his mentor over a number of years, he has turned his life around and now attends college on an electrical engineering course with a view to joining the Navy. He applied for the Navy this year, although he failed to get first time of applying he took this disappointment in his stride, and with the support of his mentor has accepted the advice given and working hard to prepare to apply again. This is a testament to his improved maturity and ability to rationalise and talk this over with his mentor, and find ways of working together towards long term ambitions. Chris compares his change of direction in life to many of his friends who have not had such positive outcomes, and now speaks regularly about the positive impact that the mentoring scheme has had on his life.*

*(*not real name)*

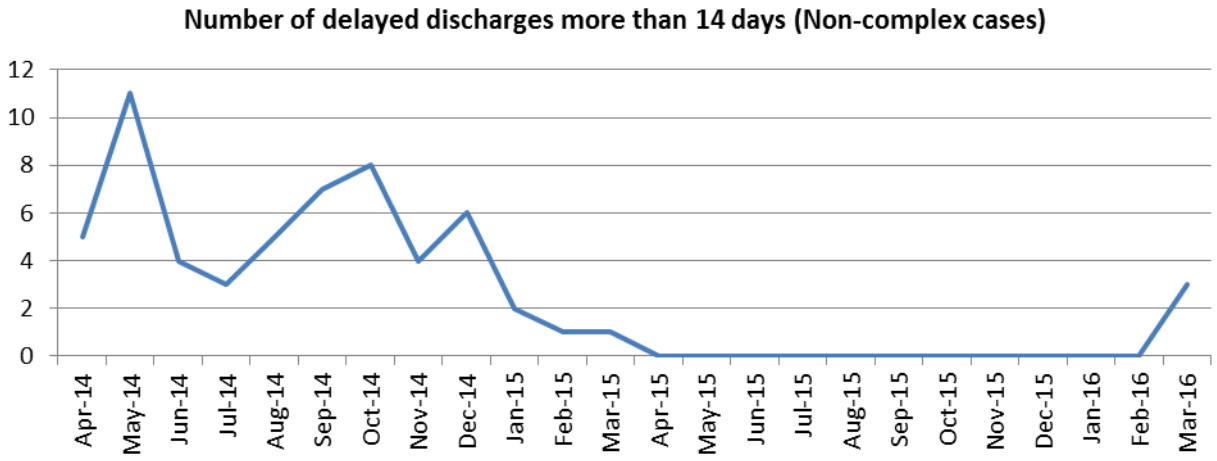
3. SUPPORTING OLDER PEOPLE

The key strategic aims for the Health & Social Care Partnership Board with respect to this priority are:

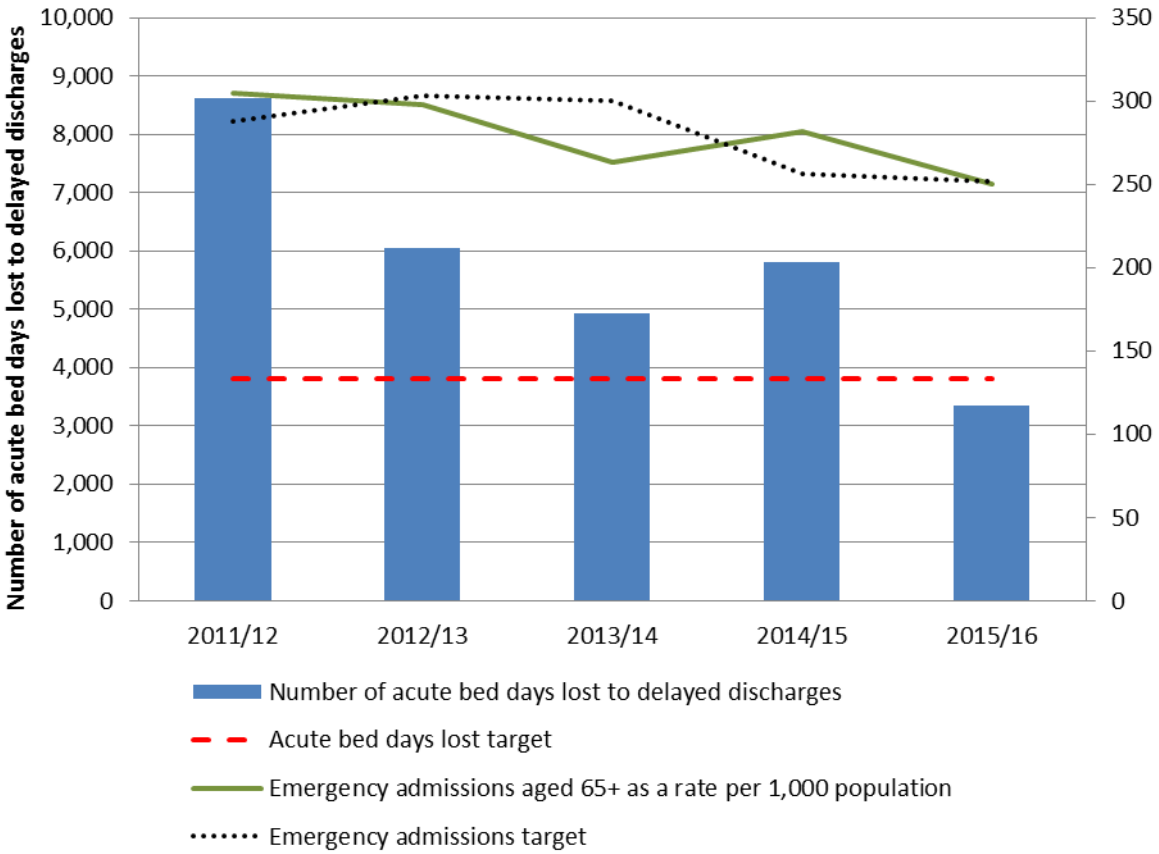
- Avoid unnecessary delays in hospital discharge.
- Reduce emergency admissions to hospital across the population.
- Reduce unnecessary admission to hospital in people over 65 years.
- Support more people at the end of life to die where they choose.

WDHSCP leads on the strategic priority of Supporting Older People across Community Planning Partners, primarily through the vehicle of the local Integrated Care Fund Plan (ICF). The ICF describes the key strategic priorities and outcomes to support all adults to live as independently as possible and safely within a homely setting for as long as possible. In addition, WDHSCP produced and delivered upon an operational unscheduled care plan with a particular focus on the winter period as per the National Preparing for Winter Guidance.

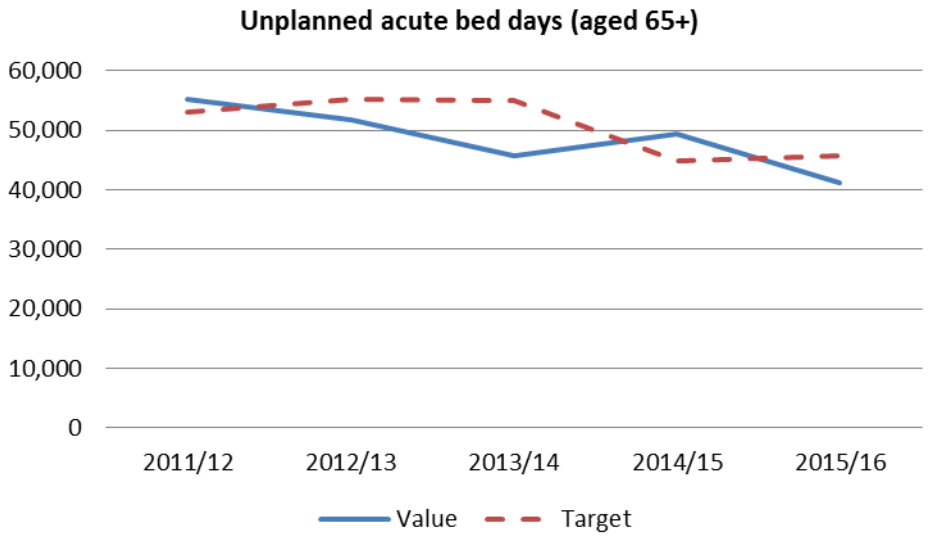
WDHSCP community health and social care services for adults and older people are organised around multi-disciplinary health and social care teams that use shared systems for recording and reporting on an individual's outcomes. There are a range of overlapping and interconnected workstreams which impact on and support those with long term conditions, including anticipatory care, preventative support/care and the promotion of self-management. Services are available via a single point of access; and provide direct referral (e.g. for occupational therapy; home care and care at home; and step up/down beds). By organising our integrated services effectively, we have been able to deliver a significant improvement in avoiding delays within the hospital discharge planning process; and an overall reduction in unnecessary emergency admissions to hospital. By focusing on timely and appropriate hospital discharge WDHSCP achieved the Scottish Government's target of 0 patients delayed for more than 14 days in all but one (the last) month during 2015/16.



We continue to see a significant decline in the number of bed days lost as a result of the redesign of services and the focus on community support. The bed days lost to delayed discharge significantly declined by 61% since 2011/12. There has also been a 12% reduction in emergency admissions for people aged 65 and over during the same period.

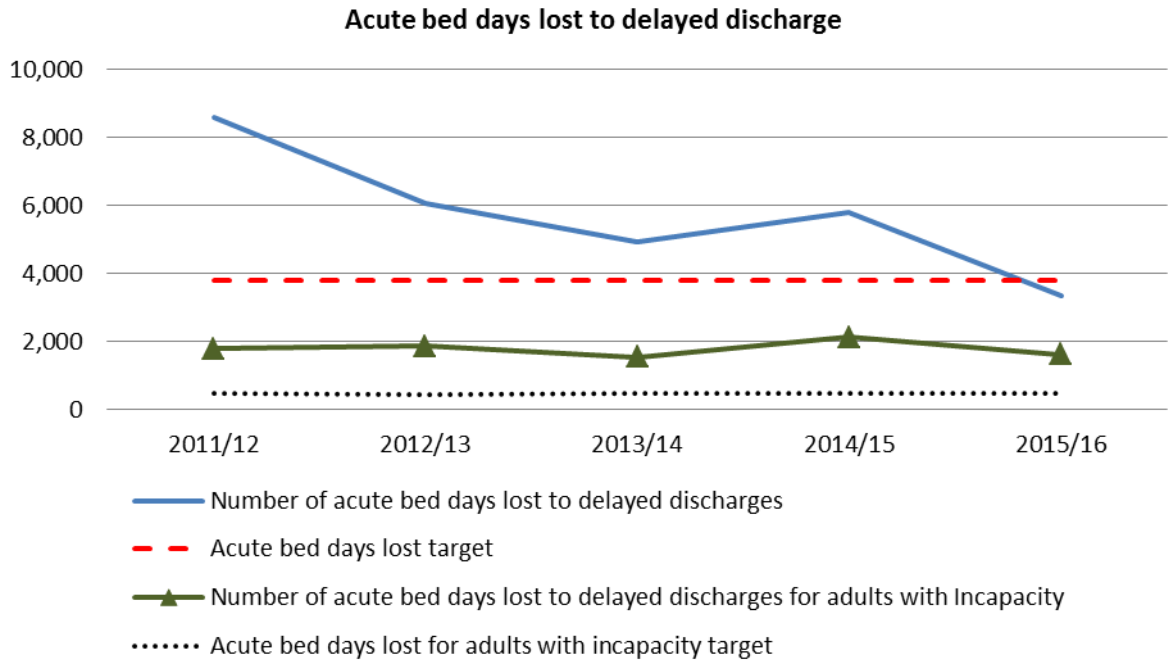


As the graph below illustrates, the number of unplanned acute bed days for people aged 65+ has reduced by 26% between 2011/12 and 2015/16.

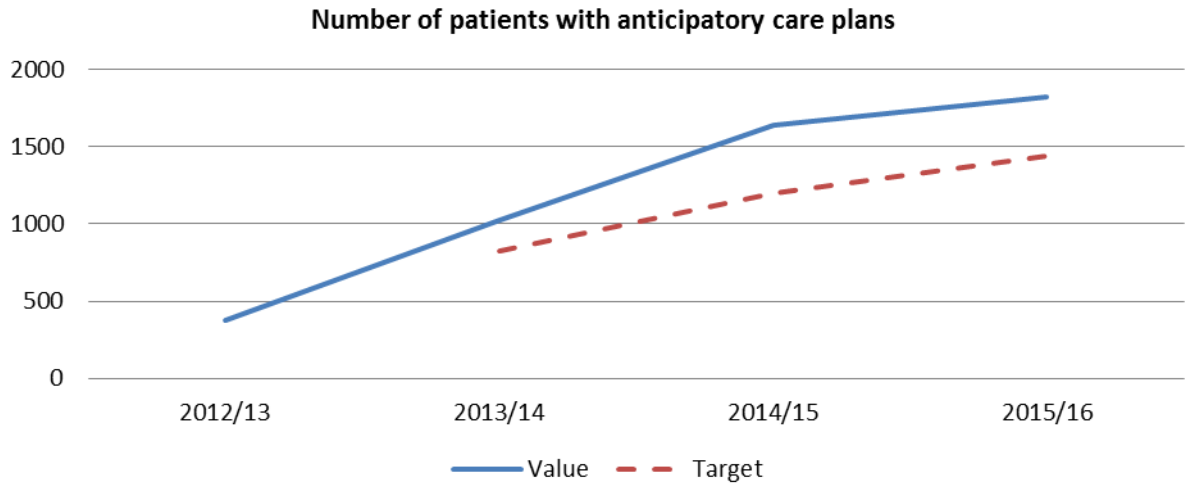


Preparation within hospital setting is crucial in planning successful discharge. This was enhanced in 2015 with the development of Hospital Discharge Liaison Workers to provide early assessment and practical support in the ward setting. They promote early referrals and discharge planning; promote awareness with Consultants and ward staff; work in parallel with medical treatment; assess need at the earliest opportunity, with referral/information shared from the point of admission; and identify people who cannot return home/lacking capacity. The wider Hospital Discharge Team can then involve patients and carers sooner; develop and deliver integrated care and support packages; ensure the most appropriate care and opportunities at the point of discharge; and monitor and review care package for four weeks. Home care services are managed alongside district nursing services and home based pharmacy support to ensure such continuity of care post-discharge.

The chart below demonstrates that while the number of acute bed days lost to delayed discharge has reduced significantly, almost half of the bed days lost in 2015/16 relate to Adults With Incapacity (AWI). Hospital discharge for patients who lack capacity can be lengthy and complicated, and can sometimes lead to extended delays.

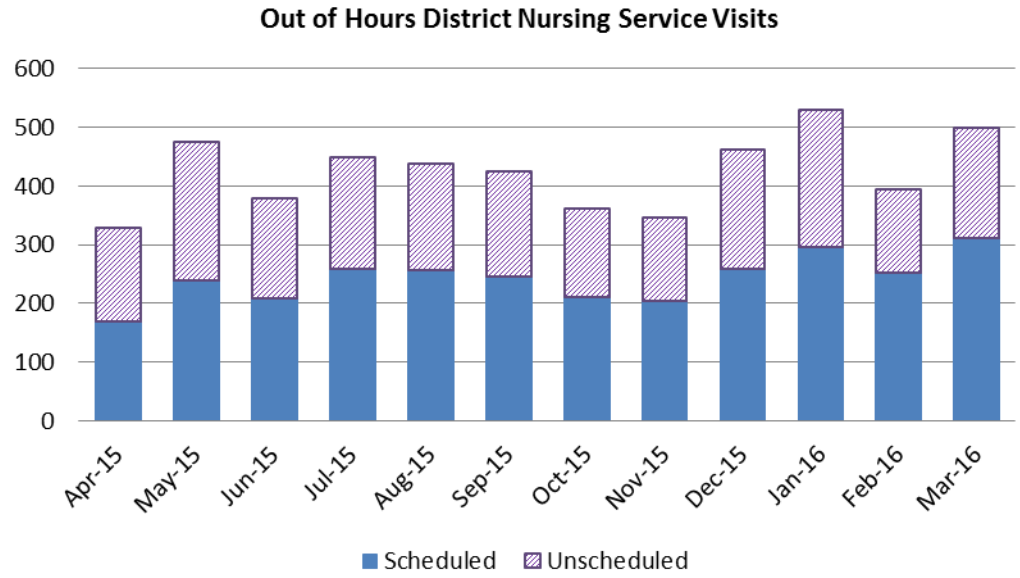


Good care planning and communication across teams and with carers improves co-ordination of care, enables early intervention and better access to safe and effective alternatives to avoidable hospital care. Some of these shared decisions will be based on thinking ahead about preferences for future care. A key element of the Integrated Care Fund programme of work has been the ongoing development of anticipatory care planning with GPs and primary care services. Anticipatory care encourages people to make positive choices for what they should do themselves, and from whom they should seek support, in the event of a flare up or deterioration in their condition, or in the event of a carer crisis. The Anticipatory Care Plan (ACP) is a dynamic record that should be developed over time through an evolving conversation, collaborative interactions and shared decision making. The ACP will also include information about the person's concerns and goals; their understanding about their illness and prognosis; and their wishes for end of life care, including preferred place of care, as well as their views about the degree of interventions, treatments and cardiopulmonary resuscitation welcomed. Key information should be recorded in the key information summary on the Electronic Key Information System (e-KIS). The ACP is a summary of "thinking ahead" discussions between the person, those close to them and the practitioner. We have developed and reviewed anticipatory care plans for over 1,800 patients in West Dunbartonshire; by introducing additional community based nursing to support General Practice we have been able to support the avoidance of unnecessary hospital admissions. As shown below, there has been a 78% increase in the numbers of patients with anticipatory care plans between 2013/14 and 2015/16.



WDHSCP has put systems in place to predict or identify vulnerable patients at risk of admission so that the necessary support can be given to avoid unnecessary admissions and help people remain in their own homes. The WDHSCP Community Nursing team has introduced Patient Status at a Glance Boards that are updated following the team's daily meetings to identify vulnerable patients and those at risk of admission. The Team also links with GPs to identify patients who may potentially be vulnerable over the bank holiday period. Our Integrated Rehabilitation and Older Adults teams maintain a list of patients at risk of admission to assist in daily scheduling of visits during adverse weather periods.

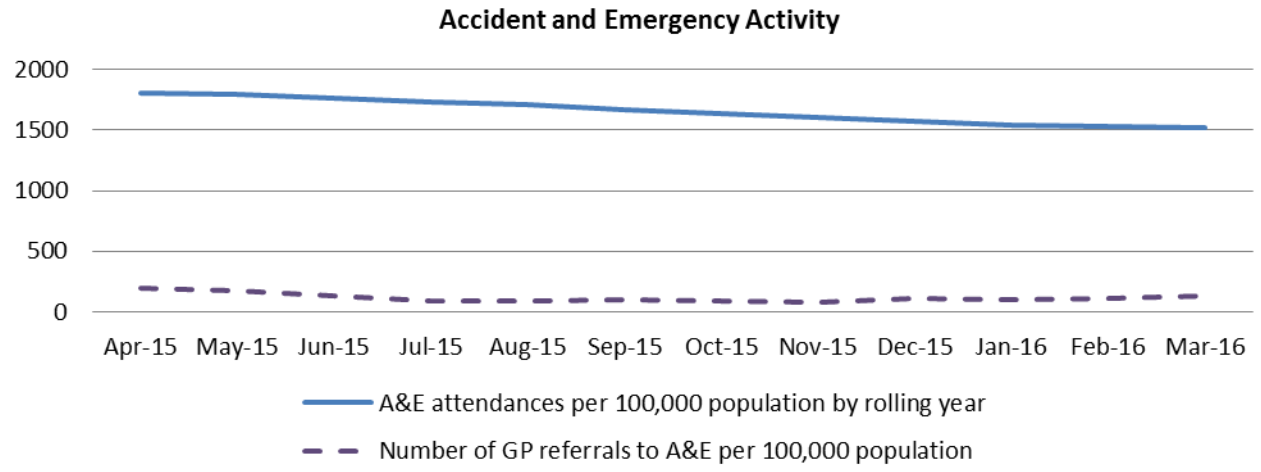
We have increased our out of hours provision to help prevent inappropriate hospital admissions and used anticipatory care plans to provide people with their preferred supports where appropriate. The chart below illustrates Out of Hours District Nursing Service activity during 2015/16. In total there were 5,089 visits and 43% of these were unscheduled, highlighting the responsive nature of the service.



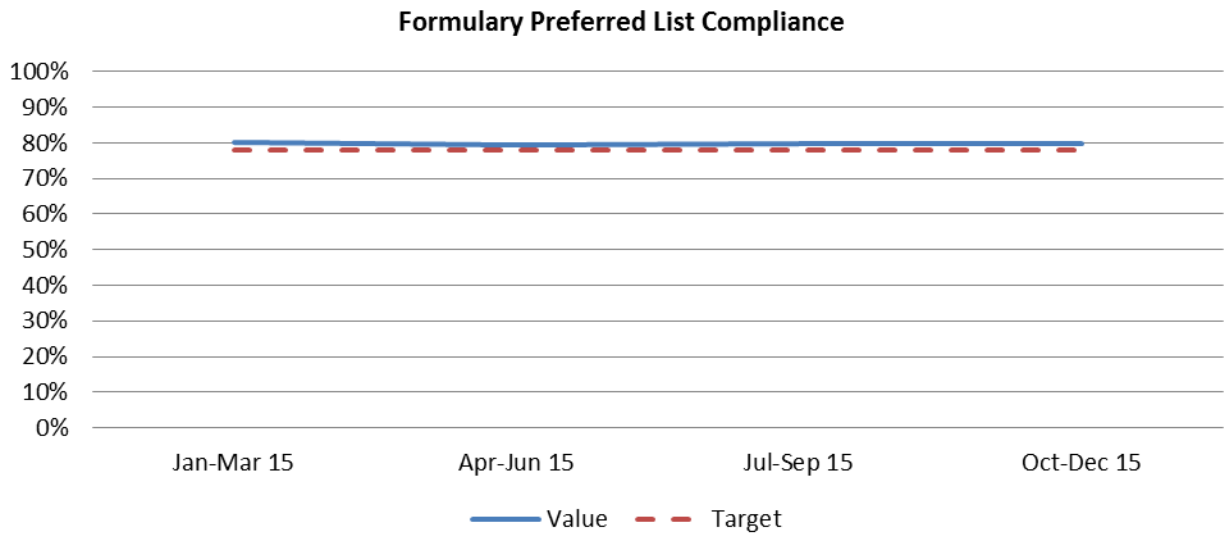
WDHSCP has successfully created an integrated out of hours provision of District Nursing and Care at Home services, so as to be able to more timeously and effectively identify and respond to risk and avoid unnecessary admissions to hospital. This community service links directly to out of hours GP services and all our local authority and private sector care homes.

Of those aged 65 years and over who had been admitted to hospital as an emergency twice or more in the year, 64.2% had been assessed for services and support by WDHSCP. Work is underway to identify the underlying reasons for why 35.8% had not received a formal assessment of their needs - to establish, for example, whether this was due to patients declining assessment; the (in)appropriateness of an assessment given individual circumstances; or a gap in recording.

As illustrated by the chart below, the number of attendances at Accident and Emergency Departments has seen a steady fall during 2015/16, reducing by 16% between April 2015 and March 2016. During the same period referrals by GPs to Accident and Emergency Departments have reduced by 24%.



Delivering a truly integrated community health and care service we have been able to demonstrate success working with all of West Dunbartonshire's GP practices within our two locality areas of Alexandria and Dumbarton; and Clydebank. Within West Dunbartonshire, 85% of people have a positive experience of the care provided by their GP practice; and 93% of adults feel able to look after their health very well or quite well. All of the GP practices participated in the Medicines Management Local Enhanced Service (Repeat Prescribing); and WDHSCP's Prescribing Team continued to work with local GPs to support compliance with the Formulary Preferred List - with 79.8% compliance as at December 2015 (as shown in the chart below).



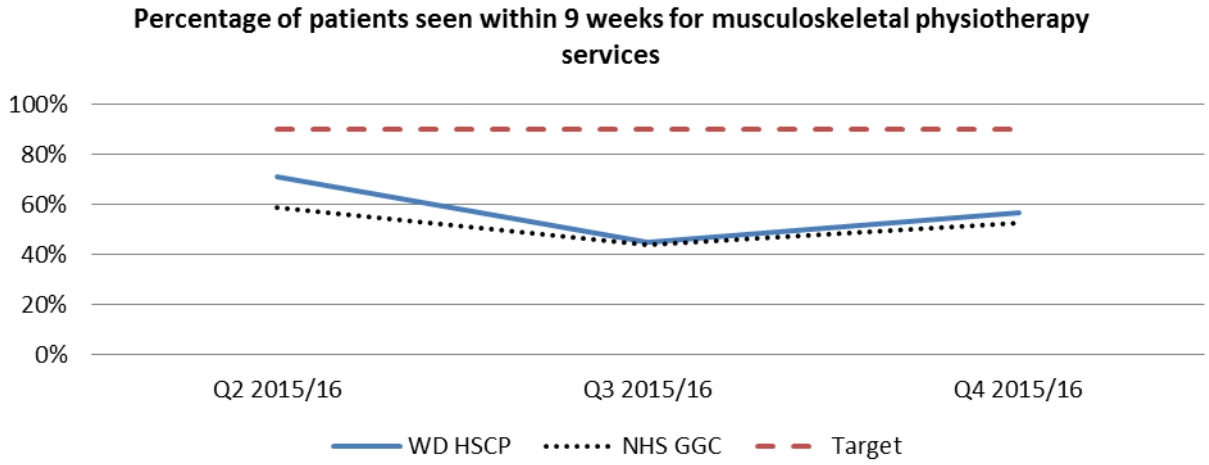
There has been a drive to improve the quality of the prescribing - which is in part demonstrated by the continued excellent formulary compliance. West Dunbartonshire's average improved over last year (as it has for the last 3 years), with most GP practices achieving on or around the target of 78%.

Reflective of our preventative approach to maintaining positive health, we have sought to improve uptake of annual asthma reviews for hard to reach patients in the community, recognising that for those more vulnerable adults who struggle to engage with their GP practice, offering the community pharmacy as a setting can be more effective. The community pharmacy approach to proactive clinical review of people with asthma provides people with flexible access to review, increasing the numbers now attending their crucial annual reviews. A Locally Enhanced Service (LES) was developed that included community pharmacies undertaking asthma reviews for patients who had not attended their GP practice. Crucially, WDHSCP worked in partnership with local GPs and local community pharmacies to identify and support attendance at review - and thus support individuals to better self-manage their conditions. There has been significant success in promoting review through this approach: with 900 "hard to reach" patients receiving a review; and with a significant proportion (33%) of patients with clinically significant care issues re-engaged with traditional primary care services after advice from their Community Pharmacist. This approach has now been adopted by neighbouring partnerships and been extended to community pharmacies across the NHSGGC area.

More broadly, WDHSCP's Prescribing Team has been identified as sector leading in its work with the local Care at Home services to support "medicines prompting" and improved medicines management. Our Pharmacy Lead, Pamela McIntyre, received the prestigious Scottish Health Leadership Award in 2015 for her drive and commitment. The Care at Home Pharmacy Initiative also won the overall Improving Health category at the 2015 NHSGGC Celebrating Success Awards.

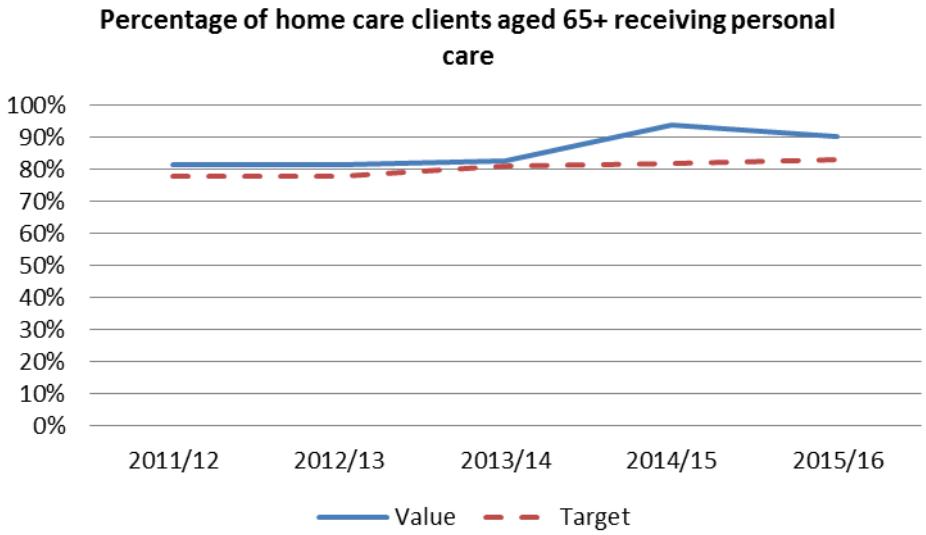
WDHSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the Greater Glasgow and Clyde area. WDHSCP has led a NHSGGC-wide change process to support the delivery of improved waiting times for MSK Physiotherapy – and this remains challenging given rising demands.

In 2015/16 there were 7,717 referrals to the MSK Physiotherapy services provided within West Dunbartonshire service, with 5225 new patient appointments; and 13,881 return appointments.



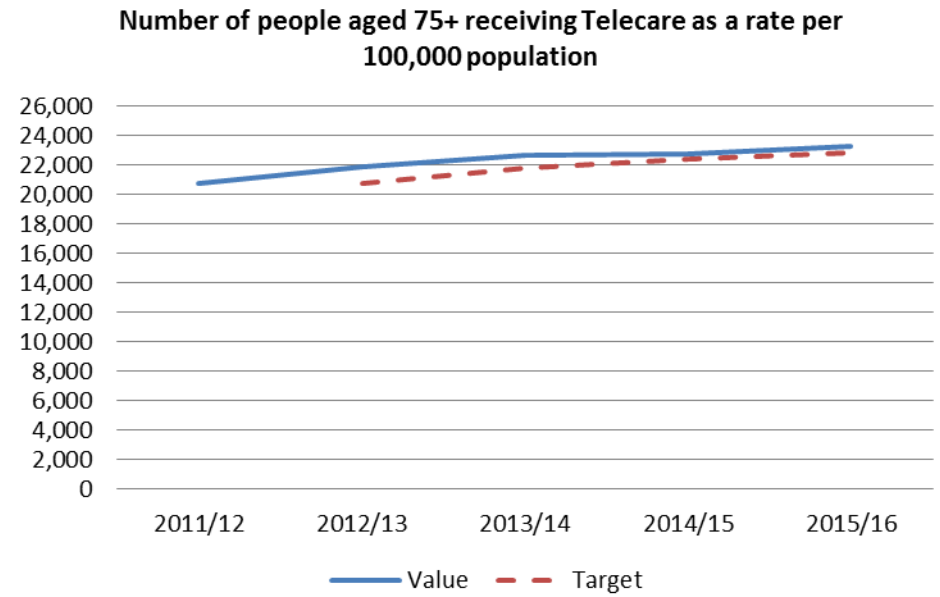
WDHSCP has the third highest level of satisfaction with social care services in Scotland; and our levels of satisfaction have increased year on year, from 67% in 2012/13 to 74% for 2014.15. Conversely, the Scottish national figure has followed the reverse trend decreasing from 57% in 2012/13 to 51% in 2014/15.

WDHSCP provided care at home services to 36.1% of people aged 65 and over with intensive needs, allowing them to live at home within their community. In 2015/16, 97.8% of people aged 65 years and over who had been assessed with complex care needs were supported to live in a homely setting. During 2015/16**,** 8,637 hours of home care (548.7 hours as a rate per 1,000 population) were provided per week to people aged 65 and over; with 90.3% receiving personal care as part of their service.



We are continuing to target services towards those with high level needs, in order to maintain or improve their independence. People with high level needs often require visits where two or more carers provide support; and during 2015/16 WDHSCP provided 8,924 of carer hours to people aged 65 and over (566.9 hours as a rate per 1,000 population). Importantly, 80% of all adults living in a homely setting and receiving ongoing support or care from WDHSCP had their care plans reviewed annually to ensure their needs were being met.

Our provision of Telecare has become an integral part of our care packages to allow people to remain at home and to provide support to carers. The number of people receiving a Telecare service has increased by 8% since 2012 to 2,058.



WDHSCP's Home Care Re-ablement Service has supported better outcomes for clients by maximising clients' long term independence and quality of life; and appropriately minimising structured supports. During 2015/16:

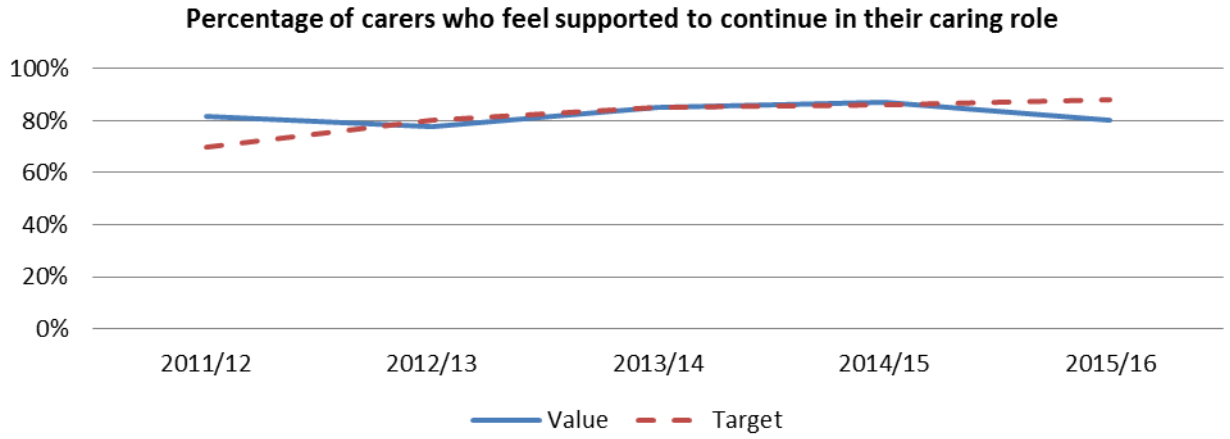
- 61.5% of people who received a reablement package reached their agreed personal outcomes and re-learned the skills necessary for daily living and improved their levels of independence.
- 98% of clients agreed or strongly agreed that the Care at Home service made them feel safer in their home.
- 99% of clients stated that their contact with Home Carers has improved their quality of life.

We recognise and are committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. Whilst the numbers of clients that have opted to take a Direct Payment option are small, the expenditure on SDS has increased by 30% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 1.77%. Importantly, high satisfaction with social care services may mean that clients are less motivated to actually request SDS direct payments with which they could purchase their own care from external providers.

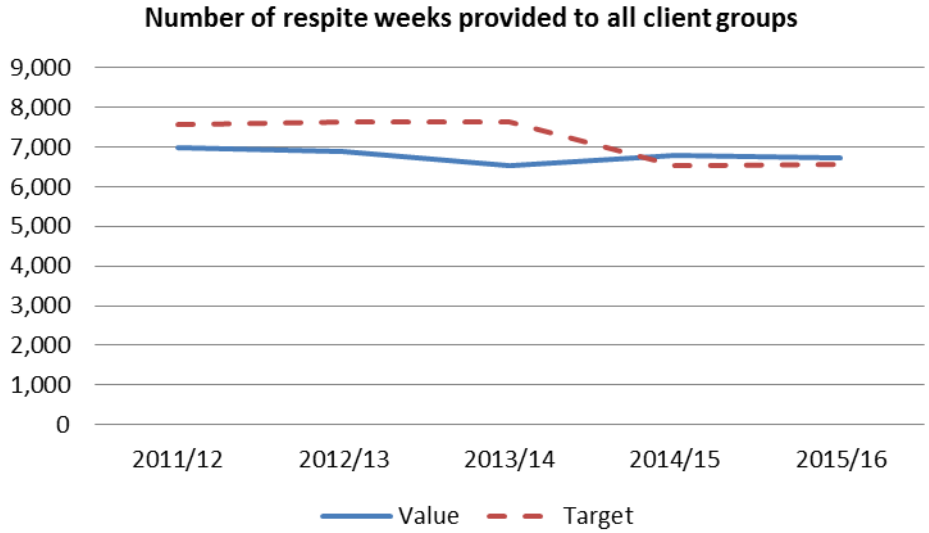
As part of our commitment to communication and public awareness, a dedicated SDS website was created in 2015, and is constantly updated and monitored. An Integrated Resource Framework has been developed to provide an indicative personal budget to meet the individual's eligible needs. This framework will be applied to all four SDS options, ensuring fairness and equality across all individuals eligible for local authority funded support.

Where people live has an enormous impact on their health and wellbeing - and their ability to manage their condition(s); and feel safe and confident within a homely setting. We have been working closely with colleagues within the Care Inspectorate to deliver high quality standards within all of our older people's residential care homes, achieving mainly 4 and 5s within inspections throughout 2015/16. The establishment of a robust integrated Providers Forum in 2015 – developed in partnership with Scottish Care - has supported the delivery of a quality assurance approach across public sector and private sector care homes; with managers from all sectors completing the My Home Life programme together. A range of appropriate housing options is vital to ensure individuals are able to live independently within their community. WDHSCP has worked with the Council's Housing Section (in its role as strategic housing authority) and the wider Housing Sector to co-produce a local Housing Contribution Statement. This sets out the role and contribution of the local housing sector to supporting the health and social care integration agenda. The Housing Contribution Statement acts as the 'bridge' between the Council's Local Housing Strategy and the WDHSCP Strategic Plan.

As with all community based services, the third sector continues to be a key delivery partner across the communities of West Dunbartonshire. The award winning West Dunbartonshire LinkUp Service, developed and delivered with West Dunbartonshire CVS, continues to enable older people to both volunteer and access a range of community health, social work and third sector services through a single point of access. WDHSCP works in partnership with Carers of West Dunbartonshire to identify carers and focus resources to ensure carers feel like equal partners in the planning and delivery of care and support. In 2015/16 the number of carers of people aged over 65 years known to WDHSCP increased from 1,348 to 1366 at December 2015. As shown below, 80.2% of all carers felt supported in 2015/16 against a deliberately challenging, locally set target of 88%.

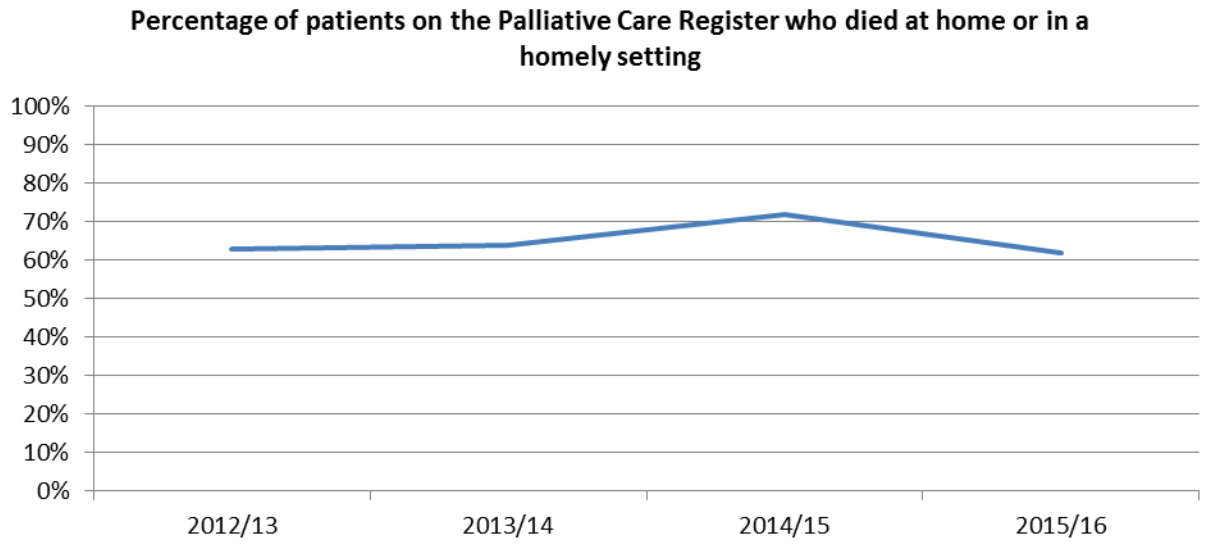


WDHSCP created a Respite Booking Bureau to provide choice and to help co-ordinate respite for carers to find suitable and appropriate respite provision. In addition, the successful delivery of the Out of the Blue Project continues to provide replacement care opportunities for carers. Between April and December 2015, 196 replacement care hours were provided through the services of Carers of West Dunbartonshire on behalf of WDHSCP.



We have also prioritised the identification and engagement of Black and Minority Ethnic carers and hard to reach groups: through our partnership with Carers of West Dunbartonshire there has been increased engagement with local Black and Minority Ethnic groups.

WDHSCP's integrated palliative care services have been able to care for the increasing number of people with complex long term conditions and those at the end of their life, giving individual's extra choice to be supported in the place most appropriate to them when it comes to the end of their life. During 2015/16, 35% of cancer deaths and 42% of non-cancer deaths occurred in hospital; and 62% of people on the Palliative Care Register were supported to die at home. All patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary completed within EMIS, which is then shared with relevant NHSGGC Acute services and the Scottish Ambulance Service to ensure a joined up approach within and outwith the WDHSCP.



This integrated end-of-life service was recognised at both the Scottish Health Awards 2015 and the Herald Society Awards 2015; and received a special award for Integration at the NHS Scotland National awards 2015. In awarding the latter, the judges commented that:

"This initiative demonstrates everything that (health and social care) integration is about – person centred, compassionate care for people. It brings together all sectors and agencies, and through training ensures that staff can confidently provide the best quality of care to people at the end of their lives."

Case Study: Palliative Care

"My mother had, for a considerable time, the benefit of support from the Community Care team and the Community Alert team. My mother's very strong wish to remain in her own house was only achieved due to the magnificent service and support my mother received. Your carers are cheery, efficient, and respectful and certainly know the meaning of 'care'. What a wonderful team. My mother viewed them as friends.

My mother died in her own home as she wished at the age of 93 years. The co-ordination between your care team and the district nurses during my mother's last days was excellent. All too often we take for granted the services provided. I wish, as do my brothers and wider family, to express my grateful appreciation, praise and thanks to your carers for the assistance given to my late mother. The council should be justifiably proud of this service. Please convey our profound thanks to all concerned".

Extract from a letter sent to WDHSCP

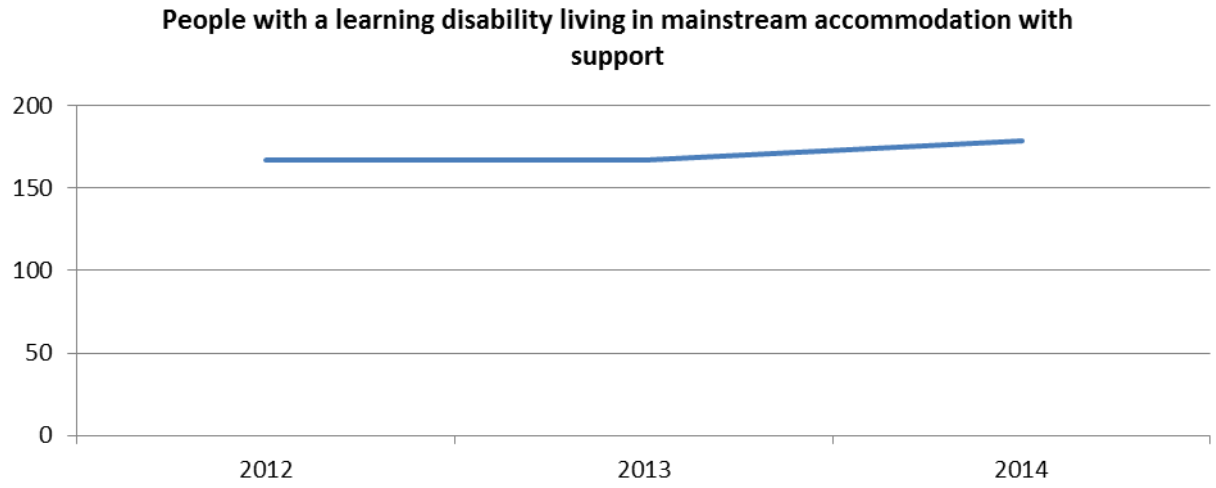
4. SUPPORTING SAFE, STRONG AND INVOLVED COMMUNITIES

The key strategic aims for the Health & Social Care Partnership Board with respect to this priority are:

- The creation of opportunities for people with learning disabilities to be supported to live independently in the community wherever possible.
- To deliver effective care and treatment for people with a mental illness, their carers and families.
- Through efficient and effective partnership working with key stakeholders, to reduce the harmful effects of alcohol and drugs and promote recovery in local communities.

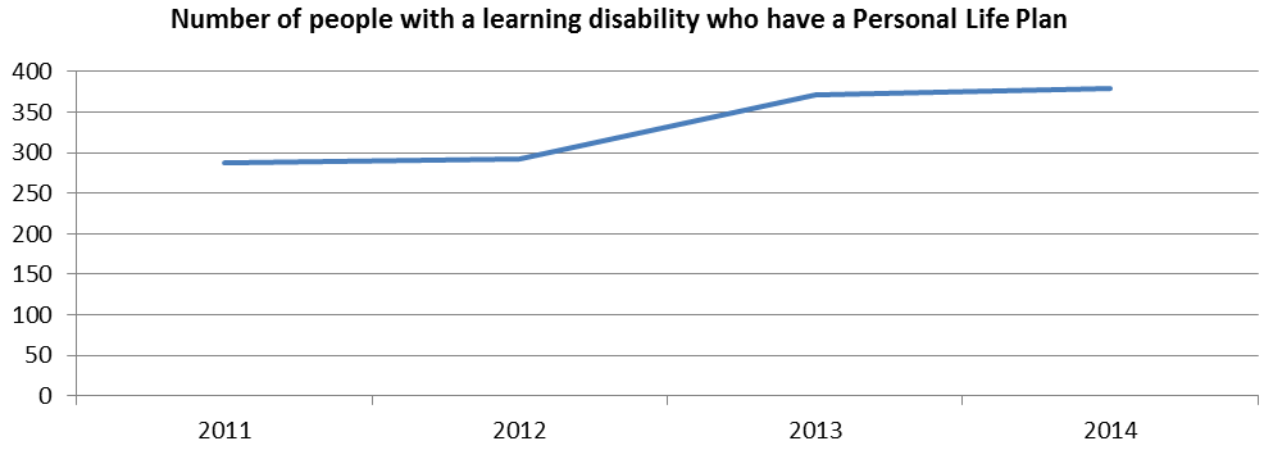
WDHSCP's commitment to continuously improving the quality of life for people with learning disabilities reflects the national Keys to Life Strategy. Our integrated approach to service delivery across community health and care - as well as third sector providers - supports the delivery of effective and targeted specialist services.

As shown below, the most recent data show that the number of people with a learning disability living in mainstream accommodation with support has increased by 12% between 2012 and 2014.



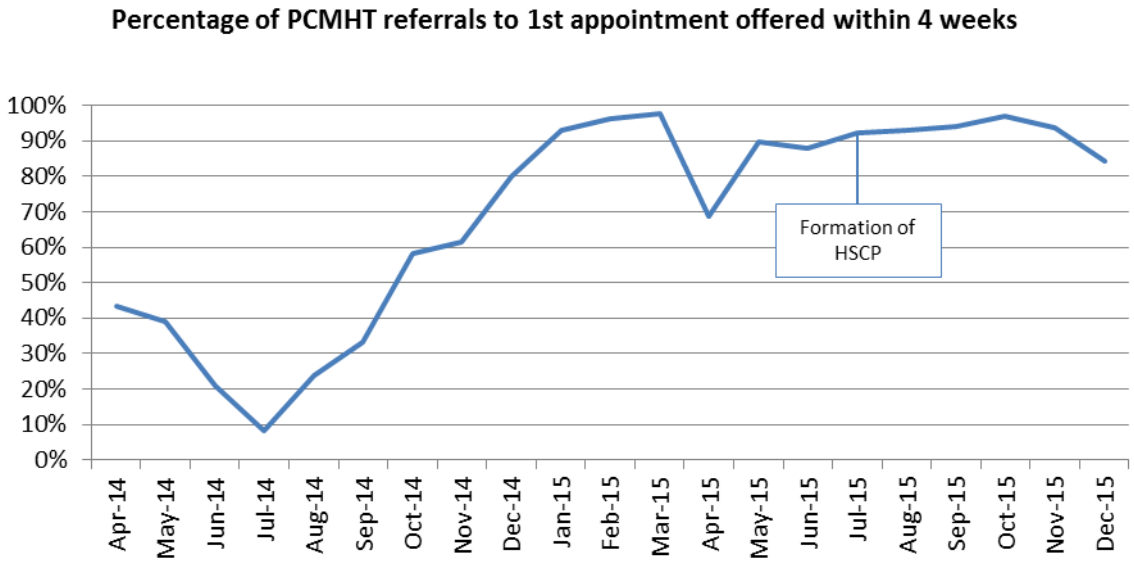
Baxter View is a purpose built home for ten people with learning disability that takes into account a range of requirements, e.g. style and decoration linked to visual impairment; and delivering on the RNIB's environmental assessment with reference to access and mobility supports throughout the property. It is operated by the charity Cornerstone as a Centre of Excellence – with the team there sharing learning and best practice with other care providers. This facility has enabled clients to be closer to their families; be better supported to be part of their local community; and build up formal and informal networks of support.

As illustrated below, WDHSCP Learning Disability services have increased the number of clients with personal life plans (an increase of 32% between 2011 and 2014), and continue to support as many such clients to live as independently as possible.

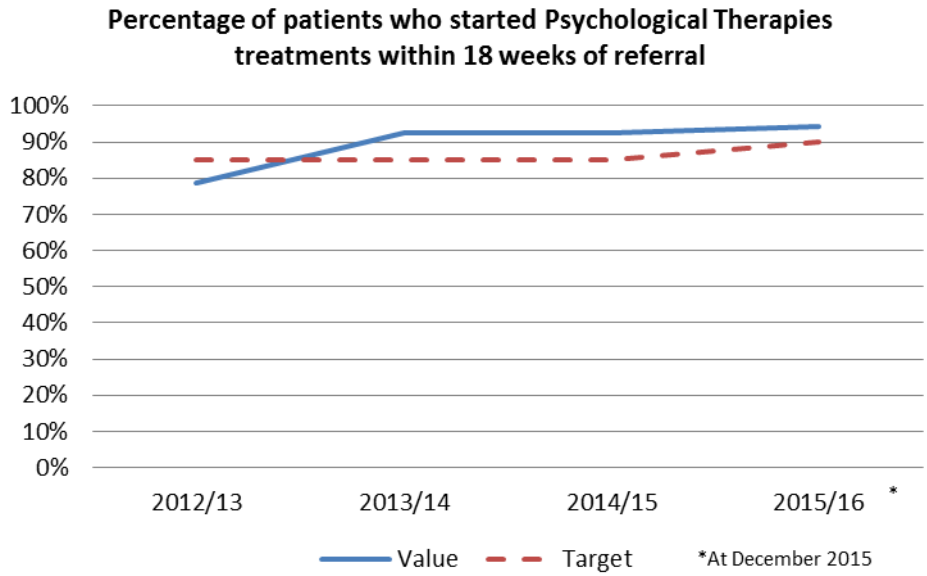


People with a learning disability and their carers have throughout 2015 consistently provided feedback of high levels of satisfaction with our integrated learning disability service delivery; and this is further reinforced in the positive Care Inspectorate gradings achieved.

WDHSCP Mental Health Services have made a positive impact on outcomes and waiting times for individuals. The graph below demonstrates that we have been able to offer the majority of first appointments to our Primary Care Mental Health Team (PCMHT) within four weeks; and have been able to maintain this trend over a number of months.



Almost 500 people within West Dunbartonshire were referred for psychological therapies in 2015/16. As depicted in the chart below, WDHSCP has exceeded the national target for waiting times for treatment since 2013/14.

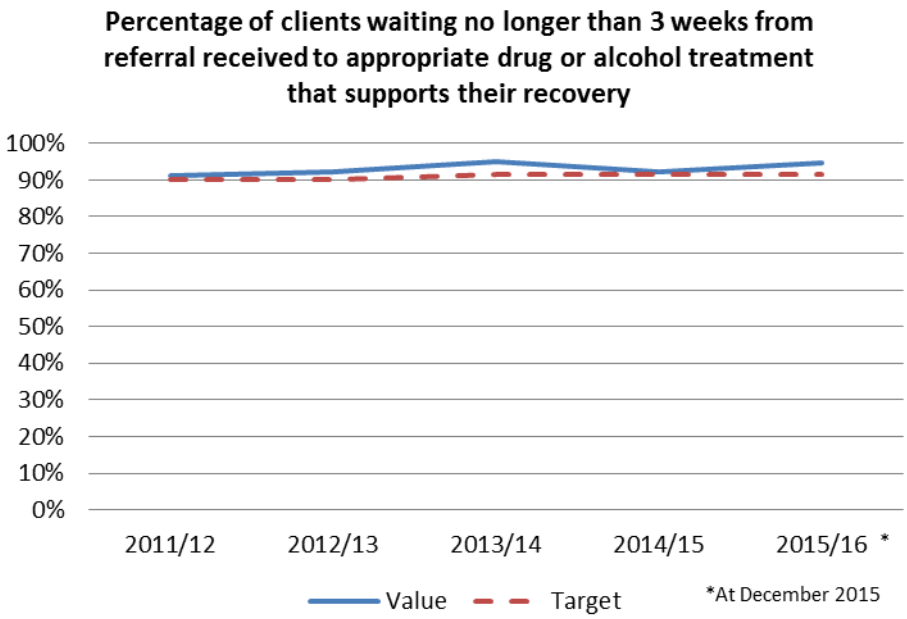


Enhanced access to Psychological Therapy programmes across WDHSCP Mental Health community based services has led to clinically significant improved symptoms for local patients. By implementing a strategic approach to integrating resources across teams and supporting staff skills development through peer mentoring, service users with anxiety, stress and depression have been supported to improve their mental health. An annual integrated groupwork programme was developed and implemented, with programmes provided including Cognitive Behavioural Therapy in Action; Mindfulness; Emotional Skills; and STEPPS (Systems Training for Emotional Predictability and Problem Solving). Service user access to evidence based interventions has tripled, with 180 people receiving groupwork between July 2015 and February 2016.

The Road to Recovery Drugs Strategy, Changing Scotland's Relationship with Alcohol: A Framework for Action on Alcohol, the National Delivery Framework for Alcohol and Drug Delivery and the Quality Alcohol Treatment and Support (QATS) report continue to provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland. The recently refreshed Getting Our Priorities Right (GOPR) guidance (updated within the context of the national Getting It Right for Every Child (GIRFEC)) provides an updated good practice framework for all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use. WDHSCP leads on the Community Planning Partnership's Alcohol and Drug Partnership (ADP) which is responsible for developing and leading local strategies to deliver improved outcomes for people affected by issues of alcohol and drug abuse. As required by Scottish Government, WDHSCP led an ADP self-assessment of its local performance, reviewing 75 separate areas of activity. That detailed and lengthy assessment – which has been presented to the West Dunbartonshire Community Planning Partnership Management Group and then submitted to the Scottish Government - indicated that there were no areas of activity where no action had commenced. It identified 15 areas where work had commenced and was ongoing – noting that many of these were areas where continuous improvement activity would be expected. Within that self-evaluation, a key area for ongoing development was to promote greater consistency in monitoring and reporting across programmes and partners. A total of 60 (80%) areas were deemed to be above standard – noting that they will be subject to continual review and self-evaluation.

WDHSCP Addiction Services support people to regain and sustain a stable lifestyle; access education, training and employment services enabling individuals to participate in meaningful activities as members of their community; improve family and other relationships; access counselling services; and provide parental support for families and children. The national Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services underpin the development of WDHSCP Addiction Services .

The chart below shows that WDHSCP has consistently reached the target for waiting times to appropriate drug or alcohol treatment.



Shared care for substance misuse refers to the joint participation of specialists and GPs (and other agencies as appropriate) in the planned delivery of care for patients with a drug misuse problem. Almost all GP practices within the area provide some form of Shared Care Clinic which is aimed at more stable patients, without significant psychiatric/social co-morbidities. This arrangement is seen as part of the recovery process, with each clinic receiving support from either an Addiction Worker or an Addiction Nurse. At our Future of Addiction Services (FAST) recovery café we support service users who would like to move on in their recovery to training, education or mutual aid. Our service user involvement group enables service users to voice their opinions on services; and to volunteer at our café, which runs on a six weekly programme.

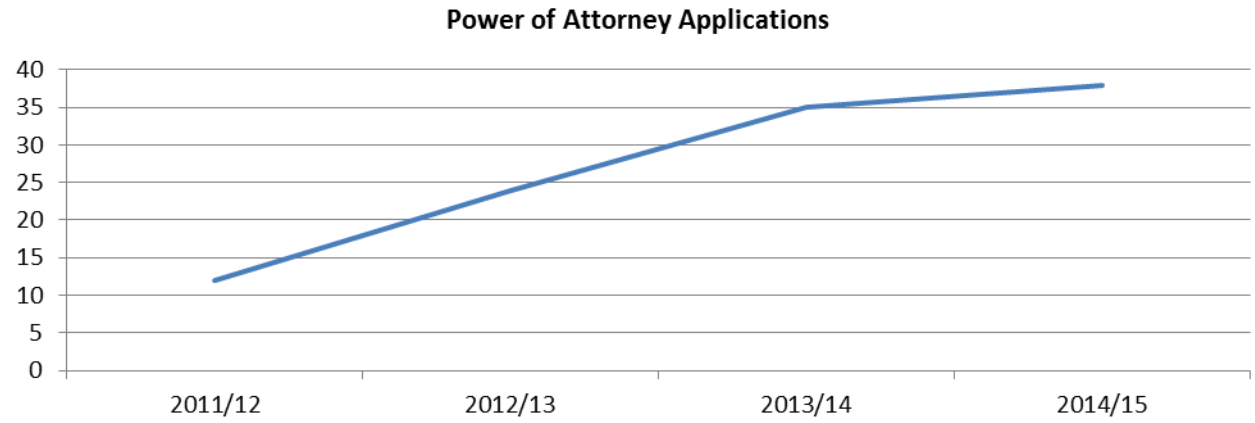
The national Sexual Health & Blood Borne Virus Framework 2015-2020 sets out an ambition that Scotland should aim to deliver Hepatitis C therapy for most infected people in community settings. WDHSCP's Blood Borne Virus (BBV) service is the only community outreach service of its type within the NHSGGC area actively treating chronic Hepatitis C positive patients outwith the hospital setting. During 2015-16, it was providing six weekly nurse-led clinics across West Dunbartonshire, with an attendance rate of over 70%; and offered 700 return patient appointments. Over 100 previously hard to reach/non-attending patients have been supported to complete treatment, leading to healthier outcomes.

WDHSCP and our partners understand that people living with dementia and their carers are experts in experiencing dementia and are often the best people to talk about it. Dementia Friendly West Dunbartonshire (DFWD) is a community-led and multi-agency (statutory, independent and third sector) initiative that has improved dementia awareness and support to people living with dementia in local communities. With the anticipated increase in numbers living with dementia in the community, this sustainable approach to supporting people in their homes, neighbourhoods and social networks is crucial. DFWD is increasing community knowledge, identifying signs, challenging stigma and enhancing communication. DFWD aims to Engage, Educate, Enthuse and Enable the community – so as to:

- Build dementia awareness in the community.
- Develop Dementia Friendly shopping areas involving local retailers.
- Establish a Dementia Awareness trainers network throughout statutory, private and third sector partners.
- Support individuals/organisations to pledge enhancements, improving the quality of life for those living in the area.
- Promote community support to people living with dementia for everyday activities (e.g. hobbies, shopping and banking).

Evaluation through the ISM model (individual, societal, material) saw 143 pledges by stakeholders, identifying three key outcome areas: greater understanding; increased personal confidence of dealing with dementia; and a thirst for knowledge.

As part of our promotion of effective communication and approach to self-management and early intervention to support people within our communities, we delivered two successful public awareness campaigns to raise awareness of the benefits of Power of Attorney. The chart below illustrates the 217% increase in Power of Attorney applications between 2011/12 and 2014/15.



Case Study: Dementia Care

Stewart and his partner knew that something was not quite right, but when he was diagnosed with dementia it was a bolt from the blue.*

"We cannot praise West Dunbartonshire enough - we are so lucky, there is nothing they won't do to help. They try to think about what people with dementia need in their life, not just about being sick. They want the community to understand about dementia, and to support those of us with it."

The couple are supported by WDHSCP Community Mental Health Team and the Carers' Centre.

"Our Dementia Link Worker also helped us to make amazing contacts and supports in the community that we still use today".

They receive practical help, e.g. getting their grass cut; adaptations to the house; care and repair; and welfare rights support. Their Dementia Link Worker has helped them access support from other services, including Alzheimer Scotland and the "invaluable" support from the Vision Support Service of the Royal National Institute for Blind People (RNIB).

The couple feel strongly that "it's the simple little things that make the difference, making things easier and giving me the confidence to go out of the house and to maintain my independence. We are determined that we keep as independent as possible."

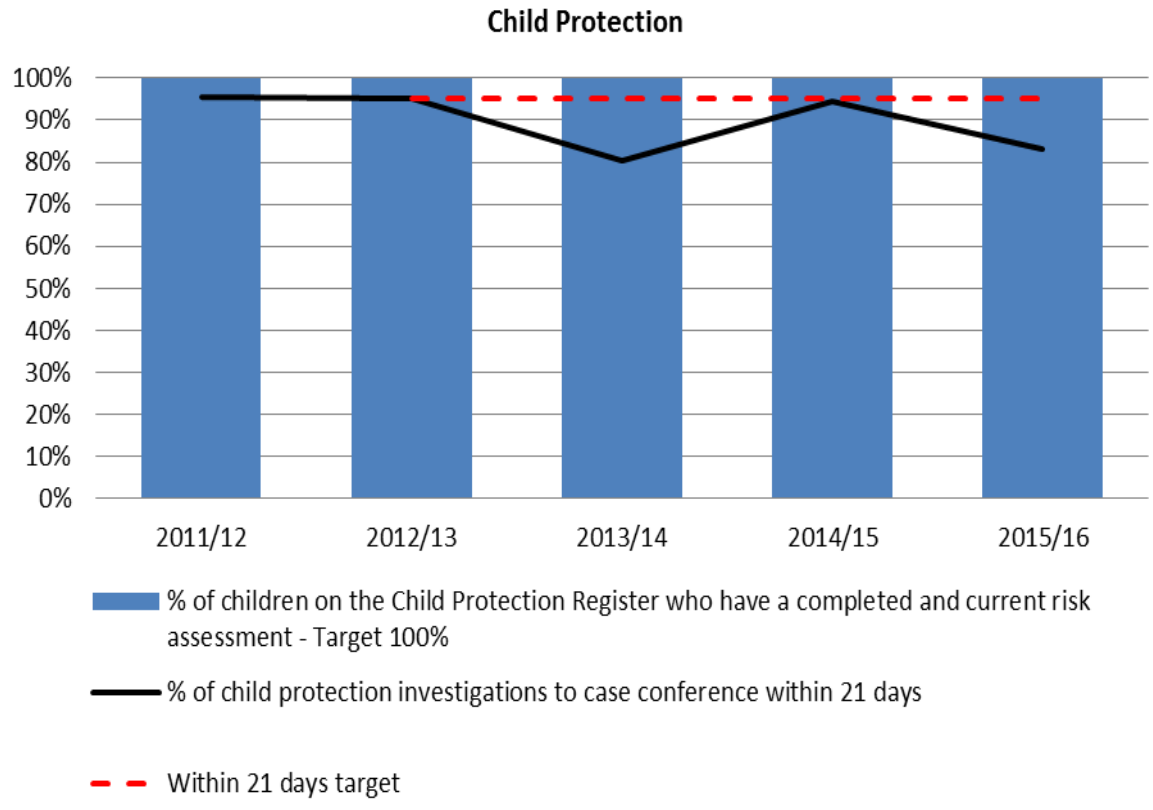
*(*not real name)*

5. PUBLIC PROTECTION

Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA) and serious violent offenders. As such Public Protection is integral to the delivery of all adult and children's services within WDHSCP.

WDHSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability for public protection matters affecting West Dunbartonshire. This includes the management of high risk offenders; and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

As at the 31st of March 2016 there were 28 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 34 children the year before. This represents a reduction of 17% from 2014/5. As the chart below illustrates, all children on the CPR have a completed and current risk assessment. Performance against the target for case conferences being held within 21 days has fluctuated, although the length of delay beyond the timescale was no more than seven days from October 2015.



The local WDHSCP-led and multi-agency Child Protection Committee (CPC) monitors the numbers of children on the CPR and the variance over the course of the year. It regularly reviews the prevalence and variation in order to ensure that practice is robust; and to then inform the PPCOG of the likely reasons for the variance.

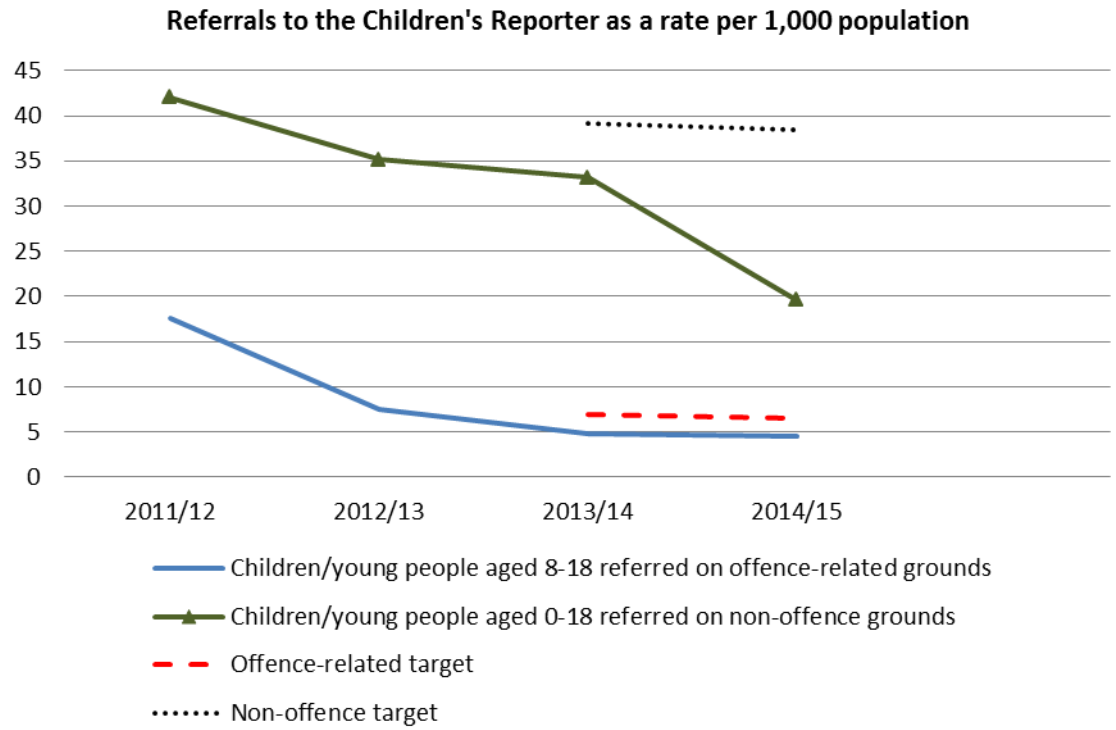
A workshop was held in February 2016 with Clydebank Locality Group which looked at child wellbeing and child protection. It included examining levels of vulnerability as associated with the Scottish Index of Multiple Deprivation (SIMD); and the prevalence of domestic abuse and child protection referrals across all practices. In addition there was an analysis of the contributing factors that led to children in West Dunbartonshire being placed on the Child Protection Register (CPR). The overwhelming contributory factor was 'neglect'. It is welcomed therefore that 'neglect' features as one of the main work streams within the recent announcement of the national Child Protection Improvement Framework.

The WDHSCP worked with the Oakview GP practice - based in the Vale Centre for Health and Care – to extend their multi-agency vulnerable children's management and overview process to include school aged children; and a representative from Council Educational Services. This is currently being evaluated alongside an information sharing pilot connecting the new EMIS child health record with the GP-held EMIS record. This development work continues to be supported by the existing multi-agency screening and support for vulnerable families.

WDHSCP has successfully delivered an Early and Effective Intervention procedure (linked to a Whole Systems Approach) to provide robust alternatives to young people who offend becoming involved in statutory and criminal justice processes. Our data shows that in 2015 there was an 11% increase in the number of under 18 year olds who had committed an offence who were subsequently referred to Early and Effective Interventions, with 207 in total dealt with through this process. Therefore, we can demonstrate that young people accessed supports faster – who, by avoiding entry to youth and criminal justice processes, are less likely to repeat offend. Our data shows a success rate of 76% (out of 37 Procurator Fiscal Diversion referrals received by the HSCP) where young people were provided with community support and therefore avoided prosecution.

An Early and Effective Intervention approach to domestic abuse has also been introduced, which involves WDHSCP, Police Scotland and our statutory and third sector partners working together in response to incidents of domestic abuse where children and young people are affected, providing streamlined and timely support to those involved.

This multi-agency focus on early intervention to tackle domestic abuse and violence against women, along with our Whole Systems Approach to tackling youth offending, has contributed to a significant fall in referrals to the Scottish Children's Reporter on both offence and non-offence grounds (as shown in the chart below). In 2011/12, 942 children in total were referred - and this has fallen by 58% to 392 in 2014/15. The number of children referred on offence grounds over the same period has reduced by 75% from 196 to 49.



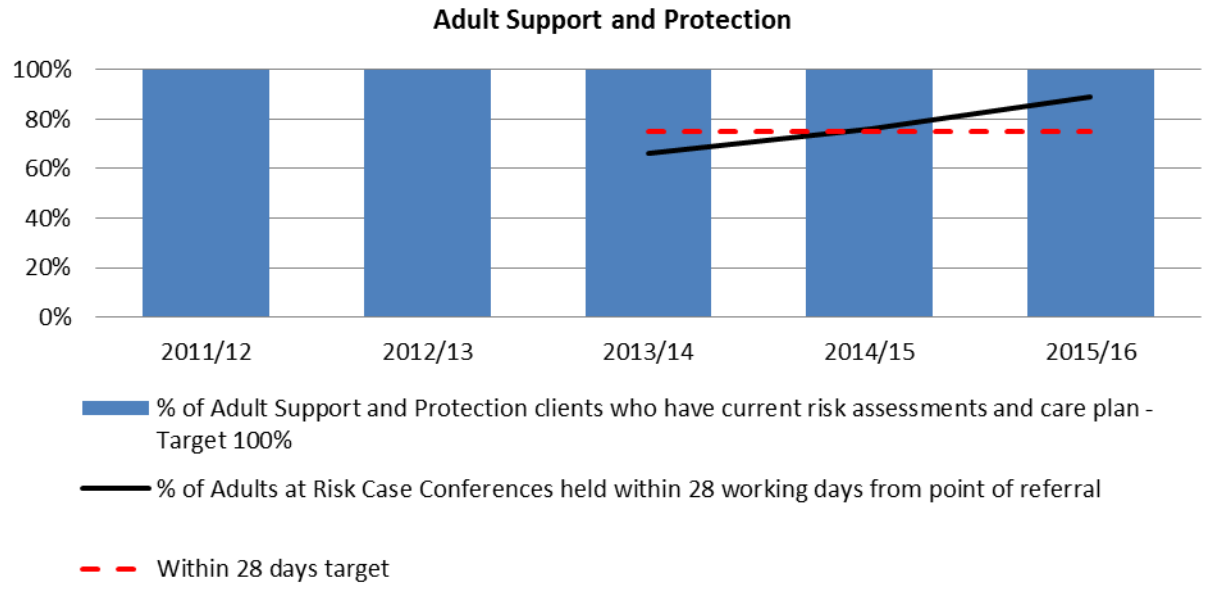
Another area of particular importance - both nationally and locally - is the management of Child Sexual Exploitation (CSE). A recent national awareness-raising campaign has highlighted the concerns and the risks posed to children and young people. In West Dunbartonshire a multi-agency CSE Strategy Group has been established. Initially its main focus has been on providing training for staff and sustaining this training through the development of local trainers. Importantly, work has been undertaken to engage with young people directly to involve them in the development of local approaches.

Within our communities there are adults who are at more risk of harm than others - because of illness, disability or some other factor. Adult support and protection arrangements apply on the basis of what has come to be known as the 3-point test, i.e. the person is an adult (aged 16 or over) and:

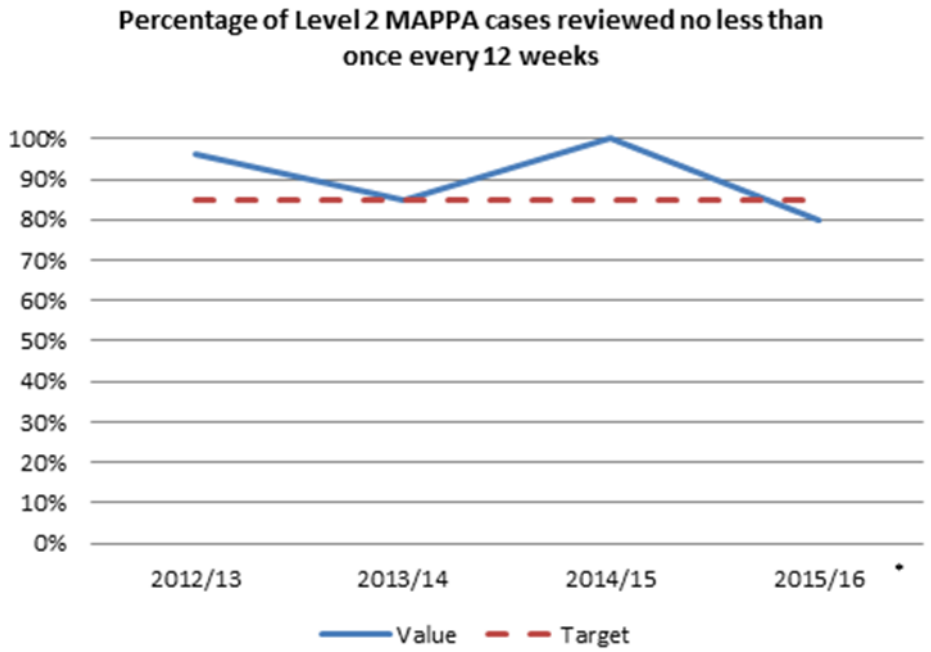
1) unable to safeguard their own well-being, property, rights or other interests, and
2) is at risk of harm, and
3) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

The Adult Protection Committee (APC) continues to meet on a quarterly basis and attendees include a representative from WDHSCP, Police Scotland, Council Trading Standards, the Care Inspectorate, the Office of Public Guardian, the Mental Welfare Commission, Scottish Care and advocacy services. We have also recently extended membership to include the Scottish Fire and Rescue Service.

As can be seen in the chart below, all Adult Support and Protection clients have a current risk assessment and care plan; and we have significantly improved on meeting timescales for case conferences - from 66% in 2013/14 to 89% in 2015/16.



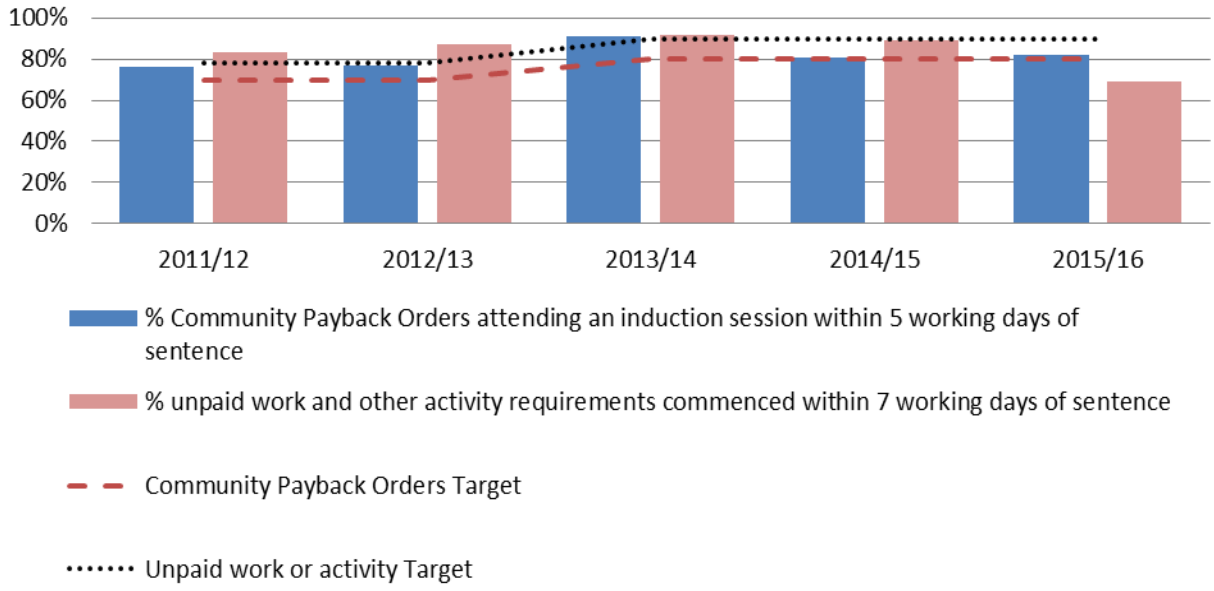
Multi Agency Public Protection Arrangements (MAPPA) bring together Police Scotland, local authorities, the Scottish Prison Service and territorial NHS health boards (as the Responsible Authorities) to jointly establish arrangements to assess and manage the risk posed by sex offenders and mentally disordered restricted patients. A joint thematic review of MAPPA in West Dunbartonshire 2015/16 found MAPPA to be well established and working effectively on a day-to-day basis to protect communities from harm through shared responsibility and good information exchange.



*Subsequent to publication, the 2015/16 figure was amended on 23rd June 2016 in line with the final verified data.

With effect from April 2016 Multi Agency Public Protection Arrangements (MAPPA) will apply to offenders subject to statutory supervision in the community who are assessed by Criminal Justice Social Workers as meeting certain Risk of Serious Harm (RoSH) criteria. The critical issue will be to determine through a RoSH assessment, the factors which indicate imminence of further offending and hence of serious harm. This is a new category of high risk offender and will be in addition to the management of Registered Sex Offenders in the community.

The WDHSCP Criminal Justice Social Work team has experienced a significant increase in demand across a range of statutory activities, including Community Payback Orders over the course of 2015/16. The graph below shows sustained performance against target within the context of increasing demand.



As of April 2016, the Community Justice (Scotland) Act 2016 has transferred the responsibility for the local strategic planning and delivery of community justice will transfer from Community Justice Authorities to Community Planning Partnerships. Community Planning Partnerships assumed responsibility under the new model from 1st April 2016; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017. The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes. Within this context, Criminal Justice Social Work remains accountable to and subject to the governance arrangements within the Health & Social Care Partnership Board; and WDHSCP will continue to play a pro-active role with partners in ensuring robust arrangements are in place across agencies.

Case Study: Child Protection

Peter is a 5 year old boy who lives with his mum in West Dunbartonshire. A risk to Peter was first identified after mum presented at her GP with domestic abuse related injuries that led the GP to contact WDHSCP for support. Peter had been doing well in school, but a Child Protection investigation and ongoing assessment identified issues of physical and emotional risk related to his mother's mental health issues; the risk of violence to him and others in the home; and a history of moves in times of crisis. Intensive multi-agency and multi-disciplinary work – including WDHSCP, Police Scotland, Peter's school and the family's GP - has now reduced both the physical and emotional risk for Peter. This been based on a shared commitment and agreed goals to keeping Peter safe; to supporting his mother to ensure he is not at risk; and to supporting his mother to build on their strong attachment so as to enable her to safely and positively parent her son. The latter has included engaging Peter's wider family who have become crucial to keeping him safe. Peter continues to be strictly monitored on the Child Protection register by WDHSCP whilst being supported to live at home by the wider team.*

*(*not real name)*

6. BEST VALUE

Health & Social Care Partnership Board has made arrangements for the proper administration of its financial affairs and appointed an officer with the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is Chief Financial Officer.

WDHSCP has achieved the required level of in-year savings and deliver a balanced position against budget for 2015/16 as per the table overleaf. WDHSCP is reporting a planned underspend £492,000 from the 1 July 2015 to the 31 March 2016 that is being managed in line with the approved Reserves Policy. It should be noted that at the time of writing this Annual Performance Report the year-end position is subject to final audit approval. The Health & Social Care Partnership Board Annual Accounts are being prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and so far as is compatible with legislation, in accordance with proper accounting practices (Section 12 of the Local Government in Scotland Act 2003). The Health & Social Care Partnership Board Audit Committee will be presented with the both unaudited (June) and audited accounts (September) for approval.

In line with best value duties the Health & Social Care Partnership Board's financial arrangements have secured continuous improvement in performance, while maintaining an appropriate balance between quality and cost. In achieving a balanced budget in financial year 2015/16, WDHSCP has managed its affairs to secure economic, efficient and effective use of resources; equal opportunities requirements; and contributed to the achievement of sustainable development.

Nonetheless, the health and social care budget remains under pressure, mainly due to the increased level of demands for and expectations on services within an increasingly challenging financial environment.

West Dunbartonshire Health & Social Care Partnership
Financial Year 2015/16 period covering 1 April to 31 March 2016

Health Care Expenditure	Annual Budget £000's	Actual £000's	Variance £000's	Variance %	Apr - Jun Variance £000's	July - Mar Variance £000's
Addictions	1,980.1	1,924.3	55.8	2.8%	26.2	29.6
Mental Health - Adult Community	4,641.7	4,520.1	121.6	2.6%	27.8	93.8
Mental Health - Elderly Inpatients	3,314.8	3,314.7	0.1	0.0%	4.3	(4.2)
Community Learning Disabilities	425.2	413.9	11.3	2.7%	34.0	(22.7)
Adult Community Services	11,300.6	11,191.3	109.3	1.0%	1.9	107.4
Children Services - community	2,684.8	2,588.0	96.8	3.6%	-11.9	108.7
Children Services - specialist	1,898.7	1,874.4	24.3	1.3%	-5.3	29.6
Planning & Health Improvements	1,125.0	910.9	214.1	19.0%	6.4	207.7
Family Health Services (FHS)	23,848.7	23,848.7	0.0	0.0%	0	0.0
GP Prescribing	18,541.2	18,541.2	0.0	0.0%	0	0.0
Other Services	3,679.2	4,406.9	(727.7)	-19.8%	-85	(642.7)
Resource Transfer	7,774.8	7,774.8	0.0	0.0%	0	0.0
Hosted Services	878.6	780.3	98.3	11.2%	5.5	92.8
Integrated Care Fund	1,584.3	1,584.3	0.0	0.0%	0	0.0
Expenditure	£83,677.7	£83,673.8	3.9	0.0%	3.9	0.0
Income	(5,364.3)	(5,364.3)	0.0	0.0%	0.0	0.0
Net Expenditure	**£78,313.4**	**£78,309.5**	**£3.9**	**£0.0**	**£3.9**	**0.0**

Social Care Expenditure	Annual Budget £000's	Actual £000's	Variance £000's	% Variance %	Apr - Jun Variance £000's	July - Mar Variance £000's
Strategy Planning and Health Improvement	1,231.0	1,139.0	92.0	7.5%	37	55.4
Residential Accommodation for Young People	3,439.0	3,463.0	(24.0)	-0.7%	(16.6)	(7.4)
Children's Community Placements	2,856.0	3,229.0	(373.0)	-13.1%	(76.0)	(297.0)
Children's Residential Schools	846.0	1,038.0	(192.0)	-22.7%	(42.0)	(150.0)
Childcare Operations	3,854.0	3,880.0	(26.0)	-0.7%	(0.1)	(25.9)
Other Services - Young People	4,124.0	3,976.0	148.0	3.6%	(7.4)	155.4
Residential Accommodation for Older People	7,882.0	8,174.0	(292.0)	-3.7%	(138.9)	(153.1)
External Residential Accommodation for Elderly	11,030.0	11,055.0	(25.0)	-0.2%	137	(162.4)
Sheltered Housing	1,896.0	1,882.0	14.0	0.7%	15	(0.7)
Day Centres Older People	1,145.0	1,220.0	(75.0)	-6.6%	(30.5)	(44.5)
Meals on Wheels	81.0	74.0	7.0	8.6%	(0.0)	7.0
Community Alarms	330.0	347.0	(17.0)	-5.2%	(4.0)	(13.0)
Community Health Operations	2,927.0	2,978.0	(51.0)	-1.7%	(13.0)	(38.0)
Residential - Learning Disability	13,479.0	13,321.0	158.0	1.2%	51	106.8
Physical Disability	2,401.0	2,520.0	(119.0)	-5.0%	(7.0)	(112.0)
Day Centres - Learning Disabilty	1,629.0	1,607.0	22.0	1.4%	13	8.9
Criminal Justice	24.0	47.0	(23.0)	-95.8%	0	(23.0)
Mental Health	3,344.0	3,391.0	(47.0)	-1.4%	58	(105.0)
Homecare	12,793.0	13,400.0	(607.0)	-4.7%	(163.7)	(443.3)
Addictions Services	1,831.0	1,822.0	9.0	0.5%	36	(26.7)
HSCP - Corporate	1,864.0	1,308.0	556.0	29.8%	17	539.0
Net Expenditure	**£79,006.0**	**£79,871.0**	**(865.0)**	**-1.1%**	(135.6)	(729.4)
Income	(18,568.0)	(19,656.0)	1,088.0	0.0%	(132.7)	1,220.7
Net Expenditure	**£60,438.0**	**£60,215.0**	**£223.0**	**0.4%**	**£(268.2)**	**£491.2**

Consolidated Expenditure	Annual Budget £000's	Actual £000's	Variance £000's	Variance %	Apr - Jun Variance £000's	July - Mar Variance £000's
Older People Residential, Health and Community Care	36,591.6	36,921.3	(329.7)	-0.9%	(32.4)	(297.3)
Homecare	12,793.0	13,400.0	(607.0)	-4.7%	(163.7)	(443.3)
Physical Disability	2,401.0	2,520.0	(119.0)	-5.0%	(7.0)	(112.0)
Children's Residential Care and Community Services (incl specialist)	19,702.5	20,048.4	(345.9)	-1.8%	(159.3)	(186.6)
Strategy Planning and Health Improvement	2,356.0	2,049.9	306.1	13.0%	43.0	263.1
Mental Health Services - Adult & Elderly Community and Inpatients	11,300.5	11,225.8	74.7	0.7%	90.1	(15.4)
Addictions	3,811.1	3,746.3	64.8	1.7%	61.9	2.9
Services	15,533.2	15,341.9	191.3	1.2%	98.2	93.1
Family Health Services (FHS)	23,848.7	23,848.7	0.0	0.0%	0.0	0.0
GP Prescribing	18,541.2	18,541.2	0.0	0.0%	0.0	0.0
Hosted Services	878.6	780.3	98.3	11.2%	5.5	92.8
Integrated Care Fund	1,584.3	1,584.3	0.0	0.0%	0.0	0.0
Criminal Justice	24.0	47.0	(23.0)	-95.8%	0.0	(23.0)
Resource Transfer	7,774.8	7,774.8	0.0	0.0%	0.0	0.0
HSCP Corporate and Other Services	5,543.2	5,714.9	(171.7)	-3.1%	(68.0)	(103.7)
Gross Expenditure	162,684	163,545	(861.1)	-0.5%	(131.7)	(729.4)
Income	(23,932)	(25,020)	1,088.0	-4.5%	(132.7)	1,220.7
Total Net Expenditure	**£138,751.4**	**£138,524.5**	**£226.9**	**0.2%**	**£(264.3)**	**£491.2**

The set aside, or notional budget, for large hospital services is included in the Health & Social Care Partnership Board total resources for 2015/16. The latest (March 2016) notional budget calculation reflects an average of £17.3m per annum based on current service consumption costs.

The main financial variances during 2015/16 were in relation to:

- Children's Residential Schools - reported a year to date overspend of £192,000 due to residential placements of two clients placed in July and October 2015; with a further four additional clients placed in December 2015 and January 2016.
- Residential Accommodation for the Elderly - reported a year to date overspend of £442,000 related to staff absence and cost pressures.
- External Residential Accommodation for Elderly – reported an underspend of £267,000 primarily due to lower placement cost; new improvement money; and income from house sales.
- Residential Learning Disability – reported an underspend of £219,000 due to reduced package costs as a result of a number of clients moving from residential to new housing support accommodation; and a reduction in the number of packages.
- Homecare – reported a year to date overspend of £724,000 related to staff absence; and the increased number of homecare hours being delivered based on current client assessed needs, with an increase in clients being provided with short term focussed reablement homecare rather than longer term chargeable hours.

The reported GP Prescribing result is based on the actual result for the month to 31 November 2015 extrapolated to 31 January 2016. To November 2015, Greater Glasgow & Clyde GP Prescribing was £2.7m (1.4%) over-spent on an annual budget of £199.1m. The £2.7m over-spend extrapolated to 31 March 2016 results in a forecast year to date over-spend of £3.3m. However, as there was no extra funding for the additional prescribing day in 2015/16 (29 February), it was hoped that additional savings could be generated to help offset the potential impact of this. Having now received the February volumes, the out-turn is likely to be circa. £4 million. The Health Board has identified prescribing related non-recurring funding to cover this and, as part of the risk sharing arrangement, will absorb the over-spend in this financial year. In light of the Health Board's anticipated financial position beyond 2015/16, the risk sharing arrangement may require to be reviewed to agree how risk should be apportioned between the Health Board and the six Integrated Joint Boards within its area (of which the Health & Social Care Partnership Board is one).

We have, therefore, reported a break-even position for 15/16 and a cost neutral position has been reported in each HSCP in March. HSCP variances to January are currently being investigated by the relevant HSCP Prescribing Advisors. WDHSCP is reporting a £0.485m (3.3%) over spend as at 31 January 2015 based on November dispensing costs. However, under the risk sharing arrangement, the overspend has been adjusted to report a cost neutral position at year end. Variances specific to WDHSCP are currently being investigated by Prescribing Advisors.

The Housing Aids and Adaptations and Care of Gardens for social care needs is also included in the Health & Social Care Partnership Board total resource for 2015/16. The budgets are currently held within West Dunbartonshire Council's Housing Section and will be managed by them on behalf of the Health & Social Care Partnership Board. The 2015/16 budget based on existing resources for Care of Gardens is £0.500m; and for Aids and Adaptations is £0.256m - providing a total resource of £756.3m. The summary position for the year ended 31 March 2016 is reported in the following table and reports overall a small minor underspend. The demands within the care of garden scheme are reporting an overspend of £37,990 and underspend of £38,280 aids and adaptations service plan slippage. The position is under review in the new financial year 2016/17.

	Budget (£)	Actual (£)	Variance (£)
Care of Gardens	500,000	537,991	(37,991)
Aids and Adaptions	256,250	217,967	38,283
Total	756,250	755,958	292

Looking forward, a key area for development will be the production of locality budget information with the proportion of spend of WDHSCP funds across care group services for Alexandria and Dumbarton; and for Clydebank.

7. GOOD GOVERNANCE

The timeline below shows the key milestones successfully met up to the end of March 2016 in establishing the governance requirements for the West Dunbartonshire Health & Care Partnership Board and WDHSCP.

Timeline	
2010 – 2014	Community Health & Care Partnership in place.
2014/2015	Shadow Health and Social Care Partnership established by West Dunbartonshire Council and NHSGGC Health Board (transition year). West Dunbartonshire Integration Scheme 2015 agreed by West Dunbartonshire Council and NHSGGC Health Board.
April 2015	Public Bodies (Joint Working) (Scotland) Act enacted.
May 2015	West Dunbartonshire Integration Scheme agreed by Scottish Ministers – including all community adult and children's health and care services plus criminal justice social work.
July 2015	West Dunbartonshire Health & Social Care Partnership Board established as Integrated Joint Board (Body Corporate – Integration Authority) for West Dunbartonshire. West Dunbartonshire Health & Social Care Partnership Board approves Standing Orders, including Code of Conduct. West Dunbartonshire Health & Social Care Partnership Board appoints Chief Officer and Chief Financial Officer. West Dunbartonshire Health & Social Care Partnership Board approves first Strategic Plan. Strategic Plan 2015/16 confirms integration commencement (start) date of 1st July 2015. Strategic Plan 2015/16 identifies locality areas of Alexandria and Dumbarton; and Clydebank.

Timeline	
August 2015	West Dunbartonshire Health & Social Care Partnership Board agrees Financial Regulations. West Dunbartonshire Health & Social Care Partnership Board agrees audit arrangements, including creation of Audit (Sub) Committee. West Dunbartonshire Health & Social Care Partnership Board agrees Risk Management Policy and Strategy. WDHSCP integrated clinical and care governance arrangements confirmed.
September 2015	West Dunbartonshire Health & Social Care Partnership Board Audit Committee established. Internal Audit Operational Agreement confirmed; and Audit Scotland confirmed by the Accounts Commission as the external auditors of the West Dunbartonshire Health & Social Care Partnership Board.
November 2015	West Dunbartonshire Health & Social Care Partnership Board endorses WDHSCP Workforce and Organisational Development Strategy. West Dunbartonshire Health & Social Care Partnership Board approves first Strategic Risk Register.
January 2016	West Dunbartonshire Health and Social Care Partnership Board agrees Financial Reserves Policy. West Dunbartonshire Health & Social Care Partnership Board Audit Committee approves the Scheme of Delegation arising from the Financial Regulations. West Dunbartonshire Health & Social Care Partnership Board Audit Committee agrees Financial Reserves Policy. West Dunbartonshire Health & Social Care Partnership Board Audit Committee agrees to the Partnership Board joining the Clinical Negligence & Other Risks Indemnity Scheme (CNORIS). West Dunbartonshire Health & Social Care Partnership Board Audit Committee endorses the integrated approach to business continuity developed by WDHSCP, the Health Board and Council. WDHSCP Joint Staff Forum Constitution confirmed.
March 2016	West Dunbartonshire Health & Social Care Partnership Board Audit Committee endorses WDHSCP Equalities Mainstreaming Report for public publication.

APPENDIX 1: OUTCOMES

National Health and Wellbeing Outcomes (for adults)

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

National Outcomes for Children

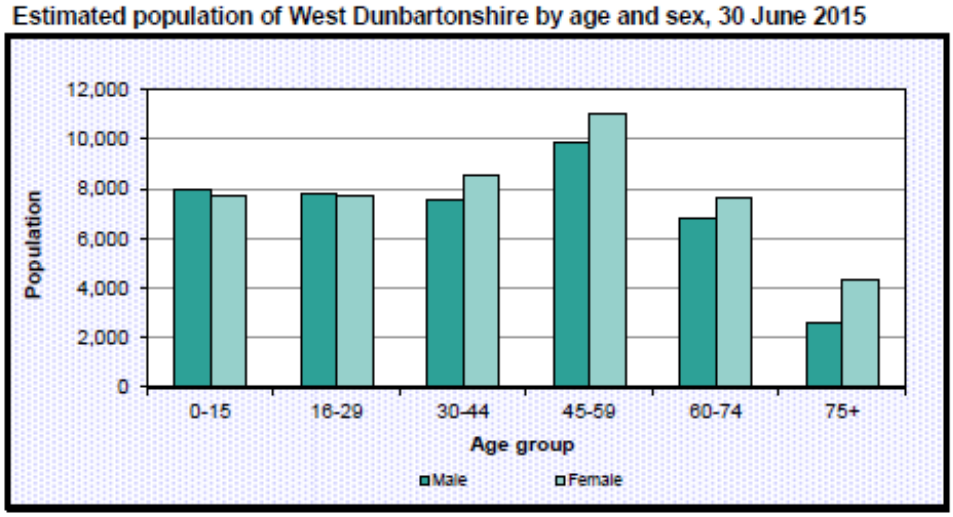
- Our children have the best possible start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.

National Outcomes for Criminal Justice

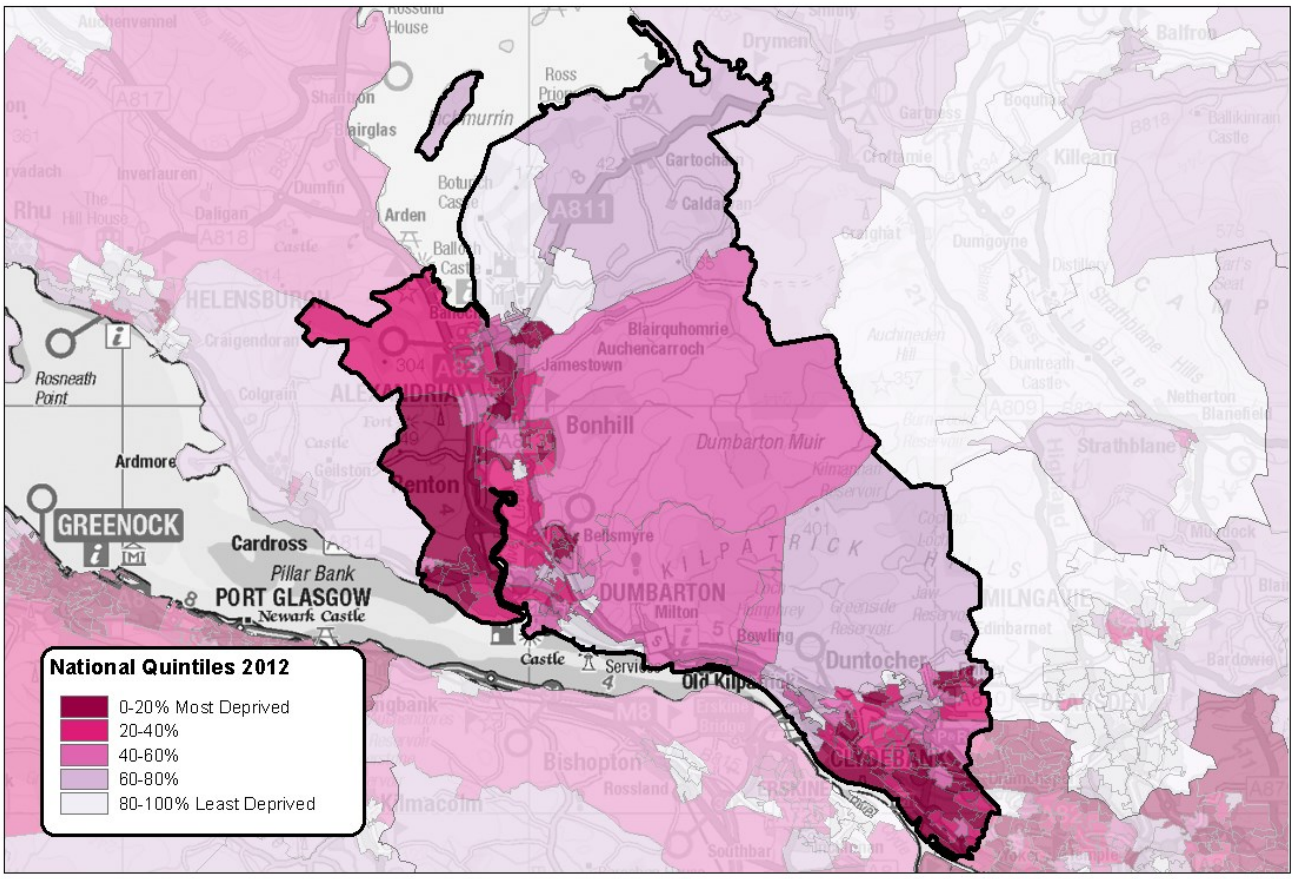
- Community safety and public protection.
- The reduction of re-offending through implementation of the Whole Systems Approach to youth offending.
- Social inclusion and interventions to support desistance from offending.

APPENDIX 2: STRATEGIC NEEDS ASSESSMENT - SNAPSHOT

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2015 population for West Dunbartonshire is 89,590; a decrease of 0.1 per cent from 89,710 in 2014.

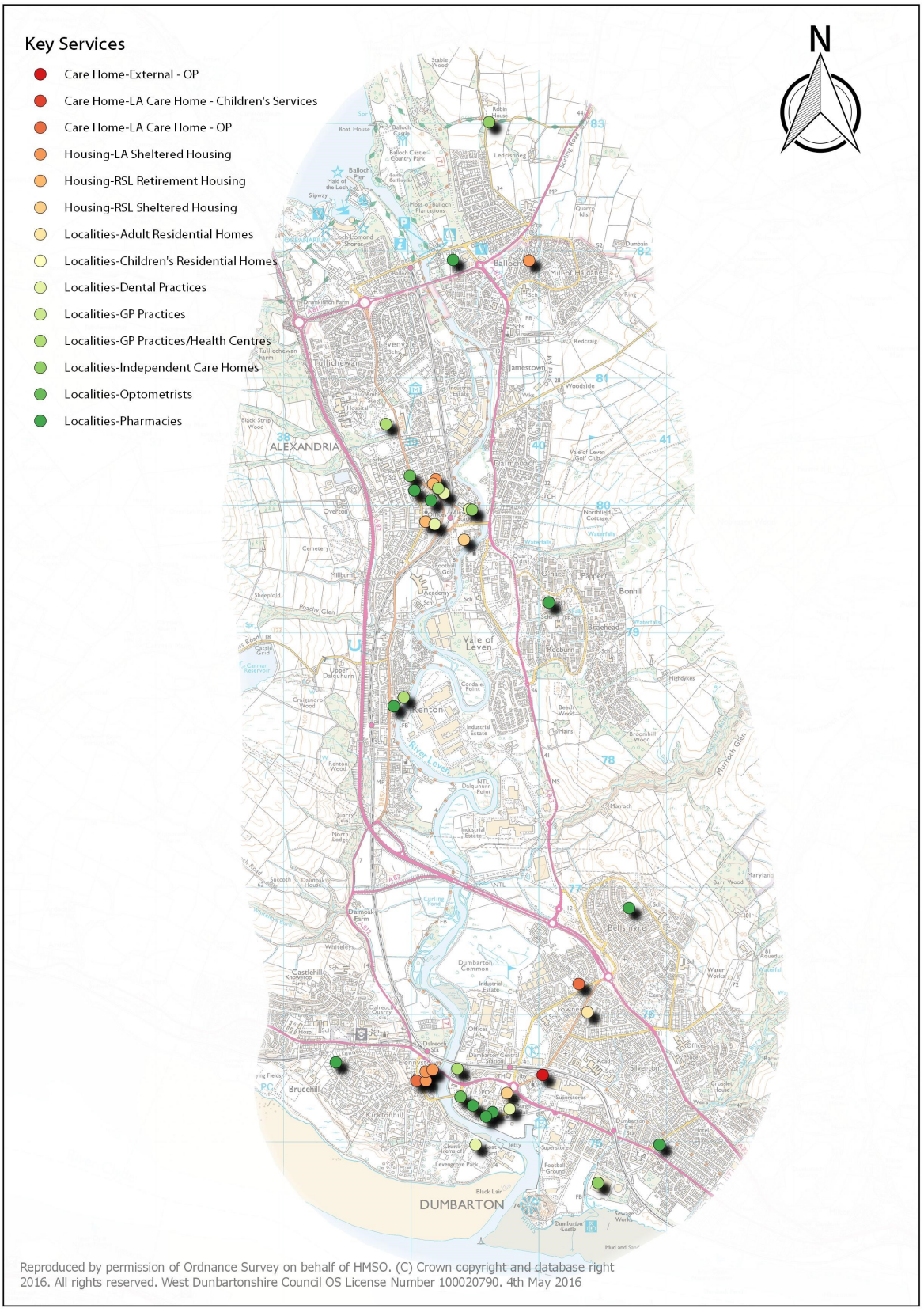


The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012).



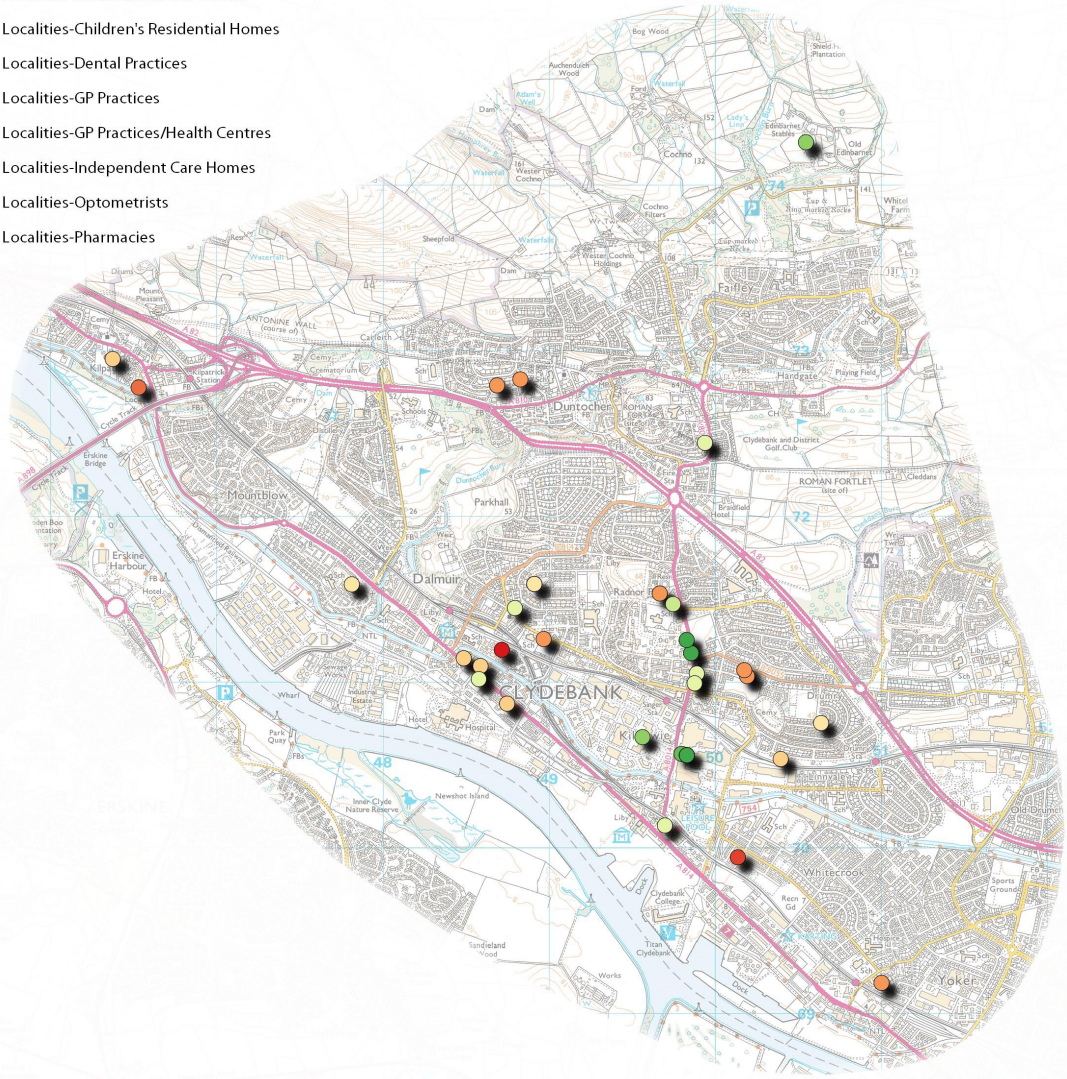
Reproduced by permission of Ordnance Survey on behalf of HMSO. © Crown copyright and database right (2012). All rights reserved. Ordnance Survey Licence number 100024655.

In 2015, the Health and Social Care Partnership Board identified its two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. The following two maps show each of those areas, and key community health and social care facilities located within each.



Key Services

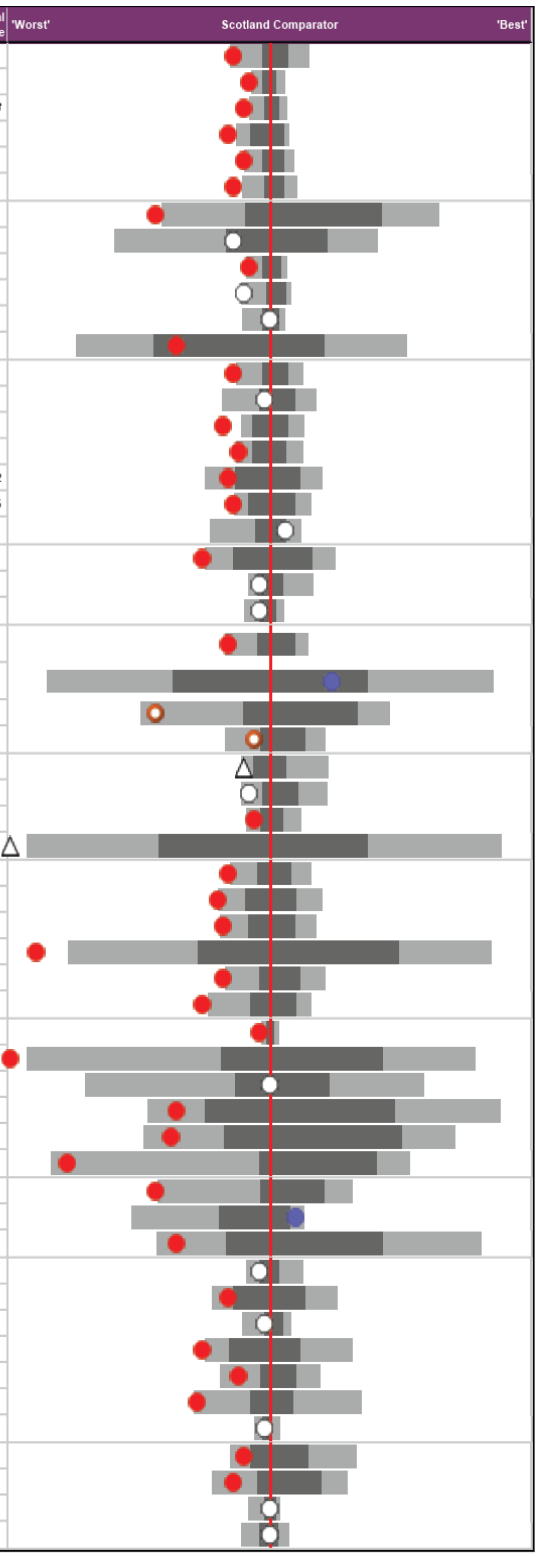
- Care Home-External - OP
- Care Home-LA Care Home - Children's Services
- Care Home-LA Care Home - OP
- Housing-LA Sheltered Housing
- Housing-RSL Retirement Housing
- Housing-RSL Sheltered Housing
- Localities-Adult Residential Homes
- Localities-Children's Residential Homes
- Localities-Dental Practices
- Localities-GP Practices
- Localities-GP Practices/Health Centres
- Localities-Independent Care Homes
- Localities-Optometrists
- Localities-Pharmacies



Reproduced by permission of Ordnance Survey on behalf of HMSO. (C) Crown copyright and database right 2016. All rights reserved. West Dunbartonshire Council OS License Number 100020790. 4th May 2016

The 2014 ScotPHO Health & Wellbeing Profile for West Dunbartonshire is as follows below.

Domain		Indicator	Period	Number	Measure	Type	National Average
Life Expectancy & Mortality	1	Male life expectancy [18]	2011	n/a	74.1	yrs	76.6
	2	Female life expectancy [18]	2011	n/a	78.7	yrs	80.8
	3	Deaths all ages [12]	2013	1,061	1,380.7	sr4	1,169.8
	4	All-cause mortality among the 15-44 year olds. [12]	2013	44	139.1	sr4	100.5
	5	Early deaths from CHD (<75) [12]	2012	62	81.9	sr4	60.7
	6	Early deaths from cancer (<75) [12]	2013	162	210.2	sr4	170.0
Behaviours	7	Estimated smoking attributable deaths [3,13,16]	2014	201	441.7	sr4	366.8
	8	Smoking prevalence (adults 16+) [3,14]	2014	61	21.9	%	20.2
	9	Alcohol-related hospital stays [15]	2014	805	946.2	sr4	671.7
	10	Deaths from alcohol conditions [17]	2012	29	33.3	sr4	23.1
	11	Drug-related hospital stays [12,15]	2013	112	130.1	sr4	122.0
	12	Active travel to work [3,14]	2013	23	11.0	%	16.0
Ill Health & Injury	13	Patients registered with cancer [12]	2012	575	714.7	sr4	634.1
	14	Patients hospitalised with chronic obstructive pulmonary disease (COPD) [12,15]	2012	572	705.8	sr4	659.9
	15	Patients hospitalised with coronary heart disease [12]	2012	445	553.8	sr4	440.3
	16	Patients hospitalised with asthma [12]	2013	107	115.8	sr4	89.3
	17	Patients with emergency hospitalisations [12]	2012	7,438	8,653.4	sr4	7,500.2
	18	Patients (65+) with multiple emergency hospitalisations [12]	2012	904	6,142.6	sr4	5,159.5
	19	Road traffic accident casualties [12]	2012	47	53.3	sr4	63.2
Mental Health	20	Population prescribed drugs for anxiety/depression/psychosis	2014	18,291	20.4	%	17.4
	21	Patients with a psychiatric hospitalisation [12]	2012	278	322.0	sr4	291.6
	22	Deaths from suicide [17]	2011	15	16.4	sr4	14.5
Social Care & Housing	23	Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance	2014	6,365	7.1	%	5.1
	24	People aged 65 and over with high levels of care needs who are cared for at home [3]	2014	359	39.3	%	35.6
	25	Children looked after by local authority [3]	2014	385	20.5	cr2	14.0
	26	Single adult dwellings	2014	17,632	39.4	%	37.5
Education	27	Average tariff score of all pupils on the S4 roll [13]	2012	n/a	182.0	mean	193.0
	28	Primary school attendance	2010	6,227	94.4	%	94.8
	29	Secondary school attendance	2010	5,075	90.1	%	91.1
	30	Working age adults with low or no educational qualifications [3]	2013	10,500	18.6	%	12.6
Economy	31	Population income deprived	2014	17,310	19.3	%	13.1
	32	Working age population employment deprived	2014	10,165	17.4	%	12.2
	33	Working age population claiming Out of Work benefits	2014	10,135	17.4	%	12.0
	34	Young people not in employment, education or training (NEET). [3]	2014	400	9.5	%	6.5
	35	Children Living in Poverty	2012	4,645	22.8	%	15.3
	36	People claiming pension credits (aged 60+)	2014	2,270	10.7	%	6.9
Crime	37	Crime rate	2014	5,208	58.0	cr2	40.4
	38	Prisoner population [3]	2014	204	292.3	sr4	161.9
	39	Referrals to Children's Reporter for violence-related offences [3]	2013	16	2.1	cr2	2.1
	40	Domestic Abuse [3]	2014	1,220	136.0	cr9	112.0
	41	Violent crimes recorded [3]	2014	143	15.9	cr9	11.9
	42	Drug crimes recorded [3]	2014	1,203	134.1	cr9	68.9
Environment	43	Population within 500 metres of a derelict site	2013	54,800	60.7	%	29.7
	44	People living in 15% most 'access deprived' areas	2014	5,042	5.6	%	15.0
	45	Adults rating neighbourhood as 'a very good place to live' [3,14]	2014	n/a	46.4	%	55.8
Women's & Children's Health	46	Teenage pregnancies [12]	2012	125	46.6	cr2	41.1
	47	Mothers smoking during pregnancy [12]	2013	208	22.7	%	18.5
	48	Low birth weight [12]	2013	18	2.1	%	2.0
	49	Babies exclusively breastfed at 6-8 weeks [12]	2013	133	14.8	%	26.8
	50	Child dental health in primary 1	2013	597	61.1	%	66.7
	51	Child dental health in primary 7	2013	269	32.9	%	47.7
	52	Child obesity in primary 1	2014	98	10.3	%	9.8
Immunisations and Screening	53	Breast screening uptake [12]	2011	2,799	69.3	%	72.5
	54	Bowel screening uptake [12]	2012	7,833	52.5	%	56.0
	55	Immunisation uptake at 24 months - 5 in 1 [12]	2014	1,012	98.0	%	98.1
	56	Immunisation uptake at 24 months - MMR [12]	2014	984	95.3	%	95.5



Notes:

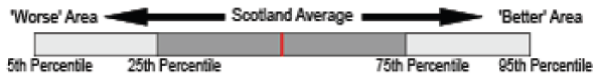
3. Data available down to council (local authority) area only.
12. Three-year average number, and 3-year average annual measure.
13. Indicator based on HB boundaries prior to April 2014.
14. Two-year combined number, and 2-year average annual measure.
15. All 6 diagnosis codes used in the analysis; please see the technical report for more information.
16. Two-year average number, and 2-year average annual measure
17. Five-year average number, and 5-year average annual measure
18. Three year average for health boards, local authorities and Scotland. Five year average intermediate geographies

Spine Chart Key:

% =percent
cr2 =crude rate per 1,000 population
cr9 =crude rate per 10,000 population
mean=average

Spine Chart Key:

- Statistically significantly 'worse' than National average
- Statistically not significantly different from National average
- Statistically significantly 'better' than National average
- Statistically significant difference compared to National average
- No significance can be calculated



APPENDIX 3: CARE INSPECTORATE GRADINGS FOR WDHSCP REGISTERED SERVICES

This Appendix details the grades achieved for WDHSCP services which were inspected and had reports published by the Care Inspectorate between July 2015 and the end of March 2016.

Gradings:
1 – Unsatisfactory; 2 – Weak; 3 – Adequate; 4 – Good; 5 – Very Good; 6 - Excellent

Service	Date published	Grade	Quality Theme
Craigellachie Children's House	21 September 2015	**5** **5** **5** **5**	Care and Support Environment Staffing Management and Leadership
Blairvadach Residential Home	11 January 2016	**4** **3** **4** **4**	Care and Support Environment Staffing Management and Leadership
Burnside Children's House	22 December 2015	**5** **5** **5** **4**	Care and Support Environment Staffing Management and Leadership
Dumbarton Centre	30 October 2015	**5** **5** **4** **4**	Care and Support Environment Staffing Management and Leadership
Learning Disability Service	18 November 2015	**4** **4** **4**	Care and Support Staffing Management and Leadership
Boquhanran House	13 January 2016	**4** **4** **4** **5**	Care and Support Environment Staffing Management and Leadership
Dalreoch House	9 July 2015	**4** **4** **5** **5**	Care and Support Environment Staffing Management and Leadership

Service	Date Published	Grade	Quality Theme
Frank Downie House	01 July 2015	**4** **4** **5** **5**	Care and Support Environment Staffing Management and Leadership
Langcraigs	23 September 2015	**5** **5** **5** **5**	Care and Support Environment Staffing Management and Lead-ership
Langcraigs Day Care	25 January 2016	**4** **4** **4** **3**	Care and Support Environment Staffing Management and Leadership
Mount Pleasant House	14 January 2016	**4** **4** **4** **4**	Care and Support Environment Staffing Management and Leadership
Willox Park	13 August 2015	**4** **4** **4** **4**	Care and Support Environment Staffing Management and Leadership

One of the Scottish Government's new suite of core integration indicators is the proportion of care services graded 'good' (4) or better in Care Inspectorate inspections. This relates to all registered adult and children's social care services within West Dunbartonshire including those delivered by the third and independent sector: which comprises 53 services. At March 2016, 89% of these services were graded good or better.

APPENDIX 4: WDHSCP KEY PERFORMANCE INDICATOR – SUMMARY

Target achieved or exceeded Target narrowly missed Target missed by 15% or more

*Provisional figure pending full year data

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	97%	97.1% *	95%	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	96.4%	95.3% *	97%	
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	77.4%	77.4% *	80%	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	100%	
Balance of Care for looked after children: % of children being looked after in the Community	89%	90.6%	89%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	56.5%	62%	69%	
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	1	3	0	
Number of acute bed days lost to delayed discharges (including AWI)	5,802	3,345	3,819	
Number of acute bed days lost to delayed discharges for Adults with Incapacity	2,127	1,617	466	
Unplanned acute bed days (aged 65+)	49,327	41,082	45,640	
Number of emergency admissions aged 65+	4,372	3,930	3,973	
Emergency admissions aged 65+ as a rate per 1,000 population	282	250	252	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	39.2%	35.8%	40%	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	55%	61.5%	60%	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.9%	97.8% *	97%	
Percentage of Care Plans reviewed within agreed timescale	78%	80%	74%	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	578.3	548.7	600	

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of homecare clients aged 65+ receiving personal care	93.8%	90.3%	83%	
Percentage of people aged 65 or over with intensive needs receiving care at home	39.32%	36.1% *	40%	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	22,745	23,304	22,816	
Number of patients in anticipatory care programmes	1,645	1,821	1,442	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	29%	35%	30%	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	38%	42%	35%	
Percentage of patients seen within 9 weeks for musculoskeletal physiotherapy services - WD	N/A	57%	90%	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	92.4%	94.2% *	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.1%	94.7% *	91.5%	
Percentage of carers who feel supported to continue in their caring role	87%	80.2%	88%	
Total number of respite weeks provided to all client groups	6,777	6,729	6,558	
Percentage of child protection investigations to case conference within 21 days	94.5%	83%	95%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	4.6	4.6	6.4	
Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	19.6	19.6	28	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	97%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	81%	82%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	89%	69%	90%	

The Scottish Government have developed a core suite of integration indicators, which include measures that look at people's experience of integrated health and social care and its impact on their wellbeing. WDHSCP has collected data relating to these national indicators locally through West Dunbartonshire's Community Planning Partnership Citizens' Panel Survey (December 2015). The data has been mapped against the relevant national indicators, with a summary of the survey findings itself provided below.

Performance Indicator	2015/16
Percentage of adults able to look after their health very well or quite well	93%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	96%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	68%
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	58%
Percentage of adults receiving any care or support who rate it as excellent or good	86%
Percentage of people with positive experience of the care provided by their GP practice	85%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	93%
Percentage of adults supported at home who agree that they felt safe	91%

Excluding 'Don't know'/'Not sure'

Summary of Key Findings from Citizens' Panel:

- More than half of all respondents (58%) had previously heard of the West Dunbartonshire Health and Social Care Partnership (WDHSCP), while just over a third (34%) use, or know someone who uses, services provided by WDHSCP. Of this latter group, the majority said the service used related to WDHSCP's older people's health and social care services, while 27% quoted adult health and social care services and 10% health and social care services for children, young people and families.
- A very high proportion of service users (85%) rated their experience as either 'very good' or 'quite good'. Only 11% rated it as 'quite poor' or 'very poor'.
- More than half of regular service users (59%) said they had noticed an improvement in the way services are delivered, while 39% said they had not noticed any change.
- Virtually all respondents (99%) agreed that developing the West Dunbartonshire Health and Social Care Partnership is a better use of resources.

Appendix 5: Scottish Health & Care Experience Survey 2015/16
West Dunbartonshire Findings (Published 19/05/2016)

This report gives a summary of the results of the Health and Care Experience Survey 2015/16 for West Dunbartonshire Health and Social Care Partnership.

The survey was sent to 13,014 people registered with GP practices in the area.

The survey asks about people's experiences of accessing and using primary care services and was widened in 2013/14 to include aspects of care, support and caring to support the principles underpinning the integration of health and care in Scotland outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.

A copy of the survey is available at:
www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

1,877 patients of West Dunbartonshire Health and Social Care Partnership sent in feedback on their experiences at the practice. Of the patients that answered questions about themselves:

- 41% were male and 59% were female;
- 10% were aged 17-34, 15% were aged 35-49, 34% were aged 50-64 and 42% were 65 and over;
- 61% did not have any limiting illness or disability.

The survey was commissioned by the Scottish Government as part of the Scottish Care Experience Survey Programme, which aims to use the public's experiences of health and care services to improve those services. The survey was managed by the Scottish Government in partnership with Information Services Division (ISD) of NHS National Services Scotland. The survey was carried out by a patient survey contractor, Quality Health Ltd.

The results of the survey will be used by GP practices, Health Boards, Health and Social Care Partnerships and the Scottish Government to improve the quality of health and care services in Scotland.

National results for this survey and further details on the methods used to generate this report are available at:
www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16

Summary of Results

This section provides the results for those questions which align to the Health and Social Care Indicators.

The difference between the percent positive score for the H&SCP and the Scottish average is shown in the final column. Differences which are statistically significant are marked with an S. Where a comparison has not been tested due to small numbers, this is marked with an NT.

I am able to look after my own health	93%	-1 *
Service users are supported to live as independently as possible	89%	+5
Service users have a say in how their help, care or support is provided	82%	+3
Service users' health and care services seem to be well coordinated	85%	+10 S
Rating of overall help, care or support services	88%	+7 S
Rating of overall care provided by GP practice	89%	+2 S
The help, care or support improves service users' quality of life	86%	+2
Carers feels supported to continue caring	42%	+1
Service users feel safe	87%	+3

*Please note that measure "I am able to look after my own health" has not been subject to significance testing.