

# public performance report 2017/18

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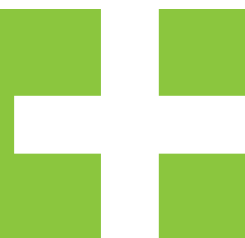
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# The year in figures 2017/18

81%

OF PEOPLE RATED THEIR CARE  
OR SUPPORT AS GOOD OR EXCELLENT



756

LESS BED DAYS SPENT IN HOSPITAL BY PEOPLE  
AGED 65 AND OVER WHO WERE READY FOR DISCHARGE

98%

OF PEOPLE AGED 65 AND OVER WITH COMPLEX  
NEEDS LIVING AT HOME OR IN A HOMELY SETTING

85%

OF PEOPLE HAD A POSITIVE EXPERIENCE OF THE  
CARE PROVIDED BY THEIR GP PRACTICE

92%

OF CARE SERVICES GRADED  
GOOD OR BETTER IN CARE INSPECTORATE  
INSPECTIONS: 3rd BEST PERFORMING  
IN SCOTLAND



4,344

EMERGENCY ADMISSIONS TO  
HOSPITAL FOR PEOPLE AGED  
65 AND OVER

49,304

UNPLANNED HOSPITAL  
BED DAYS  
FOR PEOPLE  
AGED 65 AND  
OVER



79%

OF PEOPLE AGREED THEIR  
HEALTH AND CARE SERVICES  
SEEM TO BE WELL CO-ORDINATED



**90.4%**

OF LOOKED AFTER  
CHILDREN WERE  
LOOKED AFTER IN  
THE COMMUNITY

**79.2%**

OF CHILD PROTECTION  
CASE CONFERENCES  
WERE CARRIED  
OUT WITHIN 21 DAYS

**89%**

OF PEOPLE AGREED  
THEY FELT SAFE



**80%**

OF PEOPLE FELT THEY HAD A  
SAY IN HOW THEIR HELP, CARE  
OR SUPPORT WAS PROVIDED

**941**

PEOPLE SUPPORTED TO  
MANAGE THEIR MEDICATION

**628**

CARERS RECEIVED 4,449  
WEEKS OF RESPITE

**91%**

OF PEOPLE HAD A POSITIVE  
EXPERIENCE OF THE CARE  
PROVIDED BY THEIR  
GP PRACTICE



**1,921**

PEOPLE HAVE  
AN ANTICIPATORY  
CARE PLAN  
IN PLACE



**632**

PEOPLE RECEIVED A  
REABLEMENT SERVICE  
RE-LEARNING DAILY SKILLS  
TO LIVE AS INDEPENDENTLY  
AS POSSIBLE



**92.4%**

OF PEOPLE RECEIVED APPROPRIATE DRUG  
OR ALCOHOL TREATMENT TO SUPPORT THEIR  
RECOVERY WITHIN 3 WEEKS OF REFERRAL

**81%**

AGREED THAT THEY ARE SUPPORTED TO LIVE  
AS INDEPENDENTLY AS POSSIBLE

**79%**

OF PEOPLE AGREED THEIR SERVICES AND  
SUPPORT HAD AN IMPACT ON IMPROVING  
OR MAINTAINING THEIR QUALITY OF LIFE

**10,632**

HOURS OF HOME CARE  
PROVIDED EACH WEEK TO  
SUPPORT PEOPLE AT HOME



**96.4%**

OF PEOPLE STARTED  
PSYCHOLOGICAL  
THERAPIES  
WITHIN 18  
WEEKS OF  
REFERRAL



**2,436**

PEOPLE SUPPORTED AT  
HOME BY A COMMUNITY/ALARM  
TELECARE SERVICE



# introduction



Welcome to our third annual Public Performance Report which covers the period April 2017 to March 2018.

I am delighted to present a flavour of the wide ranging supports and interventions provided by West Dunbartonshire Health and Social Care Partnership across our communities to meet the needs and personal outcomes of those using our services.

I would also like to take this opportunity to thank all staff across the range of our services who went 'above and beyond' to ensure that services were maintained for vulnerable people in our community during 'The Beast from the East' winter weather. Our integrated Older People and Adult teams, Hospital Discharge, Learning Disability, Mental Health, Addictions, Criminal Justice and Children's services worked hard to co-ordinate and deliver services in spite of the widespread transport and infrastructure problems which affected the whole of West Dunbartonshire.

From people walking to work in hazardous conditions; opening up and staffing buildings not their usual place of work; offering lifts and ensuring colleagues arrived home safely; to clearing entryways and car parks; making unscheduled home visits to check on particularly

vulnerable clients; shopping for food and essentials and collecting vital medications; covering duty work and shifts at short notice; working additional hours and sleepovers; and a range of community staff offering support within wards and care homes.

Our local communities also made an invaluable contribution; helping out vulnerable neighbours and even providing their 4x4 vehicles and driving services to transport staff to and from work, as well as delivering important blood and specimen samples to laboratories. I would like to add my personal thanks to the thanks of those whom they assisted.

Finally I would like to recognise the hard work and commitment of all our staff year round to deliver high quality person-centred and outcome-focused services within our communities.

Beth Culshaw  
Chief Officer



# supporting children and young people



- active
- achieving
- safe
- healthy
- responsible
- respected
- included
- nurtured

**Our children have the best possible start in life and are ready to succeed**

**‘Children and young people were benefitting from warm nurturing care provided by well supported and committed foster carers. For many children purposeful activity such as drama and musical pursuits was part of their daily routines. This meant that children had the opportunity to participate in local community resources, and establish meaningful friendships. As a result, children and young people were having their needs met and were achieving good outcomes.’**

Care Inspectorate Report Fostering Service  
April 2018

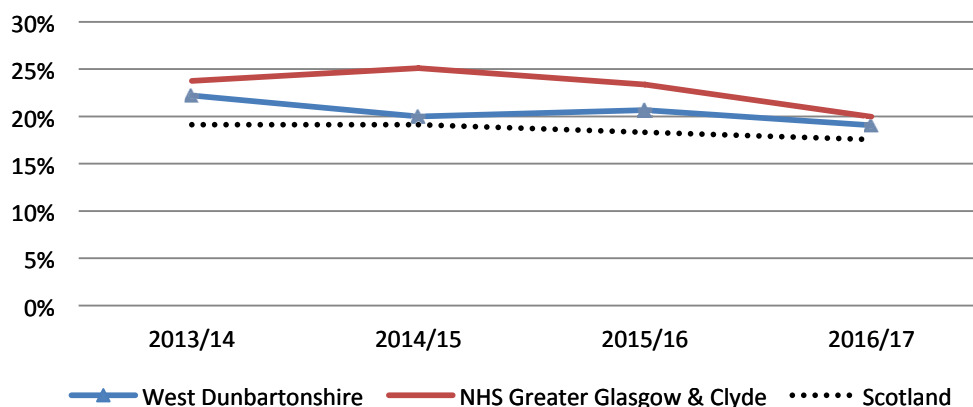
West Dunbartonshire Health and Social Care Partnership (HSCP) is committed to improving outcomes and supporting the wellbeing of our children and young people, aiming to give every child the best possible start in life.

We have embedded the principles of the Scottish Government’s Getting It Right for Every Child (GIRFEC) into all aspects of children’s services across community and specialist health and social work and care services: working to ensure that all children are safe, healthy, achieving, nurtured, active, respected, responsible and included. 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 supports. 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 carers.

NHS Scotland’s Child Health Programme promotes proactive care and support to help children attain their health and development potential. A key milestone of the programme 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.

Within West Dunbartonshire the proportion of children with a concern identified in any developmental domain in their 27-30 month review has improved from 22.2% in 2013/14 to 19.1% in 2016/17. This is also slightly lower than the figure across NHS Greater Glasgow and Clyde which was 19.9%, but higher than the Scotland-wide figure of 17.6%.

**% children with a concern in any domain at 27-30 month review**



966 children were eligible for their 27-30 month child health review during 2016/17 and of these 91.8% of reviews were carried out. This compares favourably with the proportion of eligible reviews carried out by NHS Greater Glasgow and Clyde and the Scotland figure, both 89.3%.

**94.9%**

of children aged 2 years  
received their MMR  
vaccination

**97.7%**

of children aged 5 years  
received their MMR  
vaccination



**1,302**

referrals to  
Specialist  
Community  
Paediatrics



## Specialist Community Paediatrics

West Dunbartonshire Specialist Community Paediatric Team (SCPT) provide services to children and young people who require assessment, medical management and therapeutic interventions which cannot be provided by universal and primary care services.

There are multi-disciplinary pathways: for example, the Disability Pathway and Autism Spectrum Disorder Assessment Pathway, the latter being an example of excellent integrated practice with Child and Adolescent Mental Health Services (CAMHS) and Social Work involvement.

- deliver person-centred care which includes the voice of the young person and their family
- reduce the need for families to tell their story multiple times
- problem solve in collaboration
- set mutual goals to meet an individual's needs
- Provide a quality assessment

Disability Joint Assessment Clinics or Autism Spectrum Disorder Assessments are carried out, with communication and discussion across disciplines.

Children and their families are at the centre of the process and leave the assessment with an outcome, a clear plan and the resources available to support them.



Scottish Government's Health and Social Care Delivery Plan reinforces the equal importance of mental and physical health. It is estimated that in Scotland 10% of children and young people have a clinically diagnosable mental health problem: this rises to 45% for looked after children.

Poor mental health can disproportionately affect children from lower income households and areas of deprivation and can also have significant impact on life chances, personally, socially and economically. Moreover the life expectancy of people with serious mental health problems is 15 to 20 years lower than the general population.

The HSCP continues to develop a strong multi-agency approach to supporting vulnerable children and young people with mental health and emotional wellbeing issues. Robust and early planning systems have also been implemented to support transitions from children's services to specialist adult services.

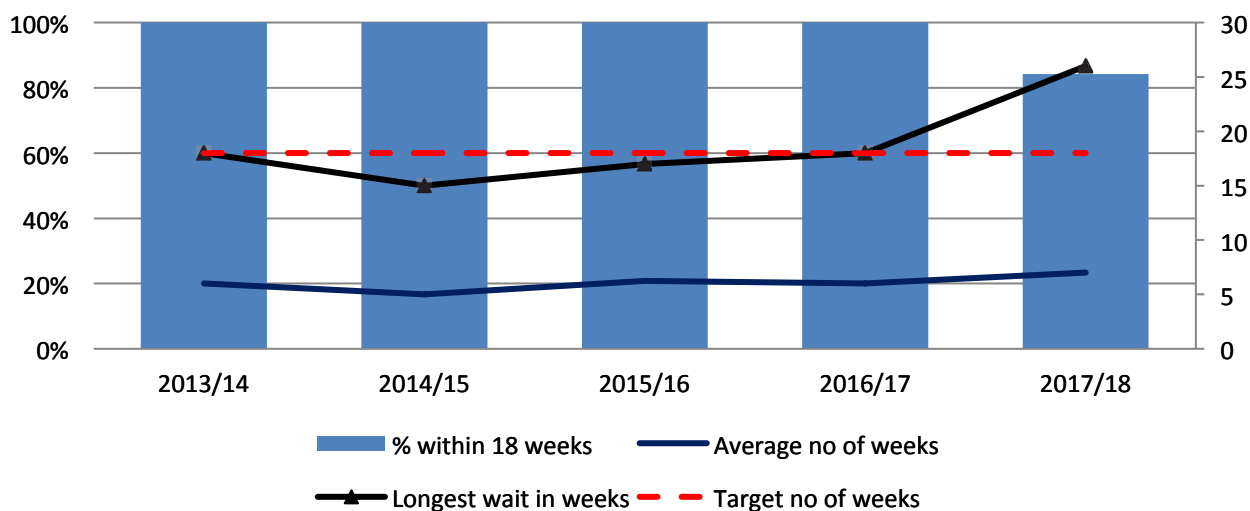
Child and Adolescent Mental Health Services (CAMHS) embrace the range of services that contribute to the mental healthcare of children and young people and their families and carers.

# 367

referrals to Child and Adolescent Mental Health Services



Child and Adolescent Mental Health Services (CAMHS) - Referral to treatment



Performance against the target of 90% of children receiving treatment within 18 weeks of referral to CAMHS had been consistently high since the target's introduction in April 2013 however, during 2017/18 performance declined. At March 2018, less than 90% of children and young people received treatment within the timescale for the first time (84%) and the longest waiting time was 26 weeks.

This dip in performance is reflected across NHS Greater Glasgow and Clyde. Within West Dunbartonshire and across the Health Board area staff vacancies, along with an increase in the number of urgent referrals to the service, are the main reasons for some children and young people experiencing longer waits.

Meeting our local target times for the longest wait for Speech and Language Therapy has also proved challenging, however the trend in 2017/18 is an improvement on 2016/17 performance.

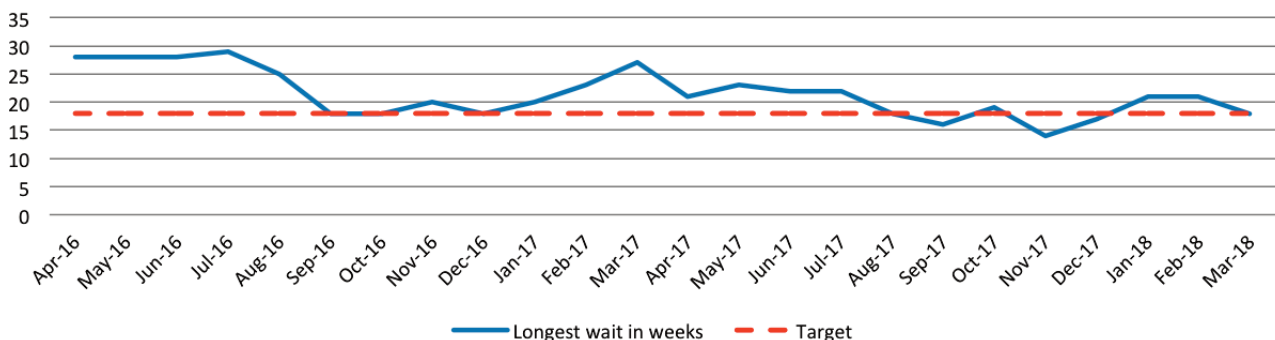
**We have improved the life chances for children, young people and families at risk**

The HSCP and our community planning partners have a strong commitment to early intervention and we have invested in approaches and services to prevent problems escalating for children and their families. We continue to provide a range of interventions to support vulnerable young people who may be experiencing difficulties, including our school counselling service and our range of mainstream parenting opportunities for all parents within our communities.

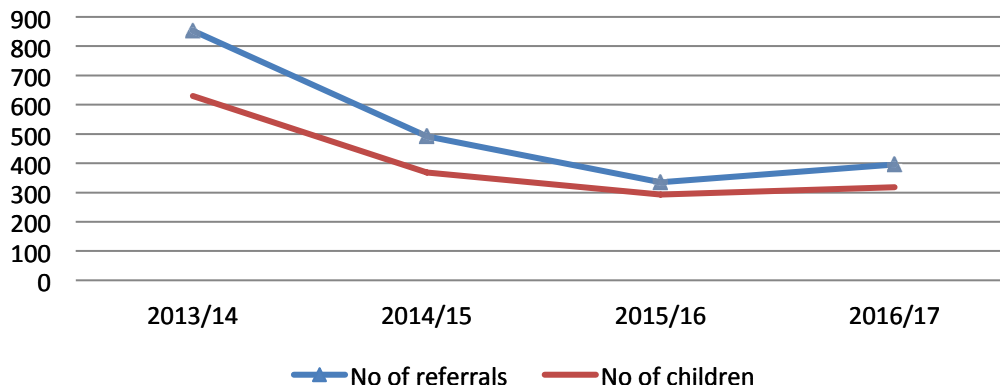
**347**  
referrals to Speech  
and Language  
Therapy



Speech and Language Therapy - Longest waiting time in weeks



Referrals to the Scottish Children's Reporter on care and welfare grounds



The number of referrals to the Scottish Children's Reporter on care and welfare grounds has fallen by 54% from 853 in 2013/14 to 396 in 2016/17. After a slight increase in 2016/17, initial figures suggest the number of referrals will fall again for 2017/18. Publication of 2017/18 figures is due towards the end of July, too late for inclusion in this report, but can be found at [https://www.scra.gov.uk/resources\\_articles\\_category/official-statistics/](https://www.scra.gov.uk/resources_articles_category/official-statistics/)

The HSCP is committed to ensuring that children affected by parental substance misuse (CAPSM) receive the best opportunities from both adult and children's services, built on a shared understanding of the risks for families where parents are misusing alcohol and/or drugs.

Adult and Children's services have worked together in developing our 'Parental Capacity Assessment', enabling our community addiction services to better identify parenting needs and potential risks whilst building on existing strengths. This recognises the impact of parental substance misuse in West Dunbartonshire along with our strong commitment to have the same life chances for all children, young people and families at risk.

**All children in  
West Dunbartonshire  
have a 'named person'**



**407**

looked after children

**368**

children looked after  
in the community

Children and young people who become looked after are among the most disadvantaged children in society and in general experience poorer outcomes than their peers. Reasons for becoming looked after vary for each child but in every case children will have been through difficult or traumatic life experiences which can result in poor emotional and physical health, distress, a lack of stability and often a lack of social and educational development.

The HSCP supports children and families through effective early intervention, prevention and providing families with the support they need, when they need it. We strive to increase the proportion of looked after children and young people who are looked after in the community, to help them maintain relationships and community links which may result in better outcomes.

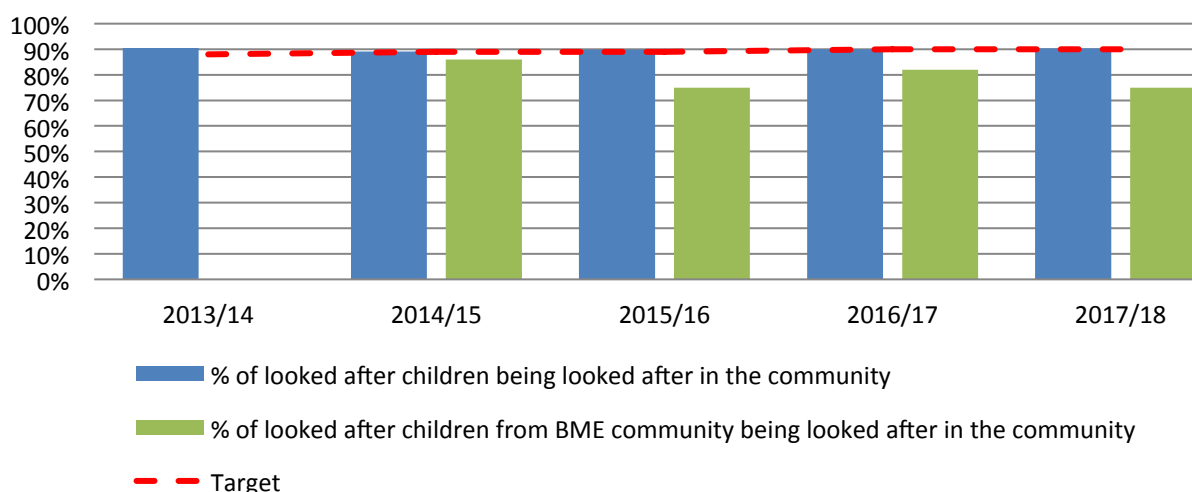
The number of looked after children has increased by 12% since 2015/16 in West Dunbartonshire. The proportion of looked after children being looked after in the community has exceeded our target of 90% throughout most of 2017/18.

of March 2017/18 against 90.4% for all looked after children, the numbers of BME children are very low therefore small changes in numbers will see percentages fluctuate more significantly.

Changes in care placement can be distressing for children and young people and research suggests that multiple placement moves can be linked to a greater likelihood of these looked after children having some form of psychiatric diagnosis compared with other looked after children. The proportion of children in West Dunbartonshire who had more than one care placement in the previous year was the fifth lowest in Scotland in 2016/17 at 17%: across Scotland 21.2% of children had more than one placement.

In 2016 the Scottish Government announced an independent root and branch review of the children's care system. [The Independent Care Review](#) is now under-way and across Scotland has listened to the voices of 854 children, young people and adults with care experience, including those from West Dunbartonshire, and 789 people who work with and for vulnerable children and families, with the aim of identifying and delivering lasting change in the care system.

Percentage of children being looked after in the community



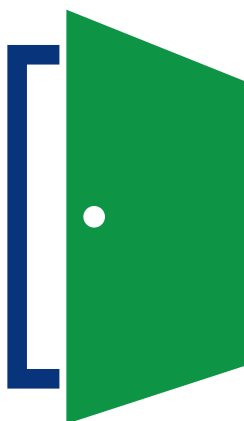
In line with our equalities monitoring, we also monitor the proportion of children from a Black Minority Ethnic (BME) community who are looked after in the community. Although there is a slight variance against the overall figure, 75% at the end



## Our young people are successful learners, confident individuals, effective contributors and responsible citizens

Young people leaving care are less likely to go on to education, employment or training compared to young people in the general population. The HSCP's Throughcare and Aftercare service work with young people through the process of leaving care and support them with access to accommodation, financial help and entering further/higher education, employment or training.

**78%**  
of young people  
aged 16 or 17 years  
of age who left  
care entered  
further/higher  
education,  
training or  
employment



Their Supported Lodgings service provides an environment which helps young people to learn the skills needed to maintain their own tenancy. The team work with many care experienced young people and support them to live independently within the community. Over the past few years the Throughcare Team has worked closely with West Dunbartonshire Council Housing colleagues developing a Care Leavers' Housing Protocol, with care experienced young people now being a recognised priority.

Throughcare has two registered services under the Care Inspectorate: the Adult Placement Service and Housing Support and both of these services received the highest possible grading of 6 across all areas inspected in their most recent Care Inspectorate inspections.

**'The staff...provided an excellent quality of care and support to vulnerable individuals to prevent homelessness and to establish stable independent lives. Young people we met with spoke highly of the excellent support they received and of the very positive working relationships they enjoyed with staff members...'**

**'At first I was resistant to working with them. Since I got to know my keyworker I've built up a good bond. I trust her, she's always fighting my corner (young person).' Staff were committed to supporting and advocating for the young people to achieve the best possible outcomes.'**

Care Inspectorate Inspection  
WDC Throughcare/Aftercare Housing Support  
March 2018

## Champions' Board

West Dunbartonshire's Champions' Board allows care experienced young people to be involved in shaping policy and practice based on their care experiences; to become active citizens through participation; and to develop and build positive relationships with service providers and corporate parents. Providers and corporate parents gain better understanding of the lives and experiences of our care experienced young people.

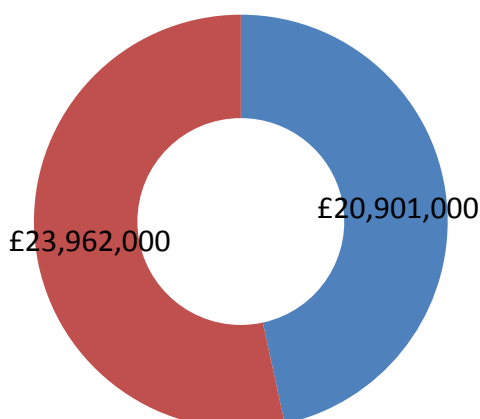
The Champions' Board is creating exciting and innovative opportunities for changes to be made to the futures of care experienced young people. West Dunbartonshire Council, and in particular the HSCP, have a very focused outlook on areas affecting care experienced young people, such as leading healthy lifestyles, having increased access to education, training and employment, having access to safe and settled accommodation, and to have the knowledge that they are loved, respected, valued and listened to.

In March 2018, some of our care experienced young people presented their 'Dear Parent' letter to the Council's Chief Executive, Joyce White OBE. This letter was on the same basis as the 'Dear Parent' letter which our young people received at school, but this time it was intended for 'Corporate Parents' rather than 'biological' parents. This was greatly received by the Chief Executive who committed to achieving the signatures of around 50 Corporate Parents, who would agree to their commitment to engage with our young people.

On our Corporate Parenting Day 2018, the Champions Board launch event was held in Clydebank Town Hall and was attended by around 80 Corporate Parents and 20 young people.

The event was hugely successful and our 3 newly employed lead young people to the Champions' Board will be in post from early June 2018. They are really excited about the coming weeks and months and the 'journey of change' which will begin for them then.

## Net Expenditure 2017/18



- Children's Residential Care and Community Services (including specialist)
- Family Health Services

## 2

# supporting older people



**“Last year I had an accident and broke my shoulder and hip. After a spell in hospital I had carers attending to me twice a day, a physiotherapist came several times to my home. An occupational therapist ensured that I had all the equipment necessary for my recovery. A community nurse came to attend to my wounds. I couldn't fault the care I received. It was excellent.”**

The HSCP leads on the Community Planning strategic priority of Supporting Older People across Community Planning Partners, primarily through the vehicle of the Independent Delivery and Improvement Group 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.

**98%**  
**of people aged 65  
or over with complex  
needs supported  
to live at home or in  
a homely setting**



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.

In line with the National Health and Wellbeing Outcomes, improved co-ordination of health and social care services should help to ensure that ‘people, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.’

Improving emergency or unscheduled care within hospitals across Scotland is a key ministerial priority for the Scottish Government. Through the National Unscheduled Care - 6 Essential Actions Improvement Programme the Government aims to improve the timeliness and quality of patient care, from arrival to discharge from hospital and back into the community.

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland, in light of the integration of health and social care services, in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; and attendances at accident and emergency (A&E). They are also monitoring the shift in the balance of care from hospital to community settings and the proportion of people supported within the community in the last six months of their life.

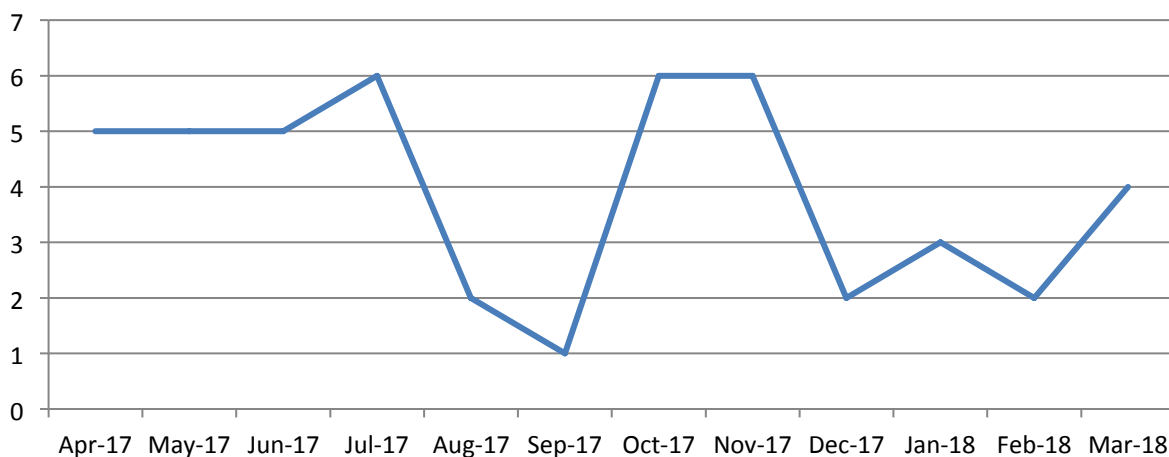
Detailed monthly trend data relating to these objectives can be found at Appendix 4.



## Avoid unnecessary delays in hospital discharge

The national target is that no person should wait more than 3 days for discharge from hospital once they have been assessed as medically fit for discharge home or to a care home.

Number of delayed discharges more than 3 days (non-complex cases)



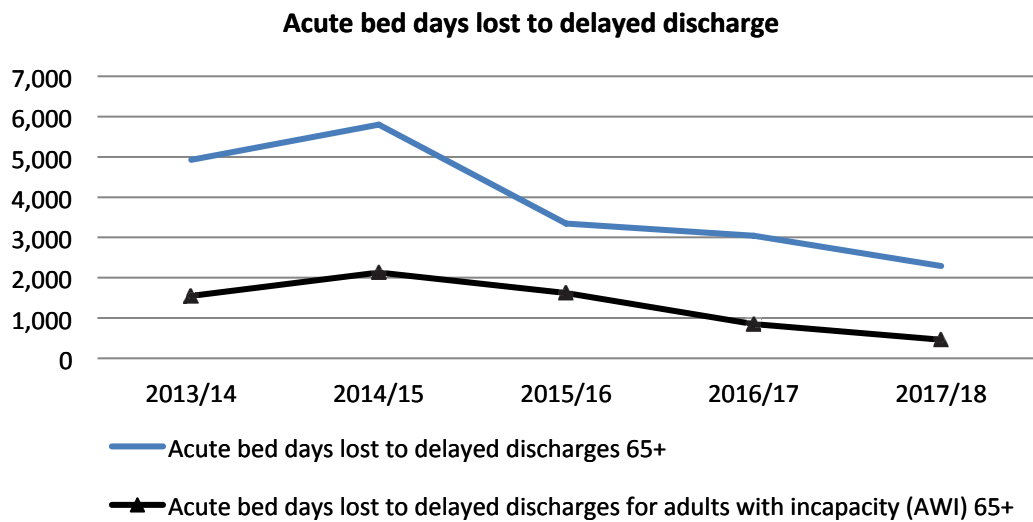
Meeting this target during 2017/18 has proved challenging but the design of our integrated health and social care teams has helped to keep lengthy delays to a minimum. Early Assessors are present on hospital wards to pick up and encourage early referrals and to begin assessments in advance of an individual being fit for discharge. Community-based teams and Care at Home services also notify of recent admissions and a dedicated Mental Health Officer provides support in relation to adults with incapacity and where Guardianship is relevant.

In 2017/18 we were ranked 6th best in Scotland for the number of days people aged 75 and over spent in hospital when they had been assessed as being medically fit to be discharged: as a rate per 1,000 population this was 335 days. We were also substantially lower than the overall figure across Scotland which was 772 days per 1,000 population. Numbers are often converted to rates per 1,000 population to allow for comparisons across partnerships and nationally as this effectively compensates for variation in population sizes.

# 1,018

new Power of Attorneys  
registered for people who live  
in West Dunbartonshire





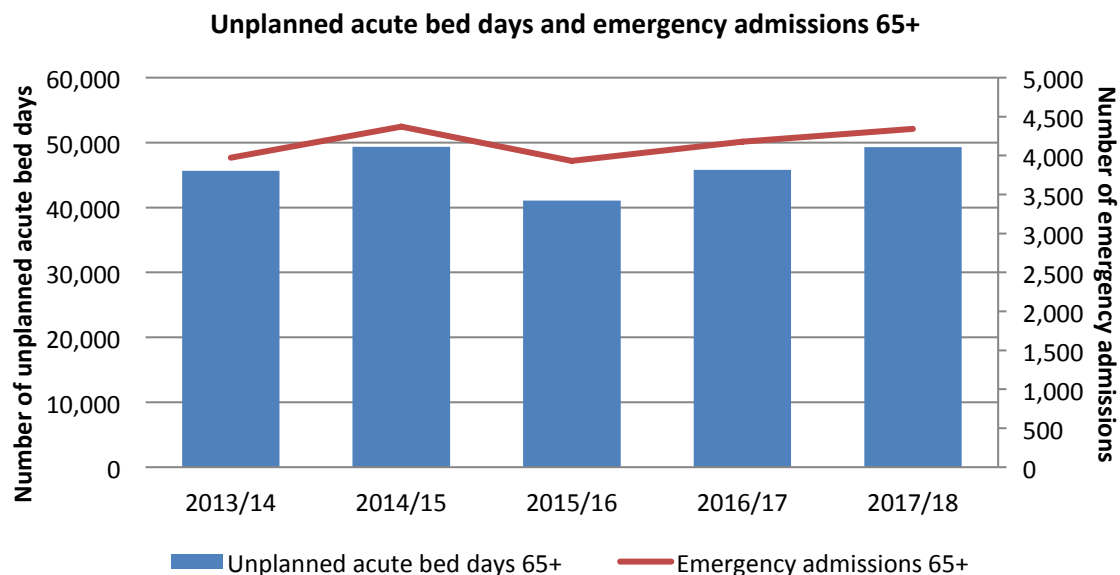
The number of acute hospital bed days lost due to delays in discharge for people aged 65 and over peaked in 2014/15 and has since reduced by 61% overall and by 78% for adults with incapacity. Progress has improved year on year with a 25% reduction overall between 2016/17 and 2017/18 and a significant drop of 46% for adults with incapacity during the same period.

Significantly, bed days lost to delayed discharges during the winter months of 2017/18 were improved on the previous year. Between November 2017 and February 2018 there was a 33% reduction in bed days on the same period in 2016/17: 40% in relation to adults with incapacity.

This would suggest that our planning and delivery of services had a more pronounced impact in 2017/18. By ensuring effective levels of capacity were in place to meet the additional demand and pressures of a particularly harsh winter, the HSCP improved outcomes for more people within West Dunbartonshire, allowing them to be discharged to an appropriate setting when they were ready.

### Reduce emergency admissions to hospital

Between 2016/17 and 2017/18 there was an increase of 4% in emergency admissions and of almost 8% in unplanned acute hospital bed days used for people aged 65 and over. This increase was most significant between September 2017 and March 2018. Attendances at Accident and Emergency (A&E) peaked in December 2017, with a marked increase in 999 and self-referrals. We will continue to monitor levels and trends of A&E attendance in partnership with our primary care and acute colleagues.



During 2017/18 we have increased efforts to help people avoid unnecessary admission to hospital: improving co-ordination and communication across our integrated teams. We have worked to streamline services, reducing duplication and delivering services using inter-disciplinary approaches. Early intervention is key and we use local intelligence and assessment tools, such as frailty indicators, to identify people at risk of hospital admission: offering them assessment; the support they need to remain as safely and independently as possible at home; and the development of an Anticipatory Care Plan.

**1,921**  
people have an  
**Anticipatory Care Plan**  
in place



Anticipatory Care Planning (ACP) is a fundamental component of our comprehensive assessment for those identified at risk of admission to hospital, and plays a vital role in communicating with all relevant stakeholders to ensure we deliver person-centred care. We are working to increase visibility of ACPs across services as well as ensuring acute hospital staff can access a patient's Single Shared Assessment.

## Anticipatory Care Planning

Mrs F has a high risk of falls and has been admitted to hospital in the past.

Mrs F and her son, who holds Power of Attorney, were both present for discussions about the development of an Anticipatory Care Plan (ACP) for Mrs F.

These discussions helped Mrs F clarify her wishes for her future care ensuring she had sufficient knowledge of her condition, which allowed her to agree priorities in relation to that condition.

Options available and desired outcomes were talked through and Mrs F's personal preferences were identified.

An action plan was developed to work towards Mrs F's desired outcome of preventing further falls. She had just completed input from physiotherapy services and was currently receiving strength and balance training for a twelve week period.

Referrals were agreed for a community alarm, a keysafe and a referral to Link Up services.

Mrs F was satisfied with her existing Care at Home package and the chairlift and bathroom adaptations already in place, however she was open to further adaptations and services if her condition deteriorated.

This conversation allowed Mrs F and her son the chance to have a discussion which they otherwise may not have had and while challenging, they valued this opportunity.

Also, knowing that ACP is an ongoing process provided reassurance that Mrs F could reconsider her future care at any point should her health deteriorate.

The agreed ACP assessment was uploaded to e-KIS (electronic Key Information Summary) which is visible to all staff who have access to Clinical Portal's Emergency Care Summary, which includes acute hospital and out of hours staff.

Should Mrs F have a crisis or deterioration of her condition, her ACP will therefore be available to identify her personal preferences for her care and help her avoid an unnecessary hospital admission.

Community Nursing, Care at Home service and our Community Older People's team work together to support people within their own homes and to prevent the need for unnecessary hospital admissions: identifying people at risk and putting in additional supports when required. These include additional homecare, respite, nurse-led beds in local care homes and step up/step down placements.



# 2,930

out of hours district  
nursing visits in  
Clydebank

# 2,741

out of hours district  
nursing visits in  
Dumbarton and  
Alexandria



Along with our focus on prevention, effective discharge from hospital is also important in reducing the risk of readmission. In 2017/18 we had the 7th lowest readmission rate in Scotland with 83 people per 1,000 population readmitted within 28 days: the Scotland figure was 97.

Care at Home services are in place as close to discharge from hospital as possible and the Care at Home Pharmacy service supports people to manage often complex medication, increasing confidence and providing reassurance. Where a person has been referred for a restart of existing Care at Home services as part of a hospital discharge more than twice in a 6 month period, they are immediately given a full assessment to identify and meet their probable change in needs.

Key initiatives have been developed to tackle the impact of frailty and falls upon vulnerable people within the community. In West Dunbartonshire 390 emergency admissions of people aged 65 and over in 2016/17 were directly as a result of a fall and in West Dunbartonshire fractured femur is one of the top 6 diagnoses for admission to hospital.

The HSCP's Frailty Priority Project is underway in the Dumbarton and Alexandria Locality and

provides a common language for practitioners in identifying frailty. As part of the assessment and review process an individual's frailty is being assessed and recorded using the Rockwood Clinical Frailty Scale. Clydebank Locality agreed in October 2017 to also begin roll out of the use of this scale. Recording of Rockwood Clinical Frailty scores allow an individual's frailty to be monitored over time and to flag up any deterioration or risk of hospital admission, allowing appropriate supports and preventative measures to be put in place. At the end of March 2018, the Rockwood Clinical Frailty Scale had been used to assess the frailty of 1,542 people.

# 1,821

falls screenings carried out

# 1,007

falls assessments  
completed



Our local established Falls Collaborative delivers local agreed actions prompted by the Scottish Government's national framework [The Prevention and Management of Falls in the Community](#). A two tier falls assessment process has been adopted: a falls screening tool has been added to all assessment documentation and implemented across our integrated health and social care teams; and a more in-depth falls assessment has been developed and has also been incorporated into our Occupational Therapy and Physiotherapy specialist assessments. A key action resulting from a falls assessment is strength and balance training

to help regain and/or improve mobility to prevent future falls.

Training has been delivered to wider community services such as Scottish Fire and Rescue and Community Volunteering Services, introducing the falls screening tool and providing improved pathways to our services.

### Support independent living

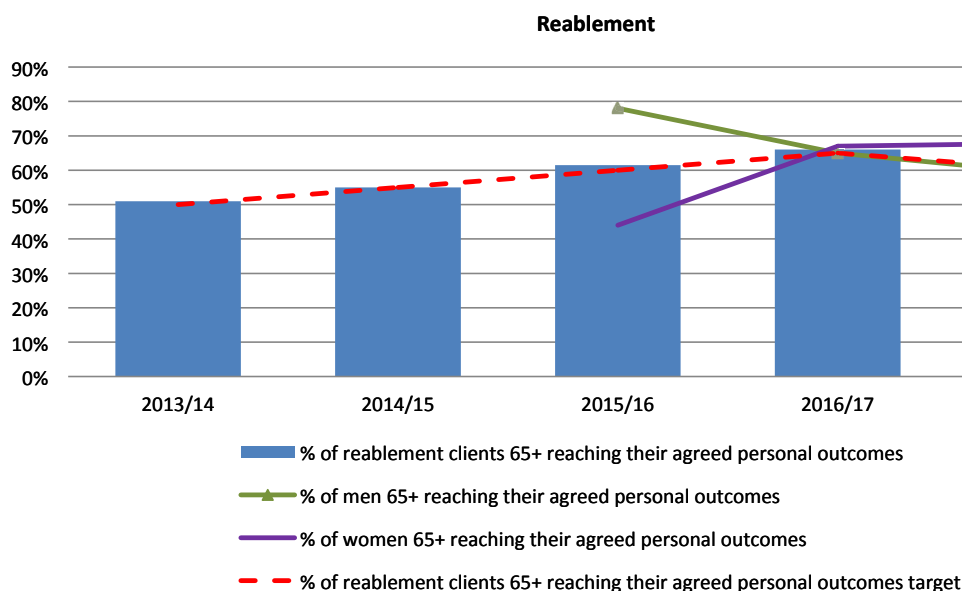
West Dunbartonshire had the highest proportion in Scotland of people aged 75 and over being supported at home in 2016/17 at 14.5%. Reablement services focus on helping people to relearn daily skills they may have lost due to a deterioration, crisis or hospital admission: allowing them to regain confidence, independence and to live safely at home for as long as possible. Care at home and focused occupational therapist services support people to achieve their agreed personal outcomes such as preparing their own meals, resuming their personal care, or being able to access community resources they previously enjoyed.

women receiving a reablement service. Roughly 59% of men achieved their outcomes and 68% of women during 2017/18. Looking back to 2015/16 there is no discernible trend in experiences across gender and we will continue to monitor this with a view to improving the reablement process for all.

**632**  
people received a  
reablement service

**1,274**  
people aged 65 and  
over received 7,968  
hours of homecare per week

**941**  
people supported  
by the Care at Home  
Pharmacy service



In 2017/18 almost 65% of people receiving a reablement service achieved their personal outcomes. As part of our equalities monitoring we look at the different experiences of men and

## Care at Home Pharmacy Service

Mr A was referred to the Care at Home Pharmacy Service (CAPS) following discharge from hospital.

The Pharmacy Technician visited Mr A at home. Mr A advised that he was blind in one eye and could barely see with the other, which was resulting in him struggling to take his medicines properly.

On further discussion it became clear that Mr A was experiencing several problems such as not being able to identify different boxes of medicines as they were similar in size and shape and also around dropping tablets; this was identified by loose tablets lying on the kitchen work surface.

The technician contacted Mr A's community pharmacy asking if some of his medicines could be dispensed in different packaging to help identify one from the other. This was especially important for one of his medicines where he was prescribed two different strengths to be taken at different times of the day.

The pharmacy agreed to dispense one in a plastic amber tablet bottle and the other in its original pack, a box, to allow him to differentiate between different strengths. To help with the tendency to drop tablets the technician suggested that Mr A should pop them out over a dish or tray so that if any are dropped they could be easily retrieved.

During the technician's visit Mr A mentioned other non-medicine related issues he was experiencing. The technician directly referred him to the Sensory Impairment Team who not only supplied a talking clock, but organised a benefits check and referral to the Low Vision Clinic to be assessed for a magnifier.

The combination of the above supports and communication across teams and services has helped Mr A to self manage his medication; has had a positive impact on his quality of life; and supported him to maintain his independence at home.

# 1,865

people aged 65 and over  
have a Community  
Alarm / Telecare service



Within West Dunbartonshire the prevalence of people with Chronic Obstructive Pulmonary Disease (COPD) is 3.02% compared to 2.57% in Greater Glasgow and Clyde and numbers continue to increase. The HSCP's COPD Nursing Service is a targeted approach to reducing the impact of COPD. Patients assessed by the service have anticipatory care plans and self-management plans put in place along with anticipatory medicine where appropriate. This supports patients to self-manage their condition proactively.

The COPD Nursing Service also provide training, advice and support to Care at Home staff and staff within care homes. This model of training provides staff with the skills and confidence to support their clients to live as independently as possible in their home/ homely setting and prevent unplanned admissions to hospital where possible.

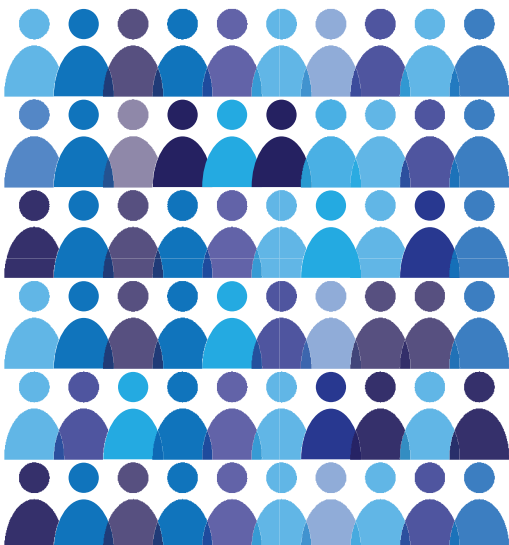
The HSCP is also combining the use of telehealth with telecare (community alarm) for patients with COPD.

Using the Florence system in combination with a community alarm, COPD patients test and text their oxygen levels on a daily basis to specifically trained staff. These staff are equipped with knowledge of the individual's usual pattern of oxygen levels and can then proactively identify where a person may require the early intervention of medication or a more serious intervention where appropriate. This supports starting treatment without delay and assists with better symptom management. The community alarm provides extra support and reassurance, particularly during evenings and weekends, helping to maintain COPD patients safely at home with a variety of support options at any time of day or night.

The HSCP recognises the invaluable contribution made by unpaid carers in supporting vulnerable people within our community. In the 2011 UK Census 9,637 people in West Dunbartonshire identified as carers and 18.2% of these carers were aged 65 and over, many of whom will have their own health problems.

**60**

**people supported by the  
COPD telecare/telehealth  
service**



**97.4%**

**of carers asked as part of  
their Carer Support Plan  
felt supported to continue  
in their caring role**





The Carers (Scotland) Act came into force on 1st April 2018 and is designed to promote, defend and extend the rights of all carers, both adult carers and young carers. It aims to better support all carers with their health and wellbeing and help make caring roles more sustainable.

A 2015 report by the Scottish Government, Scotland's Carers highlighted that while caring can be a positive and rewarding experience and can have a positive impact on wellbeing, caring can be associated with poor psychological wellbeing and physical health; with those in the most demanding care situations, providing higher levels of caring over an extended period, experiencing the most negative impact on their health and wellbeing.

The HSCP works in partnership with Carers of West Dunbartonshire to offer a range of supports to carers from signposting to financial advice, community groups and other support organisations, to providing carer assessments and respite or short break services. There were 192 carer assessments carried out in 2017/18 and individual plans developed to provide carers with the supports they need to sustain their caring role. This will be reviewed alongside the new mandatory datasets prescribed by the new Act.

In total 4,449 weeks of respite were provided to give carers a break from their caring role: 1,739 nights of residential respite and the remainder in less traditional, more innovative forms of respite such as short breaks, day care and day opportunities where the cared for person also benefits from the change in environment and social interactions that these afford.

During 2017/18 we have been developing our Carer Support Plan to accommodate two levels of assessment: a tier 1 to meet the needs of those carers who do not feel they require a full carer's assessment but are recognised as having a formal role and relationship to the cared for person; and a comprehensive tier 2 Adult Carer Support Plan.

This approach was developed through our work with carers and in November 2017 the HSCP hosted a Carers' Co-Production Event alongside partners from the multi-agency Carers' Development Group. Attendees included carers, young carers, third sector partners and HSCP staff coming together to hear and learn from carers about their own experiences of caring in West Dunbartonshire. Feedback from the event will be used to develop our local Carer's Strategy and eligibility criteria.

The HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service and Diabetic Retinopathy Screening Service for the Greater Glasgow and Clyde area.

MSK conditions account for the largest cause of disability and time off work in the UK: therefore demand for MSK Physiotherapy remains high and waiting times continue to be a challenge. Work is ongoing to ensure the service is as efficient and effective as possible. In 2017/18 there were 6,222 referrals to the MSK Physiotherapy services provided within West Dunbartonshire and 43% of people were seen within the target time of 4 weeks from referral.

## Diabetic Retinopathy Screening

NHS Greater Glasgow and Clyde Diabetic Retinopathy Screening provides a comprehensive diabetic retinopathy screening service to approximately 60,000 patients with diabetes in Greater Glasgow and Clyde. Diabetic retinopathy is a complication of diabetes and, if undetected, can ultimately lead to sight loss and blindness.

All diabetics are usually invited to a screening appointment once a year. Screening is usually performed by taking photographs of the retina. These photographs are then examined by experienced staff. If abnormalities are detected in the photographs, the patient will be referred to ophthalmology for further assessment and treatment, if necessary.

Photographs are unsuitable for some people, for example if they have cataracts or if they have difficulty in positioning at the camera.

These people are examined by optometrists using slit lamp biomicroscopy.

Screening takes place at many locations in Greater Glasgow and Clyde, including the Vale Centre for Health and Care, Dumbarton Health Centre and Clydebank Health Centre. 56,391 people in Greater Glasgow and Clyde were invited for a screening in 2017/18 and 45,626 people attended for screening.

## Support more people at end of life

The HSCP's integrated palliative care services care for the increasing number of people with complex long term conditions and palliative care needs: giving people the choice of being supported in the place most appropriate to them when it comes to the end of their life. All palliative and end of life care patients have an Anticipatory Care Plan and an electronic palliative care summary which is shared with hospital acute services and the Scottish Ambulance Service.

The new Carers (Scotland) Act requires us to focus on carers of those with palliative care needs in 2018/2019 and we will be able to provide more detail in the coming year.

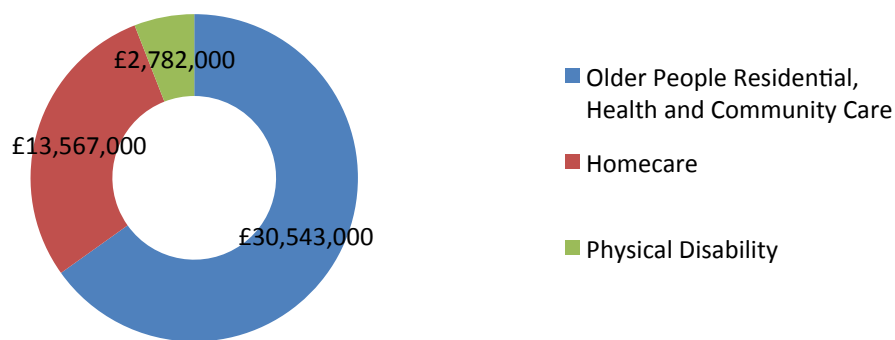
**76%**  
of people on the  
**Palliative Care Register**  
were supported  
to die at home  
or in a homely  
setting



The HSCP's Palliative Care Team also provide support to Care Homes to manage patients with complex needs during palliative and end of life care. Additional support is provided from specialist nursing e.g. Diabetic Specialist Nurses, COPD Nurses and Pharmacy teams as requested.

89.3% of West Dunbartonshire residents who died in 2017/18 spent the last 6 months of their life at home or in a community setting rather than in a hospital setting.

## Net Expenditure 2017/18



**supporting  
safe, strong  
and involved  
communities**

3





## The creation of opportunities for people with learning disabilities to be supported to live independently in the community wherever possible

- active citizen
- healthy life
- keys to life
- choice and control
- independence

The HSCP'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 centred assessment and planning.

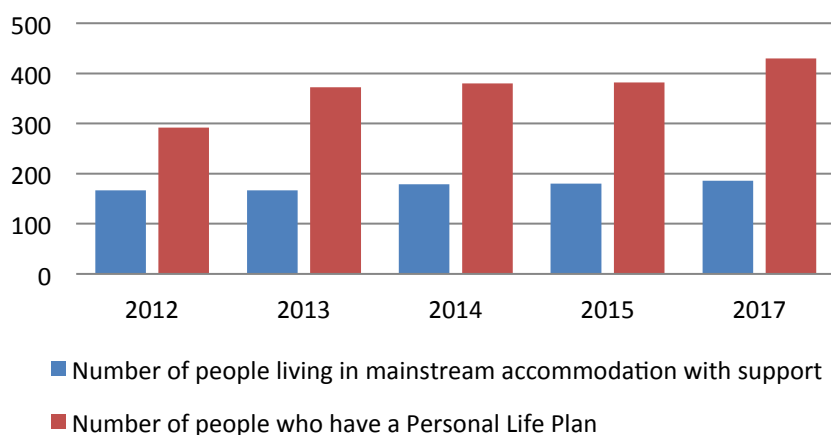
People with a learning disability and their carers are actively involved in planning their care and support. Their Personal Life Plans reflect differing levels of understanding and awareness, whilst striving to involve them as much as possible.

The number of people with a learning disability living in mainstream accommodation with support has increased by 11% between 2012 and 2017 and the number of people with a Personal Life Plan has increased by 47% to 430 during the same period.

The HSCP's Learning Disability Housing Support Service support adults who have learning disabilities and communication difficulties to live as independently as they can and to ensure their day to day health and social care needs are met and positive outcomes achieved. Most of the people supported by the service are unable to read and in 2017/18, service users, support staff and a third sector provider worked together to develop digital passports as an alternative to the existing written paper files produced by support staff.

Digital passports embody the principles of the Keys to Life Strategy: promoting individual choice and control, independence and active involvement. The passports allow individuals to explain to staff how they wish to have their support provided and also what they are able to do for themselves by demonstrating this in their own support plan videos.

Learning Disability



The passports are saved on the service user's own i-Pad and can accompany them on hospital visits or admissions and can be seen by primary care professionals to show them how each individual presents when well. Anyone providing care and support can also see how the person communicates, learn about their likes and dislikes and generally have an improved understanding of the person who they may have just met, and who may have limited or no verbal communication.

Feedback from service users and their families has been very positive, with service users enjoying making and watching their videos and gaining a sense of empowerment and ownership of their information which had not been the case with their paper files. New staff have also benefited from watching individuals' support plan videos which give a better understanding of how to support that individual than written notes, and increase confidence both for the support worker and the individual.

**“I think the digital passport my brother has is absolutely wonderful! It's fantastic the way I can see what my brother can do and it's so different from support being explained or shown photographs. I was so touched watching my brother on his tablet. I can't praise his staff team enough.”**





## The Good Life Group

The Good Life Group is a COSLA award-winning group of adults with learning disabilities from West Dunbartonshire who came together to take action to make life better for themselves and their peers. It has undertaken research, consultancy services and campaigning and awareness-raising activities. They have produced a training DVD and website. The group has evolved into a focused, user-driven Action Group, delivering innovative, ongoing training programmes for health and social care professionals, service providers, service users and carers all over Scotland.

The training uses a variety of methods including Forum Theatre: a technique incorporating lively scenarios which allow participants to practice solving service problems and gain instant, supportive feedback from the service users themselves.

Uniquely the training is delivered by learning disabled people themselves and is regarded as industry-leading.

The group charges a professional fee for the training it provides and in 2017/18 earned £5,629, reaching 130 professionals and 220 people with a learning disability.

### Programmes in 2017/18

**For professionals:** Rolling programmes of training in Adults with Incapacity (AWI) with NHS Education Scotland; Reducing Health Inequalities for Tayside Public Dental Service; Adult Support and Protections workshops for East Renfrewshire HSCP.

**For service users:** Violence Against Women awareness-raising workshops for Glasgow City HSCP/VAW partnership; Cancer-screening awareness sessions as part of the Keys to a Healthy Life Project across Greater Glasgow and Clyde.

The group also worked with Glasgow University to produce a training video for behavioural therapists working in learning disability.

“One of the best workshops I’ve attended in 28 years in General Practice.”

**Practice Manager**

“Really made me think about my attitude, the way I say things, the barriers service users face.”

**Support worker**

“Because it’s very important to talk about cancer it helped to understand.”

**Service user**

“In over 20 years working to reduce inequalities in health for people with a learning disability this was far and away the most clear, and the most powerful, description of the issue I have seen. In my opinion every health professional should see this and take on the messages.”

**Professor Mike Kerr, Cardiff University**

182

people attend  
day opportunities

87

people attend  
day centre



The HSCP commissions a range of services from third sector providers to support and improve opportunities for people with a learning disability. To improve processes and efficiency, during 2017/18 we have developed the financial functionality of our CareFirst information management system to allow automatic payments to these providers and will continue to roll this out through 2018/19.

### To deliver effective care and treatment for people with a mental illness, their carers and families

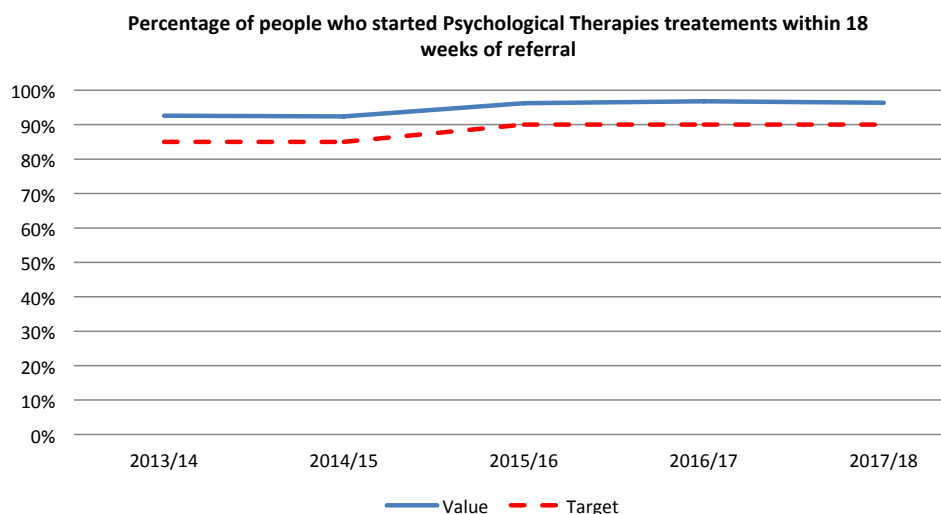
Scotland's Mental Health Strategy: 2017-2027 emphasises the need to prevent and treat mental health problems with the same commitment, passion and drive as physical health problems. In line with this, the HSCP works to improve:

- prevention and early intervention
- access to treatment
- the physical wellbeing of people with mental health problems
- rights, information use and planning around mental health services

Health inequalities for people with a mental health problem are stark: it is estimated that only a third of people in Scotland who would benefit from treatment for a mental illness actually receive it; and, as stated earlier, life expectancy for people with serious mental health problems is 15 to 20 years lower than the general population.

To promote positive mental health and early intervention, the HSCP has worked with Community Voluntary Services colleagues during 2017/18 to develop 'Looking After Your Mental Health' leaflets for Clydebank and Dumbarton/Alexandria, signposting the public to the range of HSCP and third sector supports available within West Dunbartonshire.

Enhanced access to Psychological Therapy programmes across the HSCP's 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. Access to Psychological Therapies within 18 weeks of referral continues to be well above the 90% target at 96.4%.



Over the last two years the HSCP's Occupational Therapy Mental Health Service has developed a groupwork programme which includes a creative activity group, an activity building confidence group and a branching out group run in partnership with the Forestry Commission. These groups run across both resource centres in Clydebank and Dumbarton ensuring equal access to services and Occupational Therapy groupwork in mental health is very well supported by the evidence base.

The creative activity group allows people the opportunity to experience different forms of activity such as glass painting, colouring, card making and jewellery while in a therapeutically supportive peer-based environment. This type of activity allows individuals to explore and express their feelings in a healthy, constructive and often non-verbal manner. As a result people are able to build their skills base in self-soothing and distraction techniques while experiencing activity that has personal meaning and value.

The peer element of the group helps with normalisation of mental health difficulties and raises confidence around social interactions which help individuals make the transition from NHS to more community-based and third sector-based projects and organisations. As well as showing improvements in self-esteem and Occupational Self-Assessment outcome measures, people often report that this

group improves mood, confidence and structure and has allowed them to carry on with many of the creative activities in their own time.

In 2017 there were approximately 90,000 people living with dementia in Scotland. By 2020 it is estimated that there will be around 20,000 new cases diagnosed each year. One of the key outcomes of Scotland's National Dementia Strategy 2017-2020 is that there are more dementia-friendly and dementia-enabled communities, organisations, institutions and initiatives. Dementia Friendly West Dunbartonshire is a community-led and multi-agency initiative involving statutory, independent and third sector organisations that has improved dementia awareness and support to people living with dementia in local communities. During the 3 years since the initiative began, 263 training sessions have been delivered and 2,607 pledges of support and action collected following awareness training. The initiative has also engaged with 209 groups and organisations.

## Cognitive Stimulation Therapy Group

A relaxed, fun and educational group providing an opportunity for individuals to: explore changes in their memory; meet other people with similar experiences; and to engage in some exercises to help improve their memory and concentration.

Small group sessions of 45 minutes, held once a week for 12 weeks. The group is based on research evidence and is suitable for anyone with a diagnosis of any type of dementia.

Each session has a different theme in a relaxed group environment. Topics include word games, present day and famous faces; childhood, being creative, food, money, current affairs and music.

Person-centred care treating people as unique individuals with their own personality and preferences.

An opportunity to learn about how others cope and manage and to appreciate different perspectives on memory changes.

Due to the nature of progressive illness, no difference in outcome measures before and after the 12 week groups, however feedback from participants suggests positive experiences and benefits for wellbeing.

"I enjoyed the company and talking to people."

"It was an upbeat and pleasant group."

"Never felt uncomfortable."

"It brought happiness to me."

Feedback from carers:

"My Mum was more content, stimulated and chatty on a Thursday afternoon."

"The company and regularity was beneficial."

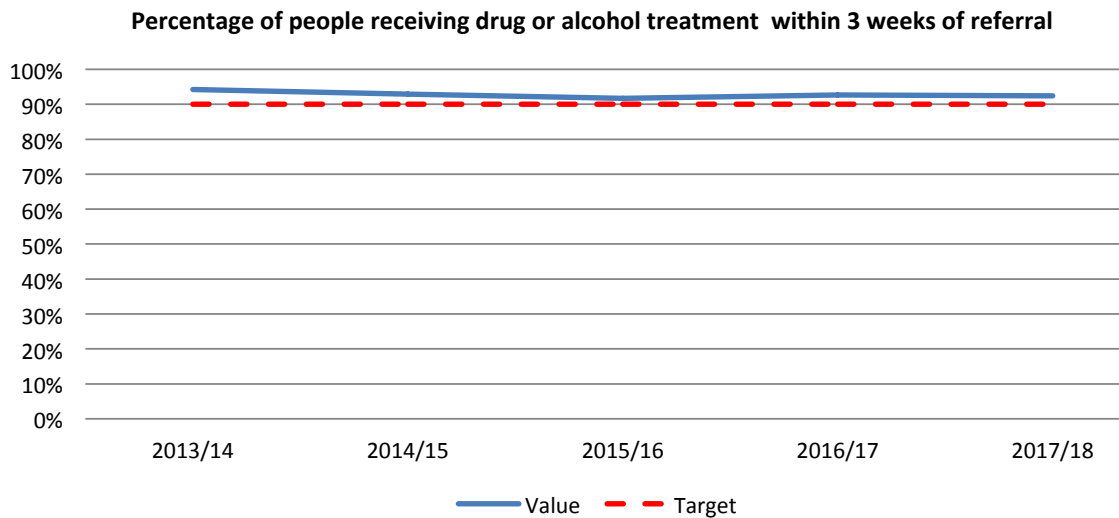
"Good recall of events, other people and mentioned looking forward to going back."

"Gave me a short break from caring for my wife."

## Through efficient and effective partnership working with key stakeholders, to reduce the harmful effects of alcohol and drugs and promote recovery in local communities

HSCP Addiction Services support people to regain and sustain a stable lifestyle. They support individuals to access education, training and employment services enabling them to participate in meaningful

activities as members of their community; to improve family and other relationships and 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 HSCP Addiction Services, supported by The Road to Recovery Drugs Strategy and Getting Our Priorities Right guidance.



Performance against the target of 90% of people receiving treatment to support their recovery within 3 weeks dipped slightly to 88.9% in April to June 2017 but reverted to over 90% for the remainder of the year with an annual figure of 92.4%. This is slightly lower than both Scotland at 93.8% and 95.7% across Greater Glasgow and Clyde.

During 2017/18, a total of 209 Alcohol Brief Interventions (ABIs) were carried out within a GP practice setting and 451 within wider community settings. An Alcohol Brief Intervention (ABI) is a short, evidence-based, structured conversation about alcohol consumption that seeks in a non-confrontational way to motivate and support the individual to think about and plan a change in their drinking behaviour, in order to reduce their consumption and their risk of harm. Higher numbers of ABIs being carried out in wider community settings reflect the broadening of ABI delivery and may potentially cover harder to reach groups, especially in communities where deprivation is greatest.

**660**  
alcohol brief  
interventions



The Future of Addiction Services Team (FAST) is an example of our commitment to peer recovery support services; ensuring that the voices and experiences of people, and their families, in recovery are included in the planning and delivery of services. In addition to the successful café in St Augustine's Church, Dumbarton, FAST opened a new Recovery Café in Dalmuir Park. This has been well received and attended since the launch and allows local people to access Recovery Orientated Systems of care to support them with their substance misuse issues and make positive lifestyle changes. The cafés offer an opportunity to socialise, expand culinary skills and to participate in activities such as art, arts and crafts or sample



alternative therapies. Many individuals build on the social and technical skills they have developed to go on to support others who may be at a different stage of their recovery journey providing hope and inspiration that change is always possible.

The SEARCH Project, Support and Education for Alcohol Related Challenges led by Carers of West Dunbartonshire, is an apparently unique project in Scotland and the UK and was nominated for NHS Greater Glasgow and Clyde's Chairman's Awards 2017 in the Improving Health category. The HSCP's Addiction teams in Dumbarton and Clydebank in partnership with Carers of West Dunbartonshire, have been able to help identify not only carers looking after someone who is misusing alcohol, but also carers who may be using alcohol to cope with their stressful and challenging caring responsibilities.

Carers are made aware of their rights to assessment and support, thereby opening up access to services that could help sustain them in their caring role. The service has also helped to break through some of the barriers that prevent people from asking for help by having conversations with service users and, where appropriate, with their carer or family member.

The project evidences implementation of the Quality Principle that 'services should be family inclusive as part of their practice': giving individuals the opportunity to involve other people, and particularly those close to them, who can support their recovery.

## Blood Borne Virus (BBV) Service

A dedicated team of nurses, specialising in blood-borne viruses are helping patients in West Dunbartonshire to access treatment for their condition nearer to home.

Before the specialist team was set up locally 6 years ago, patients had to travel to Gartnavel General in Glasgow for treatment for Hepatitis C and only about 10% of patients actually attended their appointment. These patients have very complex needs and were not always able to make the journey.

The BBV team have now successfully treated over 200 patients. Over a third of these patients had a diagnosis of advanced liver disease. These are often people who historically do not attend appointments or sustain treatment.

It is down to the commitment of the staff and their flexible model of care, reaching out into the community where traditional methods have failed, that this unique team are having such a positive impact on the health of an especially vulnerable and ill group of people.

In light of this drive and approach, the BBV team's data was recognised at the International Liver Congress in Amsterdam where the BBV Nurse Specialist was invited to deliver the data in person.

Further to this the BBV team were awarded NHS Greater Glasgow and Clyde's Chairman's Award for Clinical Excellence 2017.

The team were also selected to be showcased at NHS Greater Glasgow and Clyde's Celebrating Success 2017 event for demonstrating an innovative change in the delivery of good practice.

One patient said: "It made a big difference and actually made me go through with my treatment. If I couldn't make it for any reason they would come to my home. It's basically made me want to live again."

# public protection

# 4



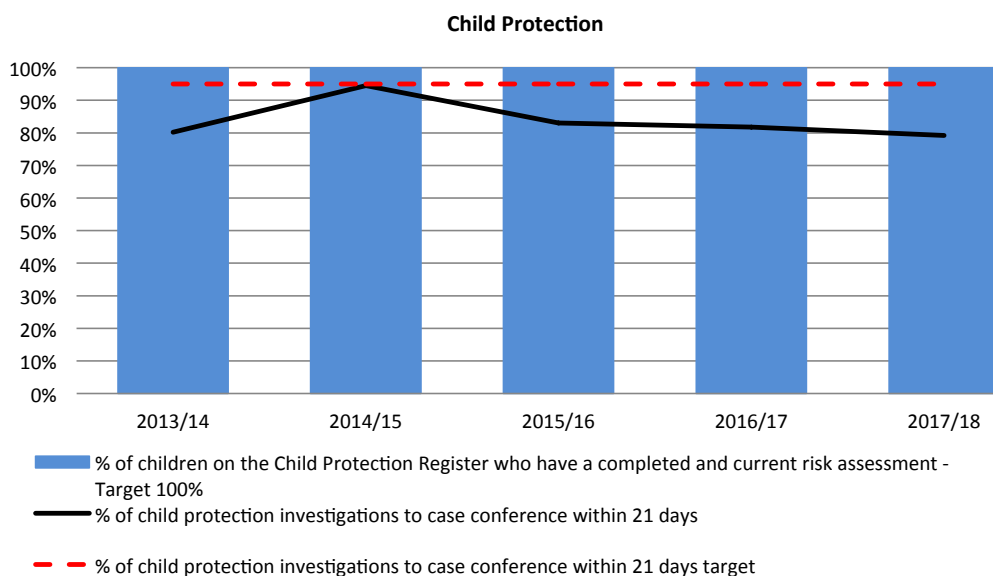
## Public Protection

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 the HSCP.

The HSCP 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.

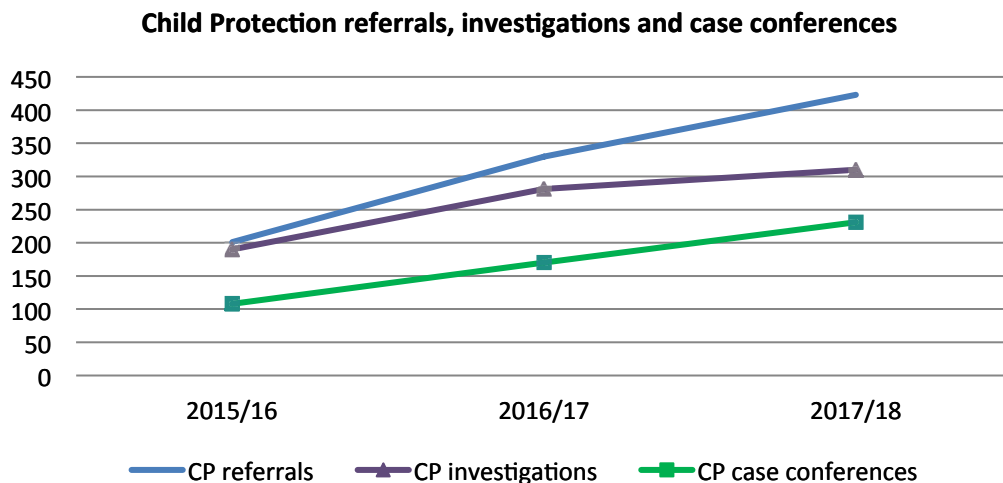
## Child Protection

As at the 31st of March 2018 there were 70 children on the Child Protection Register in West Dunbartonshire. As the chart below illustrates, all children on the Register have a completed and current risk assessment.



Performance against the 90% target for case conferences being held within 21 days of an investigation dipped in April - June 2017 but has recovered somewhat throughout the rest of the year giving an annual figure of 79.2%.

There has been a significant increase in Child Protection activity over the past 3 years: reflected in a 12% rise in the number of looked after children during the same period.



The local HSCP-led and multi-agency Child Protection Committee continues to monitor activity and registrations and the variance over the course of the year.

## Adult Protection

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 continues to meet on a quarterly basis and attendees include a representative from the HSCP, Police Scotland, Council Trading Standards, the Care Inspectorate, the Office of Public Guardian, the Mental Welfare Commission, Scottish Care, advocacy services and Scottish Fire and Rescue Service.

West Dunbartonshire has set more stringent targets for timescales for Adult at Risk investigations than the West of Scotland Guidelines: no less than 80% within 6 working days rather than 8 working days. Performance against this has been challenging with 74% meeting the 6 day target.

**100%**

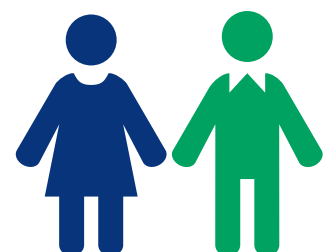
of adult support and protection clients have a current risk assessment and care plan

**347**

Adult at Risk referrals

**54**

Adult at Risk investigations





## Multi Agency Public Protection Arrangements

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.

**All level 2 MAPPA cases were reviewed no less than 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.

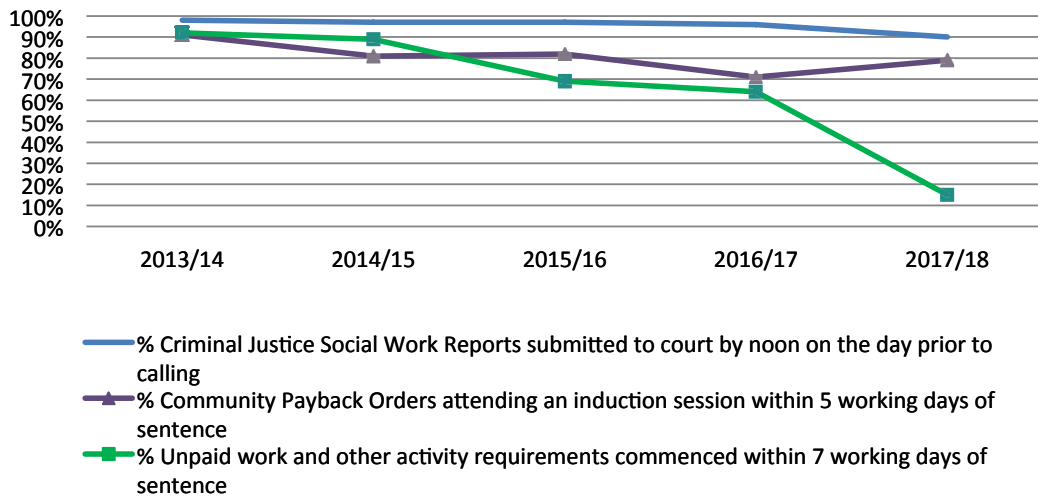
## Criminal Justice

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 behaviour; to the factors supporting desistance and the milestones people often experience on this journey. The HSCP is crucial in supporting people and their families and carers through statutory criminal justice services, and importantly through HSCP and third sector partnership provision: reflecting the often poor physical and mental health of people involved in offending behaviour.

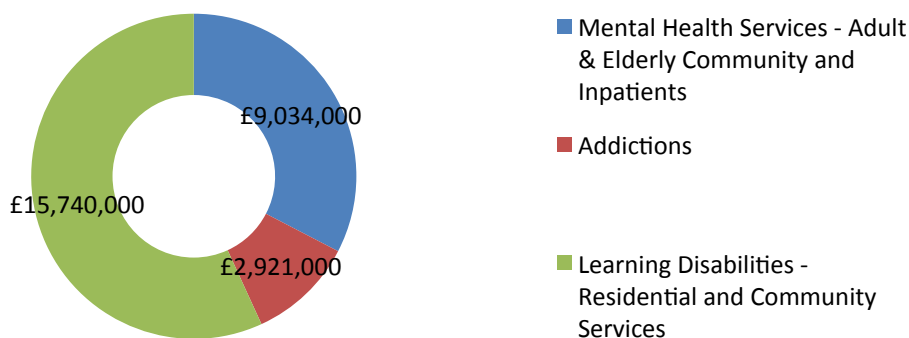
As shown opposite, performance within Criminal Justice services has proved challenging during 2017/18 particularly in relation to meeting timescales for the commencement of unpaid work requirements.

### Criminal Justice



A high volume of new unpaid work orders and 2 vacant posts may have been contributing factors however performance is being closely monitored and improvements are expected in 2018/19.

### Net Expenditure 2017/18



# best value and financial performance



The key messages for the financial year 2017/18 are:

- On a total budget allocation of £167.295m from our funding partners West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde (NHSGGC), we have ended the year with a surplus of £0.574m (subject to external audit review) after taking account of planned additions to reserves
- The surplus will be added to HSCP Board Reserves brought forward from 2016/17. The general reserve is categorised into earmarked for specific projects and unearmarked which are available to help manage the financial risk of any future unanticipated events that may materially impact on the financial position of the partnership
- The earmarked reserves balance has had a net increase of £0.949m, mainly due to Scottish Government Primary Care Transformation Funding, Integrated Care Fund (supporting the shift in the balance of care to a community setting) and Musculoskeletal (MSK) Orthopaedic Project, bringing the closing balance to £4.437m
- The unearmarked reserves balance has closed 2017/18 with a net decrease of £0.375m, mainly due to the application of reserves to offset the additional costs within social care linked to demographic pressures in our older people population and supporting children and families within their community. However there was a significant addition of £0.725m from unallocated Social Care Fund which was to fund the new Frailty Project, which will be rolled out in 2018/19.

The HSCP Board is required to make arrangements for the proper administration of its financial affairs and to ensure 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 (CFO).

The financial reporting responsibilities of the CFO include preparing financial statements and performance reports. Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of HSCP Board and its Audit Committee. The 2017/18 financial performance reports demonstrate that in challenging economic times coupled with significant demographic pressures, the requirement to achieve best value in the delivery of services is paramount, in tandem with maintaining quality and securing continuous improvement.

The table on the next page sets out the consolidated 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.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2017/18 Annual Budget £000	2017/18 Net Expenditure £000	2017/18 Underspend/ (Overspend) £000
<b>Consolidated Health &amp; Social Care</b>			
Older People Residential, Health and Community Care	29,801	30,543	(742)
Homecare	13,137	13,567	(430)
Physical Disability	2,872	2,782	90
Children's Residential Care and Community Services (including specialist)	19,008	20,901	(1,893)
Strategy Planning and Health Improvement	1,882	1,597	285
Mental Health Services -			
Adult & Elderly Community and Inpatients	9,300	9,034	266
Addictions	2,955	2,921	34
Learning Disabilities -			
Residential and Community Services	16,303	15,740	563
Family Health Services (FHS)	23,962	23,962	0
GP Prescribing	19,887	19,887	0
Hosted Services - MSK Physio	5,975	5,777	198
Hosted Services - Retinal Screening	824	741	83
HSCP Corporate and Other Services - includes drawdown from Reserves	3,113	993	2,120
IJB Operational Costs	283	283	0

**Cost of Services Directly Managed  
by West Dunbartonshire HSCP**

	<b>149,302</b>	<b>148,728</b>	<b>574</b>
Set aside for delegated services provided in large hospitals - notional figure	17,066	17,066	0
Assisted garden maintenance and Aids and Adaptions	927	927	0
Services hosted by other Integrated Joint Boards within Greater Glasgow & Clyde	11,997	11,997	0
Services hosted by West Dunbartonshire IJB for other IJBs	6,337	6,337	0

**Total Cost of Services to  
West Dunbartonshire HSCP**

<b>185,629</b>	<b>185,055</b>	<b>574</b>
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The 2017/18 outturn position (agreed by the 20 June 2018 HSCP Audit Committee), before the application of general (unearmarked) reserves reported an overspend of £1.231m (-0.85%), funded by general reserves of £1.052m and £0.179m to cover the overspends within social care and health care services respectively. The main points to note are:

- Community placements for children including kinship care and fostering placements accounts for £0.709m of the overspend, due to an unprecedented increase in numbers. The number of kinship placements increased by 43 and the number of fostering placements 17. Ongoing difficulties across Scotland in attracting foster carers to sign with local authorities meant that the majority of these new places had to be arranged with external fostering agencies at a higher cost;
- Children placed within residential schools due to emotional, behavioural or physical disabilities exceeded the budget by £0.736m. This is an extremely volatile budget and secure placements can cost in excess of £0.200m per child. Childcare managers review these packages on a weekly basis for alternative, appropriate community-based support;
- Older people supported through care at home services or in residential or nursing care exceeded the budget by £0.430m and £0.626m respectively and can be attributed to demographic demand and continued improved performance on anticipatory care planning and reduction to bed days lost through delayed discharge; and
- All other adult services including learning and physical disability and mental health and addiction services collectively underspent by £0.953m, due to many factors including a reduction in a small number of high tariff, complex mental health and learning disability clients in receipt of high cost packages and the cost of rolling out the living wage being less than anticipated as it does not require to be applied to the cost of sleepovers until the end of 2018.

The Scottish Government continued to support Health and Social Care Services across Scotland in 2017/18 through the continuation of the Social Care Fund. An additional £107m was allocated in addition to the £250m available in 2016/17. For West Dunbartonshire HSCP Board our share of the 2017/18 fund was £2.087m to support the continuation of the rollout of the Scottish Living Wage (£8.45/hr) to all adult social care workers, preparation for the implementation of the Carers Act 2016 (effective from 1st April 2018) and the development of new ways of working to support the shift in the balance of care to a community setting, wherever possible.

The set aside budget for large hospital services is related to the HSCP Board's responsibility for the strategic planning for unscheduled care with respect to the population of West Dunbartonshire. For 2017/18 the reported budget is regarded as 'notional' with a corresponding equal 'notional' spend. However the Scottish Government have made it clear to Health Boards and Integrated Joint Boards that by the end of 2018/19 the set aside budget must be a true reflection of activity and be able to demonstrate positive improvements in shifting 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.

While the outlook may be financially challenging the HSCP Board through the delivery of its Strategic and Financial Plans will continue to develop, transform and deliver high quality health and social care services to the people of West Dunbartonshire.



# good governance

# 6



The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. To secure best value, the Strategic Plan 2016-19 commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the HSCP Board continues to have in place robust arrangements for governance of its affairs and effectiveness of its functions, including the identification, prioritisation and the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk, to a reasonable level, to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both partner organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

The Chief Internal Auditor reports directly to the HSCP Board's Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit Committee on any matter.

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who have the responsibility for development and maintenance of the governance environment; the work of the Internal and External Auditors and inspections and reports of other review agencies, including the Care Inspectorate.

The HSCP Board adopted "The Code of Practice for Local Authority Accounting", recommendation that the local code is reviewed each year, in order that it can inform the Governance Statement. This review was carried out and approved by the Audit Committee in June 2018 and can be found on the HSCP website.

In summary there was some improvement in the sub-principles deemed fully compliant, the September Action Plan was updated and some new improvement actions were identified.

Other reviews to improve effectiveness include:

- Refresh of the HSCP Board's Financial Regulations
- Review of remit and membership of the Clinical and Care Governance Group
- Formation of local Prescribing Group to support the work of the Prescribing Efficiency Group
- Approval of the Strategic Planning Group - a sub-committee of the HSCP Board.

Also supporting the review of the HSCP Board's governance framework are the processes of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within the council each member of the Corporate Management Team presents an annual statement on the adequacy and effectiveness of control (including financial control), governance and risk management arrangements within their service area. Through the delegation of operational responsibility for the delivery of all social care services these statements were provided by the HSCP's Chief Officer, Chief Financial Officer and Senior Management Team. The responses to these are considered as part of the review of the HSCP Board's and Council's governance arrangements and inform the Chief Internal Auditor's Annual Reports.

Some of the key improvements noted in 2017/18 are:

- Legislative compliance in relation to child protection through the local Child Protection Committee
- Introduction of Be the Best Conversations across Community Care staff
- Actioned Public Service Improvement Framework (PSIF) process in both Mental Health and Learning Disability Services
- Update of Business Continuity Plan in partnership with the council and the health board.

Within the health board a similar process is in operation where service managers and Chief Officers complete a “Self Assessment Checklist” covering all the key areas of the internal control framework.

# appendices

## Appendix 1: Core Integration Indicators

	WEST DUNBARTONSHIRE					SCOTLAND	COMPARISON WEST DUNBARTONSHIRE AND SCOTLAND LATEST DATA
	2014/15	2015/16	2016/17	2017/18	Direction of travel	2017/18	
Premature mortality rate per 100,000 persons*	556.8	569.5	512.1	513.6	↑	425.2	●
Emergency admission rate per 100,000 population	14,254	13,612	13,695	12,720	↓	11,959	●
Emergency bed day rate per 100,000 population	146,024	131,480	142,221	128,474	↓	115,518	●
Readmission to hospital within 28 days per 1,000 population	79	78	87	83	↓	97	✓
Proportion of last 6 months of life spent at home or in a community setting	86.6%	86.7%	87.9%	89.3%	↑	88.3%	✓
Falls rate per 1,000 population aged 65+	21.5	22.9	24.1	22.9	↓	21.7	●
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	89.5%	92.5%	80.5%	92%	↑	85%	✓
Percentage of adults with intensive care needs receiving care at home	67%	67.7%	70%	N/A	↑	61%*	✓
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	880	530	479	335	↓	772	✓
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.4%	22%	24.6%	22.5%	↓	23%	✓
Percentage of adults able to look after their health very well or quite well	94% <sup>^</sup>	93%	N/A	91%	↓	91%	✓
Percentage of adults supported at home who agree that they are supported to live as independently as possible	85% <sup>^</sup>	88%	N/A	81%	↓	81%	✓
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	80% <sup>^</sup>	82%	N/A	80%	↓	76%	✓
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	79% <sup>^</sup>	83%	N/A	79%	↓	74%	✓
Percentage of adults receiving any care or support who rate it as excellent or good	85% <sup>^</sup>	86%	N/A	81%	↓	80%	✓
Percentage of people with positive experience of the care provided by their GP practice	82% <sup>^</sup>	87%	N/A	85%	↓	83%	✓
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	87% <sup>^</sup>	85%	N/A	79%	↓	80%	●
Percentage of carers who feel supported to continue in their caring role	43% <sup>^</sup>	40%	N/A	40%	↔	37%	✓
Percentage of adults supported at home who agree that they felt safe	86% <sup>^</sup>	86%	N/A	89%	↑	83%	✓

↑ increasing

↓ decreasing

↔ unchanged

✓ performing better or as well as Scotland figure

● performing poorer than Scotland figure

\* calendar year

<sup>^</sup> 2013/14 figure

## Appendix 2: Care Inspectorate Inspections of HSCP Registered Services

This Appendix details the grades achieved for WDHSCP services which were inspected and had reports published by the Care Inspectorate between 1 April 2017 and 31 March 2018.

### Gradings:

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

SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Blairvadach Children's House	21 Jun 2017	4 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
			Requirements: None Recommendations: None
Burnside	20 Mar 2018	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
			Requirements: None Recommendations: None
Craigellachie Children's House	22 Sep 2018	4 N/A 4 N/A	Care and Support Environment Staffing Management and Leadership
			Requirements: The provider must ensure that the Care Inspectorate is notified when it breaches the conditions of registration for the service. Recommendations: The provider should ensure that staff receive regular supervision, in line with the provider's policy and should take steps to promote an outward looking approach to staff development.
Throughcare/Aftercare Team	27 Mar 2018	6 6 N/A	Care and Support Staffing Management and Leadership
			Requirements: None Recommendations: None



SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Boquhanran House	29 Sep 2017	5	Care and Support Environment Staffing Management and Leadership
		N/A	
		4	
		N/A	
Requirements: None Recommendations: Staff should adopt best practice when monitoring residents who may be at risk of developing dehydration and malnourishment. Associated monitoring charts should be fully completed, targets identified as regards food and fluid intake and recording amounts taken by each resident.  The service provider should ensure that staff is given regular opportunities to meet with their supervisors and that appropriate records of these meetings are maintained.  The service provider should provide staff with first aid training to ensure the wellbeing of residents both in the care home and when on outings.  The service provider should produce a training plan which details how they will roll out further dementia training to staff.  The service provider should ensure that there are regular staffing meetings to enable staff to contribute to the on-going development of the service.			

SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Care at Home Services	15 Mar 2018	5	Care and Support Staffing Management and Leadership
		5	
		N/A	
Requirements: None Recommendations: Dementia training at the skilled level should be completed by all staff.  The service should ensure that service users and relatives know how they can access care plans and also provide clear information about the time bands used for support visits.			

SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Frank Downie Day Care	28 Feb 2018	5	Care and Support Environment Staffing Management and Leadership
		N/A	
		N/A	
		5	
Requirements: None Recommendations: None			

SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Frank Downie House	11 Oct 2017	5	Care and Support Environment Staffing Management and Leadership
		4	
		4	
		N/A	
Requirements: None Recommendations: Staff should adopt best practice when monitoring residents who may be at risk of developing dehydration and malnourishment. Monitoring charts should be fully completed, appropriate targets identified as regards food and fluid intake and recording amounts taken by each resident.  The provider should ensure that staff training plans are up-to-date so that staff receive appropriate training to meet residents' needs.  The service provider should ensure that staff are given regular opportunities to meet with their supervisors and that appropriate records of these meetings are maintained.  The service provider should produce a training plan that includes details of how they will roll out further dementia training to staff.  The service provider should provide staff with first aid training to ensure the wellbeing of residents both in the care home and when on outings.			

SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Learning Disability Service	24 Nov 2017	5	Care and Support Environment Staffing Management and Leadership
		N/A	
		4	
		5	
Requirements: None Recommendations: None			
SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Learning Disability Service - Community Connections	9 Mar 2018	5	Care and Support Environment Staffing Management and Leadership
		N/A	
		5	
		N/A	
Requirements: None Recommendations: Staff should be able to access historical information about accidents and incidents without the need for 'workaround' systems being used. The provider should take appropriate action to address this.			
SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Mount Pleasant House	21 Dec 2017	4	Care and Support Environment Staffing Management and Leadership
		4	
		4	
		4	
Requirements: The provider must ensure that all care plans and related documentation is accurate, up-to-date, signed and dated, and reflective of the care needs and outcomes to be achieved for each resident. Recommendations: Where it is recognised that a resident is in need of dietary support, the care plan should include strategies and practice guidance for staff. Systems such as food and fluid intake charts should be in place to enable monitoring and evaluating how the plan is working.			
SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Queen Mary Day Care	11 Apr 2017	5	Care and Support Environment Staffing Management and Leadership
		N/A	
		N/A	
		5	
Requirements: None Recommendations: Staff should have training in delivering meaningful activities and should also be trained at skilled level in dementia.			
SERVICE	DATE INSPECTED	GRADE	QUALITY THEME
Sheltered Housing	15 Mar 2018	5	Care and Support Staffing Management and Leadership
		N/A	
		5	
		N/A	
Requirements: None Recommendations: Dementia training at skilled level should be completed by all staff.			

### Appendix 3: West Dunbartonshire HSCP Key Performance Indicator Summary 2017/18

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; attendances at accident and emergency (A&E); and shifting the balance of care from hospital to community settings. In light of the integration of health and social care services significant improvements in ways of working and efficiencies are expected.

During 2017/18 West Dunbartonshire HSCP has been working with colleagues across NHS Greater Glasgow and Clyde to develop targets for these reductions and these will be applied from 2018/19. The first set of key performance indicators below fall within the MSG objectives and performance status has been set on the basis of a comparison with our performance in 2016/17.

PERFORMANCE INDICATOR	2016/17	2017/18	
	VALUE	VALUE	STATUS
Number of acute bed days lost to delayed discharges (inc Adults with Incapacity) age 65 years and over	3,047	2,291	✓
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	849	461	✓
Emergency admissions aged 65+ as a rate per 1,000 population	263	273	▲
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	2,883	3,102	▲
Number of emergency admissions (all ages)	10,680	9,984	✓
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,788	30,422	✓

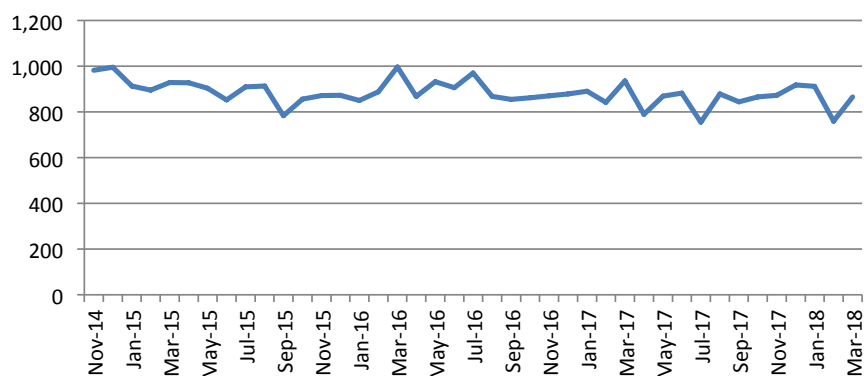
PERFORMANCE INDICATOR	2016/17	2017/18		
	VALUE	VALUE	TARGET	STATUS
Child & Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	84.2%	90%	▲
Mean number of weeks for referral to treatment for specialist Child & Adolescent Mental Health Services	6	7	18	✓
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95.6%	94.9%	95%	▲
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.6%	97.7%	95%	✓
Balance of care for looked after children: % of children being looked after in the community	90.4%	90.4%	90%	✓
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	62%	78%	75%	✓
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	62%	78%	75%	▲
Number of delayed discharges over 3 days (72 hours) non-complex cases	14	4	0	⬢
Percentage of total deaths which occur in hospital 65+	41.1%	42.6%	45.9%	✓
Percentage of total deaths which occur in hospital 75+	40.2%	41.7%	45.9%	✓
Number of clients 65+ receiving a reablement intervention	610	632	575	✓
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	66%	64.7%	60%	✓
Number of patients in anticipatory care programmes	1,678	1,921	1,400	✓
Number of patients aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,058	23,139	23,230	▲
Total number of homecare hours provided as a rate per 1,000 population aged 65+	517.9	488	518	▲
Percentage of people aged 65 and over who receive 20 or more interventions per week	28.9%	34.2%	30%	✓

PERFORMANCE INDICATOR	2016/17	2017/18		
	VALUE	VALUE	TARGET	STATUS
Percentage of people aged 65 or over with intensive needs receiving care at home	33.5%	32.2%	35%	▲
Percentage of homecare clients aged 65+ receiving personal care	93.7%	92.1%	90%	✓
Percentage of people aged 65 and over assessed with complex needs living at home or in a homely setting	98.1%	98%	98%	✓
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	29%	26.9%	30%	✓
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	22.3%	24.4%	90%	✓
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	39.2%	42.5%	35%	●
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	51.2%	43%	90%	●
Number of clients receiving Home Care Pharmacy Team support	1,048	941	900	✓
Prescribing cost per weighted patient	£181.10	£173.07	£178.32	✓
Compliance with Formulary Preferred List	80.2%	80.2%	78%	✓
Total number of respite weeks provided to all client groups	4,795.1	4,449.25	4,110	✓
Percentage of carers who feel supported to continue in their caring role	99%	97.4%	90%	✓
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.7%	92.4%	90%	✓
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling	96%	90%	98%	▲
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence	71%	79%	80%	▲
Percentage of unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence	64%	15%	80%	●
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	81.8%	79.2%	95%	●
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	✓
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96.8%	96.4%	90%	✓

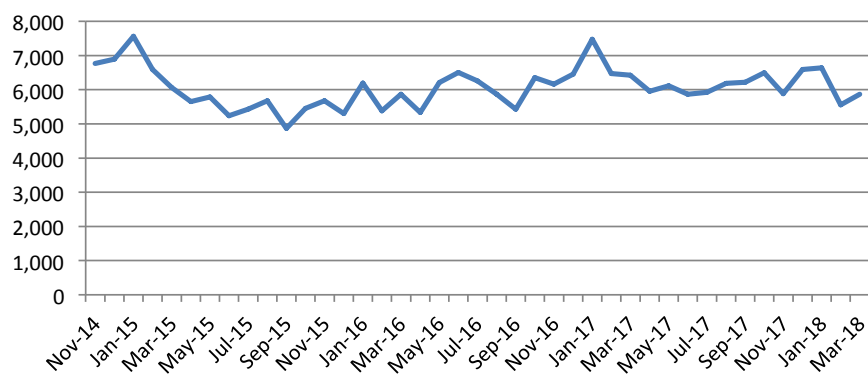
✓ Target achieved or exceeded    ▲ Target narrowly missed    ● Target missed by 15% or more

#### Appendix 4: Ministerial Steering group - Measuring Performance Under Integration (Provisional Figures)

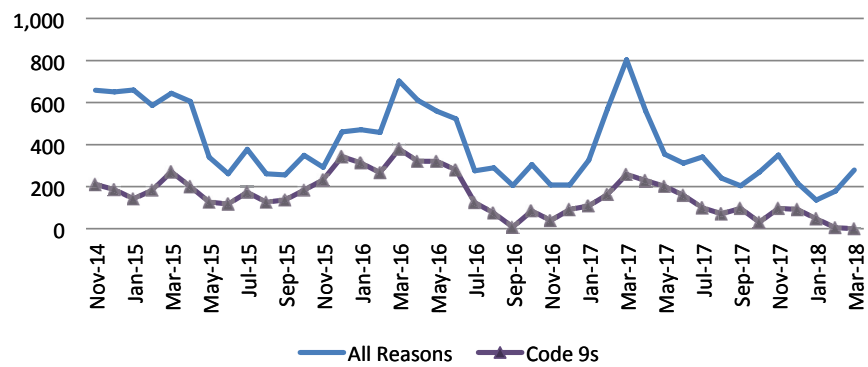
**Emergency Admissions - All Ages**



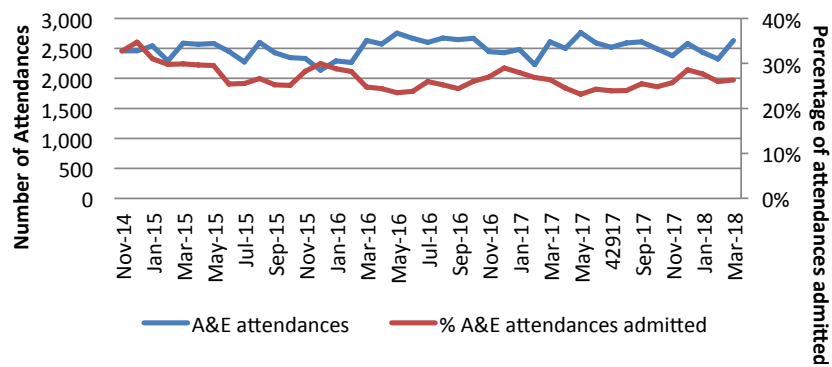
**Unscheduled Acute Hospital Bed Days - All Ages**



**Bed Days Lost to Delayed Discharges - All Ages**



**Accident and Emergency (A&E) Attendances and Admissions - All Ages**





## Appendix 5: HSCP Local Government Benchmarking Framework Indicators

PERFORMANCE INDICATOR	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	
	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	NOTE
The gross cost of 'children looked after' in residential based services per child per week £	£3,008.94	£1,994.98	£2,946.15	£2,374.54	£2,292.62	£2,022.36	We are ranked 2nd in Scotland for this measure and our cost per week is substantially lower than the Scotland figure of £3,404.36
The gross cost of 'children looked after' in a community setting per child per week £	£52.15	£143.79	£155.63	£159.38	£185.70	£164.66	We are ranked 4th in Scotland for this measure and our cost per week is substantially lower than the Scotland figure of £312.73
Balance of Care for looked after children: % of children being looked after in the Community	88.35%	87.01%	90.51%	89.12%	89.81%	89.98%	<p>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 88.35% in 2011/12 to 89.98% in 2016/17. We are ranked 12th in Scotland and are slightly higher than the Scotland figure of 89.87%.</p> <p>As part of our equalities monitoring, 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.</p>
% of Child Protection registrations re-registered within 18 months		8.06%	4.62%	0%	3.9%	7.03%	We are ranked 20th in Scotland on this measure. The Scotland figure is 6.46%.
% of looked after children who had more than one placement in the last year (August - July)	15.45%	18.93%	19.51%	20.98%	20.66%	17.02%	We are ranked 5th in Scotland on this measure. Scotland is significantly higher at 21.19%.
Home care costs for people aged 65 or over per hour £	£15.67	£17.64	£18.47	£20.91	£22.03	£24.24	We are ranked 22nd in Scotland. The Scotland figure is £22.64.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.59%	1.45%	1.41%	1.8%	2.19%	2.37%	Expenditure on Self-Directed Support (SDS) Options 1 and 2 has increased by 82% since 2013/14 and has also increased as a proportion of adult social care spend from 1.39% to 2.37%. 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. The Scotland figure is 6.49%.

PERFORMANCE INDICATOR	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	
	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	NOTE
Percentage of people aged 65 or over with intensive needs receiving care at home	44.27%	42.52%	40.71%	39.32%	35.71%	33.53%	We are ranked 18th in Scotland on this measure. At the end of March 2017, 286 people with intensive needs were receiving 10 or more hours of homecare. This indicator is published by the Local Government Benchmarking Framework and measures volume of service rather than appropriate targeting or alternative supports which may augment homecare such as telecare. A change in the 2015/16 guidance for the collection of NHS Continuing Care data will affect comparability with previous figures. Scottish Government are currently examining options to resolve this and this may result in an update to the data presented here.
Net residential costs per capita per week for older adults (65+)	£554.19	£430.41	£415.97	£460.43	£466.13	£479.97	The HSCP is significantly higher than the Scotland figure of £372.36 and this is reflected in our ranking which has moved from 29th since 2014/15 to 28th in 2016/17. 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 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.

# notes



