

West Dunbartonshire Health & Social Care Partnership



Annual Public Performance Report 2016/17

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West Dunbartonshire Health and Social Care Partnership Board - the local Integration Joint Board (IJB) - is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). West Dunbartonshire Council and Greater Glasgow and 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 and Social Care Partnership (WDHSCP). The Health and Social Care Partnership Board is responsible for the operational oversight of WDHSCP.

This Annual Public Performance Report is available at www.wdhscp.org.uk and feedback is always welcomed.

Mr Soumen Sengupta
Head of Strategy, Planning & Health Improvement (WDHSCP)

National Health and Social Care Standards: My Support, My Life

The [National Health and Social Care Standards](#) reflect integrated health and care provision across Scotland and will be implemented in 2018. They are underpinned by five principles:

**Dignity
& Respect**

Compassion

Be Included

Responsive Care

**Support
& Wellbeing**

The national Health and Social Care Standards were published on 9th June 2017 and set out what we should expect when using health, social care or social work services in Scotland.

They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Standards are based on five outcomes:

- **I experience high quality care and support that is right for me.**
- **I am fully involved in all decisions about my care and support.**
- **I have confidence in the people who support and care for me.**
- **I have confidence in the organisation providing my care and support.**
- **I experience a high quality environment if the organisation provides the premises.**

These Standards are very much welcomed by West Dunbartonshire Health and Social Care Partnership Board, as they reflect and reinforce our own established core values of:

- **Protection; Improvement; Efficiency; Transparency; Fairness; Collaboration; Respect; and Compassion.**

‘A coherent shared vision was in place and modelled by a mature partnership.’

Care Inspectorate, 2017

1. INTRODUCTION

‘Words cannot describe my grateful thanks to the Home Care Services and everyone involved with the ongoing support given to my husband during his long and progressive illness. I would never have been able to grant my husband his wish to remain at home without [their] overwhelming support. The professionalism, respect and dignity shown allowed my husband to remain the private and proud man he was.’

Feedback from Carer

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

This Annual Public Performance Report has been prepared as required by the [Public Bodies \(Joint Working\) Act 2014](#) and concerns the period 1st April 2016 to 31st March 2017.

Reflecting the [Guidance for Health and Social Care Integration Partnership Performance Reports](#) and shaped by our developing experience of integrated performance reporting, it demonstrates how the staff and services that constitute our HSCP continue to fulfil:

- **Our mission to improve the health and wellbeing of West Dunbartonshire.**
- **Our purpose to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.**

The Health and Social Care Partnership Board’s second [Strategic Plan](#) for 2016-19 is informed by the strategic commissioning process advocated by Audit Scotland; and benefits from ongoing engagement with a full range of local stakeholders, including third sector and community groups. Our Strategic Plan reflects the Partnership Board’s commitment to integration as community planning in practice, with its strategic commissioning outcomes articulated with respect to the three local [Community Planning Single Outcome Agreement](#) priorities that WDHSCP has a key leadership role in:

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

These high level priority areas are targeted through delivery of annual action plans detailing the collaborative actions of partners across our local Community Planning Partnership.

The activity and outcomes delivered within this Annual Public Performance Report underscores the commitment of the Partnership Board, the Senior Management Team and our staff as a whole to robust [clinical and care governance](#). It has been prepared with the context of an ambitious and ongoing national review that has been considering how current health and care targets and indicators support the improvement of health, the future of the NHS and social care services, and best use of public resources in Scotland. It also reflects a number of themes within the Chief Medical Officer for Scotland's Annual Report: [Realising Realistic Medicine \(2017\)](#), which emphasises a more personalised approach to care and decision making through a vision for targeted and universal services.

All Scottish local authorities participate in comprehensive performance scrutiny through the [Local Government Benchmarking Framework](#) (LGBF). The LGBF and the Improvement Service's overview report includes ten indicators that lie within the responsibilities of the HSCP - consideration of these can add depth to a wider performance discussion. In addition, we are working towards a transparent and comprehensive understanding of the impact of what we spend on services, and on the lives of the people that we work with. The beginnings of this technical work is included here, with initial analysis of some key areas of delivery. This is inevitably a crude breakdown and work is being taken forward that captures in a more sophisticated fashion the cross cutting impact of budgeting and spend.

This is my last official report before retiring from my role of Chief Officer, and so I would like to express my appreciation to the highly capable and passionate Senior Management Team whose commitment I have always been able to depend upon and whose confidence I have benefited from; and, most importantly, all those staff and colleagues who

*continue to
work so
hard - with
diligence
and
compassion
- to deliver
high quality*



services to individuals and communities throughout West Dunbartonshire.

Handwritten signature of Mr R Keith Redpath.

Mr R Keith Redpath
Chief Officer (2015 - 2017)

2. SUPPORTING CHILDREN AND YOUNG PEOPLE

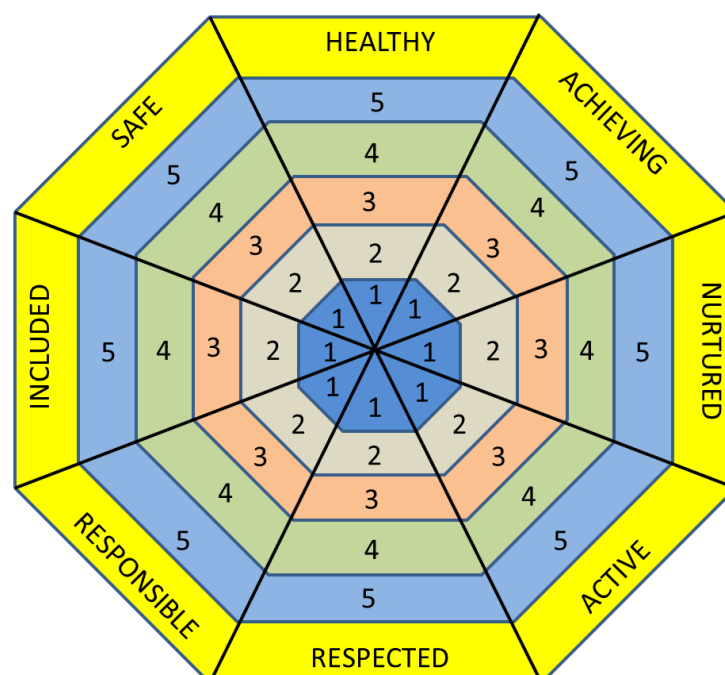
The key strategic aims for the Health and Social Care Partnership Board with respect to this commissioning priority are:

- 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.

Getting it Right for Every Child

These priorities reflect the main principles of [Getting it Right for Every Child \(GIRFEC\)](#) and adhere to the Scottish Government's vision and aim of giving every child the best possible start in life. We have embedded GIRFEC into all aspects of children's services, across community and specialist health and social work and care services.

The development of the 'Focusing on Outcomes' pilot in our residential houses, based on the GIRFEC Wellbeing Wheel, helps young people, families and practitioners to recognise progress and improvements in outcomes, based on the 8 wellbeing indicators.



A Joint Inspection of services for children and young people in the West Dunbartonshire Community Planning Partnership area took place in 2016/17. This inspection looked at the difference our services are making to the lives of children, young people and families.

West Dunbartonshire has 'highly committed staff groups across the partnership who demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning'.

Care Inspectorate, Joint Services for Children and Young People, February 2017

The [results](#) of the inspection were positive and identified:

- Services impacting positively on the lives of children, young people and families.
- A clear commitment to integration and collaboration
- Strong leaders delivering a clear vision
- A dynamic and responsive system of strategic governance
- Highly committed staff demonstrating ownership of our strategic vision for children, young people and families.

Our three areas for improvement have been taken forward through an Improvement Plan:

- Demonstrate the difference investments in early intervention and prevention are making for all children and young people through measurement of robust data and progress across strategic plans.
- Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse and local trends in use of kinship care.
- Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.

'The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation.'

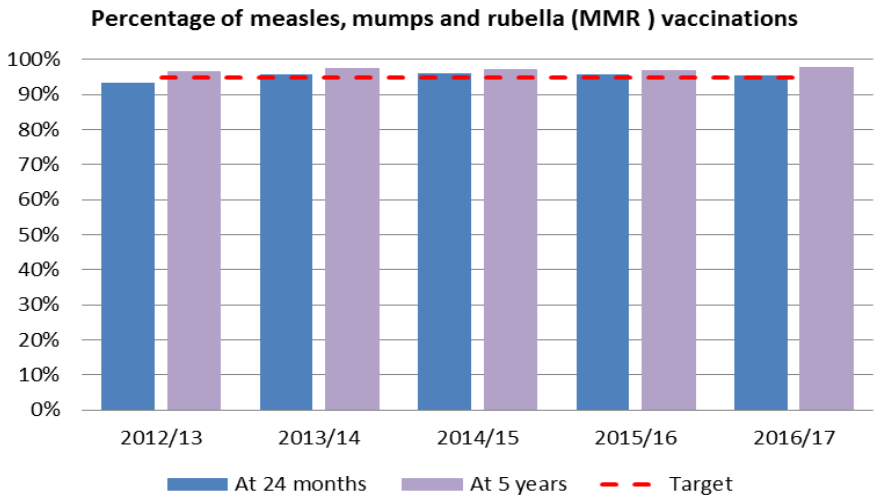
Care Inspectorate, Joint Services for Children and Young People, February 2017

Our commitment that '*all children will have the best possible start in life*' includes supporting families through pregnancy and early years, with health visiting pre-natal care and by providing intensive support to children and parents within the home and nursery settings.

The national [Child Health Programme](#), promoting early child development and family wellbeing is a provision for all children in Scotland. A key milestone is that 85% of our children have reached all expected developmental milestones by their 27-30 month child health review, meaning that developmental delay is identified at an early stage.

With 89.9% reviews completed in 2015/16, 71.7% of children reviewed had reached all expected milestones, showing a reduction of 4.5% from 2013/14. Whilst Health Visiting practice was unchanged, the method of recording and data extraction nationally had revised. It is anticipated that data for 2016/17, to be reported in February 2018, will show improvements in both these areas.

The measles, mumps, and rubella (MMR) vaccine protects children, and adults, from these diseases. Since the MMR was introduced, it is rare for children in Scotland to develop these serious conditions. Our health visiting team continues to work with local general practices to successfully promote and deliver childhood vaccinations. 95.6% of all children aged 24 months received an MMR vaccination in 2016/17, higher than the Scotland figure of 94%.



As required in the [Children & Young People \(Scotland\) Act \(2014\)](#), West Dunbartonshire has adopted the Named Person procedures that reflect current best practice in 2016/17.



All 18,726 children and young people in West Dunbartonshire had an identified “named person”

In implementing GIRFEC, we have continued to focus on preventing crisis and reducing risk for children and families through using timely assessment and the right support. This reflects our shared community planning objective to focus on early intervention and prevention in the lives of children, young people and their parents and/or carers. This includes supporting initiatives that meet all of the GIRFEC Well-being indicators.

Supporting Children's Health and Wellbeing

A two year tailored healthy weight programme is now complete, with our learning mainstreamed into core West Dunbartonshire Leisure programmes. Both WDHSCP and West Dunbartonshire Leisure provide a range of physical activity programmes and healthy eating initiatives for children and adults across all ages to support continued lifestyle change and sustain increased levels of physical activity at home.



Some pregnant women and new mums who are vulnerable through, for example, teenage pregnancy, mental health, learning disability or domestic abuse, need additional help with maintaining healthy pregnancy and to care for children born with a high level of risk. The Special Needs in Pregnancy Service (SNIPS) supports vulnerable pregnant women and their partners so that they and their child are safe and healthy.

Special Needs in Pregnancy Service

Babies at risk are safeguarded with the health and wellbeing of each child and parent being assessed and addressed. SNIPS promote early sharing of information and early collaboration with parents and family members to ensure the best outcomes for their children. SNIPS has developed robust and transparent working relationships with colleagues in Police and voluntary organisations. This early intervention approach ensures that children, who require complex care planning, receive this quickly and effectively. Parenting Capacity assessments begin pre-birth, with multi agency early intervention identifying pregnancies where the threshold of risk indicates that either the unborn or new born child may require child protection measures.

The success of the SNIPS team comes from its multi-disciplinary approach which provides a robust assessment and review of need and risk and supports a healthy pregnancy and better outcomes for children and their families. The valuable work of the SNIPS team enhances the life chances of the most vulnerable children born in West Dunbartonshire and provides a foundation for these children to have the best possible start in life.

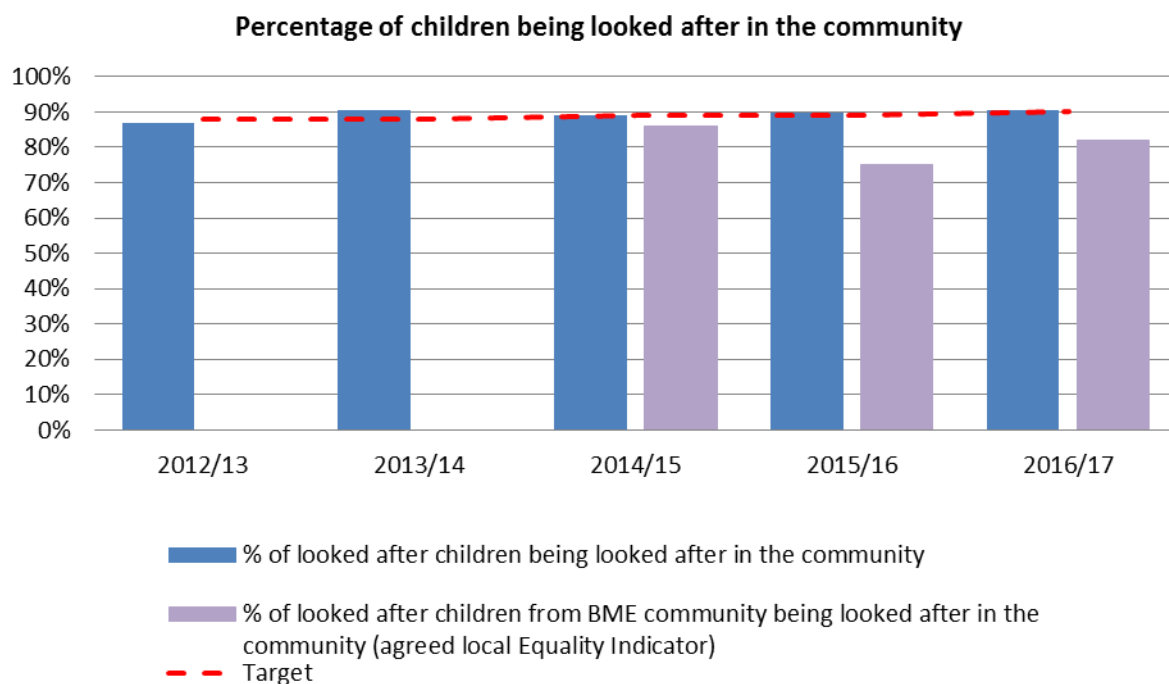
Looked After Children's Services

We support children to continue to live at home wherever possible. By providing support to children and families, problems can often be resolved without the need to separate them from their family. We strive to increase the proportion of children and young people who are looked after in the community. This key priority requires effective early intervention, prevention and providing families with the right support they need, when they need it.

As shown below, this has increased from 87% in 2012/13 to 90.4% in 2016/17. These figures are revised annually to reflect the Scottish Government's Children's Social Work Statistics publication which reports the academic rather than financial year.



At the end of March 2017, 384 of the 425 looked after children were being looked after in the community.



82% of looked after children who are from a black ethnic minority (BME) community were looked after in the community at the end of March 2017. Although this is lower than the overall figure, the numbers involved are very small, meaning the percentage fluctuates more significantly.

We recognise that some of our most vulnerable children and young people do need to be cared for away from home. WDHSCP's Looked After and Accommodated Children (LAAC) service strives to improve the lives of these children and young people, providing a nurturing and loving environment. We have continued to see positive results across our regulatory services inspections, awards applications and self-evaluation for our looked after and accommodated services.



Burnside Children's House was awarded the Scottish Institute for Residential Child Care (SIRCC)'s **Residential Child Care Team of the Year Award 2016.**

'Innovative, sector leading practice.'

'Staff are amazing they really care for us.'

WDHSCP Looked After Children's Team were finalists in Scottish Association of Social Work (SASW) Team of the Year Award 2016

Our young people are very positive about the development of our [Corporate Parenting](#) Champions Board with representation from some young people, Council Officers and key partners who have Corporate Parenting responsibilities. This builds on current forums that engage care experienced young people and aims to ensure that our Corporate Parents and young people are fully engaged in improving lives, with the voice of our care experienced children and young people at the centre.

'Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development.'

Care Inspectorate Joint Services for Children and Young People, February 2017

Burnside Children's House

When D moved into Burnside Children's House in Spring 2015, it was a big change for him in adapting to a new home, staff and children. Staff from his previous residential house also moved to Burnside, which made his transition easier, including his keyworker who he has a positive relationship with. This caring, consistent approach, providing D with the information to make informed decisions, has worked well for him.



D was keen to attend a work placement course and Burnside staff, his school and fieldwork social worker, together with Skillseekers, supported him towards this aim. Despite initial difficulties, he was encouraged to keep trying and found a placement as a green keeper in a local sports ground. This is an outstanding achievement for a young person who did not attend school for almost a year. D has grown in confidence within his work placement and within Burnside House with staff supporting and guiding him through his journey. He interacts maturely within the house and sets a good role model for the other young people.

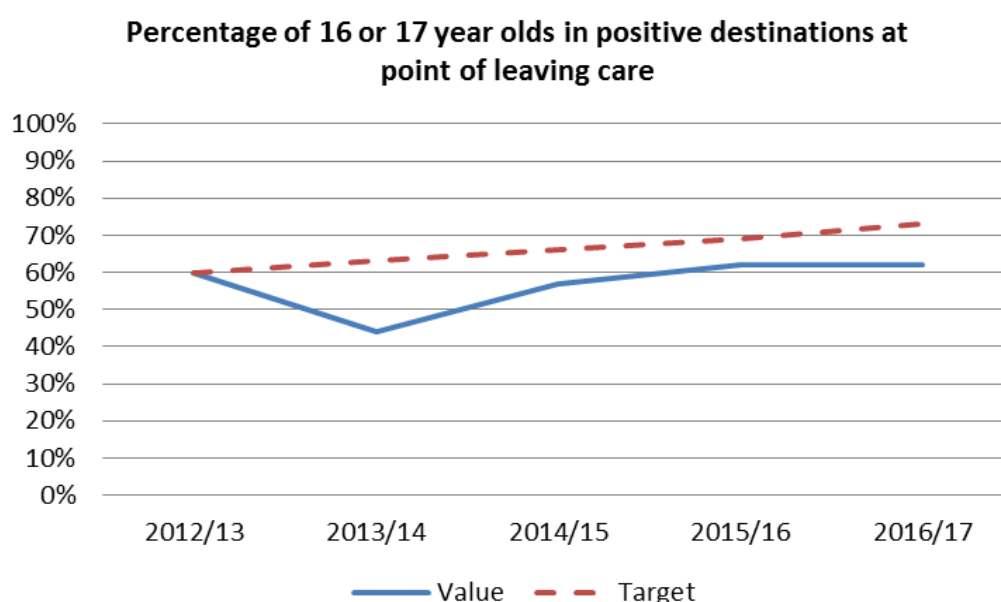
The HSCP's Looked After and Accommodated Children (LAAC) Team strive to improve the lives of some of our most vulnerable children and young people who are unable to live at home with their families. The service includes three Children's Houses, Permanence and Foster Care teams, Throughcare and Aftercare provision and an Alternative to Care service. As individual teams, and a whole service, they strive to be sector leading, to maintain a culture with the needs/voices of each individual child at the centre.

When the children from Burnside Children's House nominated their staff team, who then won SIRCC's national Residential Child Care Team of the Year award 2016, it showed a real commitment from staff to create a homely and warm atmosphere, as reflected in the statements of the young people and visitors to the houses. Staff believe 'our young people come first and we ensure that they are at the heart of everything that we do'. There is a feeling that 'we are all in it together' and this ethos creates the positivity that supports the LAAC team in West Dunbartonshire.

Our Throughcare and Aftercare team's Adult Placement Service was awarded gradings of 6 (Excellent) by the Care Inspectorate in February 2017 for Quality of Care and Support and Quality of Staffing. The inspectors noted that:



- The needs of young people were reliably and comfortably met through joint working approaches
- Young people were supported exceptionally well
- Key strength of the service was collaboration with partners to ensure effective outcomes for young people
- Much improved links with our local mental health provision



The [Scottish Care Leavers Covenant](#) is a commitment to young people who have experience of the care system that they matter. At our annual Corporate Parenting Event, in 2017, West Dunbartonshire committed to the Covenant, focusing on the long-term wellbeing needs of care leavers.

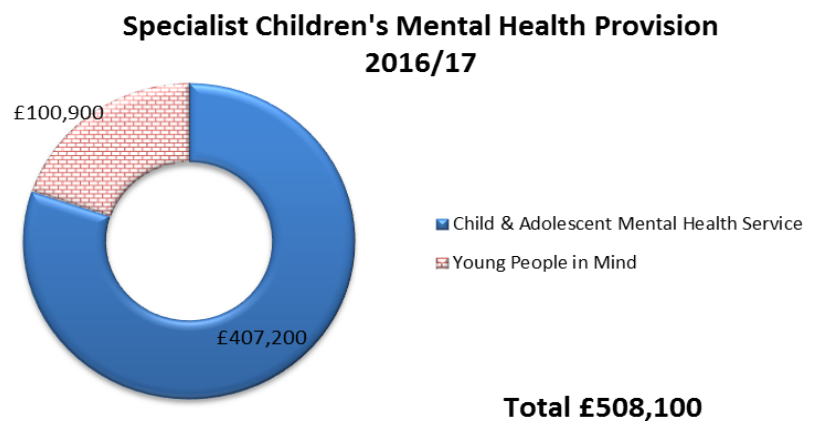
Thirteen young people left care during 2016/17; and of these 62% entered further/higher education, training or employment at the point of leaving care. This matches our performance in 2015/16 and shows sustained improvement on the 2013/14 figure of 44% – however, again, the relatively small numbers of young people involved mean that the percentage performance can easily fluctuate from one year to the next.

Specialist Children's Health

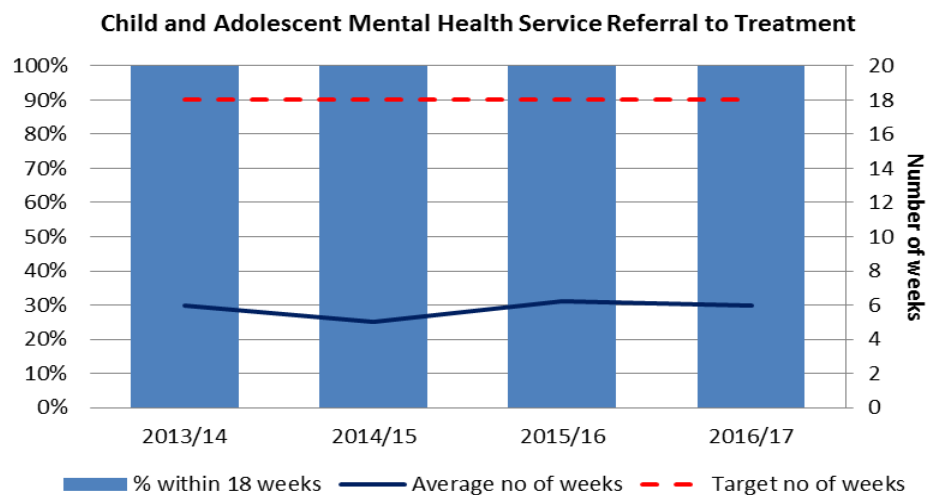
Scottish Government's [Health and Social Care Delivery Plan](#), reinforces the equal importance of mental and physical health. Supporting care experienced and vulnerable children and young people in physical and mental health, WDHSCP continues to develop a strong multi-agency approach to supporting children with mental health and emotional wellbeing issues. Robust and early planning systems have been implemented to support transitions from children's services to specialist adult services.

Around 10% of children and young people have a clinically diagnosable mental health problem. These can disproportionately affect children from lower income households and areas of deprivation. Child and Adolescent Mental Health Services

(CAMHS) embrace the range of services that contribute to the mental healthcare of children and young people, and their families and carers. In 2016/17, £407,200 was spent on CAMHS provision, with 381 new referrals during the year, in addition to ongoing support to those already engaged.



Timescales from referral to treatment for CAMHS have consistently been well below the target time of 18 weeks: the 381 children and young people referred during 2016/17 received treatment within an average of 6 weeks.



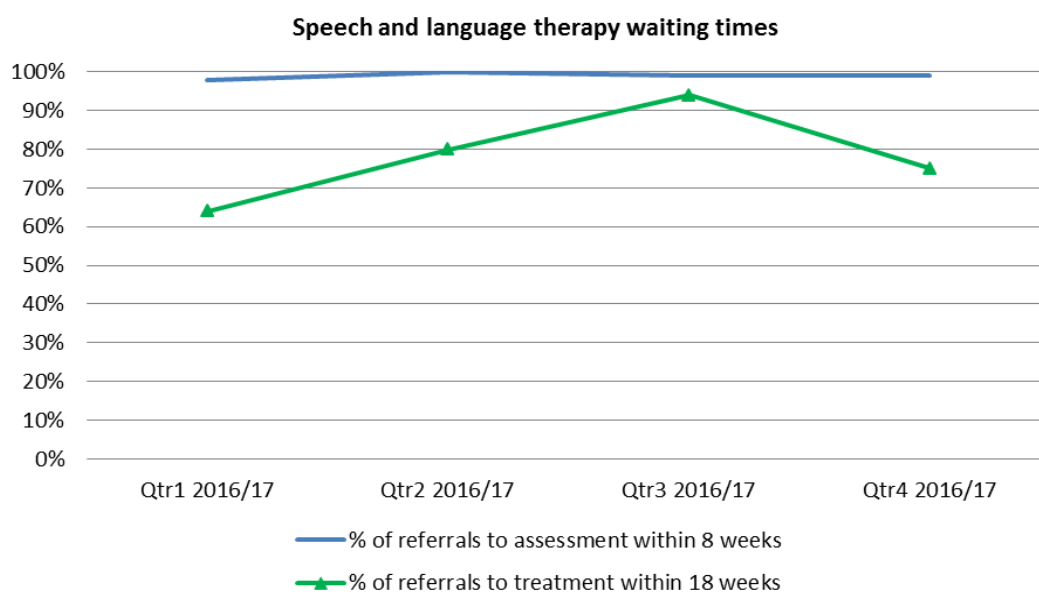
Young People in Mind, a specialist mental health resource for our care experienced young people, continues to successfully support care leavers and young vulnerable adults, recognising the long term value of support in early adulthood. Young People in Mind reflects approximately 20% of the children's specialist mental health provision for WDHSCP, being £100,900 in 2016/17 and supports some of our most vulnerable children and young adults.

Our Speech and Language services provided training to upskill parents, built on a similar successful model to train staff in our early years, school and looked after children's services settings. This has achieved positive results, with parents telling our Speech and Language services that they are now better able to support their children.

'We have found the techniques and strategies learned to have real value for helping our son progress with his language and difficulties he faces. Thanks again.'

'We are now equipped with the tools to help build on my son's communication.'

The WDHSCP Speech and Language Therapy Service for children and young people continues to successfully complete triage processes within target timescales.



It is important to respond timeously to concerns regarding communication and developmental delay. In 2016/17, 99% of children received completed triage within 8 weeks and 75% of children and young people began treatment within the 18 week target.

WDHSCP Paediatric Speech and Language Therapy Team was commended at the WDC Staff Recognition Awards 2017 for **Team of the Year**.

3. SUPPORTING OLDER PEOPLE

The key strategic aims for the Health and Social Care Partnership Board with respect to this commissioning 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) which reflects our commitment to avoiding unnecessary hospital admissions and supporting people to live as independently as possible and safely within a homely setting for as long as possible.

To achieve this we work with communities to build community capacity. This means working together to avoid unnecessary admissions to, and delay in discharge from, hospital through strong partnerships of statutory, third and independent sector providers of health and social care provision in the community.

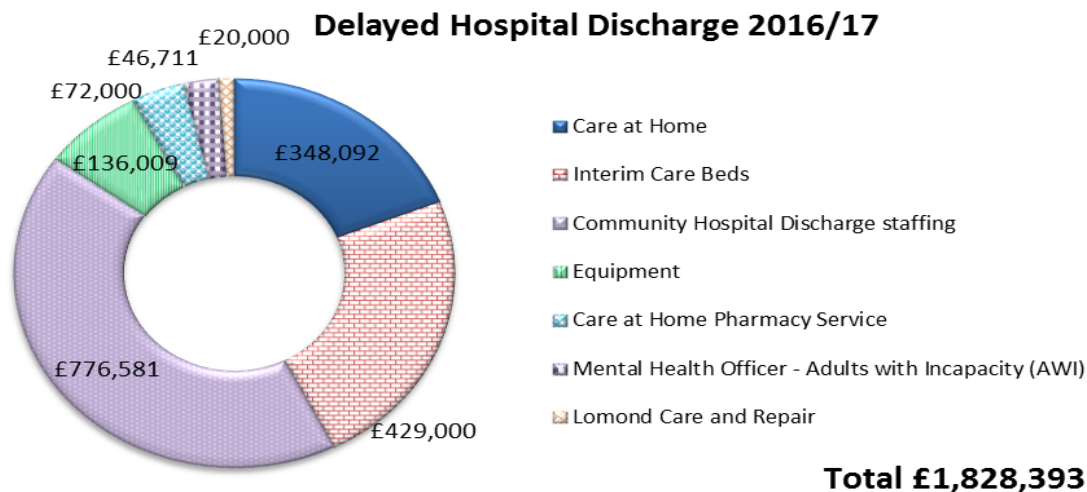
[West Dunbartonshire's Social and Economic Profile 2017](#) shows that we have seen relatively large increases in our share of the 20% most deprived data zones in Scotland, showing the biggest increase in relative deprivation from 2012. Our Strategic Needs Assessment reflects that we have high levels of people with long term and complex conditions, often linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age. Because of this, our commitment to work together in shifting the balance of where care and support is delivered to people from hospital to community settings and people's homes is essential; supporting a whole population approach to improved health and wellbeing.

'Partners evidenced a clear commitment to integration and collaborative working.'

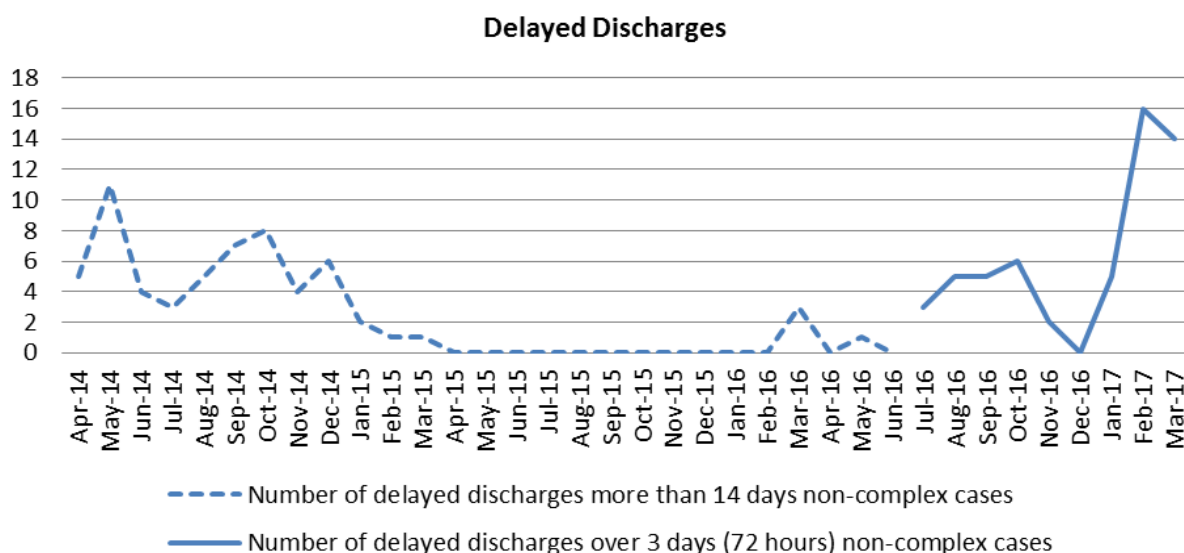
Care Inspectorate , 2017

Supporting Timely Hospital Discharge and Avoiding Unnecessary Hospital Admission

When people leave hospital they often need support or care, sometimes for a short time. Our award winning integrated Community Hospital Discharge Team works with patients and carers in planning their discharge from the point of admission to hospital. Our Hospital Discharge Liaison Workers are based in hospital wards, supporting a smooth transition between acute and community services, providing planned discharge from hospital at the point a person is medically fit to return home. This can often involve a number of WDHSCP and partner services.



A complex array of factors can affect appropriate and timely discharge, including home care, medicines review, suitable accommodation and clinical support. The illustration below is indicative of the crosscutting financial commitment required to meet this aim. An indicative total of £1,828,393 is identified as aligned to supporting delayed hospital discharge in 2016/17. This has supported the positive long term trend of significantly reduced delay for people in our community being discharged.



From 1st July 2016 targets for delayed discharge and methods of calculating delays were revised by the Scottish Government. The chart above displays performance against both the 14 day target and the new 72 hour target. Performance against the 72 hour target declined in February and March 2017 due to an increase in demand combined with a temporary decrease in capacity. However, the number of patients whose discharges were delayed beyond 3 days reduced back down to 5 in April 2017.

Sustained results in hospital discharge outcomes have been achieved through the impact of service redesign, responsive and developing practice across WDHSCP teams and their influence in supporting change within hospital ward settings.

By focusing on timely and appropriate hospital discharge the number of acute bed days lost to delayed discharge for West Dunbartonshire residents has reduced by 47% from 5,802 in 2014/15 to 3,047 in 2016/17.

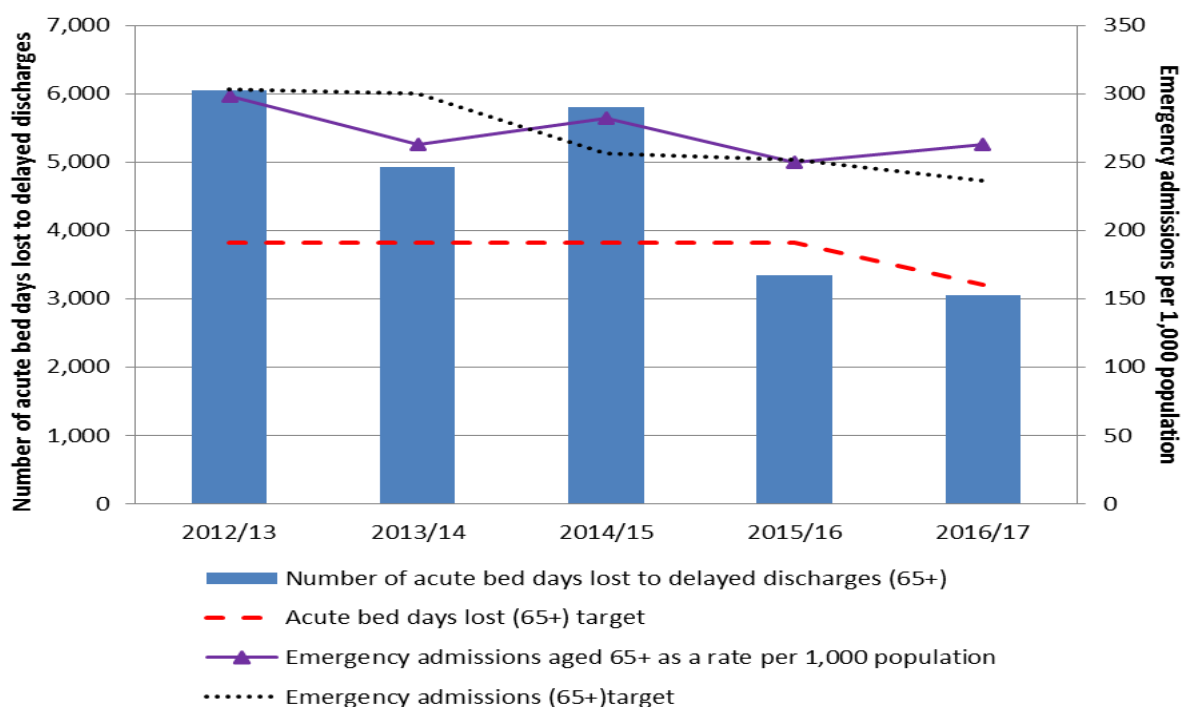
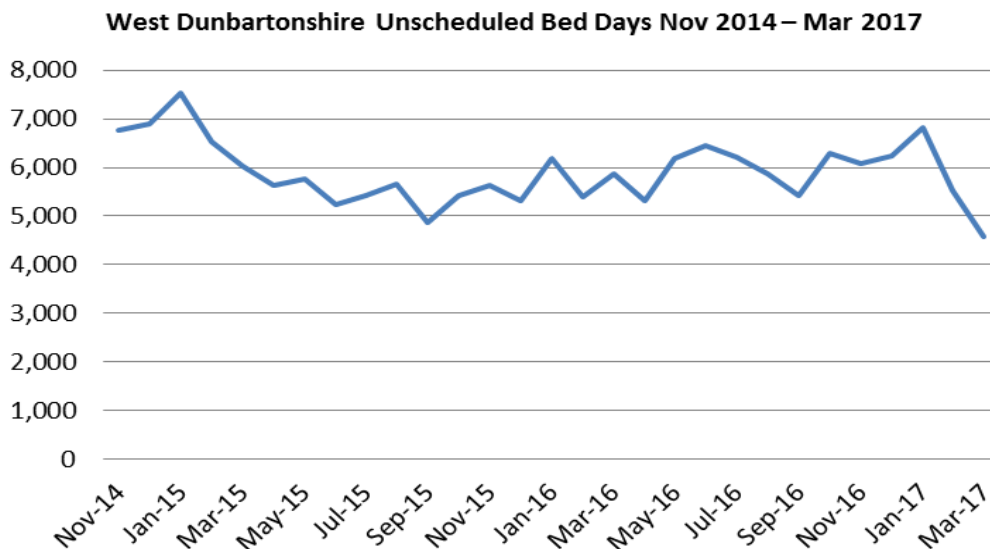


Chart revised 5th September 2017, subsequent to publication

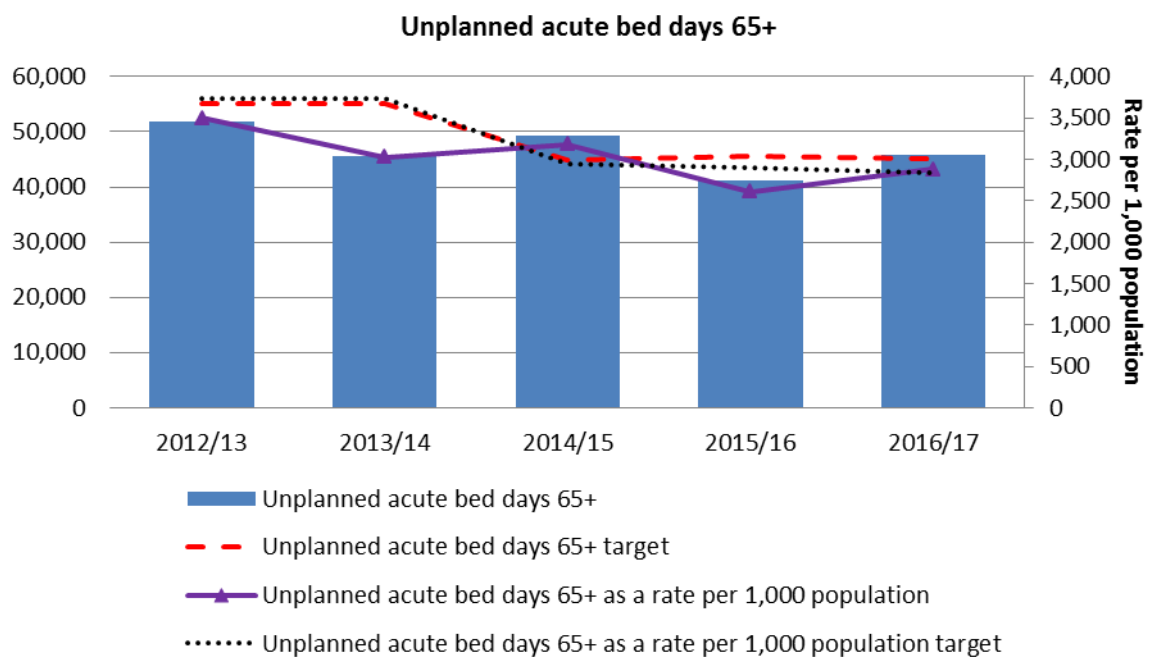
WDHSCP's Community
Hospital Discharge Team was a **finalist** at
the 2016 Scottish Health Awards.

Reducing Unscheduled Care

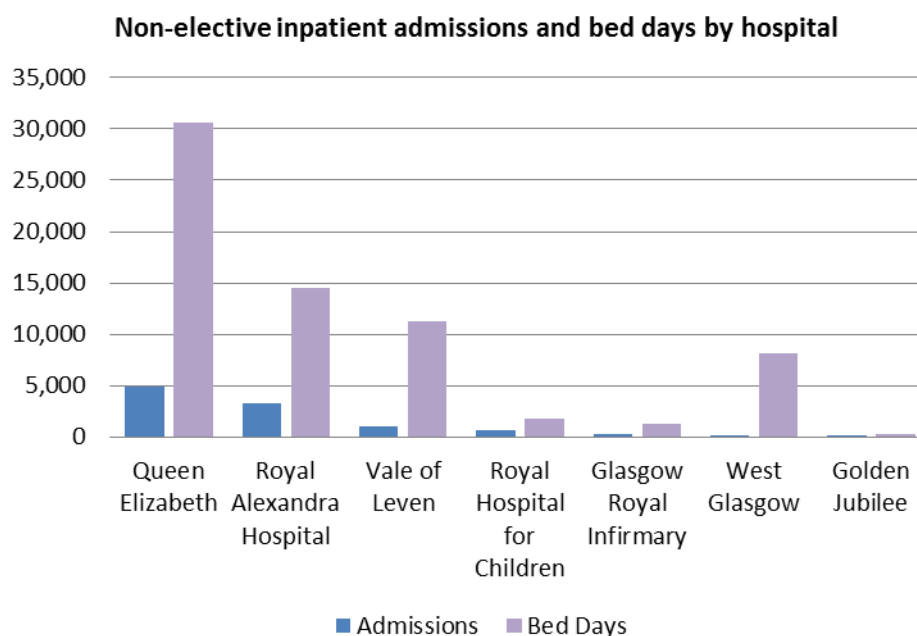
Unscheduled care is the unplanned treatment or care of a person usually as a result of an emergency or urgent event. This usually means a person presenting at Accident and Emergency services and can result in their being admitted to hospital. This can be due to a fall, illness or otherwise being unwell. Our out of hours support in the community is increasingly used.



While the number of unplanned acute bed days for people aged 65 and over in 2016/17 has increased on the previous year, the overall trend is positive with a reduction of 11% between 2012/13 and 2016/17.



Improving unscheduled care is a shared priority for the Partnership Board, its neighbouring Integration Joint Boards, NHS Greater Glasgow and Clyde and the Scottish Government. This reflects the challenges presented by the combination of continuing shifts in patterns of disease to long term conditions; growing numbers of older people with multiple conditions and complex needs; and a pressurised financial environment.

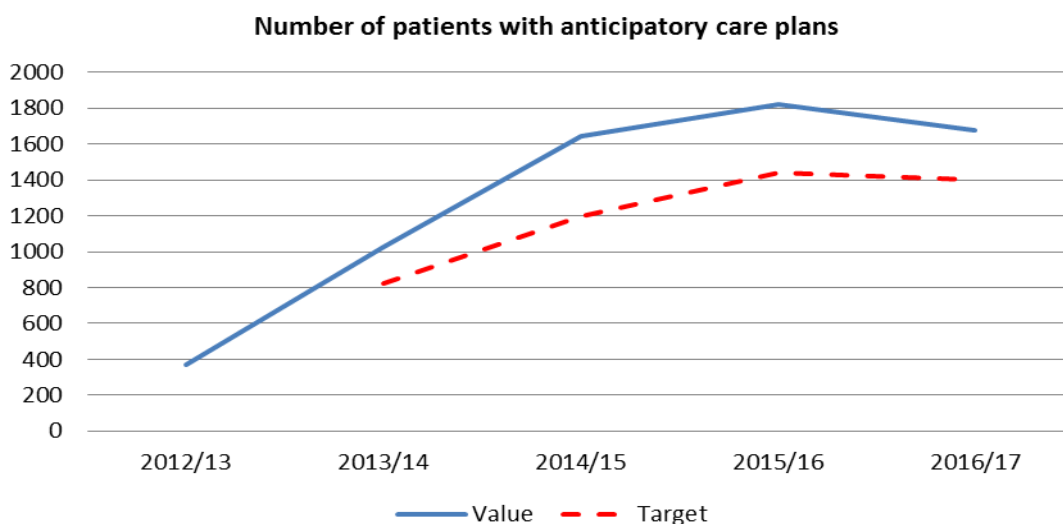


In 2016/17, Queen Elizabeth Hospital accounted for the highest proportion of non-elective hospital activity: accounting for 46% of all admissions and 56% of all bed days used by West Dunbartonshire residents. Royal Alexandra Hospital accounted for 32% of admissions and 26% of bed days and Vale of Leven Hospital accounted for 10% of admissions and 11% of the total bed days. Of these 3 hospitals, the Queen Elizabeth had the highest average length of stay at 8.1 days. Average stay in the Vale of Leven was 7.2 days and in the Royal Alexandra Hospital, 5.7 days.

Critical to addressing these pressures then has been on-going work and developments to shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment. At the same time, waste and variation in clinical practice need to be addressed, alongside promoting the reliable implementation of effective interventions. To that end, during 2016/17 the Partnership Board approved its [commissioning objectives to improve unscheduled care for residents of West Dunbartonshire](#). At the heart of these comprehensive commissioning intentions is a commitment to invest, redesign and deliver an effective infrastructure of community services.

The anticipatory care plan (ACP) is a summary of ‘thinking ahead’ discussions between the service users, those close to them and the practitioner. By effective anticipatory care planning with our most vulnerable individuals; we have been able to provide for people their preferred supports where and when appropriate alongside available locally managed nurse led in-patient beds. We have increased our capacity through introducing additional specialist anticipatory care planning nurses in WDHSCP, with a focus on planning for high risk individuals and ongoing review of ACPs in order to maintain or improve individuals’ independence and prevent their circumstances deteriorating.

Our target for 2016/17 was to sustain the high level of 1,400 people with anticipatory care plans. We have successfully achieved 1,678 and are continuing to identify and review vulnerable people through increased capability to provide and review ACPs and support to General Practice, specifically targeting people with high level needs.

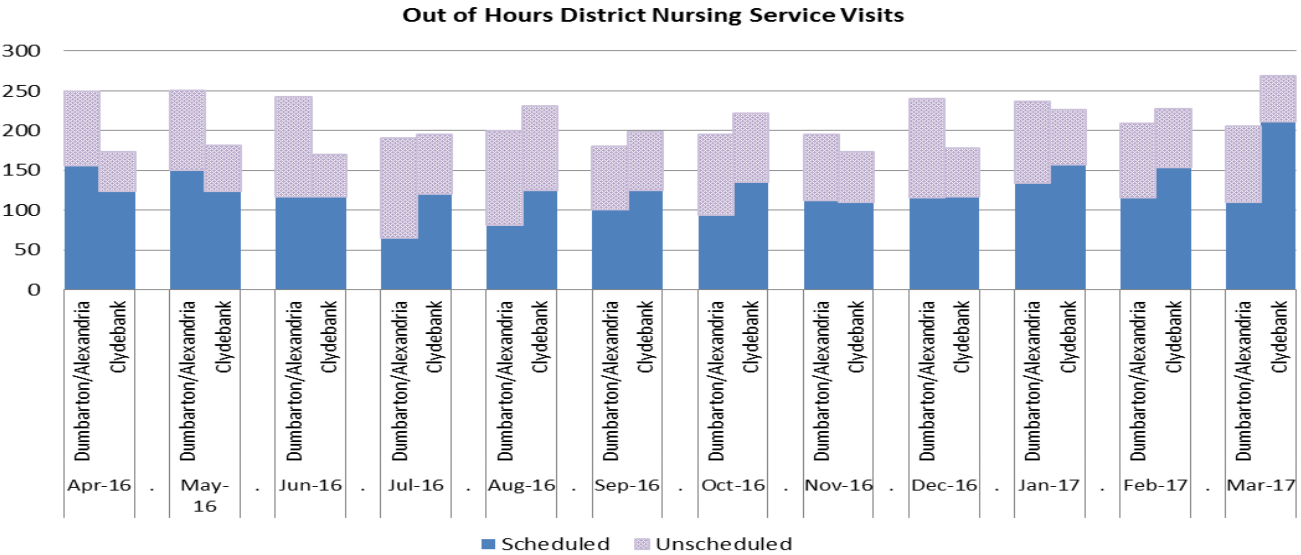


Of those people aged 65 years and over who had been admitted to hospital as an emergency twice or more in the year, 71% had been assessed for services and supported by WDHSCP.

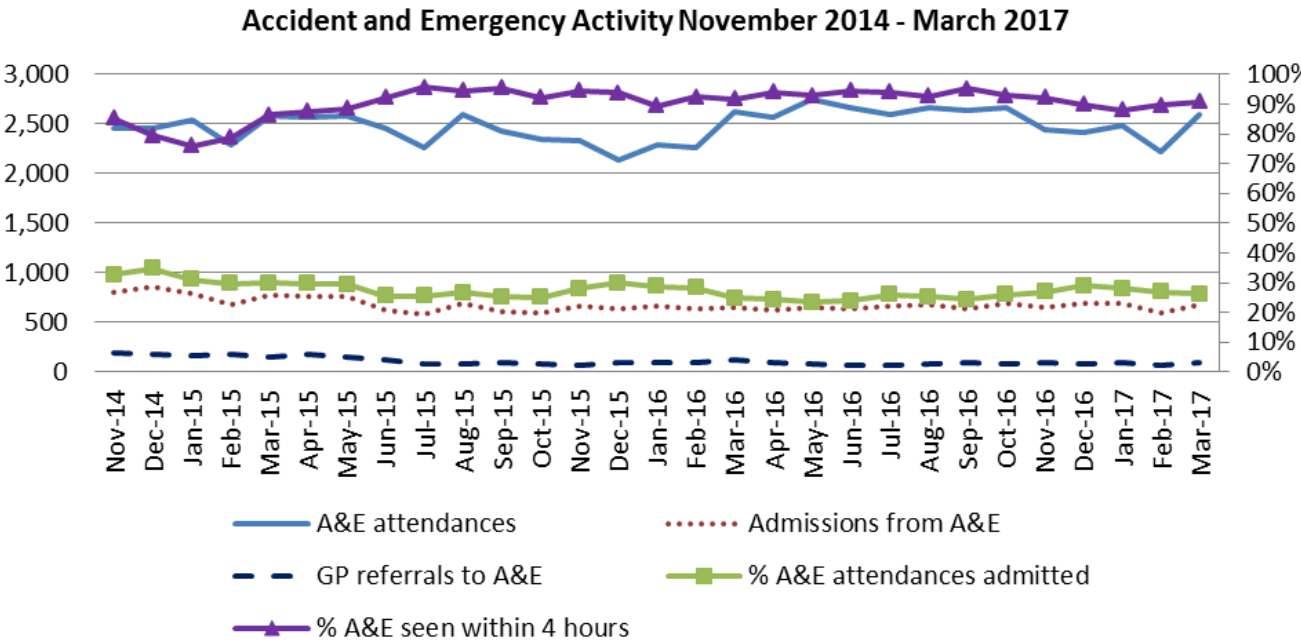
Our commitment to providing community out of hours provision helps prevent inappropriate hospital admissions and uses anticipatory care plans to provide people with their preferred supports where appropriate. WDHSCP District Nursing and Care at Home services link directly to out of hours GP services and all our local authority and private sector care homes.



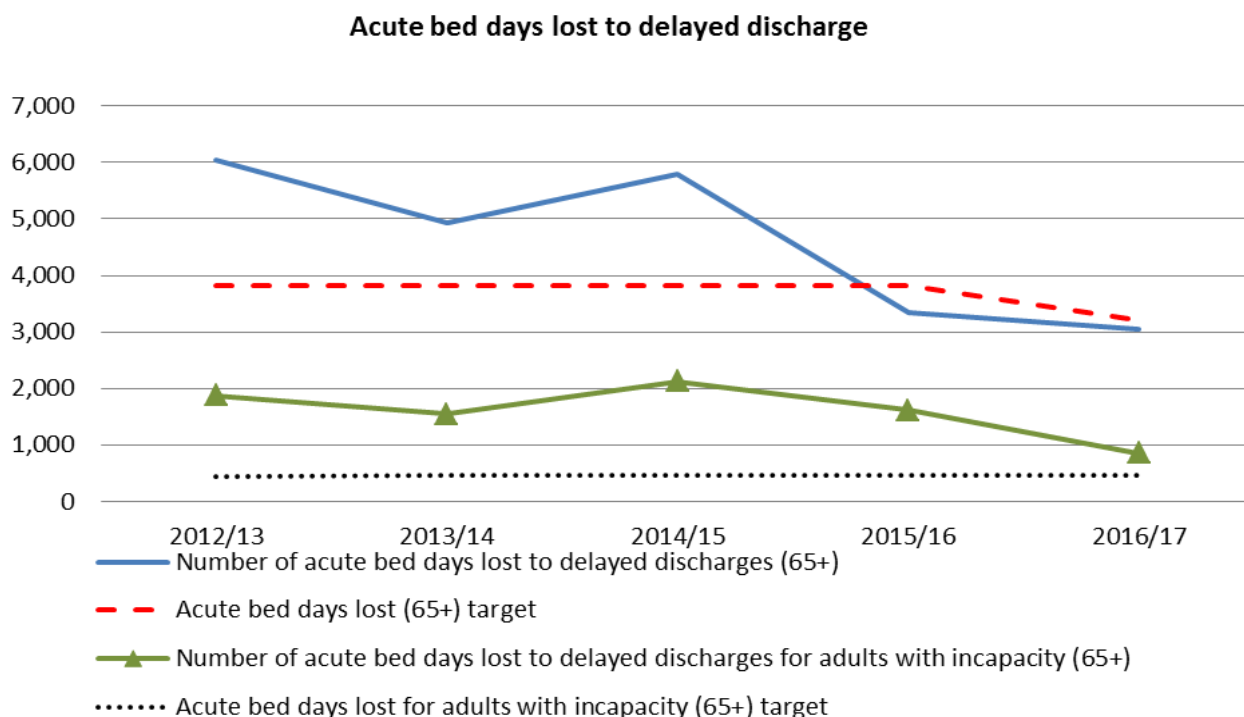
The chart below illustrates Out of Hours District Nursing Service activity during 2016/17 across our two Localities. We have increased the available out of hours provision; including care at home, respite and district nursing services. This has resulted in a reduction in unnecessary hospital admissions. In total there were 5,042 visits, 2,596 in Dumbarton/Alexandria and 2,446 in Clydebank: 41% of these were unscheduled, highlighting the responsive nature of the service.



In addition, provisional data from Information Services Division for the number of attendances at Accident and Emergency Departments shows a decreasing trend in the long term, despite a slight increase within 2016/17.



Almost a third of the acute bed days lost to delayed discharge in 2016/17 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.



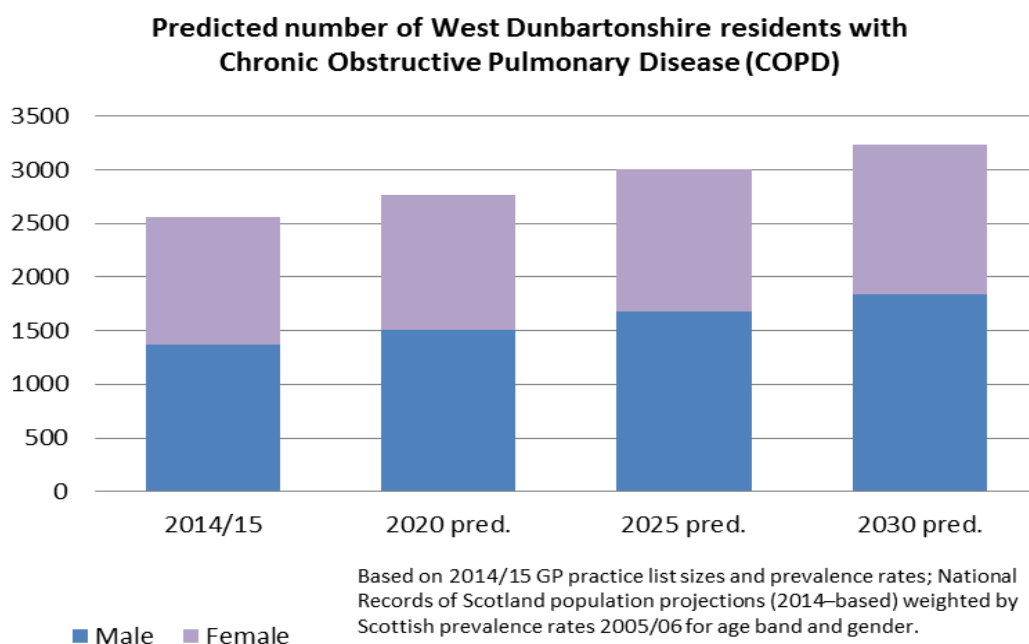
However, we have substantially reduced the bed days lost to AWI by 55% between 2012/13 and 2016/17. This has been achieved through increasing capacity in our Mental Health Officer (MHO) service by increasing provision to support Adult with Incapacity and Guardianship processes, thus working to reduce delay in the most complex cases.



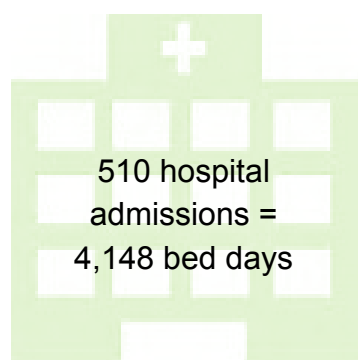
Responding to Chronic Obstructive Pulmonary Disease Prevalence

Our Strategic Needs Assessment identified an increasing number of people with Chronic Obstructive Pulmonary Disease (COPD) in West Dunbartonshire, identified as a result of a history of heavy industry and poor health linked to a range of long term conditions in the area.

Below are crude predictions for the number of people with COPD. In line with this the number of people with COPD is projected to rise by 26% from 2,557 to 3,229 between 2014/15 and 2030.


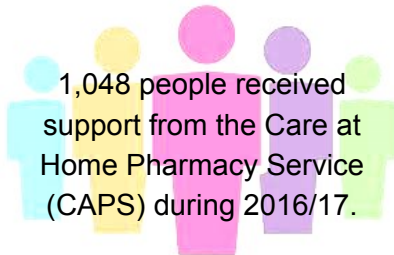


In 2016/17 there were 510 hospital admissions where COPD was the primary reason for admission and this equated to 4,148 of the bed days used by West Dunbartonshire residents.



Our COPD nursing service, managed within WDHSCP district nursing, provides training, advice and support to Care at Home and Care Home staff within care homes. This provides staff with the skills and confidence to support their service users to live as independently as possible in their home/homely setting. In recognising that some of our most vulnerable members of the community may not readily seek out services, we are targeting non-engaging service users.

Delivering a truly integrated community health and care service we have continued to demonstrate success working with all of West Dunbartonshire's GP practices within our two locality areas of Alexandria and Dumbarton; and Clydebank. 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 80.2% compliance as at March 2017.



The HSCP's Prescribing Support Team was recognised as the **Self-Management Supporting Health and Social Care Partnership of the Year** at the 2016 Health and Social Care Alliance Scotland Awards.

Care at Home Pharmacy Service

West Dunbartonshire Health and Social Care Partnership's Care at Home Pharmacy Service (CAPS) provides targeted pharmaceutical interventions to people recently discharged from hospital and receiving Care at Home Services. The CAPS service supports people and carers to manage their medicines, offering support in the home to avoid admissions and re-admissions to, and supporting discharge from, hospital. Working alongside other HSCP services, it delivers a dedicated service to improve compliance with medicines and support vulnerable older people in our community, visiting them in their homes to ensure that they have the right medicines and helping them take the right dosage at the right time.

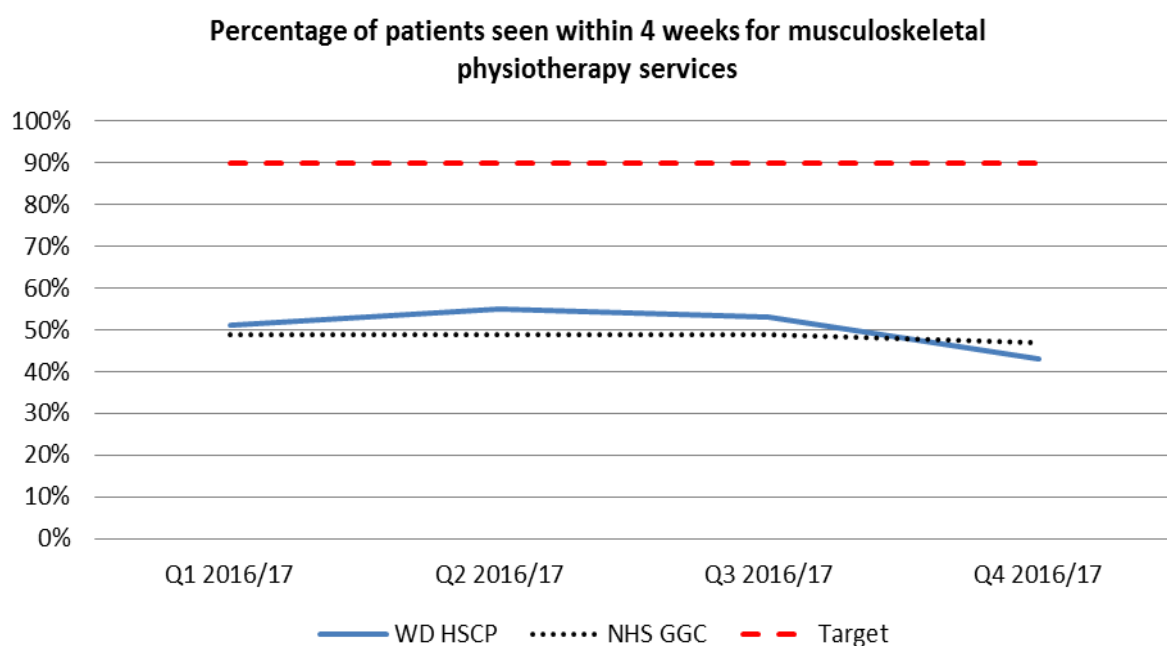
When Mr. P was discharged from hospital he was visited by a Care at Home Pharmacy technician to ensure he was managing a complex set of medication effectively and safely. Mr. P was already using a compliance aid and the pharmacy technician went through his medicines with Mr. P and agreed that he managed well. Where Mr. P no longer required medication prescribed in hospital, or did not want to continue taking it, the pharmacy technician passed the request for review directly onto the GP practice. The service does not just help people to manage their prescribed medicines; they arranged a replacement for a broken nebuliser for Mr. P and contacted the WDHSCP smoking advisor for Nicotine Replacement Therapy with ongoing support. After a CAPS referral, the Fire Safety team also prioritised visiting Mr. P for a home safety check.

Musculoskeletal Physiotherapy (MSK)

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. Target timescales were reduced nationally from 90% of patients seen within 9 weeks to 90% within 4 weeks from 1st April 2016.

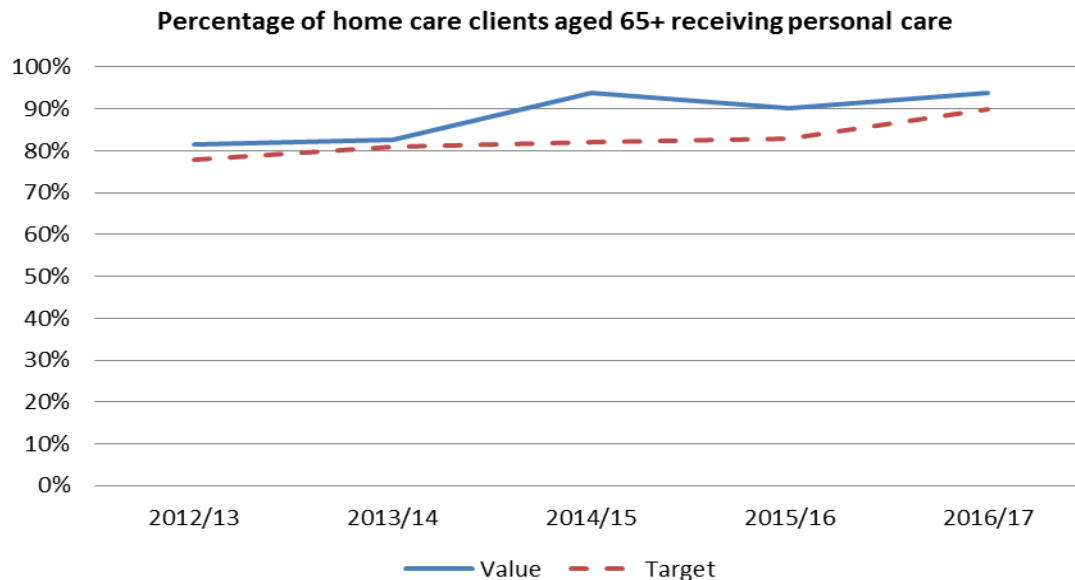


In 2016/17 there were 6,771 referrals to the MSK Physiotherapy services provided within West Dunbartonshire service, with 4,591 new patient appointments; and 12,285 return appointments. Waiting times for a routine appointment continue to rise as demand exceeds capacity but, on average, 50% of patients are seen within 4 weeks of referral.



Care at Home: Support to Live at Home

For many older people Care at Home provision is a crucial service that supports them to continue to live at home. WDHSCP is ranked first in Scotland for the proportion of adults receiving any care or support who rated it as excellent or good in 2015/16 at 88%. The Scottish national figure has decreased from 84% in 2014/15 to 81% in 2015/16.



With increasing levels of personal care 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 of two or more carers to provide support.

By prioritising those with high level needs the Care at Home service can maintain or improve individuals' ability to avoid unnecessary hospital admission, return to a homely setting, support independence; and where possible prevent their circumstances deteriorating.




In 2016/17 WDHSCP provided 9,206 carer hours per week to people aged 65 and over and 10,640 carer hours per week to people of all ages.

Our Care at Home Service was awarded the **Scottish Association of Social Work (SASW) Award 2017** for their 'best example of collaboration in an integrated setting'.



Our annual survey of people who use WDHSCP Care at Home provision continues to indicate a high satisfaction rate with the service. In 2016/17:

- 97% of clients agreed or strongly agreed that the Care at Home service made them feel safer in their home.
- 98% of clients stated that their contact with Home Carers has improved their quality of life.
- 99% of clients agreed or strongly agreed that their Home Carers treated them with dignity and respect.



‘Fantastic group of carers and they can't do enough for me.’

Telecare

The number of people receiving a Telecare service has increased by 8.8% since 2012/2013 to 2,394 in March 2017.

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 development of our Technology Enabled Care (TEC) demonstrator flat within a sheltered housing complex provides staff, services users and carers with an opportunity to see TEC equipment in action, promoting use of TEC in self-management, focusing on person-centered and community delivered care.

‘Most people were extremely or very satisfied with the care they received.’

Care Inspectorate, 2017

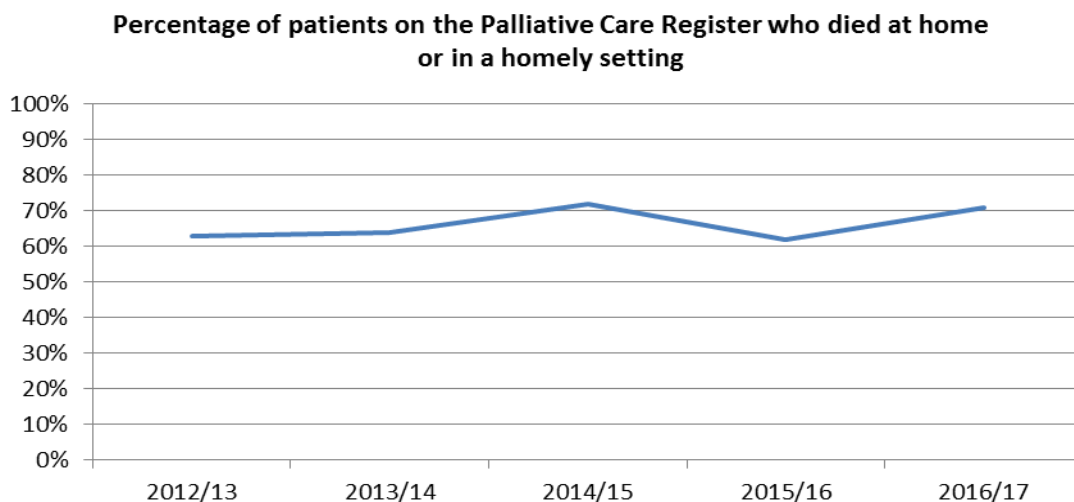
Telehealth and care assists and supports vulnerable people living at home to maintain independence in the community with protection, reassurance and peace of mind that support is on hand. Sensors automatically signal any required response to an emergency or crisis and WDHSCP telecare is innovative in providing a mobile worker response, where in many other areas, family and friends are relied on. Wide ranging provision such as work with local epilepsy groups, supported by the wide range of sensor and alarm equipment, mean that tailored packages to meet an individual's needs can be introduced.

Our Care at Home staff continue to support clients, through reablement, to re-learn the skills necessary for daily living and improve levels of independence. This reduces the likelihood of being readmitted to hospital and increases the person's confidence and skill in independent living. During 2016/17:

- 610 people received a reablement service.
- 66% 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. As part of our equalities monitoring, 65% of men and 67% of women who received an intervention reached their outcomes.

'Thank you for all your care of Mum and Dad. It really helped us to look after our parents at home and during a particularly intense time of palliative care for mum. You are all brilliant!'

Many people want the choice to die at home, where they feel safe and comfortable. The local 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 residents the choice of being supported in the place most appropriate to them when it comes to the end of their life. All of our patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary completed within EMIS. In 2016/17, 71% of people on the Palliative Care Register were supported to die at home. 22% of cancer deaths and 39% of non-cancer deaths occurred in hospital.



Care Homes: Living in a Homely Setting

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 continued to work 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 2016/17. Along with a number of older people residential and day care services, our Care at Home Services, Sheltered Housing and Community Alarm services achieved grades of 5 (Very Good) in Care Inspectorate regulatory inspections, all receiving positive reports regarding outcomes.



As part of our vision we are replacing the Council's older people's care homes and day care with buildings that provide service users, their relatives and our staff with a modern living and working environment which enables better person-centered care within more eco-friendly facilities and transforming the residential care we provide for older people.

Crosslet House

Crosslet House is a new purpose built care home in Dumbarton that aims to transform the lives of its residents and their families, providing a well-staffed and equipped 'Home for Life' for our residents with access to a range of health and care services for our day care users, including therapeutic and rehabilitative facilities as well as social and recreational activities.

Planning permission has been granted for a second care home and day care centre at Queens Quay, Clydebank by West Dunbartonshire Council.

During 2016/17 we have continued to expand My Home Life across both statutory and independent provision. One cohort of training for Care Home staff, from both WDHSCP services and the independent sector has further embedded My Home Life in care home provision. Reflecting its success the training has been expanded to Care at Home staff.

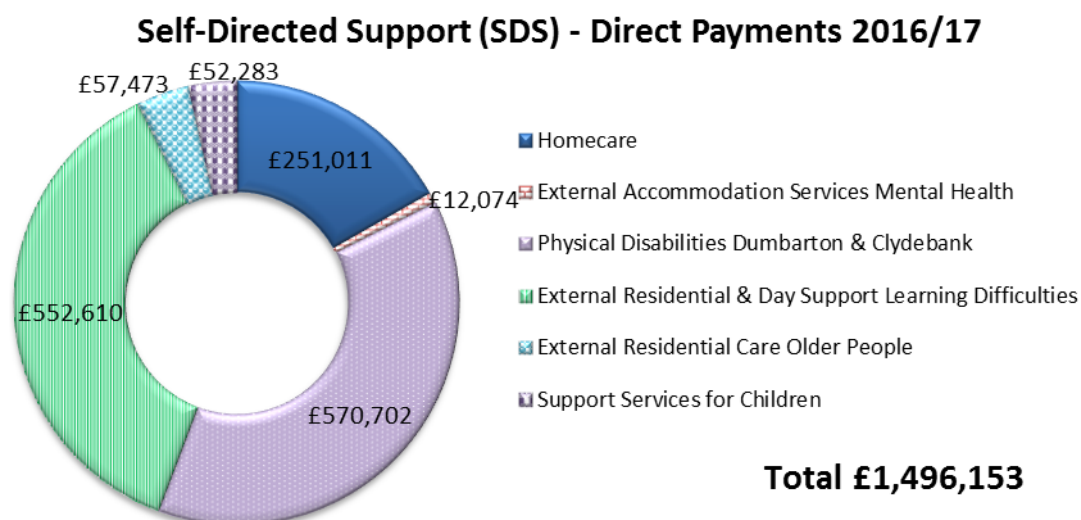
In 2017 the WDHSCP Care Contract Team was the first team to 'go live' with the new Electronic Document Management System (EDM), CIVICA, across our Health and Social Care Partnership. New and innovative processes, staff training and the development of 'dip and work flow' process maps continue to assist with supporting improved processes for families.

Self-Directed Support

We recognise and are committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. To support service users and families to understand our options, SDS is embedded in our assessment process across adult and children's services. Our Integrated Resource Framework continues to support indicative personal budgeting assessment. This framework supports fairness and equality across all individuals eligible for local authority funded support.

SDS provides opportunity for four options in deciding your own care: these being Direct Payment, Individual Service Fund, Local Authority arranging and organising your support or a mixture of any of the three options above.

Whilst the numbers of service users that have opted to take a Direct Payment option of SDS continue to be small, the total value of Direct Payments has risen steadily from £1,100,542 in 2014/15 to £1,496,153 in 2016/17. The expenditure on SDS Options 1 and 2 in 2015/16 has increased by 61% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 2.16% over the same time period.



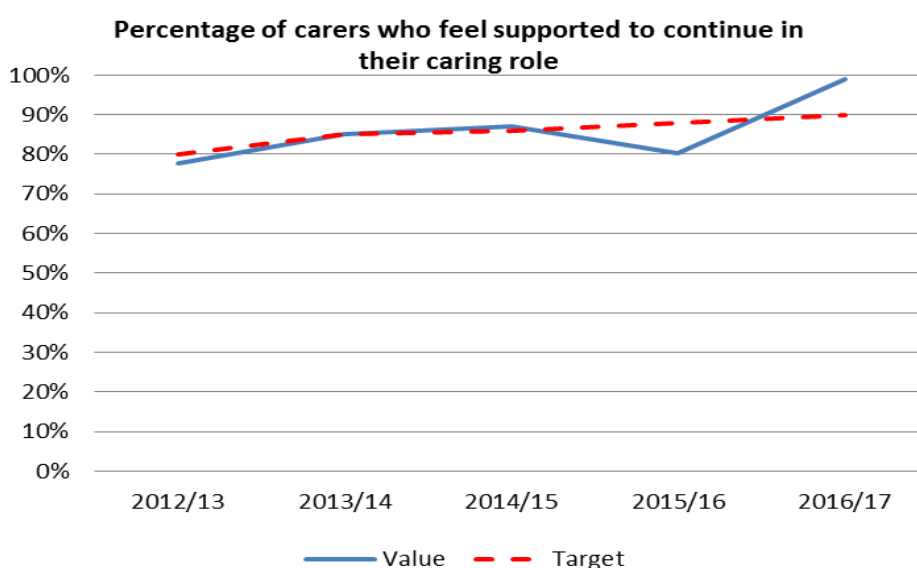
The uptake of SDS Direct Payments continues to almost exclusively be by adults and older people, with only 3% being utilised for support services for children.

WDHSCP works in partnership with third sector organisations, Carers of West Dunbartonshire (adult carers), Y Sort-it (young carers) and West Dunbartonshire Community Volunteering Service (WDCVS) to provide carer services across West Dunbartonshire. This has seen a review and revalidation of West Dunbartonshire Carers Development Group to take forward implementation of the [Carers Act 2016](#). This partnership approach works to plan services, identify carers and focus resources to ensure adult and young carers feel like equal partners in the planning and delivery of care and support.

‘Young Carers Y Sort-it has helped me become the person I am today, and honestly I don’t know where I would be without them.’

Carer’s story

‘My day had become a mixture of personal care, medical procedures and housework and the highlight of my week was an outing to the supermarket. I had a Carer’s Assessment completed and I’ve been able to do several courses that enabled me to help care for my husband. I have always had trouble relaxing and taking part in an Aromatherapy course at the Carers Centre, a massage and relaxing music, has become a very welcome alternative to sedation. It is amazing the number of times that I have been offered a therapy, just as I was getting to the “end of my tether”.’



In 2016/17, Carers of West Dunbartonshire supported 1,236 adult carers, with 6039 enquiries/contacts recorded. Y Sort-it supported 120 young carers. In 2016/17, there were 1,439 carers identified of people being supported by WDHSCP services.

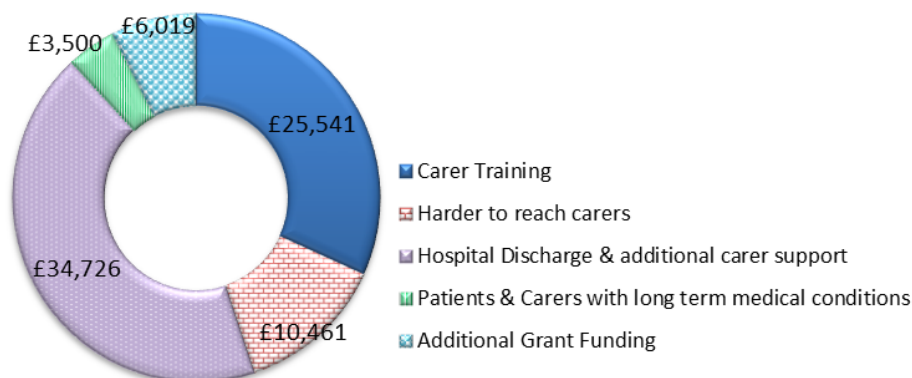


99% of carers who had a Carer Support Plan identified that they felt supported

'I began to hear myself laugh again.'

Co-located carers posts within WDHSCP Community Hospital Discharge and Addiction Teams have seen timeous and integrated support for carers and continue to support improved identification of carers and those most in need.

Carers Information Allocation 2016/17



Total £80,247

'Just to be. Let go guilt. Relax and socialise again. Accepting that I am doing the best I can.'

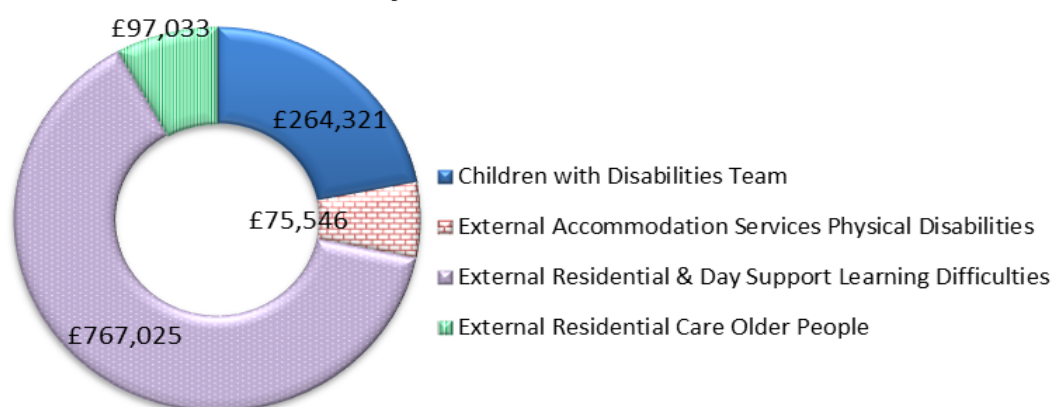
Recognising the challenges in supporting hard to reach carers, Carers of West Dunbartonshire-led SEARCH (Support and Education for Alcohol Related Challenges in the Home), focuses on identifying and supporting carers affected by alcohol related issues, with a particular focus on younger adults at risk of using alcohol as a coping mechanism for caring related stress; and older adults aged 65 and over, emerging as a 'hidden' group of people with alcohol related issues.

The initiative has identified an increased number of carers; with 74 carers newly identified directly through SEARCH initiatives. This has developed significantly, with over 80% of referrals for SEARCH now being made across WDHSCP Teams of Addictions and Mental Health (59%) and Community Hospital Discharge (25%).

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 Respite Booking Bureau focuses on delivering respite to families and carers based on a model of choice; coordinating respite in one single access point for carers and practitioners to find suitable and appropriate respite provision. Focusing on early intervention and preventing unplanned and crisis respite, we continue to provide building based respite, breaks at home, supported holidays and emergency respite. In addition, the successful delivery of the Out of the Blue Project continues to provide replacement care opportunities for carers.

Respite Services 2016/17



Total £1,203,925



During 2016/17, 228 replacement care hours were provided through the services of Carers of West Dunbartonshire on behalf of WDHSCP.

Reflecting a key WDHSCP priority to support people to live safely and independently at home or in a homely setting, 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 reflecting the local Housing Contribution Statement, which sets out the role and contribution of the local housing sector to supporting the health and social care integration agenda. This has resulted in innovative housing solutions supporting older adults and adults with learning disabilities and mental ill-health to live more independently in the community.

Independent sectors providing community based supports is reinforced through our partnership agreement with West Dunbartonshire CVS, our Third Sector Interface, which provides a wide range of initiatives, including Link Up, befriending and foot care in the community, building on our commitment to a social prescribing model.

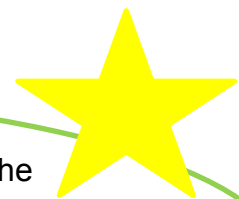
The connectivity between workstreams and a multi-agency approach allows us to support a co-production approach across all our communities; for example in the delivery of Dementia Friendly West Dunbartonshire.



Key self-care programmes with enhanced interventions (including targeted health improvement activities) are in place. Work is ongoing with independent sector organisations, for example the Link Up scheme with WDCVS. Work has commenced on developing Technology Enabled Care programmes of care for COPD patients and Frailty.

Through our partnership with CVS, our foot care in the community is a volunteer foot care/nail cutting service that sees volunteers trained by WDHSCP Podiatry staff undertaking basic foot care tasks for vulnerable people in the community who are unable to manage these tasks, with processes for onward referral agreed as required. Increasing community capacity in this way allows greater capacity within Podiatry services to provide higher priority care and ensures people in the community receive the care they need.

WDHSCP Daycare Officer Karen McNab was awarded the **Community's Award** at West Dunbartonshire Council's 2017 Employee Recognition Awards, recognising her outstanding commitment to the health and wellbeing of the people in her care.



Case Study Bobath

'I wouldn't be here without them - in such a mobile state.'

David tells us that the support he receives as an adult with cerebral palsy living in West Dunbartonshire is invaluable to his ability to live as independently as possible.

Cerebral palsy is a lifelong condition that affects muscle control and movement. As cerebral palsy affects everyone differently, treatments and therapies are tailored to a person's individual needs. Support from WDHSCP, including physiotherapy, occupational therapy, speech and language, and care at home provision often helps people with cerebral palsy live more independently at home and in the community, providing support around their assessed need.

As a child David was supported by Bobath Scotland, a specialist cerebral palsy resource, working in partnership with our Children's Health and Care services. Whilst traditionally supporting children's services, the value of their work, being the only bespoke cerebral palsy service in Scotland, was identified as also of value for adults. Whilst David was receiving good support from WDHSCP Adult Care Team and his carers, he found it frustrating to lose Bobath support. Staff also reported a need for specialist bespoke training to meet individual service user needs. The HSCP Adult Care Team Managers listened to these messages and worked to find a solution.

Our pilot partnership project, focusing on an integrated approach to planning and support between WDHSCP, Bobath, the Scottish Government, The RS Macdonald Charitable Trust and the Robertson Trust, aimed to understand the specific challenges facing adults with cerebral palsy in their local communities. This has resulted in significant improvements, with Bobath now providing assessments, home visits, delivering follow up therapy and training and working with professionals locally, developing a model pathway that can be adopted by other areas and services. This project has increased long term capacity within West Dunbartonshire; augmenting understanding of cerebral palsy and how to best respond to assessed needs. Bobath has supported the HSCP and our partners to build understanding and skills, and redesign existing resources to support adults with cerebral palsy to live as independently as possible in the community. This increased knowledge and confidence of staff has led to more confident and dynamic decision making and care.

People with cerebral palsy have identified that they know where to ask for help and are better able to self-manage and live independently with confidence. Better signposting to specialist services has led to increased confidence in living independently. Professionals have increased knowledge and are clearer about cerebral palsy and the impact that it has on physical health and that of carers, also reflected in the improved knowledge and support from the Carers' Centre.

4. SUPPORTING SAFE, STRONG AND INVOLVED COMMUNITIES

The key strategic aims for the Health and Social Care Partnership Board with respect to this commissioning 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 strategic priorities for Supporting Safe Strong and Involved Communities reflect our commitment to the safety and protection of the most vulnerable people within our care and the wider community.

Delivery of effective services across mental health, addiction, learning disability and criminal justice requires a robust, often long term, partnership approach across a network of statutory, third and independent sector providers.

Supporting People with Learning Disabilities

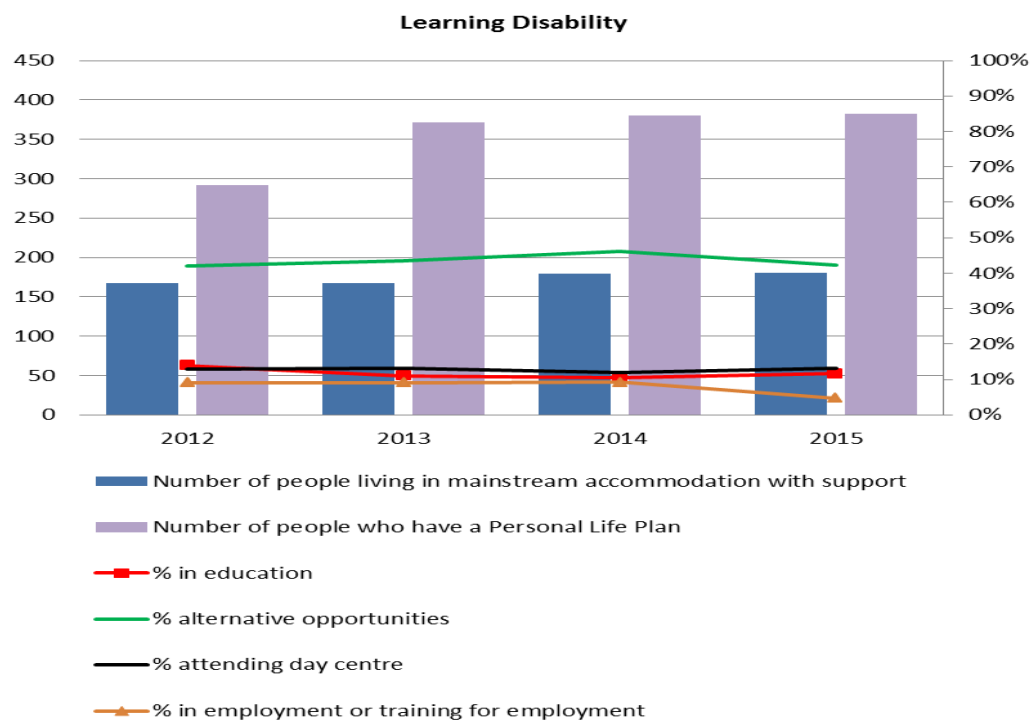
WDHSCP's commitment to continuously improving the quality of life for people with learning disabilities reflects the national [Keys to Life Strategy](#). Our integrated approach to service delivery across community health and care - as well as third sector providers - supports the delivery of effective and targeted specialist services, and is prioritised around key aims of people with a learning disability. Our outcomes focused approach promotes person centered assessment and planning.

Keys to Life Strategy: People are supported to:

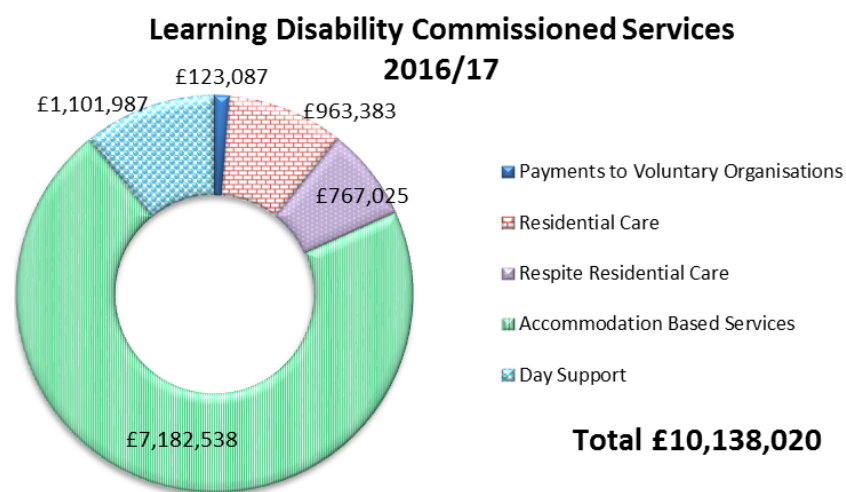
Healthy Life; Choice and Control; Independence; Active Citizen

People with a learning disability and their carers are actively involved in planning their care and support. Their Personal Life Plans reflect differing levels of understanding and awareness, whilst striving to involve them as much as possible.

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 8% between 2012 and 2015.



Baxter View offers specialist homes for people living with autism and complex support. The purpose-built accommodation, managed by Cornerstone, provides accommodation for up to 10 people and allows a greater degree of independent living than is normally the case for people with high level needs, who previously sometimes had to live outwith West Dunbartonshire due to lack of appropriate accommodation.



In West Dunbartonshire, as nationally, Technology Enabled Care is increasingly supporting people with a learning disability to live as independently and safely as possible in the community. Service users have, throughout 2016/17, consistently provided feedback of high levels of satisfaction with our integrated learning disability service delivery.

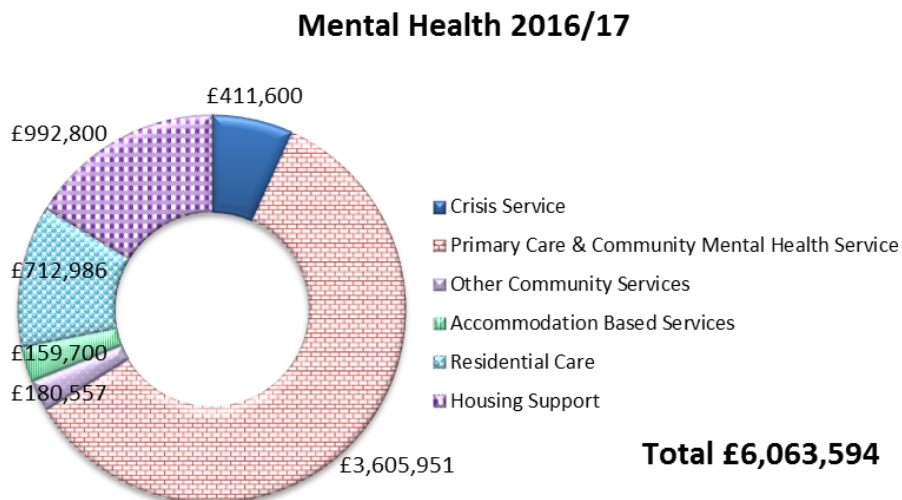
Work Connect

Work Connect, based in Levensgrove Park, is a specialist WDHSCP supported employment service for people with mental health issues, addictions and learning disability. In partnership with WDC Greenspace, it gives disabled or vulnerable people the safe space, tools and support to improve their quality of life through opportunities to learn and apply their skills and creativity, providing practical skills often used as a non-medical option, alongside existing health and care treatment and support, to improve health and wellbeing.

The 'Boots On' film project, one of the initiatives, demonstrates the impact of focusing on positive person centered outcomes. Developed and created by the people supporting and supported by Work Connect, it reflects the skills and interests of attendees and the project's flexibility in developing personal projects that work toward individuals' personal outcomes. Participants report it has improved mental health and physical health, and increased confidence across its whole team of participants and in doing so records its own success. Collectively they have created evidence of the positive person centered outcomes of the project.



We recognise that people's mental health is of equal importance to their physical health. Our adult mental health service aims to reflect the Scottish Government's [National Mental Health Strategy: 2017-2027](#). This requires collaboration across all mental health services, to ensure that they are delivered where they are most needed; with the key principle that services prevent and treat mental health problems with the same commitment and drive as they do physical health.



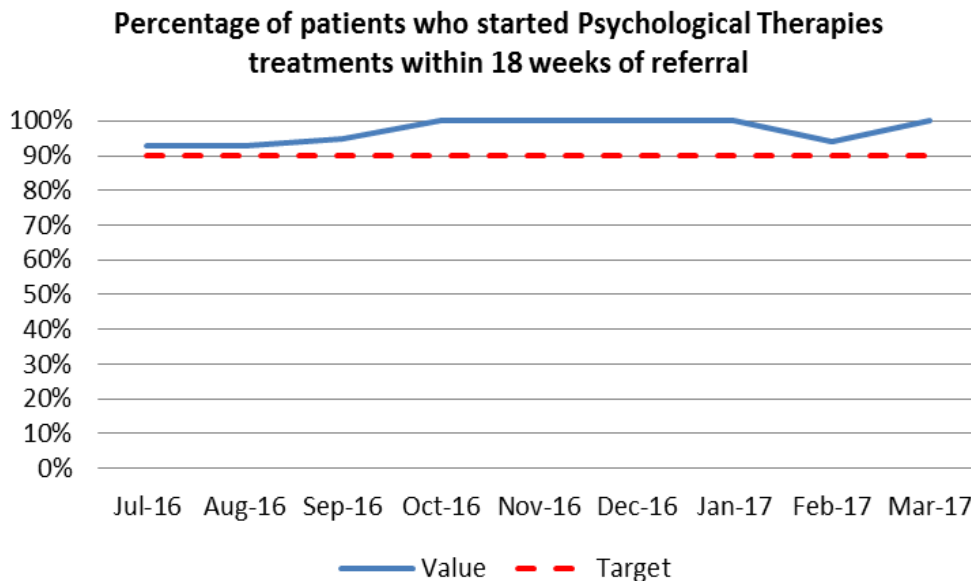
Our Acquired Brain Injury Service Care Inspectorate inspection, report published in 2017, was awarded gradings of 6 (Excellent) for the two themes inspected, Quality of Care and Support and Quality of Management and Leadership, with the report noting:

- The contribution of the Brain Injury Engagement Network (BIEN) supporting inclusion and co-production.
- Extremely motivated and skilled staff.
- Excellent involvement at national and strategic level.

‘A dynamic, expert service which put people affected by Acquired Brain Injury, at the core of what it does.’
Care Inspectorate 2017

WDHSCP Mental Health Services have made a positive impact on outcomes and waiting times for individuals. Enhanced access to Psychological Therapy programmes across West Dunbartonshire HSCP 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.

Since July 2016 we have consistently exceeded the national target for 90% of patients starting Psychological Therapies treatment within 18 weeks of referral.

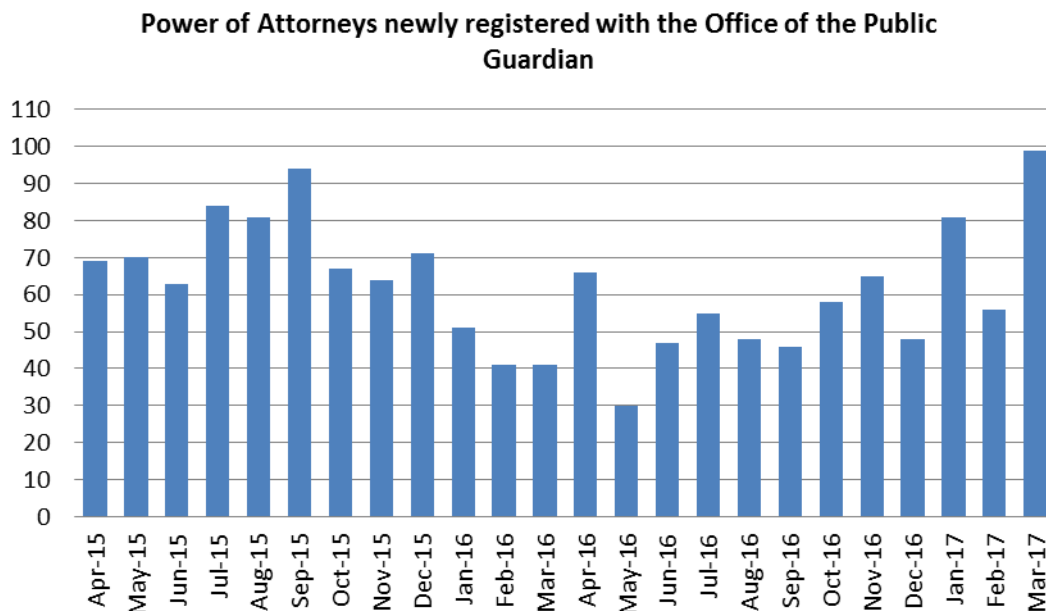


WDHSCP and our partners understand that people living with dementia and their carers are experts in experiencing dementia and are often the best people to talk about it. Dementia Friendly West Dunbartonshire (DFWD) is a community-led and multi-agency (statutory, independent and third sector) initiative 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.

In 2017 DFWD was recognised at the international conference in Japan regarding its learning and good practice. West Dunbartonshire's Dementia strategy and implementation plan will be refreshed in 2017 reflecting the new Scottish Government's [Dementia Strategy 2017-20](#).

When a person is diagnosed as living with dementia they need the right information and support so that they can live as fulfilling lives as possible, prepare for the future, and that their preferences for end of life are acted upon. All 186 people diagnosed with dementia during 2016/17 were offered post-diagnostic support coordinated by a link worker, including the building of a person-centered support plan.

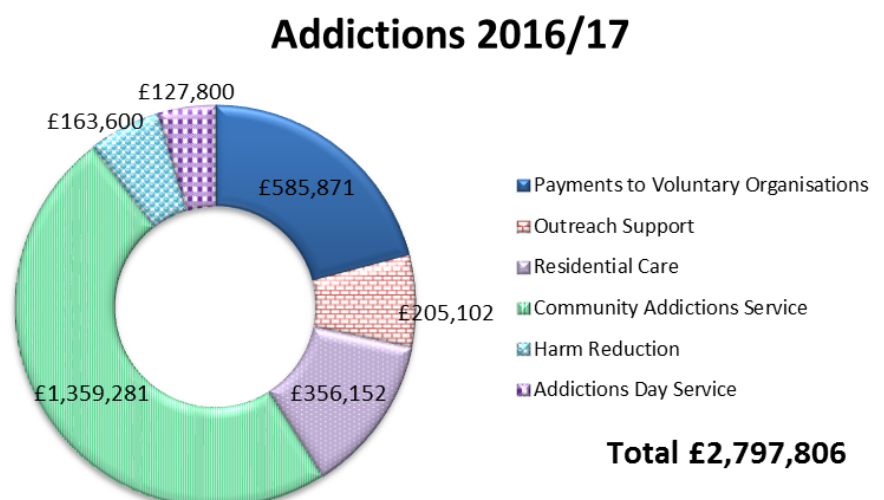
During 2016/17, there were 699 newly registered Power of Attorney where the granter resides within West Dunbartonshire. There has been a continued commitment to improving knowledge and raising awareness across the community. This has included WDHSCP working with primary care in developing awareness raising cards for GPs and other primary health care workers to distribute to patients. Raising awareness is now core practice within our Community Health and Care services.



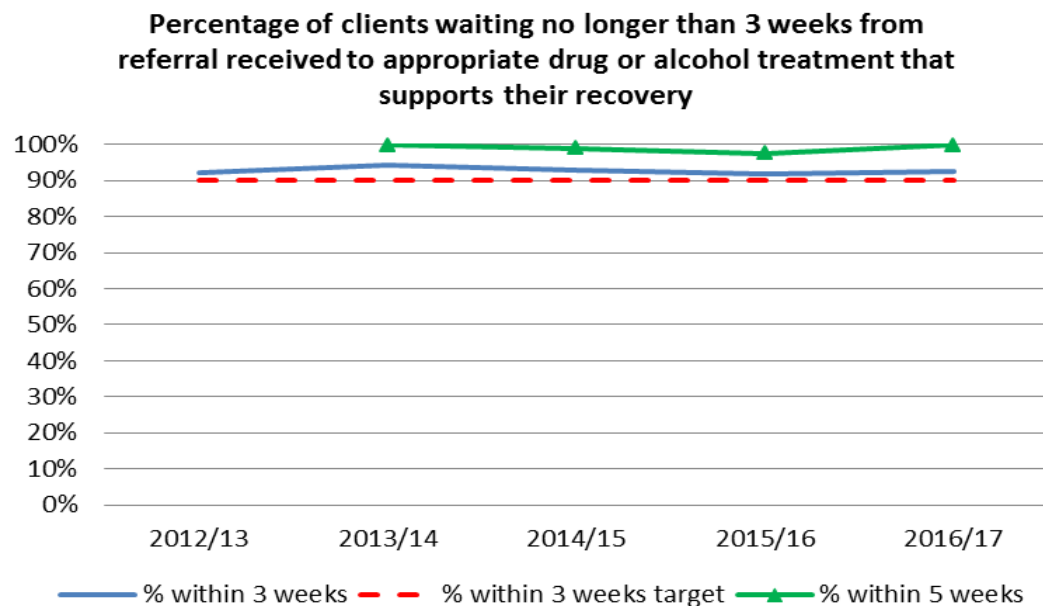
Supporting People with Addiction

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 and Alcohol Services](#) underpin the

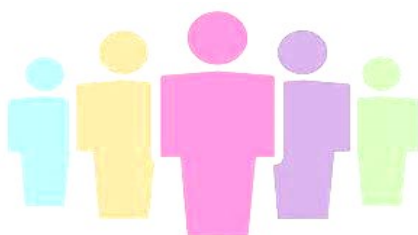
development of WDHSCP Addiction Services, supported by [The Road to Recovery Drugs Strategy](#) and [Getting Our Priorities Right](#) (GOPR) guidance.



We continue to consistently meet the target of 90% of patients waiting no longer than 3 weeks for referral to appropriate drug or alcohol treatment: 92.7% were seen within 3 weeks and 99.8% within 5 weeks during 2016/17.



The provision of Alcohol Brief Intervention (ABI) reflects our priority of prevention and early intervention. This is a short, non-confrontational ‘conversation’ about a person’s alcohol consumption in order to motivate and support the change in their drinking and reduce risk of harm. As reflected across NHS Greater Glasgow and Clyde as a whole, delivery of Alcohol Brief Interventions in primary care in West Dunbartonshire is significantly below target. 230 ABIs were carried out by GP practices and 295 were carried out within wider settings in West Dunbartonshire during 2016/17. This reflects the broadening of ABI delivery in wider settings and may potentially cover ‘harder to reach’ groups, especially in communities where deprivation is greatest. WDHSCP Health Improvement Team has continued to offer support to GP practices as part of its ongoing Capacity Building Programme.



92.7% of people receiving treatment within 3 weeks of referral.

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.

In May 2016, the Scottish Government commissioned the Care Inspectorate to support all ADPs in Scotland to review their progress towards implementation of the national Quality Principles, which support a holistic, recovery-focused partnership approach.

The Care Inspectorate highlighted the high quality effective services being delivered to meet the needs of clients in West Dunbartonshire.



The ADP was identified as meeting and exceeding key performance targets, successfully delivering accessible services and that:

- Services worked effectively and that individuals accessing services did so without delay.
- Services being delivered were high quality and needs based, supporting empowerment through recovery.
- Well established governance was in place with sound mechanisms for reporting progress against the ADP delivery plan through the Integrated Joint Board and Community Planning Partnership.
- The ADP was noted as being innovative, committed to self-evaluation and continuous improvement.

'Strong working relationships across the Community Planning Partnership and with appropriate thematic groups associated with ADP interventions such as Child Protection Committee (CPC), Adult Protection Committee (APC), children and families and other public protection agendas.'

Care Inspectorate, 2017

The national Sexual Health and 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. The Care Inspectorate also acknowledged the work of the WDHSCP Addictions Blood Borne Virus Team as a good practice example.

Blood Borne Virus Service

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. This has resulted in a shift from 10% to over 70% attendance, which has significantly improved therapeutic outcomes for patients. Staff have embraced the new, flexible service delivery methods, and are able to see the benefits of local approaches in ensuring hard to reach clients are able to access effective anti-viral therapy.

By working within the local community, our partners including GPs, Working4U, and the wider housing sector have been able to more actively engage in supporting people.

WDHSCP Addiction Service presented their findings at the Annual EASL (European Association for the Study of the Liver) International Liver Congress, in Amsterdam; sharing their innovative and successful approach.

People using the ADP's services tell us of the positive impact it has on their lives. Our ADP Annual Service User Satisfaction Survey 2017 indicates that the majority of service users were happy with services and felt that their lives were better because of the services provided. Service users felt treated with dignity and respect in all service areas.

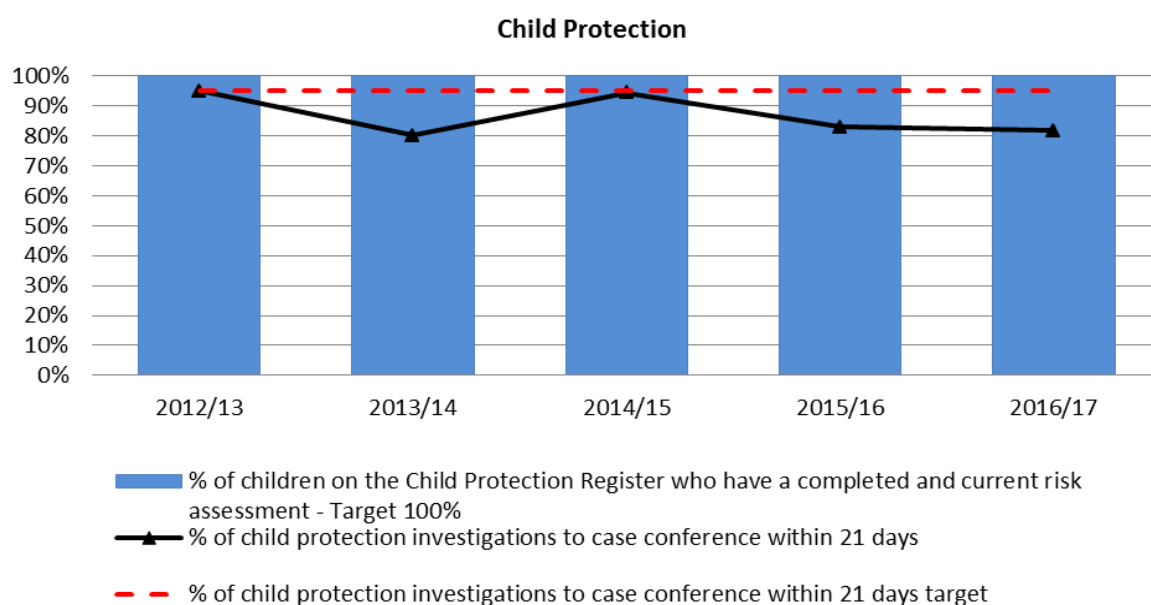
Our Future of Addiction Services (FAST) recovery cafés support service users who would like to move on in their recovery to training, education or mutual aid as well as families and carers. Our service user involvement group enables service users to voice their opinions on services; and to volunteer at our café, which runs on a six weekly programme. In 2016/17 a new recovery café opened in Clydebank, reflecting the success of the model locally. The cafes can see more than 40 people attending regularly, giving them access to welfare benefits workers, recovery and health support, in addition to a safe space for families to meet.

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). 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. 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 2017 there were 71 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 28 children the previous year. As the chart below illustrates, all children on the CPR have a completed and current risk assessment. The percentage of case conferences held within 21 days has reduced from 83% in 2015/16 to 81.8% in 2016/17, however the significant rise in Child Protection referrals has meant the number of case conferences held in 2016/17 was almost double the 100 held in 2015/16, at 192.



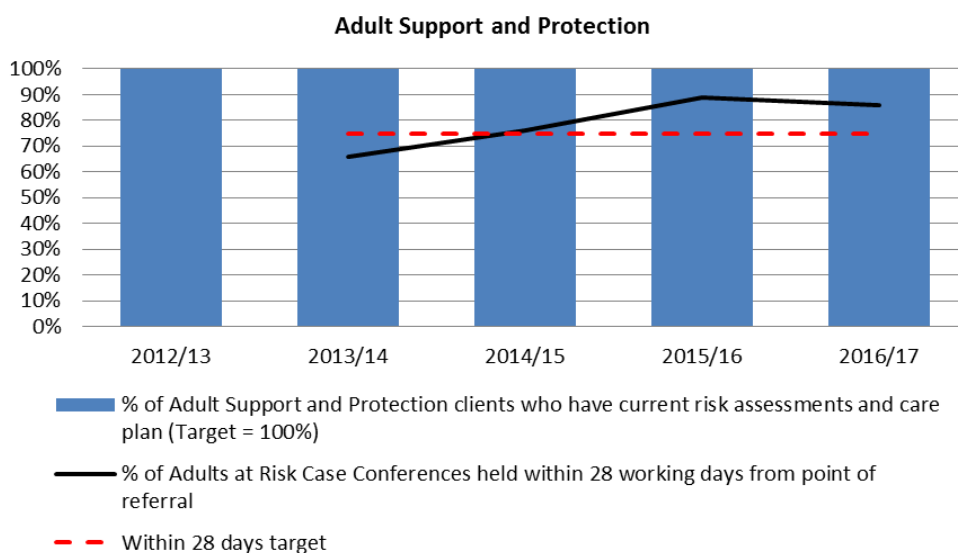
The local WDHSCP-led and multi-agency Child Protection Committee (CPC) monitors the numbers of children on the CPR and the variance over the course of the year. It has considered child wellbeing and child protection, including examining levels of vulnerability and the prevalence of domestic abuse and child protection concerns. Analysis of the factors that led to children being placed on the Child Protection Register overwhelming identified the contributory factor recorded as 'neglect'.

Within our communities there are adults who are at more risk of harm than others - because of illness, disability or some other factor. 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 and Scottish Fire and Rescue Service.

Reflecting the links within Public Protection, West Dunbartonshire's Adult Protection and Child Protection Committee Training subgroups merged in 2016/17, recognising the benefit of connectivity across skills and knowledge for staff and the community. The initial focus is to update E-Learning Modules for Adult/Child Protection to incorporate a more interactive theme increasing access to training and continuing to ensure a skilled and confident workforce supporting our most vulnerable people.

'Now I have the confidence in speaking out.'

All Adult Support and Protection service users have a current risk assessment and care plan and meeting timescales for case conferences has been sustained well above target at 86% in 2016/17. From April 2016 the target timescale for beginning Adult at Risk investigations was reduced from 8 to 6 working days and the new timescale was met in 87% of all investigations during 2016/17.



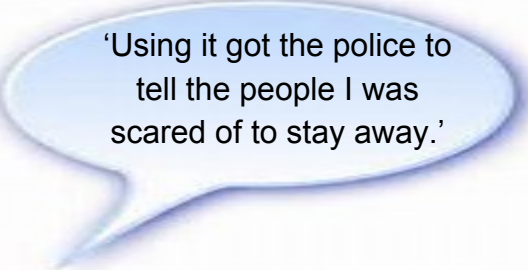
Where Adult Protection measures have been required, we ask some people who have been involved about their experiences of the process, and what the outcome has been like for them. They tell us that they feel safer, with examples of people being offered safer housing, being supported to access new, safer opportunities, restricting access of others to the person by, for example, Banning Orders.

Adult Protection

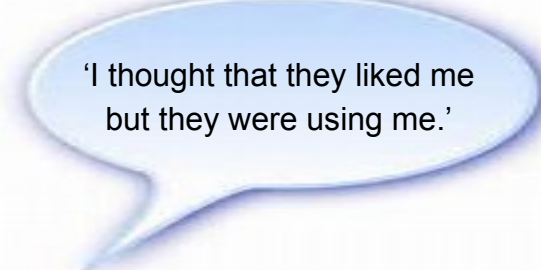
For one vulnerable man in the community an integrated support package including Learning Disabilities and Adult Care Team support was already supporting his needs however there was growing concern that money was going missing from his home and that he was increasingly agitated and upset.

It was agreed that technology enabled care would support him safely by providing cameras that identified where he was leaving his house in the evening, which was an identified risk for him. However, what the devices actually showed was people entering his house at night, reinforcing concerns about his vulnerability. Following an Adult Protection investigation a banning order was put in place. This prevents named people from contacting him and, with the support of his advocate working with the HSCP, he was offered sheltered housing provision to better keep him safe.

'If it hadn't been found out and had ASP and the Banning Order done, I don't think they would have stopped coming to me for money- I was too scared to say "No".'



'Using it got the police to tell the people I was scared of to stay away.'



'I thought that they liked me but they were using me.'

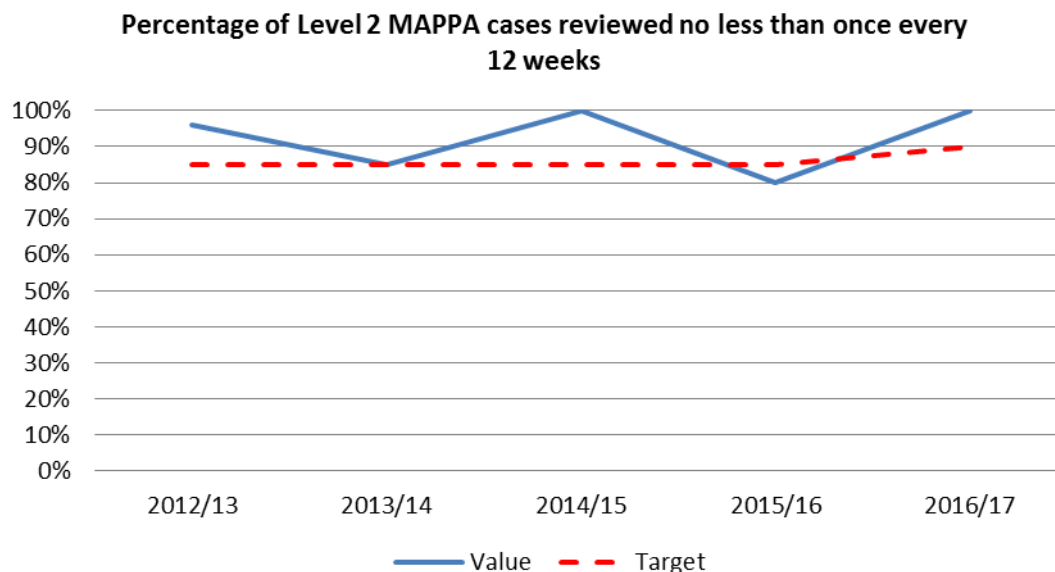
Trading Standards

WDHSCP is working closely with Trading Standards and our community planning partners to implement the local strategy to tackle financial harm. Where a person is identified as vulnerable then the Trading Standards Team will intervene at an early stage and assign a named officer to assist them.

Specifically in relation to the risk of Door Stop Seller scams, by utilising technology enabled care (TEC), WDHSCP have installed alert systems which notify home care staff when there is suspected activity in the area.

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.

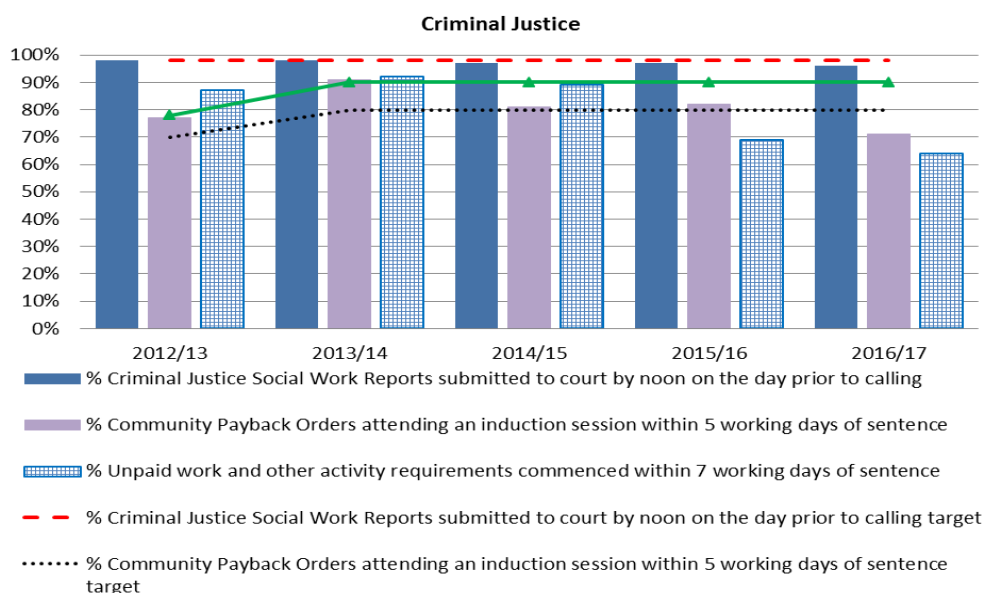
WDHSCP has consistently achieved the target of 85% of Level 2 MAPPA cases being reviewed at least once every 12 weeks.



In addition to registered sex offenders and restricted patients, since April 2016 MAPPA arrangements have also applied to offenders who through the nature of their conviction are assessed as presenting a high or very high risk of serious harm to the public (referred to as category 3). It is important to note that the threshold for inclusion in MAPPA is set at a high level and is based upon the application and interpretation of formal risk assessment.

The [Community Justice \(Scotland\) Act 2016](#) identified Community Planning Partnerships as the vehicle to bring partner organisations together to plan and deliver community justice outcomes. It transferred the responsibility for the local strategic planning and delivery of community justice from Community Justice Authorities to Community Planning Partnerships; 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.

Community Justice relates to the whole journey that a person can travel through, including the risk factors that can underpin a person's offending behavior; to the factors supporting desistance and the milestones people often experience on this journey. WDHSCP is crucial in supporting people and their families and carers through statutory criminal justice services, and importantly through WDHSCP and third sector partnership provision, reflecting the often poor physical and mental health of people involved in offending behaviour.



For West Dunbartonshire, criminal justice social work remains accountable to and subject to the governance arrangements within the Health and 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. 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 2016/17.

Women's Safety and Support Service

Women's Safety and Support Service (WSS) undertake assessments of need and risks and create individually tailored safety and support plans. The service works with women and girls who are partners and ex-partners of male/female perpetrators of domestic abuse who are subject to criminal proceedings and female offenders affected by gender based violence. It increases the safety of women and girls by providing early intervention, crisis intervention and support for emotional health in the medium to longer term, in partnership with other local services for women and girls.

Reflecting the high level of domestic abuse in West Dunbartonshire, this service had 51 new referrals in 2016/17, in addition to offering ongoing support to up to 24 women already engaged in the service.

6. BEST VALUE AND FINANCIAL PERFORMANCE

The Health and Social Care Partnership Board is required to make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Partnership, that officer is the Chief Financial Officer.

The financial reporting responsibilities of the Chief Financial Officer include preparing financial statements and performance reports. Financial performance is an integral element of the Partnership Board's overall performance management framework, with regular reporting and scrutiny by the Partnership Board and its Audit Committee. The 2016/17 financial performance reports demonstrate that in challenging economic times the requirement to deliver services for best value is being met, whilst maintaining quality and securing continuous improvement.

The key messages from our first full year of operation during the financial year 2016/17 are:

- On a total budget allocation of £167.693m from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, including Set Aside and Hosted Services, we have ended the year with a surplus of £3.956m.
- This represents previously reported underspends in Social Care, mainly from unapplied Social Care Fund resources of £2.994m and planned for service underspends across Health Services to be held in reserve to mitigate any future budget volatility and underwrite the delivery of approved savings plans.
- This surplus will be added to the reserves brought forward from 2015/16 of £1.612m.
- These general fund reserves are categorised into earmarked reserves for specific projects, such as residential care home transformation or 2017/18 budget pressure and unearmarked reserves which forms part of the HSCP Board's financial strategy and was established to better manage the risk of any future unanticipated events that may materially impact on the financial position of the HSCP Board.
- Approved savings of £0.993m relating to Social Care were delivered in line with the financial plan.
- Approved savings of £1.431m for Health Care were part delivered through Health Board collective savings plans and local savings plans. The balance of £0.909m was funded non-recurrently by Greater Glasgow and Clyde Health Board to allow the HSCP Board to approve savings options at the November 2016 meeting for implementation 1 April 2017.
- The cost of implementation of the Scottish Living Wage of £8.25 per hour for all adult care workers from 1 October 2016 was calculated at a cost of £0.667m.

The table below sets out the financial performance (subject to final audit approval) of all our services and whilst the overall position is favourable, it is clear to see that health and social care services are under pressure due to increasing demand across our population.

The Scottish Government's 2016/17 Social Care Fund amounted to £250m of which this partnership received £4.921 million. The Partnership Board approved a financial plan which allocated £1.260m to support increasing cost pressures through demographic growth and £0.667m to deliver the Scottish Living Wage. The balance of £2,994m is being held in reserve and will be managed in line with the approved Reserves Policy.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2016/17 Annual Budget £000	2016/17 Net Expenditure £000	2016/17 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People Residential, Health and Community Care	25,966	25,971	(5)
Homecare	12,819	13,075	(256)
Physical Disability	2,742	2,509	233
Children's Residential Care and Community Services (incl specialist)	18,925	19,113	(188)
Strategy Planning and Health Improvement	1,934	1,878	56
Mental Health Services - Adult & Elderly Community and Inpatients	9,872	9,580	292
Addictions	2,961	2,859	102
Learning Disabilities - Residential and Community Services	15,352	15,163	189
Family Health Services (FHS)	23,418	23,418	0
GP Prescribing	19,294	19,294	0
Hosted Services - MSK Physio	6,246	6,064	182
Hosted Services - Retinal Screening	823	745	78
Criminal Justice	46	16	30
HSCP Corporate and Other Services	4,015	772	3,243
Cost of Services Directly Managed by West Dunbartonshire HSCP	144,413	140,457	3,956
Set aside for delegated services provided in large hospitals	17,066	17,066	0
Assisted garden maintenance and Aids and Adaptions	702	702	0
Services hosted by other Integrated Joint Boards within Greater Glasgow & Clyde	11,775	11,775	0
Retinal & MSK Physio Services hosted by West Dunbartonshire IJB for other IJBs	(6,263)	(6,263)	0
Total Cost of Services to West Dunbartonshire HSCP	167,693	163,737	3,956

The set aside budget for large hospital services is related to the Partnership Board's responsibility for the strategic planning for unscheduled care with respect to the population of West Dunbartonshire. For 2016/17 the reported budget is regarded as "notional" with a corresponding equal "notional" spend. However this will develop in 2017/18 as services are redesigned to shift the balance of care from hospital to community care settings. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment.

The main financial variances during 2016/17 were in relation to:

- Homecare (Care at Home Services) – reported a year end overspend of £0.256m as a result of increased demand from our growing older people population requiring more frequent visits to allow them to remain supported at home.
- Children’s Residential Care and Community Care – reported a year end overspend of £0.188m mainly due to an increase in residential and secure placements.
- Learning Disability Residential and Community Services and Physical Disability – reported year end underspends of £0.189m and £0.233m respectively, mainly due to a small decrease in the number of clients requiring supported living or residential packages of care.
- HSCP Corporate and Other Services – of the total reported underspend of £3.243m the main factor is the unapplied Social Care Fund of £2.994m, as detailed above.
- Addictions and Mental Health Services – reported underspends of £0.102m and £0.292m respectively are mainly related to staff vacancies and changes to client mix.

Looking forward to 2017/18 and beyond, ongoing financial austerity within the public sector coupled with short term funding allocations make financial planning in the medium term a complex endeavour for the Partnership Board and impacts on the decision making process on how to address funding reductions with the least impact to front line services.

Service redesign and shifting the balance of care are essential given the projected scale estimated funding reductions (3%-7%) and demographic challenges in the coming years. The Strategic Plan and its associated commissioning intentions will inform the Partnership Board’s Financial Plan around growing our community based services.

The Partnership Board will closely monitor progress on the delivery of approved savings programmes through robust budget reporting processes. The HSCP Chief Officer will develop further options through use of invest to save models and opportunities for team co-location (e.g. as part of West Dunbartonshire Council’s investment in fit for purpose office accommodation and improved agile working strategy).

The Partnership Board will use reserves to both underwrite any unforeseen service volatility and to support service redesign to deliver sustainable, high quality health and care services to West Dunbartonshire communities.

7. GOOD GOVERNANCE

Both our [Chief Internal Auditor's Report on Governance, Performance and Financial Management Review](#) and our [2015/16 Annual Audit Report](#) by Audit Scotland identify effective financial management and strong governance arrangements as hallmarks of our HSCP and our integration arrangements to-date.

In accordance with the recommendations of Audit Scotland's [Health and Social Care Integration Report 2015](#), our Audit Committee and Partnership Board actively address recommendations and scrutinise actions to address potential risks to the success of health and social care integration. These include:

- Providing clear and strategic leadership.
- Ensuring governance arrangements work effectively.
- Strategic plans that document how key priorities will be delivered.
- Financial plans that show how we use resources such to provide community-based and preventative services.
- Working with West Dunbartonshire Council and Greater Glasgow and Clyde Health Boards to address risks associated with complex accountability arrangements; review clinical and care governance arrangements; agree budgets; establish effective scrutiny arrangements and put in place data sharing arrangements.

For West Dunbartonshire, this includes increased emphasis on understanding and reporting how we best make use of our limited resources to achieve positive outcomes for our community. To this end we are striving towards improved reporting of expenditure directly related to key performance priorities. Reflecting the cross cutting nature of the needs of our community, our service provision and priorities, headline financial indicators included within this Annual Public Performance Report within key priority areas - and these be developed as we progress our Strategic Needs Assessment over the coming year.

The Partnership Board also receives and the HSCP publishes a Quarterly Public Performance Report, which provides an update on progress in respect of key performance indicators and commitments:

<http://wdhscp.org.uk/about-us/public-reporting/performance-reports/>

Developing Localities and GP Quality Clusters

Within West Dunbartonshire our two Localities in Alexandria/Dumbarton and Clydebank were formally established in July 2015. These groups build on the existing arrangements within primary care to engage local services and on the close working relationship between practices and the HSCP; and has been extended to formally include participation from wider services, including acute, housing and third sector organisations. Our Localities work collaboratively with representatives from across the various professions and organisations. We have excellent involvement from our GPs, Optometrists, Nursing, Social Work and Housing representatives and we work with our colleagues in West Dunbartonshire Community Voluntary Service (CVS). The Lead within CVS represents the Local Engagement Network at the Locality meetings across the HSCP. The priorities of the Local Engagement Network and the Localities are aligned and influence the content of activities and improvement plans within the HSCP. During 2016/17 these groups have worked with Mental Health, Addictions, Children and Young People's Services, respiratory services and frailty to improve care for local patients. This work has resulted in collaborative working with our secondary care and third sector organisations and has contributed to improving pathways for patients and relationships within the different care settings.



As a result of the national changes to the GMS (General Medical Service) contract in 2016/17 and the introduction of the new clinical quality arrangements within practices and between clusters of practices, West Dunbartonshire General Practitioners have developed three clusters; Alexandria, Dumbarton and Clydebank. Due to the geographical nature of the clusters in Alexandria and Dumbarton Locality and their alignment to secondary care service at the Vale of Leven Hospital and the Royal Alexandra Hospital these clusters work together to ensure alignment of improvement activity which may impact on secondary care, thus ensuring improvements are developed as a whole system approach. The HSCP developed a shared and agreed approach for the appointment of the Cluster Quality Leads within West Dunbartonshire, who were appointed in November 2016; the Cluster Quality Leads working with the Practice Quality Leads to develop and implement activities identified for improvement. A number of topics have been identified during 2016/17. The work included prescribing, diabetic foot, frailty coding, epilepsy, and cancer care. This activity will be built on during 2017/18.

Appendix 1: Core Integration Indicators

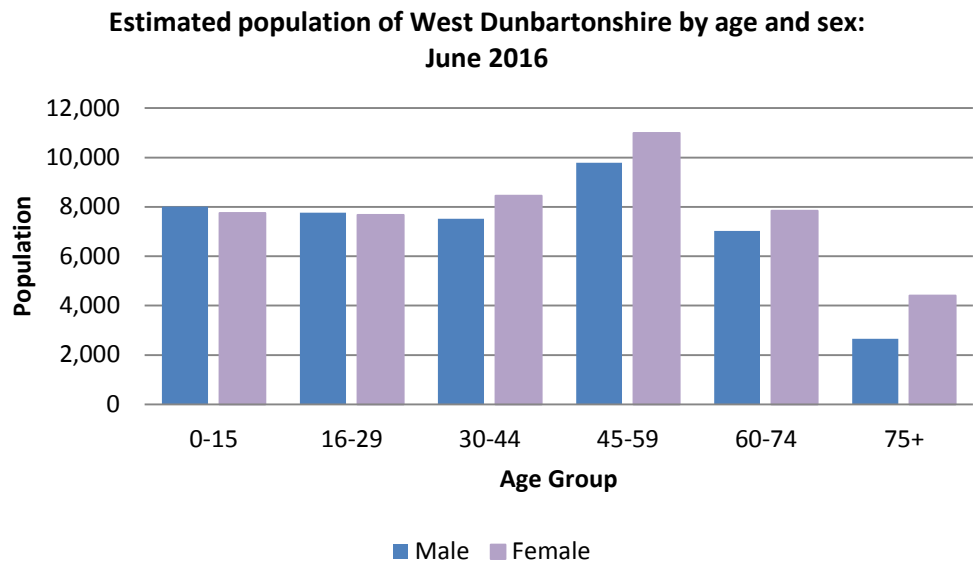
Core Integration Indicator	West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland latest data
	2014/15	2015/16	2016/17	Direction of travel	2016/17	
Premature mortality rate per 100,000 persons	557	570	N/A	↑	441	●
Emergency admission rate per 100,000 population	14,254	13,562	13,271	↓	12,037	●
Emergency bed day rate per 100,000 population	146,024	132,099	136,448	↓	119,649	●
Readmission to hospital within 28 days per 1,000 population	79	78	82	↑	95	◊
Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.9%	88.1%	↑	87.5%	◊
Falls rate per 1,000 population aged 65+	21	23	24	↑	21	●
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	90%	93%	N/A	↑	83%*	◊
Percentage of adults with intensive care needs receiving care at home	67%	69%	N/A	↑	62%	◊
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	880	530	479	↓	842	◊
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.4%	21.5%	22.1%	↓	22.8%	◊

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing poorer than Scotland figure

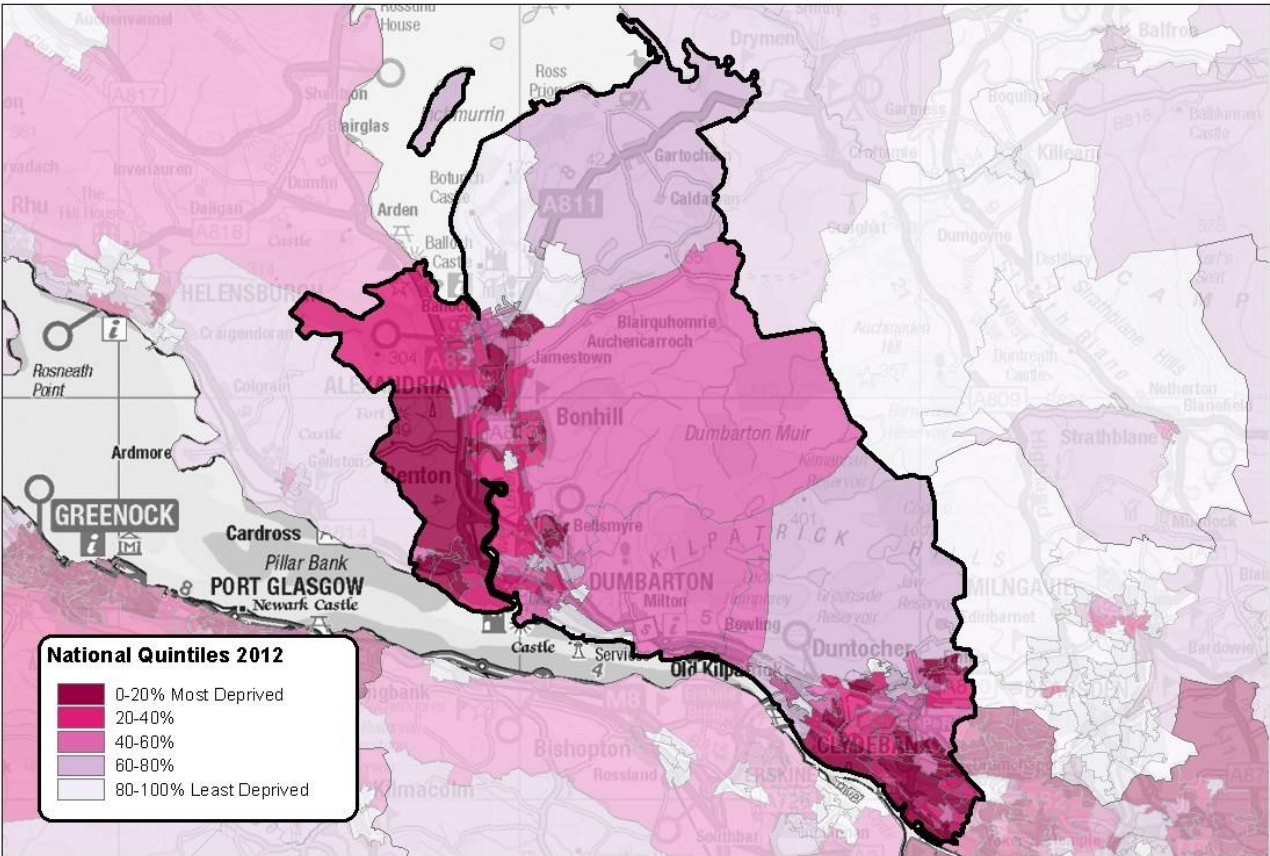
*2015/16 figure

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 2016 population for West Dunbartonshire is 89,860: an increase of 0.3% from 89,590 in 2015.

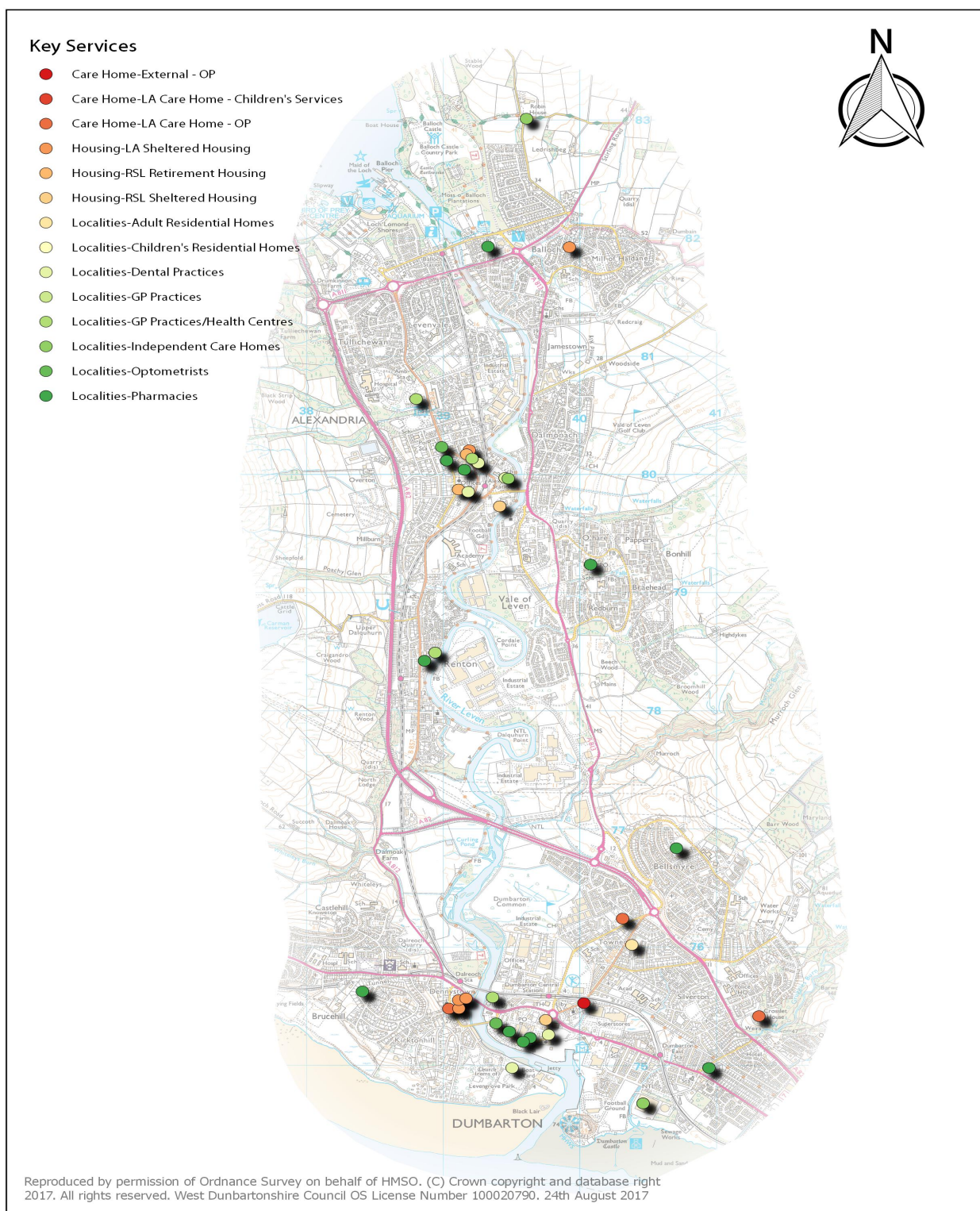


The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012).



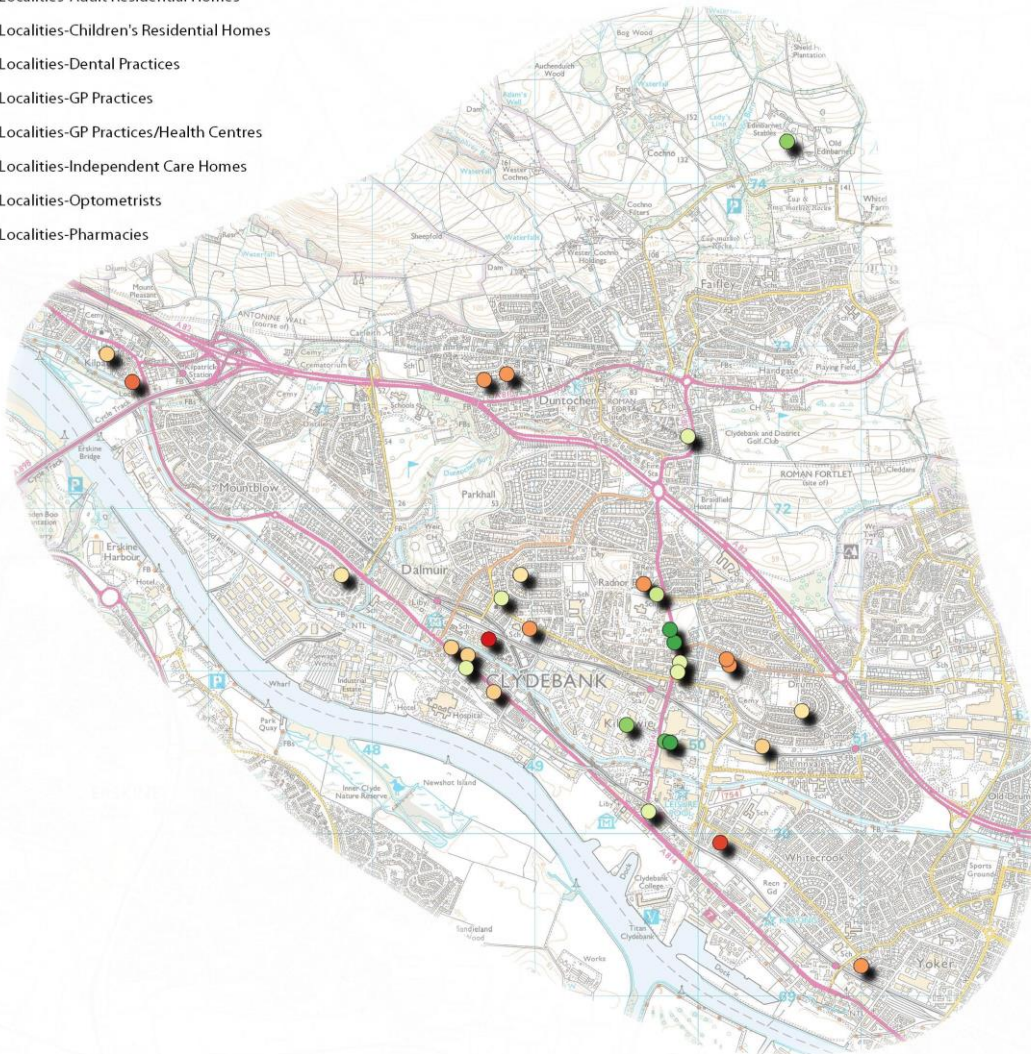
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In 2015, the Health and Social Care Partnership Board identified its two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. The following two maps show each of those areas, and key community health and social care facilities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

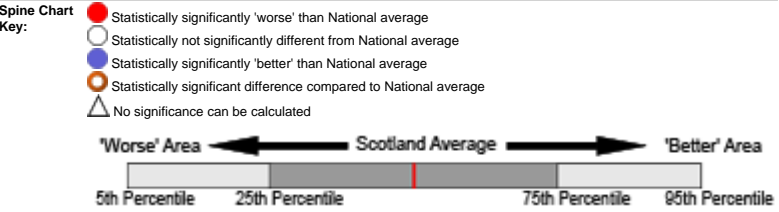


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Domain	Indicator	Period	Number	Measure	Type	National Average	'Worst'	Scotland Comparator	'Best'
Life Expectancy & Mortality	1 Male life expectancy ¹⁸	2011	n/a	74.1	yrs	76.6			
	2 Female life expectancy ¹⁸	2011	n/a	78.7	yrs	80.8			
	3 Deaths all ages ¹²	2014	1,056	1,365.6	sr4	1,165.0			
	4 All-cause mortality among the 15-44 year olds. ¹²	2014	45	144.9	sr4	98.2			
	5 Early deaths from CHD (<75) ¹²	2014	54	70.4	sr4	54.2			
	6 Early deaths from cancer (<75) ¹²	2014	164	208.2	sr4	167.1			
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	2015	914	1,057.2	sr4	664.5			
	10 Alcohol-related mortality ¹⁷	2013	27	31.1	sr4	22.1			
	11 Drug-related hospital stays ^{12,15}	2014	135	158.2	sr4	133.6			
	12 Active travel to work ^{3,14}	2014	n/a	15.9	%	15.7			
Ill Health & Injury	13 New cancer registrations ^{12,19}	2013	610	758.0	sr4	644.3			
	14 Patients hospitalised with chronic obstructive pulmonary disease (COPD) ^{12,19}	2014	287	340.9	sr4	241.5			
	15 Patients hospitalised with coronary heart disease ¹²	2014	433	519.6	sr4	403.1			
	16 Patients hospitalised with asthma ¹²	2014	92	100.2	sr4	89.4			
	17 Patients with emergency hospitalisations ¹²	2014	7,391	8,542.4	sr4	7,473.4			
	18 Patients (65+) with multiple emergency hospitalisations ¹²	2014	852	5,737.3	sr4	5,238.1			
Mental Health	19 Road traffic accident casualties ¹²	2013	46	53.7	sr4	58.9			
	20 Population prescribed drugs for anxiety/depression/psychosis	2015	18,809	21.0	%	18.0			
	21 Patients with a psychiatric hospitalisation ¹²	2013	285	331.6	sr4	286.2			
Social Care & Housing	22 Deaths from suicide ¹⁷	2012	15	16.8	sr4	14.2			
	23 Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance	2015	6,285	8.5	%	6.2			
	24 People aged 65 and over with high levels of care needs who are cared for at home ³	2016	320	36.0	%	34.8			
	25 Children looked after by local authority ³	2014	385	20.5	cr2	14.0			
Education	26 Single adult dwellings	2015	17,611	39.1	%	37.4			
	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			
Economy	30 Working age adults with low or no educational qualifications ³	2013	10,500	18.6	%	12.6			
	31 Population income deprived	2015	15,955	17.8	%	12.3			
	32 Working age population employment deprived	2014	10,165	17.4	%	12.2			
	33 Working age population claiming Out of Work benefits	2015	9,410	16.2	%	11.2			
	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			
Crime	36 People claiming pension credits (aged 60+)	2015	2,040	9.5	%	6.2			
	37 Crime rate	2015	3,469	38.7	cr2	30.8			
	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	2015	1,358	151.6	cr9	108.1			
	41 Violent crimes recorded ³	2015	162	18.1	cr9	12.6			
Environment	42 Drug crimes recorded ³	2015	1,110	123.9	cr9	66.0			
	43 Population within 500 metres of a derelict site	2015	57,413	64.0	%	29.7			
	44 People living in 15% most 'access deprived' areas	2015	10,028	11.2	%	15.0			
Women's & Children's Health	45 Adults rating neighbourhood as 'a very good place to live' ^{3,14}	2015	n/a	44.0	%	56.3			
	46 Teenage pregnancies ¹²	2013	111	42.9	cr2	37.7			
	47 Women smoking during pregnancy ¹²	2014	204	22.9	%	17.3			
	48 Low birth weight ¹²	2014	21	2.5	%	1.9			
	49 Babies exclusively breastfed at 6-8 weeks ¹²	2014	137	16.0	%	27.5			
	50 Child dental health in primary 1	2015	608	65.7	%	69.9			
Immunisations and Screening	51 Child dental health in primary 7	2015	583	66.7	%	67.9			
	52 Child obesity in primary 1	2015	81	8.6	%	9.9			
	53 Breast screening uptake ¹²	2011	2,799	69.3	%	72.5			
	54 Bowel screening uptake ¹²	2013	8,018	53.3	%	57.3			
	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
19. Note that the definition has changed since last update

Spine Chart Key:
% =percent
cr2 =crude rate per 1,000 population
cr9 =crude rate per 10,000 population
mean=average
sr4 =age-sex standardised rate per 100,000 population to ESP2013. Please see Appendix I in the technical report.
yrs =years



See the detailed Definitions and Sources table for indicator information and Technical Report for further guidance on interpreting the spine.

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 1st April 2016 and 31st March 2017.

Gradings:

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

Service	Date published	Grade	Quality Theme
Adoption Services	23 April 2016	5 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
Blairvadach Children's House	13 October 2016	5 5 5 5	Care and Support Environment Staffing Management and Leadership
Burnside Children's House	23 December 2016	6 NA 6 NA	Care and Support Environment Staffing Management and Leadership
Craigellachie Children's House	23 February 2017	4 NA 4 NA	Care and Support Environment Staffing Management and Leadership
Fostering Services	23 April 2016	5 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
Throughcare Adult Placement Services	3 February 2017	6 NA 6 NA	Care and Support Environment Staffing Management and Leadership
Acquired Brain Injury	10 February 2017	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership
Boquhanran House	18 May 2016	5 4 NA NA	Care and Support Environment Staffing Management and Leadership

Service	Date Published	Grade	Quality Theme
Care at Home Services	30 March 2017	5 NA NA 5	Care and Support Environment Staffing Management and Leadership
Community Alarm Services	30 March 2017	5 NA NA 5	Care and Support Environment Staffing Management and Leadership
Dalreoch House	2 February 2017	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
Frank Downie House	21 December 2016	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
Langcraigs	17 November 2016	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
Langcraigs Day Care	18 January 2017	4 N/A 4 4	Care and Support Environment Staffing Management and Leadership
Learning Disability Service	22 November 2016	3 N/A 3 3	Care and Support Environment Staffing Management and Leadership
Learning Disability Community Connections	31 January 2017	5 N/A 4 4	Care and Support Environment Staffing Management and Leadership
Mount Pleasant House	23 February 2017	3 3 3 3	Care and Support Environment Staffing Management and Leadership
Sheltered Housing	30 March 2017	5 NA NA 5	Care and Support Environment Staffing Management and Leadership
Willox Park	21 October 2016	4 N/A 4 N/A	Care and Support Environment Staffing Management and Leadership

APPENDIX 4: WD HSCP KEY PERFORMANCE INDICATOR SUMMARY 2016/17



Target achieved or exceeded





















Target narrowly missed












Target missed by 15% or more

*Provisional figure pending full year data

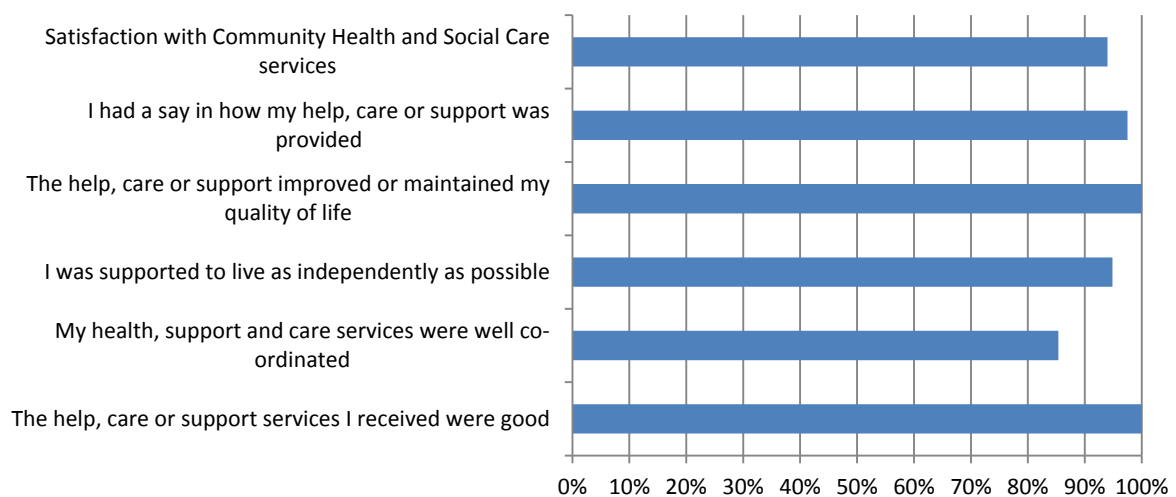
Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	90%	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6.25	6	18	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95.8%	95.6%	95%	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	96.9%	97.6%	95%	
Balance of Care for looked after children: % of children being looked after in the Community	89.8%	90.4%	90%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	62%	62%	73%	
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014	93.3%	100%	100%	
Number of delayed discharges over 3 days (72 hours) non-complex cases	N/A	14	0	
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,345	3,047	3,210	
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,617	849	466	
Emergency admissions aged 65+ as a rate per 1,000 population	250	263	236	
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	2,610	2,883	2,831	
Rates of attendance per month at Accident and Emergency (A&E) per 100,000 population - Rolling Year	1,517	1,586	1,750	
Number of non-elective inpatient admissions	10,702	10,503	12,000	
Percentage of total deaths which occur in hospital 65+	44.4%	42.2%*	45.9%	

Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Percentage of total deaths which occur in hospital 75+	42.8%	41.7%*	45.9%	
Number of clients 65+ receiving a reablement intervention	542	610	545	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	61.5%	66%	65%	
Number of patients in anticipatory care programmes	1,821	1,678	1,400	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,304	23,058	23,670	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	548.7	517.9	550	
Percentage of people aged 65 and over who receive 20 or more interventions per week	28%	28.9%	30%	
Percentage of people aged 65 or over with intensive needs receiving care at home	35.83%	33.5%	37%	
Percentage of homecare clients aged 65+ receiving personal care	90.3%	93.7%	90%	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.8%	97.7%	98%	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	35.8%	29%	40%	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	35%	22.3%	30%	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42%	39.2%	35%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	N/A	51.2%	90%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - NHSGGC	N/A	49.3%	90%	
Number of clients receiving Home Care Pharmacy Team support	815	1,048	600	
Prescribing cost per weighted patient (£Annualised)	£172.00	£181.10	NHS GGC average at March 2017	To be confirmed
Compliance with Formulary Preferred List	79.8%	80.2%	78%	
Total number of respite weeks provided to all client groups	6,729	4,795.1	6,730	

Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Percentage of carers who feel supported to continue in their caring role	80.2%	99%	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.7%	92.7%	90%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	96%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	82%	71%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	69%	64%	90%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Percentage of child protection investigations to case conference within 21 days	83%	81.8%	95%	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
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 - Early Years Collaborative Stretch Aim	71.7%	71.7%	85%	

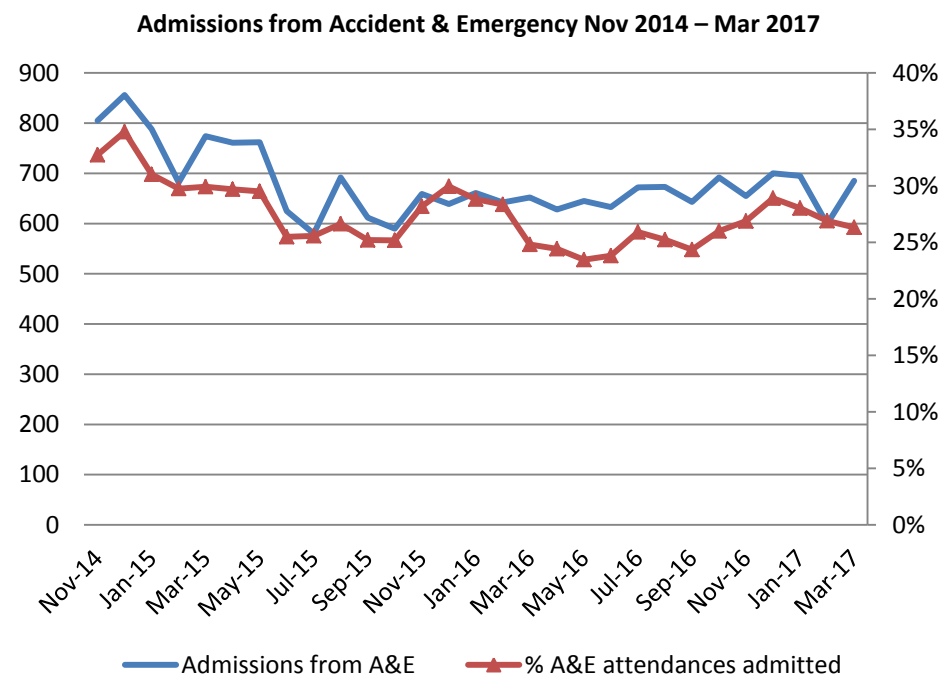
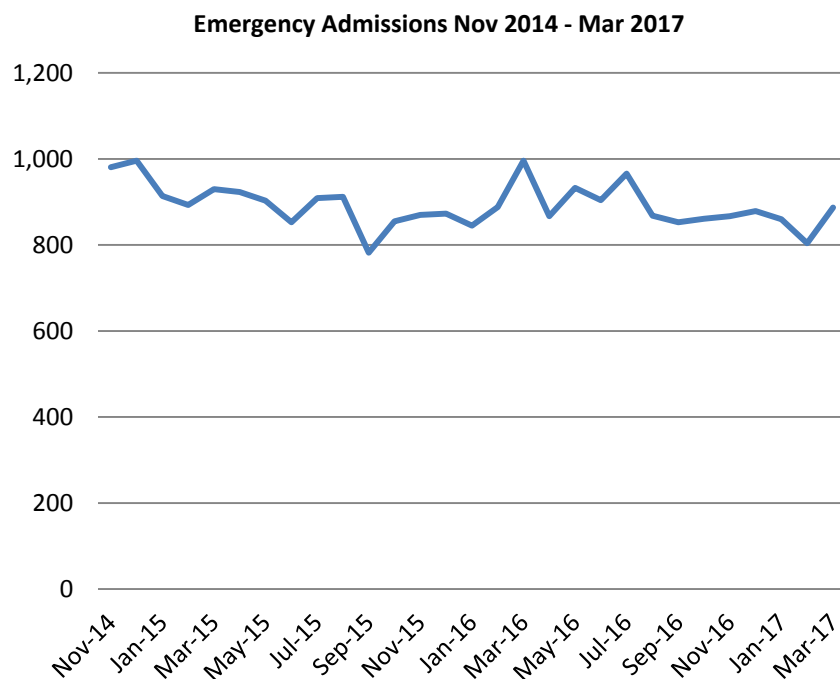
Appendix 5: National Health and Wellbeing Outcomes

WDHSCP has collected data to monitor outcomes for those using health and social care services within West Dunbartonshire in line with the National Health and Wellbeing Outcomes. As part of West Dunbartonshire Council's telephone user survey, callers were asked during January to March 2017 to provide feedback on their experience of HSCP services.

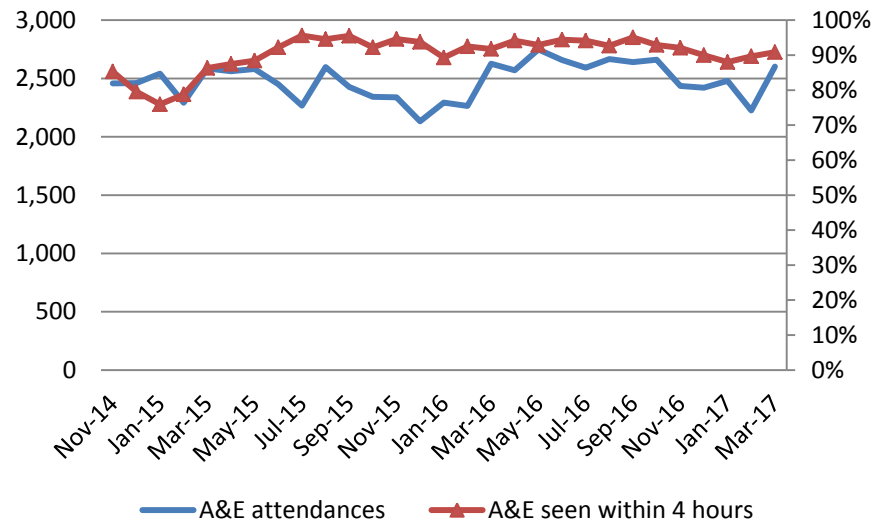


Appendix 6: Measuring Performance under Integration

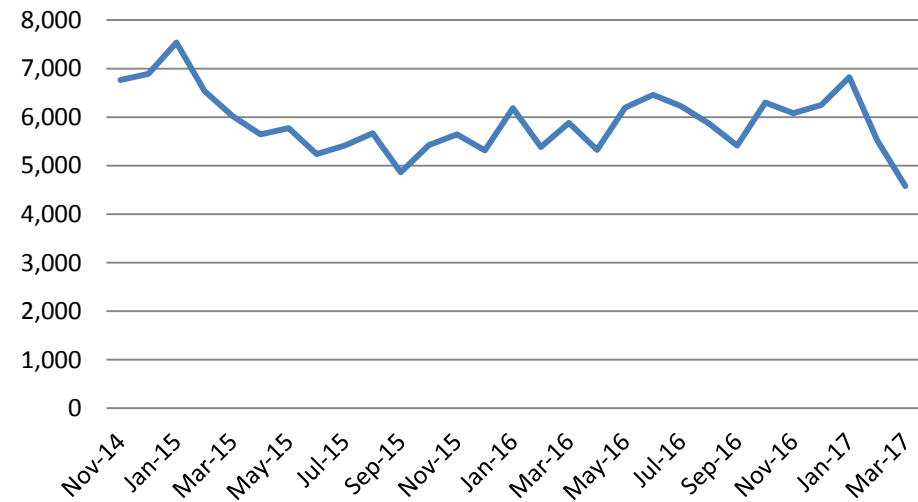
Provisional monthly figures for six of the Core Integration Indicators are being produced and monitored at a national level. Indicative figures below show the improving trend in West Dunbartonshire since November 2014. Subsequent improvements have also been seen in the latest provisional figures for April 2017.



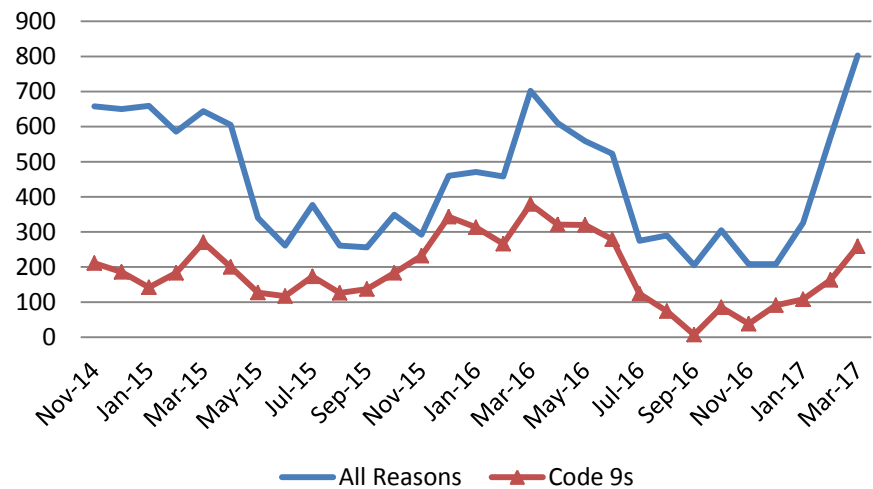
A&E attendances and 4 hour target Nov 2014 - Mar 2017



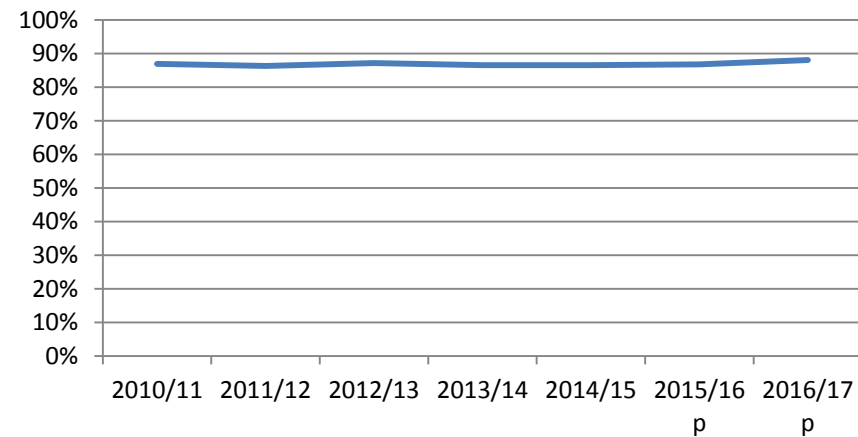
Unscheduled Bed Days Nov 2014 – Mar 2017



Delayed Discharge Bed Days Nov 2014 – Mar 2017



Percentage of last 6 months of life spent in a community setting 2010-2017



Appendix 7: HSCP Local Government Benchmarking Framework indicators

Performance Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Value	Value	Value	Value	Value	Value	Note
The gross cost of "children looked after" in residential based services per child per week £	£2,962.45	£3,008.94	£1,994.98	£2,946.15	£2,374.54	£2,292.62	We are the best performing HSCP in Scotland in 2015/16. The Scotland figure is £3,405.85.
The gross cost of "children looked after" in a community setting per child per week £	£47.99	£52.15	£143.79	£155.63	£159.38	£185.70	Ranked 4th in Scotland. Scotland figure is £291.57.
Balance of Care for looked after children: % of children being looked after in the Community	89.03%	88.35%	87%	90.5%	89.1%	89.8%	The HSCP's focus, along with community planning partners, 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: this has increased from 88.4% in 2011/12 to 89.8% in 2015/16. We are ranked 17th in Scotland for this measure.
Home care costs for people aged 65 or over per hour £	£16.90	£15.67	£17.64	£18.47	£20.91	£22.03	We have moved from 15th to 21st in Scotland, although we are close to the Scotland figure of £21.22 per hour.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.1%	1.6%	1.42%	1.39%	1.77%	2.16%	Expenditure on Self-Directed Support (SDS) Options 1 and 2 has increased by 61% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 2.16%. However, high satisfaction with social care services may also mean that clients are less motivated to actually take up SDS direct payments or individual service funds relative to other areas. This may go some way to explaining why our increased SDS expenditure has not been reflected in our ranking of 27th.
Percentage of people aged 65 or over with intensive needs receiving care at home	43.28%	44.27%	42.52%	40.71%	39.32%	35.83%	This measure focuses on people with 10 hours or more of homecare service each week. The increased use of additional Telecare sensors as an integral component of care packages to sustain people at home contributes

Performance Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Value	Value	Value	Value	Value	Value	Note
							towards a reduction in the number of homecare hours and increased support to carers. We are ranked 15th in Scotland but are above the Scotland figure of 34.78%.
% of adults satisfied with social care or social work services	67.7%	67.7%	67%	67.57%	69.67%	66.33%	We have sustained high levels of satisfaction with social care services at 66% in comparison with 50.67% in Scotland. This figure relates to 2013-2016.
Percentage of adults receiving any care or support who rate it as excellent or good	N/A	N/A	N/A	88%	87.97%	88.12%	This is a new LGBF measure already part of the Health and Wellbeing indicators. We are the best performing HSCP in Scotland for this measure. The Scotland figure is 81%.
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	N/A	N/A	N/A	88%	88.23%	85.87%	This is a new LGBF measure already part of the Health and Wellbeing indicators. We are ranked 13th in Scotland on this measure. The Scotland figure is 84%.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£600.00	£554.19	£430.41	£415.97	£460.43	£466.13	The HSCP is significantly higher than the Scotland figure of £364.99 and this is reflected in our ranking which has remained at 29th since 2014/15. The LGBF Overview Report 2014/15 recognises that 'variation in net costs between councils will be largely influenced by the balance of LA funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs'. The latter would include the degree to which staff employed within care homes are at paid at least the National Living Wage. West Dunbartonshire local authority care homes are a significant provider of residential care placements (with all of our staff paid at least the National Living Wage) which goes some way to explaining our being ranked 29th.