West Dunbartonshire
Health & Social Care Partnership

Public Performance Report **2018/19**

www.wdhscp.org.uk

Contents

The year in figures
2018/19

81% OF PEOPLE RATED THEIR CARE OR SUPPORT AS GOOD OR EXCELLENT*

361 LESS BED DAYS SPENT IN HOSPITAL BY PEOPLE WITH COMPLEX DELAYS IN 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*

89%

OF CARE SERVICES GRADED GOOD OR BETTER IN CARE INSPECTORATE INSPECTIONS: 5th BEST PERFORMING IN SCOTLAND

79%

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

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

4,757

EMERGENCY ADMISSIONS TO HOSPITAL FOR PEOPLE AGED 65 AND OVER

1,736

LESS UNPLANNED HOSPITAL BED DAYS FOR PEOPLE AGED 65 AND OVER

1,306

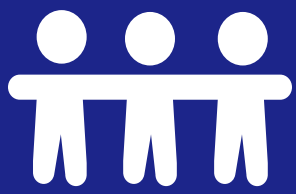
PEOPLE HAVE AN ANTICIPATORY CARE PLAN IN PLACE

91.5% OF LOOKED AFTER CHILDREN WERE LOOKED AFTER IN THE COMMUNITY

75% OF CHILD PROTECTION CASE CONFERENCES WERE CARRIED OUT WITHIN 21 DAYS

1,790 MMR VACCINATIONS

89% OF PEOPLE AGREED THEY FELT SAFE*



80% OF PEOPLE FELT THEY HAD A SAY IN HOW THEIR HELP, CARE OR SUPPORT WAS PROVIDED*

930 PEOPLE SUPPORTED TO MANAGE THEIR MEDICATION

857 CARER CONVERSATIONS

91% OF PEOPLE FELT ABLE TO LOOK AFTER THEIR HEALTH VERY WELL OR QUITE WELL*

91.6% OF PEOPLE RECEIVED APPROPRIATE DRUG OR ALCOHOL TREATMENT TO SUPPORT THEIR RECOVERY WITHIN 3 WEEKS OF REFERRAL

69% OF PEOPLE STARTED PSYCHOLOGICAL THERAPIES WITHIN 18 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*

10,989 HOURS OF HOME CARE PROVIDED EACH WEEK TO SUPPORT PEOPLE AT HOME

*Latest Scottish Health and Care Experience Survey 2017/18 (Every 2 years)

Introduction

Our vision: Improving lives with the people of West Dunbartonshire

Welcome to our fourth annual Public Performance Report, which covers the period April 2018 to March 2019.

I trust you will find the report to be both informative and interesting. It is a chance to reflect upon the services the partnership has delivered, the outcomes we have achieved and explore where we need to focus as we go forward.

As we consider how best to use the resources available to the partnership, we are committed to working with the people of West Dunbartonshire. In particular to engage with local communities and listen to their thoughts on both what services are needed, and how they can be delivered to gain the greatest impact for service users and patients. We will examine areas of increasing demand and review how to intervene earlier to achieve greater long term benefits.

Reading the report, you will see there are many services delivering care of which we should be justifiably proud, and I wish to acknowledge the efforts of all our staff, who work on a daily basis to achieve this, and thank them for this.

Beth Culshaw
Chief Officer

1

Supporting Children and Young People

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

Active
Safe Healthy Achieving
Responsible
Respected Included
Nurtured

UNICEF Achieving Sustainability (Gold) Award for excellent and sustained practice in the support of infant feeding and parent-infant relationships

"My son got the help and support he needed. We now have a better understanding on how to support him at home and school and have confidence that if he needs additional support, he will get it."

"The care my child received was exceptional. From the initial appointment, I could tell that she would get the help she needed and she certainly did."

Anonymous Service Feedback 2018/19

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.

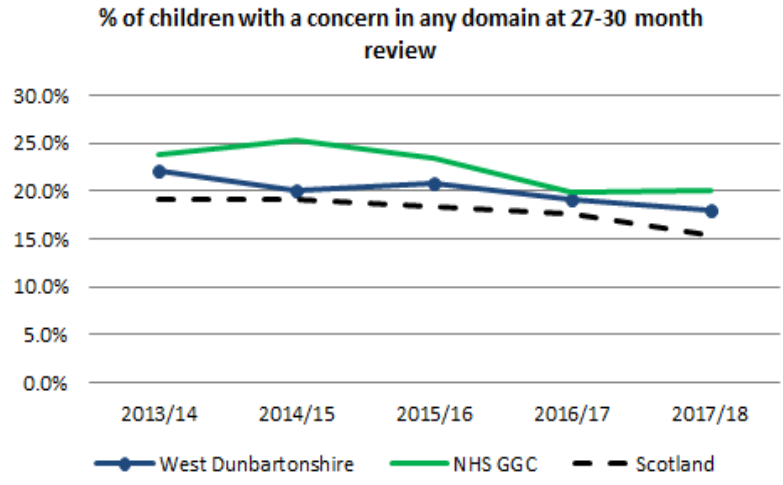
We have embedded the principles of the Scottish Government's Getting It Right for Every Child (GIRFEC) into all aspects of children's services across community and specialist health, social work and care services: working to ensure that all children are safe, healthy, achieving, nurtured, active, respected, 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 920 children were eligible for their 27-30 month child health review during 2017/18 and of these, 93.7% of reviews were carried out. This compares favourably with the proportion of eligible reviews carried out across Scotland, 90.2% and the 92.7% by NHS Greater Glasgow and Clyde (NHS GGC)

For those children reviewed, the proportion within West Dunbartonshire with a concern identified in any developmental domain has dropped from 22.2% in 2013/14 and 19.2% in 2016/17, to 18% in 2017/18. This indicates steady progress towards supporting children to reach their developmental goals and potentially improving their health and wellbeing in the long term.



94.9% of children aged 2 years had their MMR vaccination

97.5% of children aged 5 years had their MMR vaccination

Measles, Mumps and Rubella (MMR) vaccination rates continue to be high within West Dunbartonshire with a total of 1,790 children vaccinated.

The proportion of children vaccinated is slightly higher than the proportion across NHS Greater Glasgow and Clyde: 94.2% of 2 year olds and 96.4% of 5 year olds

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.

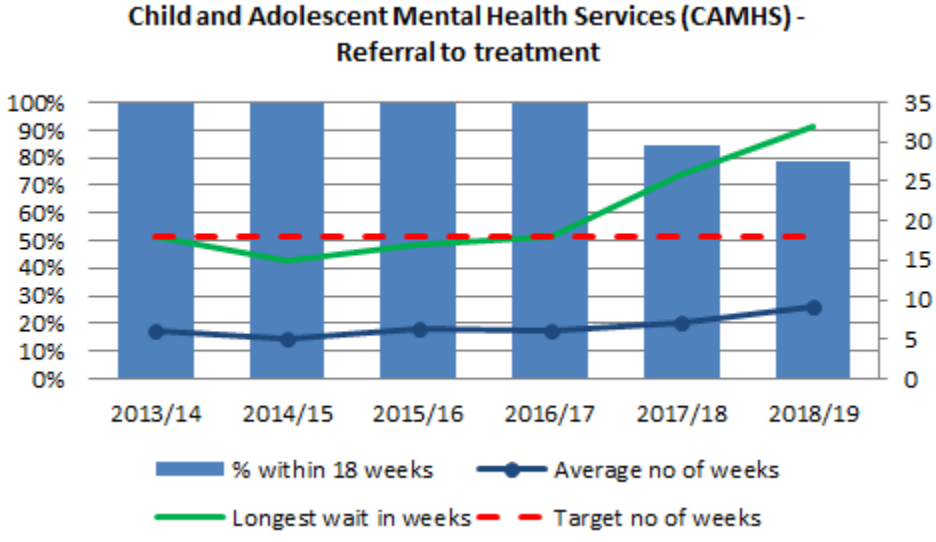
Child and Adolescent Mental Health Services (CAMHS) embrace the range of services that contribute to the mental healthcare of children and young people and their families and carers. Over the last two years performance against the 18 week referral to treatment target has declined across NHS Greater Glasgow and Clyde including within West Dunbartonshire.

A 29% increase in CAMHS referrals received and accepted between 2017/18 and 2018/19 for West Dunbartonshire children and young people, and a drive to improve accessibility of appointments by reducing the number of referrals rejected, while having proved challenging, has ensured better levels of access to the service for children and young people. The same period saw a 3% reduction in CAMHS referrals across NHS Greater Glasgow and Clyde.

Work is underway across the Greater Glasgow and Clyde area to analyse the reasons for the increase in referrals within West Dunbartonshire which mirrors increases in 2 of the other 4 HSCPs that provide a CAMHS service within Greater Glasgow and Clyde and may reflect increased national focus on children's mental health and emotional wellbeing.

The introduction of SMS text reminders and increasing awareness of missed appointments rates have resulted in a Did Not Attend (DNA) rate of 10% over the last 6 months, below the national average of 11%.

At March 2019, 78.5% of children and young people received treatment within 18 weeks missing the target of 90%. The longest waiting time at March 2019 was 32 weeks,however, the average wait across 2018/19 was 9 weeks, well within the timescale.

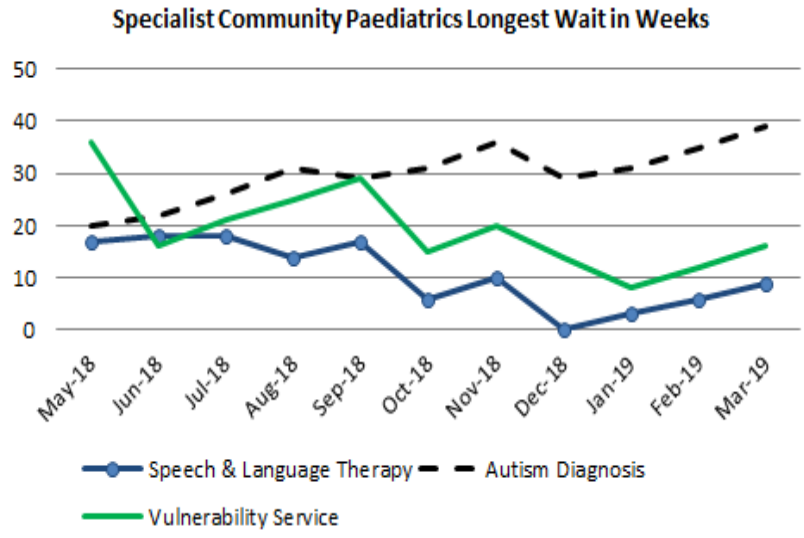


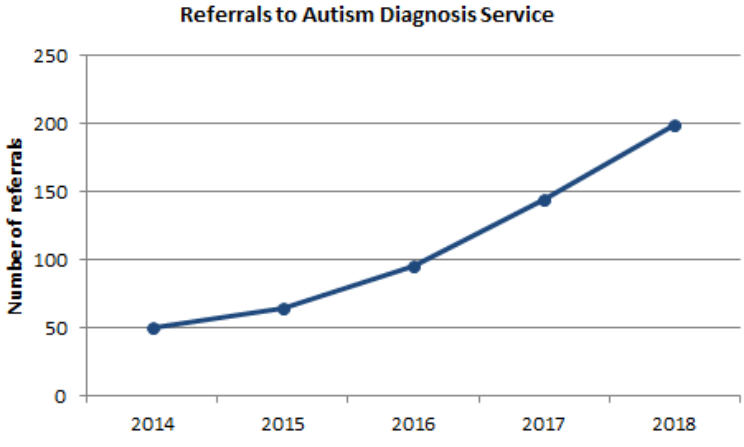
£0.445m spent on Child and Adolescent Mental Health Services

The Specialist Community Paediatric team in West Dunbartonshire consists of the Disability Service, Vulnerability Service, Autism Diagnosis, Speech and Language Therapy, Occupational Therapy and Physiotherapy.

The longest waiting times for Speech and Language Therapy and the Vulnerability Service have improved throughout 2018/19.

Although waiting times for Autism Diagnosis are increasing, West Dunbartonshire is the best performing area across NHS GGC for this pathway. There has also been a significant increase in referrals to the Autism Diagnosis service, 38% between 2017 and 2018 alone, which will be impacting on waiting times.





Children's Speech and Language Therapy Pathways were redesigned in West Dunbartonshire during 2018 and referrals are now agreed with parents on the basis of:

- Impact on SHANARRI well-being indicators (not impairment/disability)
- Timing and capacity for change
- Environmental support for change
- Underpinning evidence for effective intervention

The service will continue to seek feedback at discharge to evaluate these changes.

Autism Spectrum Disorder Assessment Pathway Feedback

- 62% Excellent
- 24% Very Good
- 10% Good
- 4% No response

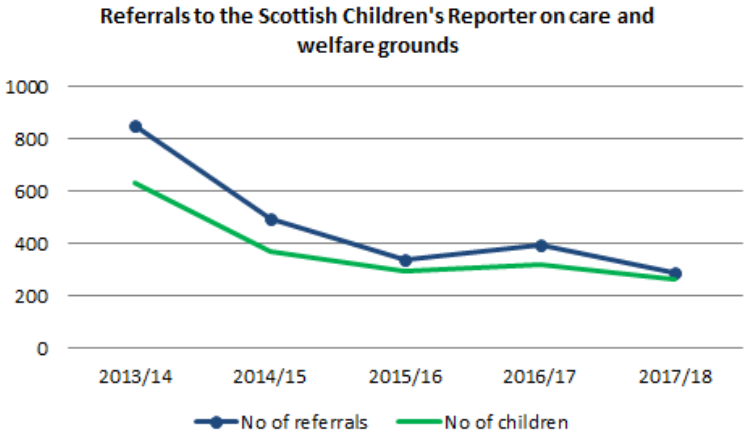
1,547 Referrals to Specialist Community Paediatrics

unicef UNITED KINGDOM | THE BABY FRIENDLY INITIATIVE

As well as receiving a Gold UNICEF Award in October 2018, West Dunbartonshire HSCP Health Visiting Service instigated a breast feeding quality improvement network supported by the Scottish Government Quality Improvement section and linking in with NHS Lanarkshire and NHS Borders. As part of this work, a test of change project is underway in West Dunbartonshire aiming to reduce the numbers of new mothers living in the most deprived areas who discontinue breast feeding in the early months.

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.



The number of referrals to the Scottish Children's Reporter on care and welfare grounds has fallen by 41% from 492 in 2014/15 to 288 in 2017/18. The number of children referred overall has dropped by 29% during the same period. Nationally there has been a 20% decrease in the number of referrals and the number of children referred in this timeframe.

The proportion of the 0-17 population within West Dunbartonshire referred to the Reporter during 2017/18 was 16.3 per 1,000 children and young people. The Scotland rate was 16.1 per 1,000 which suggests our early interventions are bringing us more in line with the national picture.

Publication of 2018/19 figures is due towards the end of July, too late for inclusion in this report, but can be found at www.scra.gov.uk

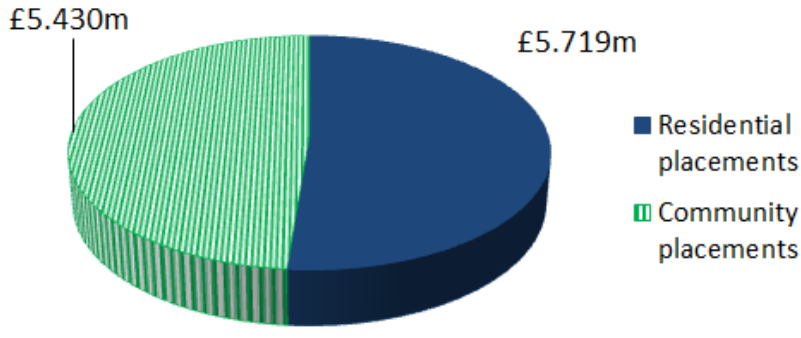
The HSCP is committed to ensuring that children affected by parental substance misuse (CAPSM) receive the best opportunities from both adult and children's services, built on a shared understanding of the risks for families where parents are misusing alcohol and/or drugs.

Our Parental Capacity Assessment enables 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.

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.

Looked After Children Net Expenditure



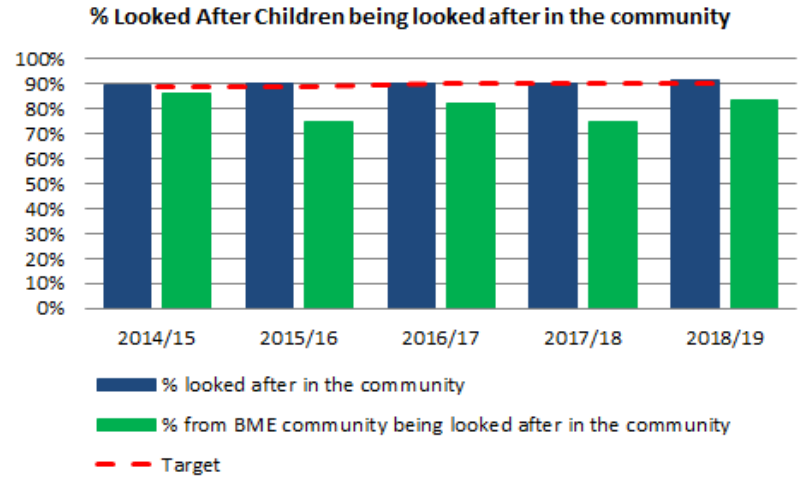
The number of looked after children has increased by 36% since 2015/16 and 11% since 2017/18 in West Dunbartonshire. The proportion of looked after children being looked after in the community has exceeded our target of 90% since September 2017.

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, 83% at the end of March 2019 against 91.5% 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 12th lowest in Scotland in 2017/18 at 21.1%: across Scotland 20.6% 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 underway 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.



Burnside Children's House

Care Inspectorate Gradings
Quality of Care and Support: 5 Very Good
Quality of Staffing: 5 Very Good

Burnside House - What People Told Us

"The staff have done everything they can to help me see my family".

"I really trust this service".

"The staff know how to support us. When to be firm and when to be sensitive but we also can't have a day without laughing".

"I had a full time job before I started college, which the service helped me get. It's a good place to live".

They confirmed our observations that Burnside was a very good place to live. Throughout our inspection, the young people were always having fun with the staff and managers. They told us that the staff were creative and found lots of ways to make the time spent in the house enjoyable.

It was commonplace for the staff and young people to sit around the table for their evening meal and the manager made a concerted effort to join this. At these times, the house appeared to us like a large family and the relationships between young people, staff and managers were incredibly positive.

We spoke with one family member whose preconceived ideas around residential care had been transformed by their experiences of visiting Burnside. They were of the view that it was a loving and caring environment and that the support of staff had ensured an ongoing relationship with their child.

In the process of gathering evidence for this inspection, everyone we spoke with was very positive about their experiences of working with Burnside.

Care Inspectorate Report November 2018

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

67% of young people aged 16 or 17 years of age who left care entered further/higher education, training or employment

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.

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 protocol which makes care experienced young people a recognised priority.

The Leaving Care Housing Protocol scheme means young people leaving care are provided with additional support and secure tenancies when they become old enough to live independently.

The initiative, one of the first of its kind in Scotland, received a Silver COSLA Excellence Award in the category of Service Innovation and Improvement.

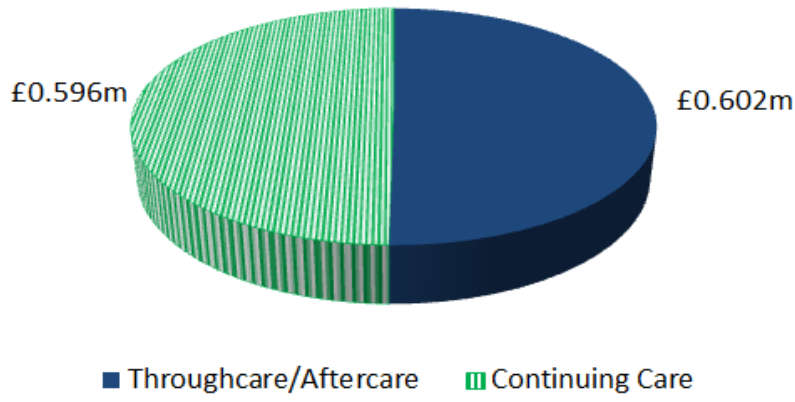
Throughcare and Aftercare

Care Inspectorate Gradings

Quality of Care and Support
6
Excellent

Quality of Staffing
6
Excellent

Throughcare, Aftercare and Continuing Care Net Expenditure



Throughcare Supported Lodgings

We found that the staff and managers within the supported lodgings service sought to advocate and break down barriers for the young people. An example of this was the wonderful local partnership with the Department for Work and Pensions (DWP). This meant that young people rarely went for long periods without valuable income.

Young people and carers benefitted from exceptional support, supervision and care planning. In every case we tracked, the young person had a clear outcome focused pathway plan. This was supported by regular case supervision for staff and regular pathway reviews. It was clear to us that the manager and staff had excellent systems for service delivery and they were clear about the intended outcomes young people wished to achieve.

On a consistent basis, we heard from the carers that the supported lodgings staff team went above and beyond to help them. There was a regular training programme in place which identified key learning. There was a particular strength in relation to mental health training and a close relationship with the local nurse therapist.

We found the carers to be fully involved in young people's support plans and we saw lots of evidence of outcomes improving for young people. The carer coordinator did a fantastic job supporting and guiding the carers and she was held up as a terrific source of support by everyone we spoke with.

During this inspection, we were immensely impressed by the collective desire to improve the lives of young people living within supported lodgings in West Dunbartonshire.

Care Inspectorate Report March 2019

West Dunbartonshire's Champions Board:
To enable care-experienced children and young people to help improve services and ensure their voices are heard

Champions Board funding begins November 2017

120 members of the public attend Champions Board Open Day at Clydebank Leisure Centre

The Champions Board plays an active part in the '1,000 Voices' campaign: part of Scotland's Independent Care Review

Partnership working with Police Scotland: 134 police officers attended a presentation on the role and aims of the Champions Board

76 Scottish Children's Reporter panel members attended a presentation on the role and aims of the Champions Board

Weekly contact with up to 20 Care Experienced Young People in our 3 residential houses

19 Care Experienced Young People signposted to other support services, such as Social Work, Working4U money advice, Alternatives and Housing

29 Care Experienced Young People attending active groups: girls group, boys group, Foster Care group and Throughcare group

3 Care Experienced Young People supported by Champions Board Lead Young People at their 'Team around the Child' meetings

Over 200 Care Experienced Young People received free leisure passes to use across West Dunbartonshire

Champions Board successful in bid for £8,000 of Pupil Equity Fund money which is shared between 15 primary schools and 5 secondary schools. £2,000 also available to the Champions Board to support primary school Care Experienced Young People with for instance gym clothes and trainers

Memorial garden planned to remember Care Experienced Young People who have sadly passed away

Life Changes Trust awards £224,167 for 3 years

63 Care Experienced Young People engaged with/made aware of the Champions Board

65 Corporate Parents engaged with/made aware of the Champions Board

10 Care Experienced Young People financially supported to attain passports, birth certificates and driving licences

4 Care Experienced Young People supported with moving house

A Care Experienced Young Person supported through a 12 week Fire Mentoring Programme in partnership with the Scottish Fire and Rescue Service

Health and Wellbeing fund of £5,000 available to support Care Experienced Young People with taking part in local clubs, classes and hobbies

Over 20 Care Experienced Young People have attended national networking events across the country

Champions Board Grants approved = £19,405.00 benefitting 15 Care Experienced Young People

Benefits include:

- new cars
- laptops
- driving lessons
- starting own business
- College fees
- University accommodation fees gaming computer
- volunteer work abroad
- visiting family abroad

BEE SMaR-T (Social Media and Relationships – THINK!) campaign launched by the Champions Board, supported by Police Scotland. This will be rolled out to all Secondary schools across West Dunbartonshire during 2019/2020

Supporting Older People

2

National Health and Well-being Outcomes

Support people to live in good health for longer
Independence at home or in a homely setting
Positive experiences of care
Treated with dignity and respect
Maintain or improve quality of life
Reducing health inequalities
Support the health and well-being of carers
Keep people safe from harm
Continuous improvement
Effective and efficient use of resources

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.'

The HSCP leads on the Community Planning strategic priority of Supporting Older People across Community Planning Partners. This is done primarily through 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 they can.

To achieve this we work closely with communities, families and individuals to avoid unnecessary admissions to, and delay in discharge from, hospital. This is supported by strong partnerships with statutory, third and independent sector providers of health and social care provision in the 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.

In light of the integration of health and social care services, 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; 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.

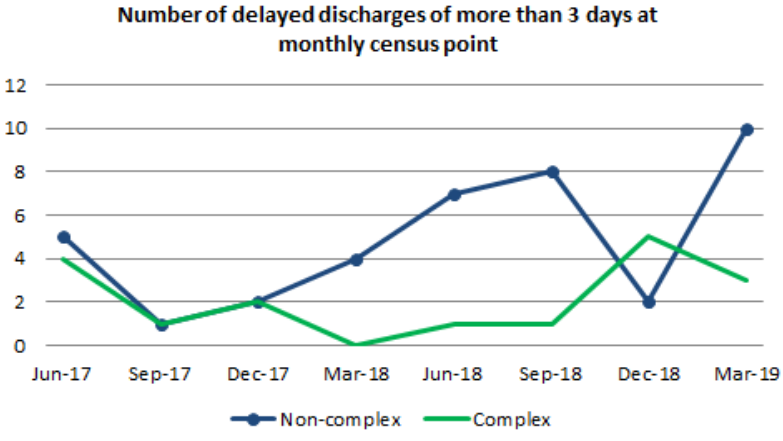
98% of people aged 65 or over with complex needs supported to live at home or in a homely setting

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

Within the HSCP we are monitoring our unscheduled care performance against locally set MSG targets and against NHS Greater Glasgow and Clyde's target of 10% reduction in unscheduled bed days, unnecessary hospital admissions and A&E attendances across the Health Board area.

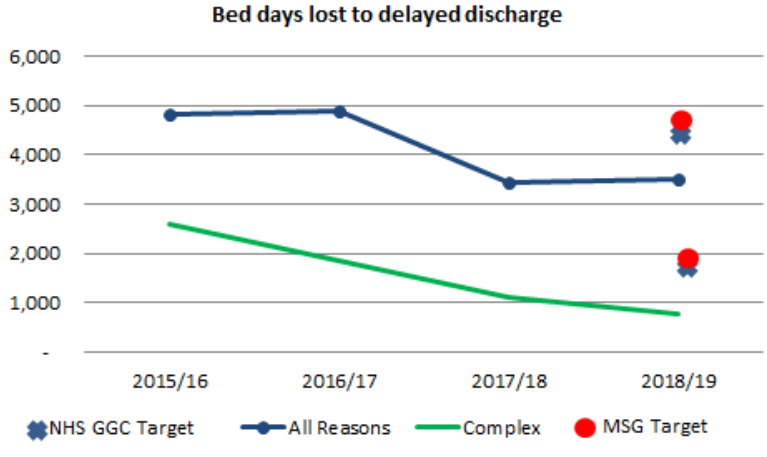
Avoid unnecessary delays in hospital discharge

The Scottish Government's aspirational 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.



While performance at the monthly census point has been poorer than in the previous year, the number of bed days used by delayed patients whose care requirements are complex or are complicated by issues of capacity has been significantly lower in 2018/19. This evidences the fact in these complex cases we are supporting people to return home or to a care home significantly quicker than in 2017/18.

When looking at the trend over time, the number of bed days used in relation to delayed discharges is significantly improved and has exceeded both the MSG targets and those set by NHS Greater Glasgow and Clyde.



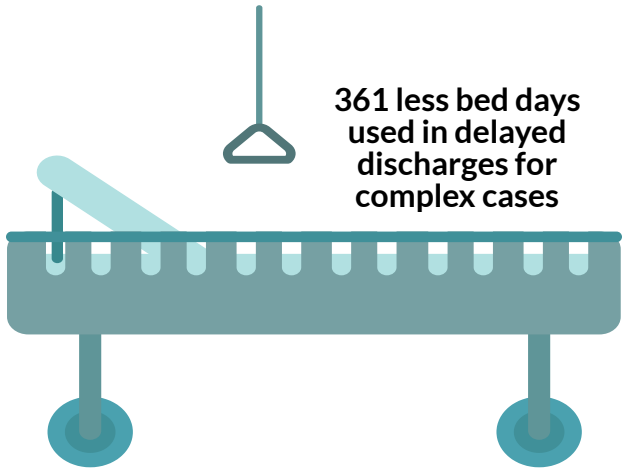
West Dunbartonshire residents make up an estimated 7.5% of the overall population in NHS Greater Glasgow and Clyde. The proportion of all NHS Greater Glasgow and Clyde delayed discharge bed days used by West Dunbartonshire residents has reduced from 7.5% in 2016/17, which is in line with our population, to 5.2% in 2018/19. More significantly, the proportion of bed days used by people with complex needs has reduced from 8% in 2016/17 to 3.9% in 2018/19.

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.

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

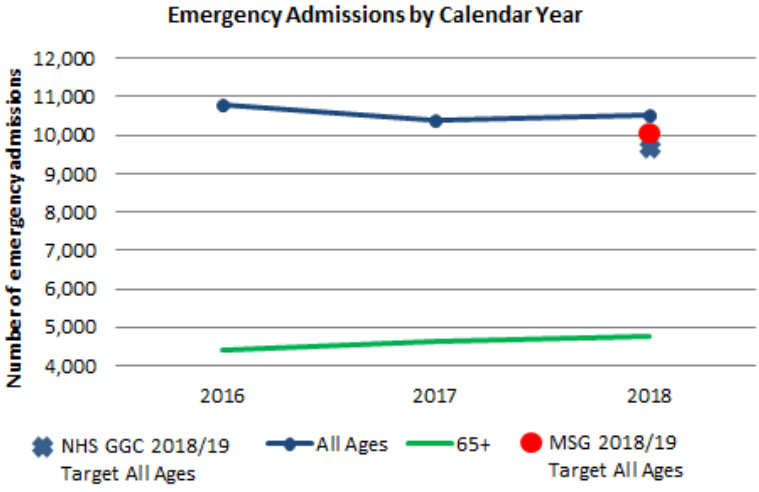
In 2018/19 we were ranked 6th best in Scotland for the number of days people aged 75 and over spent in hospital when they had been assessed as being medically fit to be discharged: as a rate per 1,000 population this was 331 days. We were also substantially lower than the overall figure across Scotland which was 805 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.



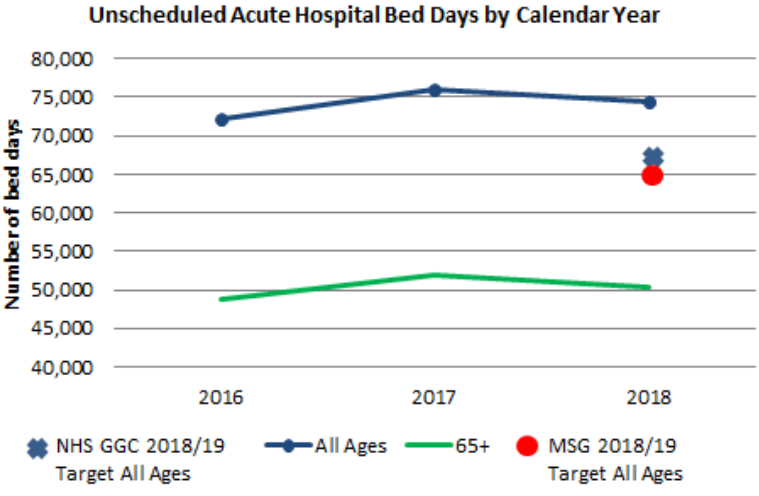
Reduce emergency admissions to hospital

Meeting our local and national targets for emergency admissions has proved challenging during 2018/19. While the total number of emergency admissions dropped in 2017, there was a 1% increase to 10,502 admissions in 2018.

From 2016 there has been an increase of almost 8% in emergency admissions for those aged 65 and over, with a total of 4,757 admissions in 2018.



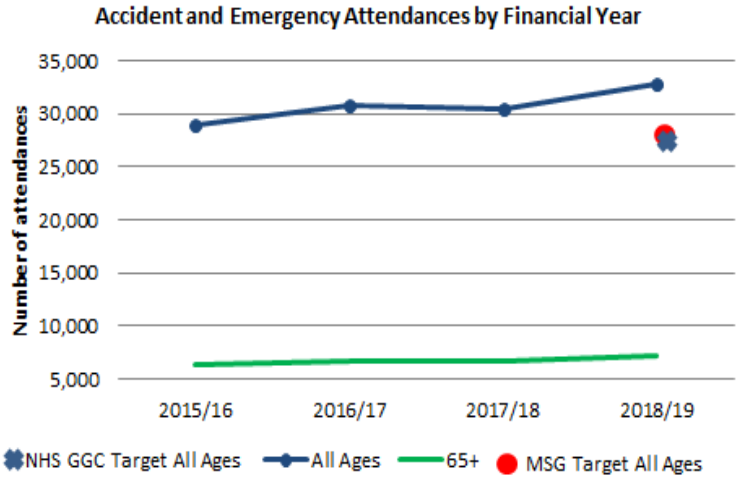
There were 1,542 less unscheduled acute bed days arising from emergency admissions in 2018 than in the previous year: a decrease of 2%. For those aged 65 and over this rises to a 3% decrease with 1,736 less bed days. This reduction in bed usage at a time of increasing admissions suggests that on average West Dunbartonshire residents are being discharged home from hospital more quickly than in the previous year, particularly those aged 65 and over.



8% increase in A&E attendances

Another challenging area for the HSCP has been the increasing number of attendances at Accident and Emergency (A&E) departments.

While many attendances at A&E are necessary, there are instances where a person can be helped more appropriately by local pharmacy services, their GP or nurse-led treatment rooms within GP practices.



A&E attendances have increased at all three of the main hospital sites accessed by people from West Dunbartonshire during 2018/19: Vale of Leven Hospital, Queen Elizabeth University Hospital and Royal Alexandra Hospital.

Over the course of the year work has been undertaken to understand patterns in A&E attendance: to identify any key themes and to understand the impact of other community services, or gaps in community services, on attendance.

Reasons for people making frequent attendances at A&E, for example 9 or more attendances in a 12 month period, have also been examined. This has highlighted that often anxiety, addiction or poor mental health are factors.

This has become part of the focus of the Vulnerable Adults Multi-Agency Forum. Mental Health, Addictions, Learning Disability, Adult Care and Adult Support and Protection services work with Police Scotland to develop alternative responses to distress within the community. This distress often manifests itself in frequent use of services such as the police and A&E departments.

The top 6 diagnoses resulting in hospital admission for people across NHS Greater Glasgow and Clyde during 2017/18 were Chronic Obstructive Pulmonary Disease (COPD), Heart Failure, Lower Respiratory Infection, Fractured Femur, Stroke and Urinary Tract Infections.

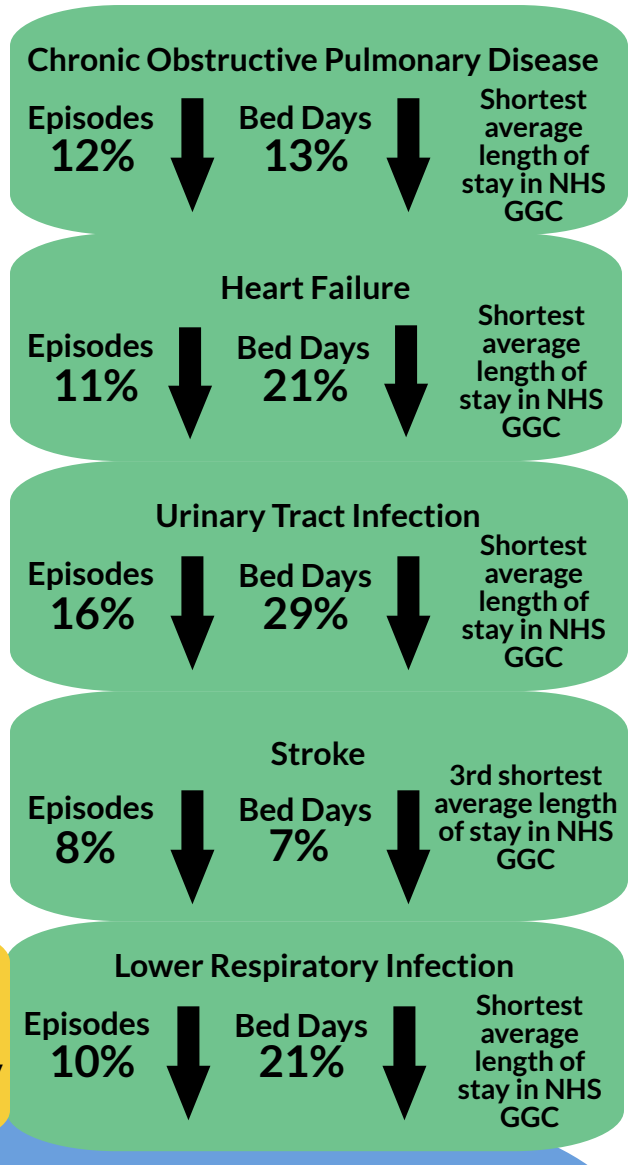
The analysis udertaken locally of West Dunbartonshire data identified that 40% of the surviving people admitted with one or more of these diagnoses had current input from HSCP services while 22% had previous involvement with services.

Monitoring of episodes of hospital admissions for people with these 6 conditions and the resulting bed days has continued throughout 2018/19. April to December 2018 has seen significant reductions for 5 of the 6 conditions when compared with the same period in 2017.

West Dunbartonshire also has the shortest average length of stay for 4 of the 6 conditions in comparison with the 5 other HSCPs within NHS Greater Glasgow and Clyde, which supports the view that we are supporting people to return home or to a homely setting more quickly.

By looking at the health and social care services already involved with this group of people the HSCP has been able to identify the need for improved patient pathways, training opportunities and service development.

April - December 2018 compared with April - December 2017



Focussed Intervention Team: Frailty and Complex Needs

During 2018/19 approval was gained for the development of a new service team within Community Health and Care Services.

The Focussed Intervention Team will deliver a reactive, rapid response service to people in their own homes or in a care home setting. The service will support people who have frailty and/or complex needs whose wellbeing is deteriorating and where attendance or admission to hospital is becoming a possibility. This early intervention will reduce the risk of admission and improve outcomes for people within the community.

The team will also manage a suite of intermediate care beds, providing alternatives to admission and faster discharge. This will take the form of intensive multi-professional support, for a period of up to 4 weeks, before care is passed onto the most appropriate community team or the GP.

The development also includes further funding of the third sector to provide a range of opportunities for individuals to move on to, from strength and balance work in their own homes, to physical activity in community settings, with the potential to become volunteers themselves.

The development of the Focussed Intervention Team builds on the service developments across Community Health and Care and it is anticipated that the work carried out by this team will free up the Adult Care Team and Community Older People's Team to work in a more proactive way with clients, ensuring Anticipatory Care Plans are in place and allowing for more effective case management.

Alongside Anticipatory Care Plans, the Rockwood Clinical Frailty Scale is being used across Community Health and Care Services. This 9 point scale gives an indicator of an individual's level of frailty ranging from fit to end of life. This has become an integral part of the assessment process and is shared across the HSCP on CareFirst, CNIS the community nursing information system and on EMIS within GP practices. Work is ongoing to develop effective sharing of Anticipatory Care Plans, electronic Key Information Summaries (eKIS) and Single Shared Assessments between the HSCP and Acute Services.

The District Nursing Service has worked with HSCP Residential Care Home staff to develop and deliver education sessions within one of the care homes.

The aim was to support the delivery of standardised care which is evidence based and therefore ensures a high standard of person-centred care to residents.

These sessions are also attended by Care at Home organisers. This allows organisers to offer prompt and appropriate advice to HSCP carers who will alert the organiser of any concerns about a client's presentation during visits.

Topics covered in the sessions include:

- **Sepsis**
- **Catheter care**
- **Stoma and bowel care**
- **Pressure area management**
- **Management of skin tears**

Feedback from staff attending the training:

"very informative session, it will benefit the mobile attendants and sheltered housing supervisors."

"I have an increased awareness of sepsis and would have more confidence to support Care at Home staff with concerns about clients."

2,567 Falls Screenings carried out

2,442 Falls Assessments completed

503 people completed Strength and Balance programmes

In 2018 there were 748 emergency admissions of West Dunbartonshire residents who had sustained an injury as a result of a fall. When this is converted to a rate per 1,000 population, West Dunbartonshire (8.4) has a higher proportion of emergency admissions due to falls than the rate across NHS Greater Glasgow and Clyde (7.9) and the Scotland rate (6.9).

Our established Falls Collaborative delivers locally agreed actions prompted by the Scottish Government's national framework The Prevention and Management of Falls in the Community.

A two tiered 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.

Our community falls pathway is well established and a falls pathway for the Scottish Ambulance Service has been developed which allows them to make direct referrals to the HSCP on a 24/7 basis for those people they attend in relation to a fall who do not require conveyance to hospital.

1,306 people have an Anticipatory Care Plan

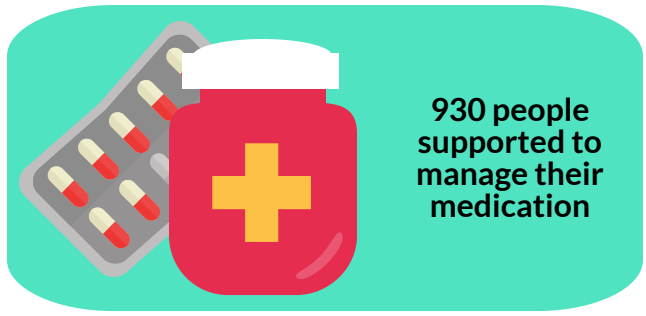
2,748 Rockwood Clinical Frailty Scores assessed

Community Nursing, Care at Home 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.

Along with our focus on prevention, effective discharge from hospital is also important in reducing the risk of readmission. In 2018 we had the 9th lowest readmission rate in Scotland with 91 people per 1,000 population readmitted within 28 days: the Scotland figure was 102.

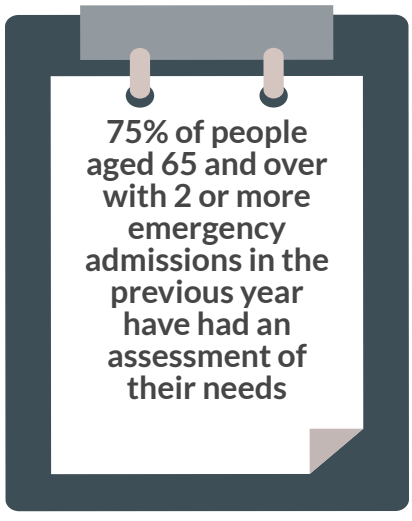
Care at Home services are in place as close to discharge from hospital as possible and the Care at Home Pharmacy service supports people to manage often complex medication, increasing confidence and providing reassurance.

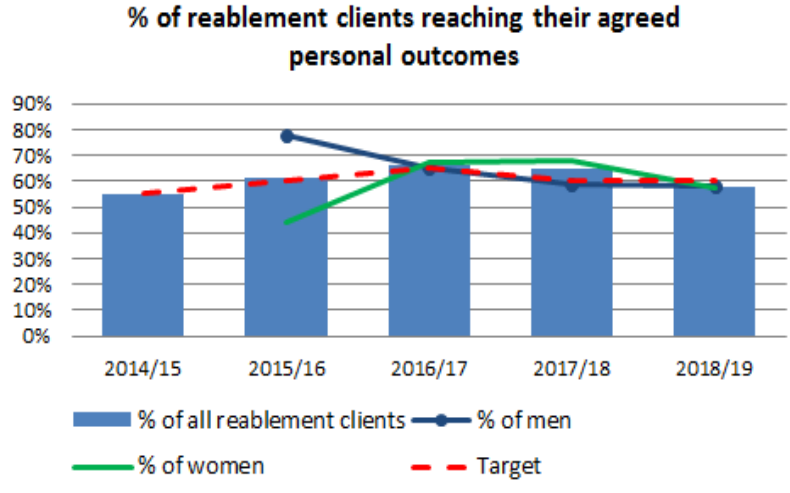
Where a person has been referred for a restart of existing Care at Home services as part of a hospital discharge more than twice in a 6 month period, they are immediately given a full assessment to identify and meet their probable change in needs.



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, potentially avoid a hospital admission or readmission, and to live safely at home for as long as possible.

Care at Home and focussed 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.





In 2018/19 almost 58% of the 450 people receiving a reablement service achieved their personal outcomes. As part of our equalities monitoring we look at the different experiences of men and women receiving a reablement service. 57.9% of men achieved their outcomes and 57.4% of women during 2018/19. 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.

Support independent living

Across Scotland, West Dunbartonshire has had the highest proportion of people aged 75 and over being supported at home since 2015/16, standing at 14.7% in 2017/18.

89.4% of people spent the last 6 months of their life within the community in West Dunbartonshire compared to 88.4% nationally.

The HSCP strives to help people remain independent and safe within their own home or a homely setting for as long as they are able to: maintaining their connections with their communities and their quality of life.

Strong links have been developed between the HSCP's sheltered housing complexes and local communities to create opportunities for social activities. Representatives from each complex meet regularly, sharing ideas and experiences to broaden the variety of options available to tenants.

There has also been engagement with the Leisure Trust and West College Scotland to develop a selection of exercise classes and arts and crafts sessions within the complexes with the added value of encouraging people from surrounding areas to become involved.

Inter-generational activities regularly take place within complexes and pupils from local primary schools visit sheltered housing residents to carry out paired reading, helping develop the children's reading skills.

My Home Life (MHL) is an international initiative that promotes quality of life and delivers positive change in care homes for older people.

It brings together organisations that reflect the interests of care home providers, commissioners, regulators, care home residents and relatives and those interested in education, research and practice development.

The HSCP have commissioned a total of 6 My Home Life programmes to date, with over 70 Care Home and Care at Home staff benefitting from up to a year long programme of learning and development.

MHL's guiding principles are:

Developing better practice together

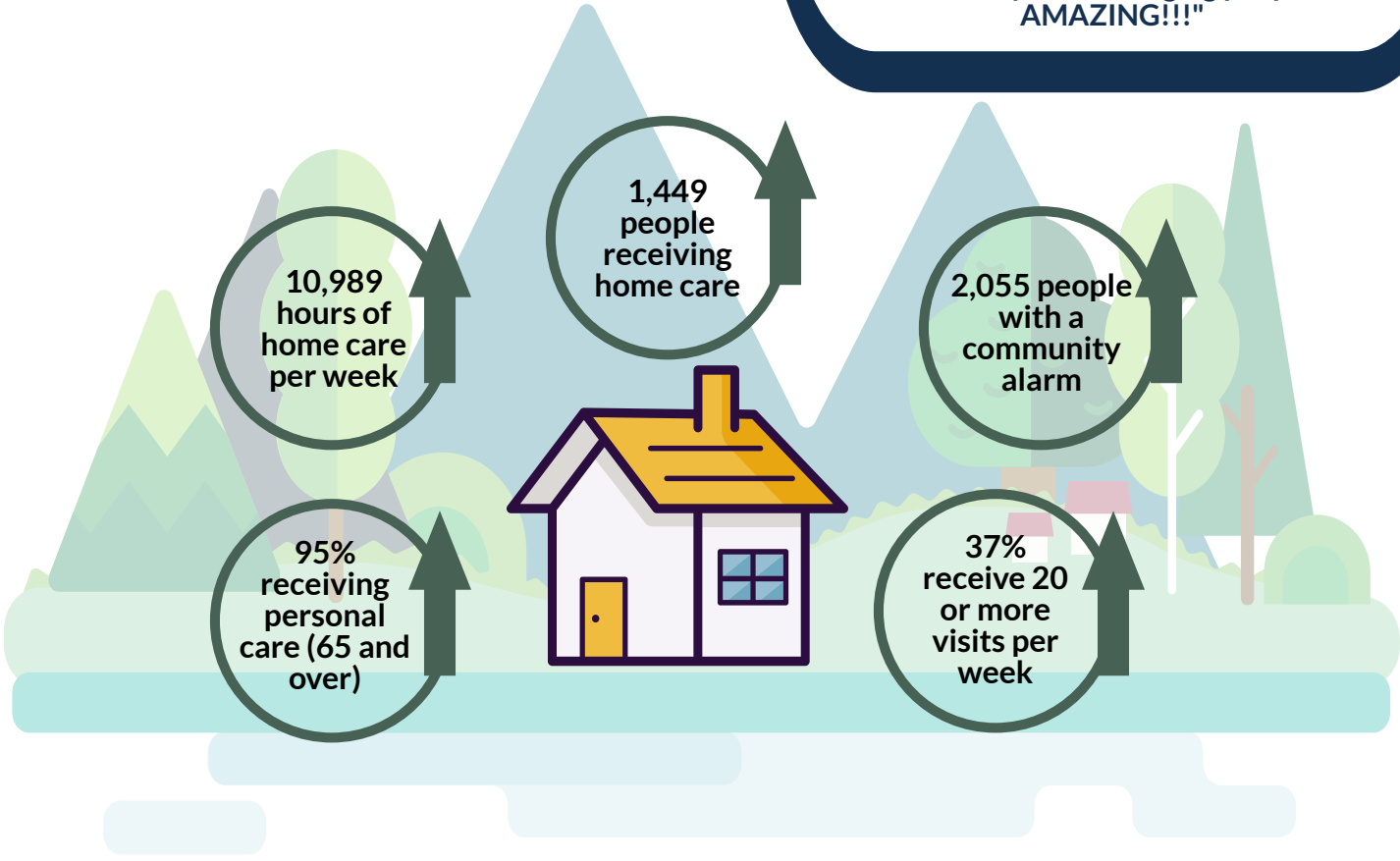
Focussing on relationships

Being appreciative

Having caring conversations

"The confidence I have gained in starting MHL amazes me having gone from being reluctant to join in to being able to engage and participate with less stress is a skill I will carry forward with me."

"Keep doing what you're doing are you actually aware of how you're changing people's lives AMAZING!!!"



"I feel mum is safe and secure in Crosslet House, mum has a smile on her face so I know she's happy here."

"It's a welcoming building, staff encourage us to take part, we were invited in for a family meal and enjoyed Sunday lunch."

"Superb staff, caring and very professional. Staff go above and beyond and care is excellent."

Family Feedback to Care Inspectorate May 2018

Activity Assistants working within Crosslet House have developed a wide programme of activities to help improve the health and wellbeing of residents, encouraging social interaction among residents and their community and addressing cognitive, physical, spiritual and emotional wellbeing. These activities include gardening, arts and crafts, reminiscing and music therapy and, while based in Crosslet House, are attended by residents from all 4 of the HSCP's care homes.

Inter-generational work with Braehead Primary School established a 'pen pal' scheme: the writing and receiving of letters enjoyed by both the children and residents. The school children also became involved in joint vitality groups where residents and children exercised together on a weekly basis. These sessions have been well attended and residents were keen to participate along with the children, even becoming a little competitive.

The children from Braehead Primary were also involved in making a short documentary about dementia friendly walking along with the residents and have helped to encourage walking activities among residents. Sharing stories across the generations has benefitted all: covering topics such as the Second World War, school days and the children's lives outside of school.

Links with Brucehill Nursery concentrate on fine motor skill activities for both the residents and children resulting in the creation of a beautiful artwork that displayed both the residents' and children's hands. This was framed and put on display and serves as a link between both groups.

"the children coming in makes me feel young again"

"I love getting the letters from the school children"

The Activity Assistants were named Team of the Year in West Dunbartonshire Council's Staff Awards recognising their innovation, excellent teamwork and the positive outcomes for Crosslet House residents.

Crosslet House

Care Inspectorate Gradings

Quality of Care and Support:
5 Very Good

Quality of Environment:
5 Very Good

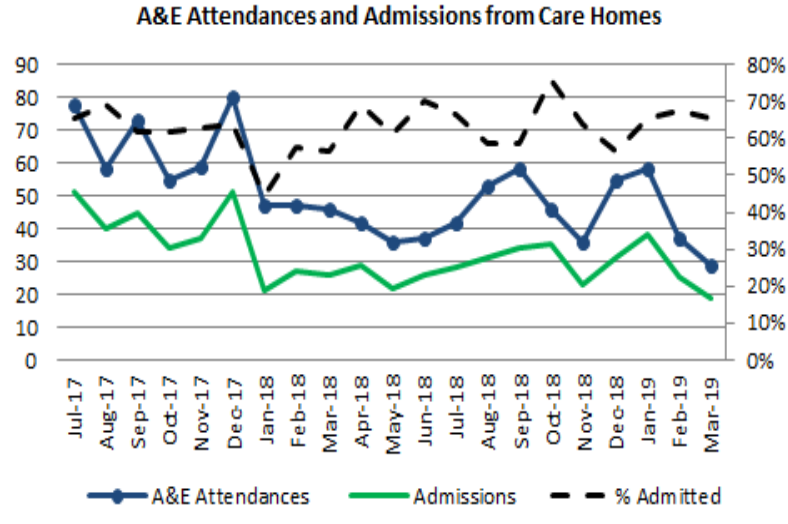
Quality of Staffing:
5 Very Good

Quality of Management and Leadership:
5 Very Good

As part of the HSCP's work on unscheduled care, the Red Bag initiative has been rolled out across all HSCP and independent sector residential and nursing homes within West Dunbartonshire during 2018/19.

A&E attendances and emergency admissions to hospital from care homes have been identified as an area for improvement by NHS Greater Glasgow and Clyde. The Red Bag initiative allows for a person's standardised paperwork, clothing, personal items and medication to be taken to hospital along with the individual and also helps hospital staff quickly identify people who are care home residents and who will have additional supports upon discharge.

While numbers of attendances and admissions from West Dunbartonshire care homes are relatively low, it is hoped that this initiative, along with Anticipatory Care Plans and improved pathways, will reduce unnecessary admissions, improve communication and result in shorter hospital stays.



After a robust programme of engagement and consultation with residents, relatives and staff, Boquhanran House was closed on 15th February 2019. This was in response to the ongoing challenges associated with the fabric and maintenance of the building and the health and wellbeing of the people residing within the home.

All 17 residents were moved successfully and settled within their own chosen place of residence, Crosslet House, Frank Downie House or Mount Pleasant.

The improved standard of accommodation in their new chosen residence has improved quality of life while the provision of care across the two Clydebank homes has allowed for a better staff skill mix, providing better quality care to residents.

Moving forward we hope that this development will enable residents to build new relationships, while retaining their existing friends and we have commenced the process of residents visiting each other's service; attending joint entertainment and shared activity sessions.

The positive impacts from this service change should go some way to prepare staff, residents and their families for the move to the new Clydebank home and alleviate any concerns or fears people may have about that move.

Former Scotland and Celtic legend Danny McGrain visited Crosslet House to meet service users and residents and to raise awareness of people living with dementia.

The visit was jointly organised by Crosslet Day Care Service and Sporting Memories Foundation Scotland (SMFS).

SMFS use the power of memories to help improve the wellbeing of older people - tackling dementia, social isolation and depression.

The former professional footballer spent the visit reminiscing about past games and stimulating fun conversation and lively debates with residents and service users.

Sod-Cutting for new Clydebank Care Home

The HSCP recognises the invaluable contribution made by unpaid carers in supporting vulnerable people to live independently 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.

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 and young carers. It aims to better support all carers with their own 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. Significantly, those in the most demanding care situations, providing higher levels of care over an extended period, tend to experience the most negative impact on their health and wellbeing.

The HSCP works in partnership with Carers of West Dunbartonshire and Y Sort-It in relation to young carers, to offer a range of supports from signposting to financial advice, community groups and other support organisations, to providing carer assessments and respite or short break services.

A two tier process has been developed by the HSCP to assess the needs of adult carers.Tier 1 involves a practitioner undertaking a 'carer conversation' with a person who has identified themselves as a carer. The aim of the carer conversation is to ensure the carer understands their rights; can identify if they have specific carer needs; and to inform them that they may be able to access support following a full assessment.

The carer is asked a range of questions about the amount of care they are providing, how long they have been caring for, the types of care they are providing and the impact of caring on their own circumstances. They are also asked how well they feel they are coping in their caring role.

For some carers this level of conversation is enough but if this is not the case then the carer would move to the next level of assessment, a Tier 2 Adult Carer Support Plan. This involves a full carer assessment and the preparation of a carer support plan designed to meet the personal outcomes of each carer based on their specific and individual needs.

Young carers are identified by the HSCP through our Children's Comprehensive Assessment and referred to our local young person's service Y Sort-it who complete a Young Carer's Statement on our behalf.

857 Carer Conversations taken place

195 Adult Carer Support Plans in place

98% of carers feel able to continue in their caring role

The HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service and Diabetic Retinopathy Screening Service for the Greater Glasgow and Clyde area. Both services support people to live independently at home or in a homely setting.

NHS Greater Glasgow and Clyde Diabetic Retinopathy Screening Service provides a comprehensive 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 invited to a screening appointment once a year. Screening is usually performed by taking photographs of the retina. If abnormalities are detected in the photographs, the patient will be referred to ophthalmology for further assessment and treatment, if necessary.

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.

48,870 Diabetic Retinal Screenings across NHS GGC

1,910 diabetic patients referred to Opthalmology across NHS GGC

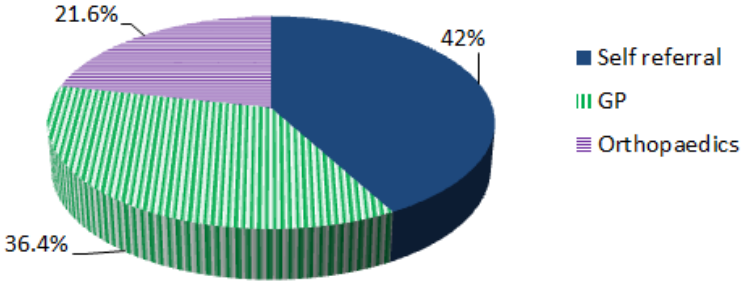
Musculoskeletal Physiotherapy

Fit for the future, fit for life

MSK Physiotherapists are highly skilled in assessing, diagnosing and treating people with physical problems caused by accidents, ageing, disease or disability. The service treats adults over the age of 14 and all qualified staff are registered with the Health and Care Professions Council (HCPC) with registration checked on a monthly basis.

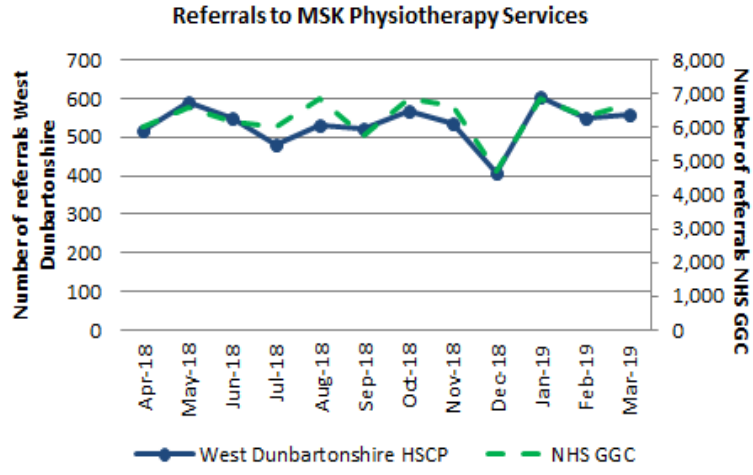
Patients can access MSK Physiotherapy via self referral, GP referral or can be referred by the Orthopaedic service.

NHS GGC Source of Referral



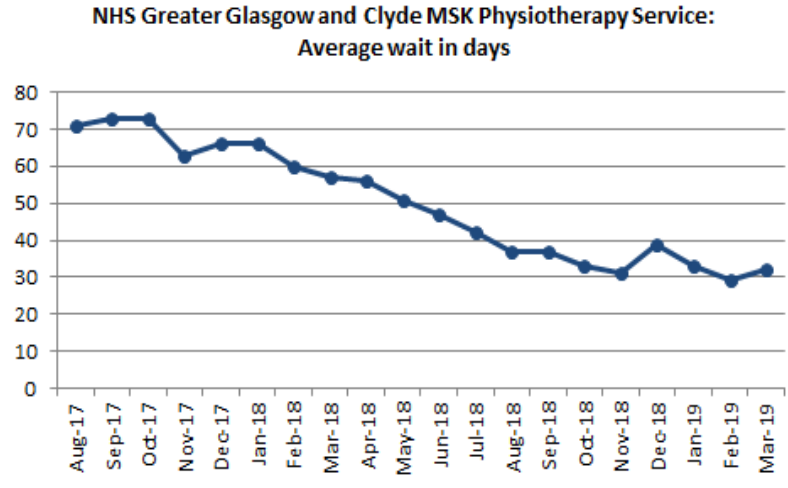
Across NHS Greater Glasgow and Clyde (NHS GGC) the number of referrals received from all sources increased from 70,097 in 2017/18 to 75,510 in 2018/19. Almost 1,000 of these referrals were part of the joint MSK/Orthopaedic project for which additional staff were funded and recruited. Once these additional referrals are excluded this equates to a 6.3% rise across the health board area.

In West Dunbartonshire the increase in referrals was almost half that of NHS GGC: an increase of 3.2% from 6,222 to 6,418. However, similar pressure points and peaks and troughs in demand can be seen throughout the year.



Considerable work was done during 2018/19 to reduce waiting times for MSK Physiotherapy. Various improvement workstreams and some extra capacity from the MSK/Orthopaedic project allowed the service to reduce the number of patients waiting over 4 weeks from 9,770 patients in April 2018 to 5,575 in March 2019: a drop of 43%.

The waiting time for a routine appointment was reduced from a maximum of 20 weeks to 13 weeks, excluding periods of unavailability.



The average wait in days for an appointment within the service has been steadily reduced from its peak in October 2017 of 73 days to 56 days in April 2018 and 32 days in March 2019.

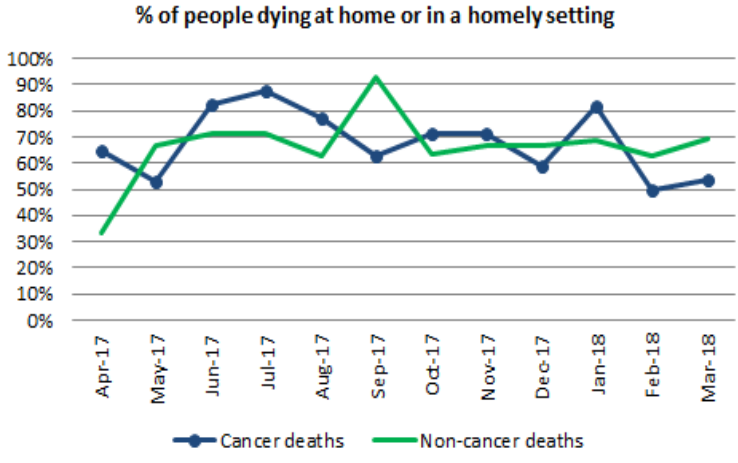
As work has focussed on seeing the patients who have waited the longest, the total number of patients seen has increased but the proportion of patients seen within 4 weeks has reduced. An average of 39% of patients were seen within 4 weeks.

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.

Palliative care services 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.



67% of people supported to die at home or in a homely setting

While every effort is taken to identify and respect a person's choice in relation to their preferred support and place of death, an individual's needs and the management of their condition within a homely setting may change. Our services are responsive to these changing needs and will support the person in the most sensitive and appropriate way.

£1.774m spent on District Nursing Services

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 & 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 and its four strategic outcomes: Independence; Choice and Control; Healthy Life; and Active Citizen.

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 focussed approach promotes person centred assessment and planning.

In 2018 there were approximately 460 people with a learning disability living in West Dunbartonshire. 55% were supported at home by a family carer and 40% were living in mainstream accommodation with support.

People with a learning disability and their carers are actively involved in planning their care and support through Personal Life Plans.

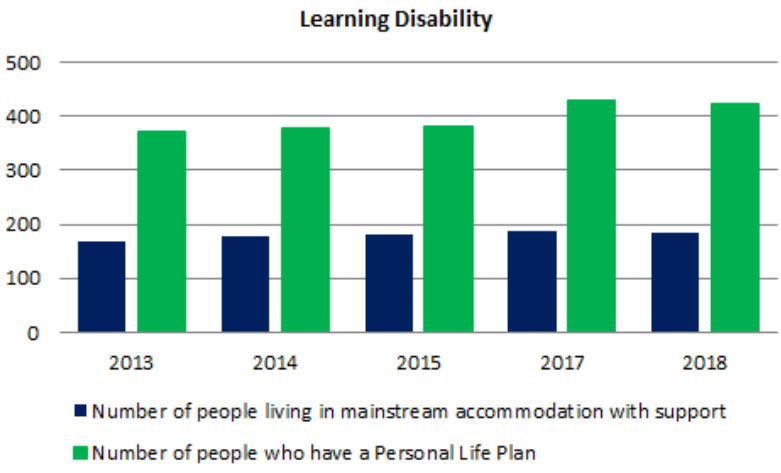
• Conversation café approach to gaining feedback and future ideas for the development of the service.

A conversation café is a one-and-a-half hour hosted conversation, held in a public setting like a café, where anyone is welcome to join in. It uses a simple format which encourages all to participate; helps people feel at ease; and gives everyone who wants it, a chance to speak or just to listen if they prefer.

The questions asked within the café relate to the four strategic outcomes from the national strategy 'The Keys to Life' and what the service can do to ensure it is meeting these outcomes.

Any ideas put forward are used to implement a local service plan and the model of the conversation café will be used to evaluate progress. Independent advocacy is also involved within the model.

This model of consultation has been successful in encouraging communication, confidence, and inspiring ideas for service improvement.



92.4% of people with a learning disability have a Personal Life Plan

'The staff listen to me and support me with anything I need.'

'I'm doing well. I've stopped smoking. I'm feeling much better and enjoying life again.'

'I'm very happy with the service.'

'Communication is very good.'

'I go out a lot to clubs, events and local shops.'

'I wouldn't change anything about here.'

Care Inspectorate Report November 2018

Learning Disability Housing Support Service

Care Inspectorate Gradings

Quality of Care and Support: 6 Excellent

Quality of Management and Leadership: 6 Excellent

Thera-pets

'Animal Magic: The benefits of being around and caring for animals across care settings' has evidenced how animals can enhance the quality of life for people with learning disabilities. They can help individuals to connect in different ways and can bring comfort to people who can be anxious or have other difficulties. Research has shown that there are tangible benefits and people feel better physically and emotionally when they spend time with animals.

Inspired by the Care Inspectorate's 'Animal Magic' project, Dumbarton Day Centre has a weekly visit from a 'Thera- pet': a golden retriever named Kiri.

People look forward to seeing Kiri during her weekly visits and benefits observed include increased confidence, improved communication and sensory stimulation.

'Therapony' involves visits from ponies, which have been shown to produce the same benefits for our service users.

£ 16.655m spent on Learning Disability Services

The Learning Disability Service runs a weekly physiotherapy clinic within Dumbarton Centre. This enables anyone who requires physiotherapy input to book appointments quickly and to receive treatment within a familiar setting.

While promoting independence and choice, this resource has also improved the effectiveness and efficiency of the physiotherapy service by reducing waiting times.

By enabling the team, carers and partners to work together holistically the service delivers better outcomes: improving health and wellbeing for those with a learning disability in West Dunbartonshire.

During 2018/19 there have been continual improvements in advanced planning around the identification of much needed services for young people transitioning from Children's to Adult services.

Through the transitions process, which involves key partners from Learning Disability, Adult Care, Mental Health, Education and Children's Services, the Learning Disability Service has been able to identify 12 service users with a learning disability who will be transitioning into our services this summer and develop the required support packages for them. This process has involved the sharing of essential information between partners about each individual's additional support needs.

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

Scotland's Mental Health Strategy: 2017-2027 Action 15 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

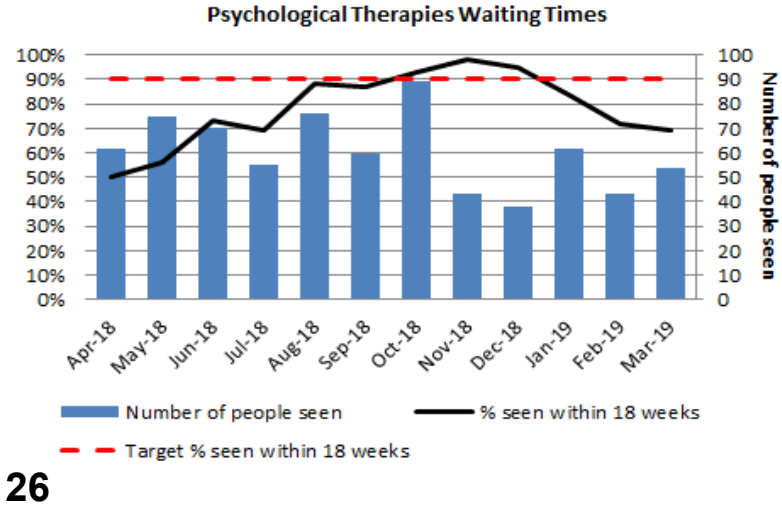
Health inequalities for people with a mental health problem are stark. It is estimated that only a third of people in Scotland who would benefit from treatment for a mental illness actually receive it and life expectancy for people with serious mental health problems is 15 to 20 years lower than the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

The Strategy commits the Scottish Government to increase the workforce to give access to dedicated mental health professionals to all Accident and Emergency Departments, all GP practices, every police station custody suite, and to our prisons.

Over the next five years additional investment will increase nationally to £35 million for the equivalent of 800 new mental health workers in those key settings.

West Dunbartonshire HSCP has been allocated a proportionate amount of funding that will create the following new posts: Community Psychiatric Nurses directly placed with GP practices, a peer support worker and a Registered Mental Health nurse to specialise in the physical health care needs of people with complex mental health problems.

In addition West Dunbartonshire HSCP will receive the benefits of a board wide approach that will support additional mental health workers within our prison service, acute hospital liaison services, police custody suites and peer support workers within our mental health hospital settings.



During 2018/19 the HSCP have been working with partners in NHS Inform to provide public access to web-based self-help/ self-management information on common mental health and wellbeing issues such as anxiety and depression.

This arose from identifying a real gap in mental health online resources locally and developing a cost effective, partnership approach. NHS Inform are updating the resource material currently found on Mood Juice: a website designed to help individuals think about emotional problems and work towards solving them.

These will then be moved into the NHS Inform website along with local information on resources and services available to people experiencing mental health and wellbeing issues within West Dunbartonshire.

Performance in relation to waiting times for Psychological Therapies has varied throughout 2018/19. During the year 727 people received Psychological Therapies and there were 1,411 referrals to the Primary Care Mental Health team between June 2018 and March 2019.

Alongside regular data review, as a result of their iMatter team survey, the Primary Care Mental Health team have been reviewing each stage of the patient's journey to identify improvements and efficiencies. Changes have been made which are having a positive impact on the patient experience and which have somewhat reduced the impact of the high volume of referrals on waiting times performance.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including:

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems

ACEs have been found to have lifelong impacts on health and behaviour and while found across the population, those from areas of higher deprivation are more at risk of experiencing ACEs.

Vulnerable Adults Multi-Agency Forum (VAMAF)

This group was formed following a request from West Dunbartonshire HSCP and Community Planning Partners and as part of NHS Greater Glasgow and Clyde's multi- agency Distress Collaborative.

Each area within Greater Glasgow and Clyde was asked to develop alternative responses to distress within their communities to address the increasing pressure on capacity within health and other services, including Police Scotland.

Based on the successful Community Safety Hub in Renfrewshire, we established a group including Mental Health, Addictions, Learning Disabilities, Police, Adult Care and Public Protection staff.

This group meets weekly and examines relevant presentations to services and repeat attenders at Emergency Departments. Following discussion, a lead agency is then agreed and tasked with following up the assertive outreach to that person. A track is kept of their engagement and progress and cases are reviewed four weeks after the initial presentation to assess the need for further input.

If a case is of particular concern, the lead agency will organise a multi-agency case discussion and agree a care plan, risk management and review schedule.

The group will carry out retrospective reviews of complex cases, looking at the impact of Adverse Childhood Experiences (ACEs) and opportunities for learning for the future. This learning is shared with teams within each agency. Initial analysis shows very few repeat presentations by those responded to, possibly because people are engaging with services.

An ACEs survey with adults in Wales found that compared to people with no ACEs, those with 4 or more ACEs are more likely to

- have been in prison
- develop heart disease
- frequently visit their GP
- develop type 2 diabetes
- have committed violence in the last 12 months
- have health-harming behaviours (high-risk drinking, smoking, drug use)

As well as the prevention of ACEs, there is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life.

In May 2018, West Dunbartonshire Community Planning hosted an ACEs Conference in Clydebank Town Hall for all public sector and third sector staff in West Dunbartonshire. There were 244 participants.

West Dunbartonshire ACEs Hub formed in response to interest expressed at the ACEs Conference. The Hub is a forum for networking and facilitating continued staff development on ACEs. By the end of March 2019 there were approximately 150 people on the Hub membership list.

450 public sector and third sector staff attended a viewing of the documentary film, 'Reslilience', a key mechanism for raising awareness of ACEs. The majority of staff reported increased knowledge of ACEs and 97% reported that the film had made them think about their practice. Follow up focus groups will attempt to establish whether staff who have seen the film have changed their practice as a result.

Development and delivery of an ACEs Programme for West Dunbartonshire has been agreed by the HSCP. It is being led by Health Improvement and a new post to the Programme was secured. It has three strands: Workforce Development; Nurtured Strategy; and Community Awareness.

Next Steps:

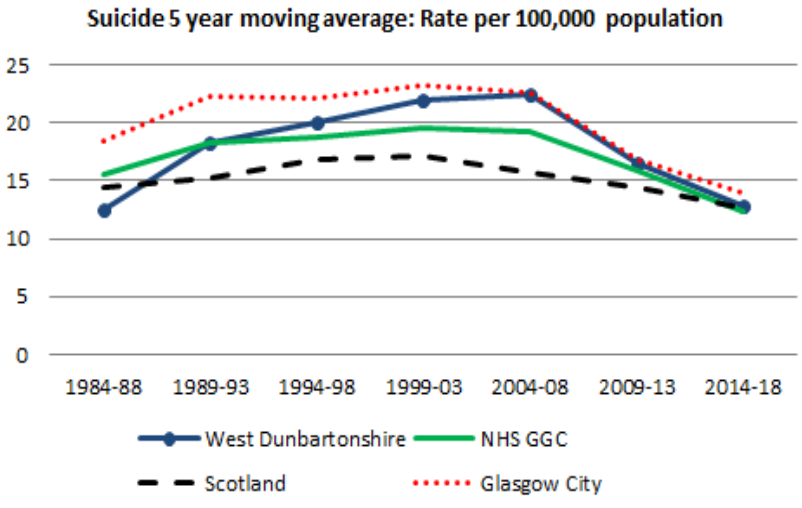
The ACEs Hub continues to meet every 3 months.

The 'Resilience' film continues to be shown every 2 months with follow up focus groups being held periodically.

A training scoping exercise to guide staff development plans is underway.

There were 12 suicides of West Dunbartonshire residents in 2018 compared with 6 in 2017.

To identify trends the Scottish Government publish suicide figures as 5 year rolling averages and to aid comparison with other areas as a rate per 100,000 population.



The West Dunbartonshire suicide rate rose consistently from 1984 peaking in 2004-2008 at 22.5 and has since reduced down to 12.9 in 2014-2018. Although following a similar trend to the national and NHSGGC figures, West Dunbartonshire's increase between 1984 and 2008 was more significant.

With similar levels of deprivation, West Dunbartonshire's proportion of suicides in relation to our population reached Glasgow City HSCP's levels in 2004-2008. Going forward Glasgow City HSCP's figures have shown a similar decrease to West Dunbartonshire's.

Work is ongoing to establish a West Dunbartonshire Suicide Prevention Group across key community planning partners, which will lead on delivering the local suicide prevention action plan and link into local community planning structures.

The HSCP have introduced a Mental Health and Acquired Brain Injury Area Resource Group that manages governance of all social care clients spending within Mental Health and Acquired Brain Injury Services, including promoting the culture change from service provision to Self-Directed Support provision.

The Acquired Brain Injury Team supported the Brain Injury Experience Network (BIEN) Survivor Group to develop and distribute leaflets about their peer support group. They also supported BIEN to take part in the West of Scotland Head Injury Information Day during Head Injury Awareness Week.

The Acquired Brain Injury Team has worked with researchers from Glasgow University on several projects throughout 2018/19. These include researching the effectiveness and development of assistive technology in prompting rehabilitation; supporting carers of people with brain injuries; and identifying numbers of local people going through the Criminal Justice system who have suffered brain injuries.

West Dunbartonshire Crisis Early Discharge Plan

Adapting the very successful West Dunbartonshire Hospital Discharge model, the Crisis Service are offering a proactive early intervention aimed at minimising delayed discharge from General Adult acute admissions wards.

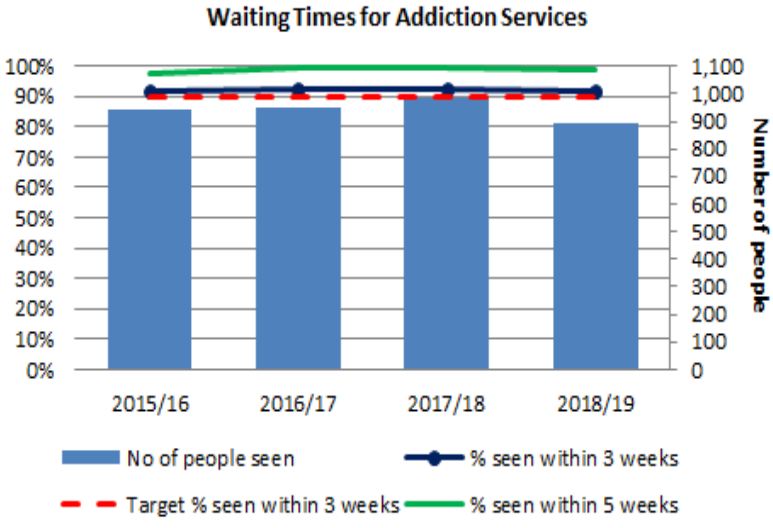
Working closely with bed managers and ward staff, the Crisis staff will assess the type of support the person will need to have in place to support their recovery at home once their acute phase of illness is stabilised.

Evidence over the previous year suggests significant delays around housing issues and other practical obstacles such as benefits and utility access. The Crisis staff have compiled a checklist which is completed as soon after admission as is possible. The Crisis staff will then action this list and work with ward staff and community based key workers to facilitate a smooth transition back home.

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; support them to improve family and other relationships and access counselling services; and provide parental support for families and children.

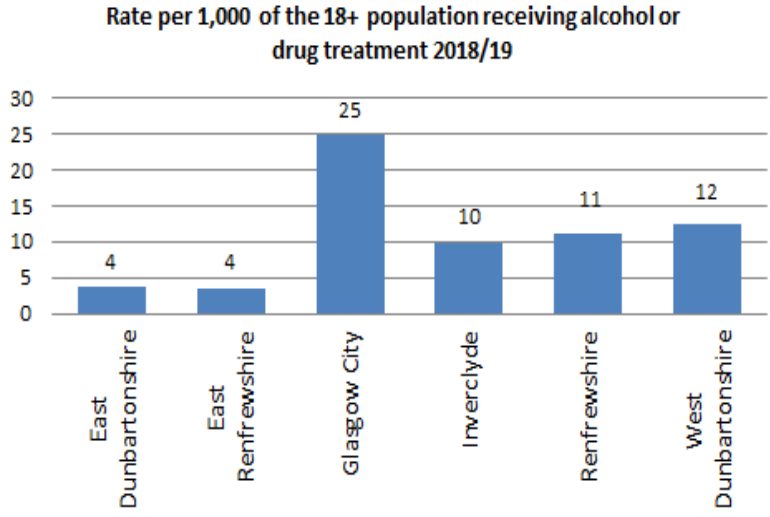
The national Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services underpin the development of HSCP Addiction Services, supported by The Road to Recovery Drugs Strategy and Getting Our Priorities Right guidance.



During 2018/19, 91.6% of people received alcohol or drug treatment within 3 weeks of referral meeting the national target of 90%. This was slightly lower than the NHS Greater Glasgow and Clyde figure of 94.8% although we were the third best performing HSCP across the 6 partnerships within the Health Board area.

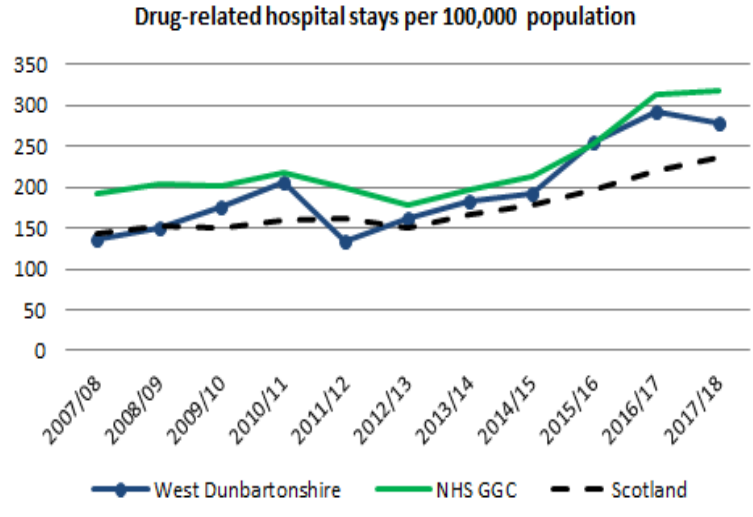
91.6% received alcohol or drug treatment within the target time

When looked at as a rate per 1,000 of the 18 years and over population, 12 in every 1,000 people in West Dunbartonshire received alcohol or drug treatment in 2018/19, second only to Glasgow City HSCP.



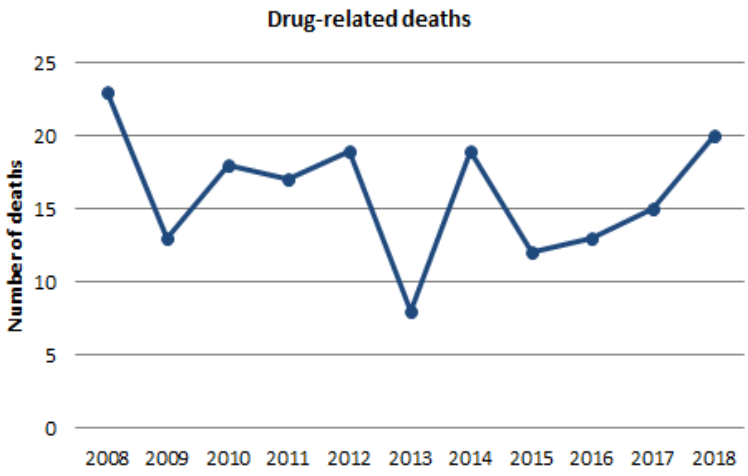
In 2017/18 there were 231 drug-related hospital stays by residents of West Dunbartonshire. The rate per 100,000 population of drug-related hospital stays has seen a steady increase over the last 6 years after a reduction in 2011/12. Figures for 2018/19 are not yet available but there was a slight reduction in 2017/18.

West Dunbartonshire's rate has been significantly higher than the rate across Scotland, which although also increasing is doing so less severely.



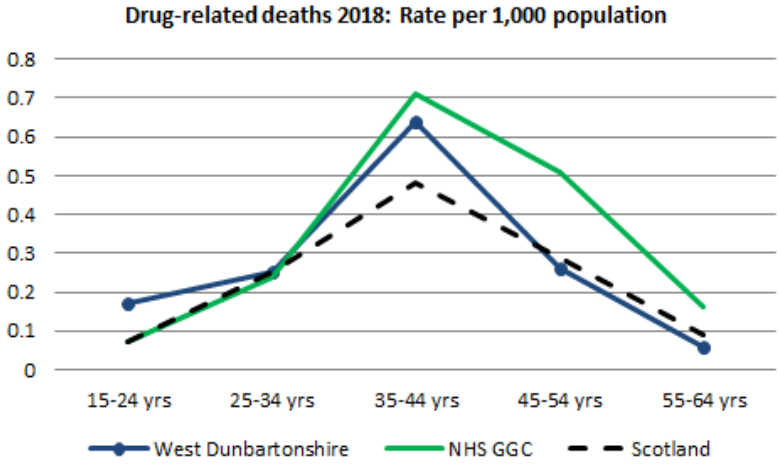
Nationally the increase in drug-related hospital stays was most pronounced among those aged 45-54 years. Increased use of illicit valium and psychoactive substances within West Dunbartonshire has been a factor in the increase in drug-related hospital admissions.

Latest figures published nationally show that there were 20 drug-related deaths of West Dunbartonshire residents in 2018, a 33% increase on 2017: higher than the increase of 27% across Scotland.



The number of drug deaths across Scotland has doubled since 2008. When looked at as a rate per 1,000 population, Scotland's rate is now more than 3 times those of England and Wales.

The highest rate across health boards was NHS Greater Glasgow and Clyde at 0.23. West Dunbartonshire's rate was slightly lower at 0.18 but higher than the Scotland rate of 0.16 per 1,000 population.



£ 2.569m spent on Addictions Services

The highest rates of death within West Dunbartonshire and nationally were of those aged 35 and over where long term drug use is more likely. Combinations of drugs and the use of illicit valium, where strength and toxicity is hard to determine, also appears to have been a factor. Along with the health impact of long term drug use, metabolic changes as part of the aging process can reduce drug tolerance and make older adults more susceptible to adverse reactions and overdose.

Addictions Services work with service users, their families and carers to prevent overdose by providing training in the use of Naloxone and providing Naloxone kits where appropriate. Naloxone is a drug that can reverse the effects of opioids, and prevent death if used within a short period following an opioid overdose.

19 Naloxone training sessions have been delivered across a range of third sector organisations including Alternatives, Blue Triangle, Women's Aid and Preparation for Life since 2015.

During 2019 a change in the model of service delivery for patients receiving opiate replacement treatments is hoping to achieve a range of benefits.

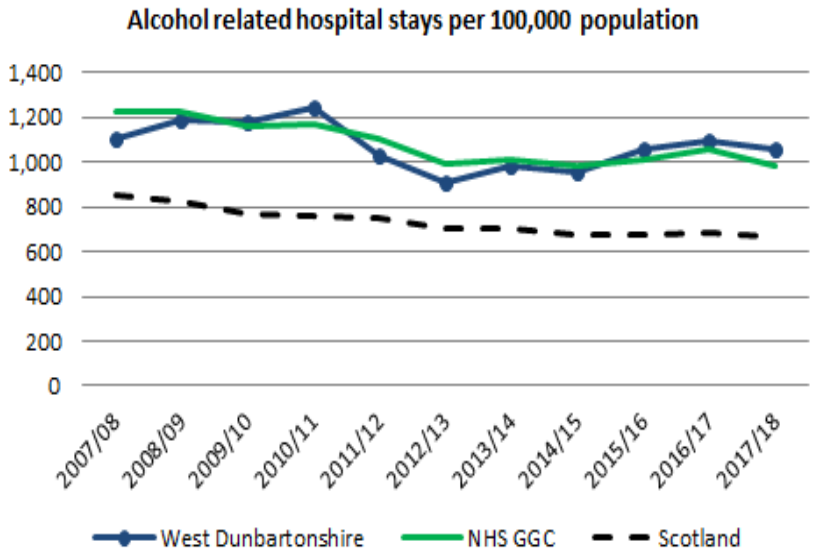
Across both Addictions Teams there has been a move away from patients routinely attending appointments with their care manager at Addiction Services, to staff visiting patients in their own homes.

Patients will only be required to attend the services for initial assessment and review with a Medical Officer if there is a clinical need, or if it is assessed as not being safe to visit the patient at home.

It is hoped that this will: improve accessibility for patients by reducing the financial burden; reduce the number of missed appointments; improve therapeutic relationships; and allow for a more holistic understanding of an individual's needs.

Initial feedback from patients and staff has been positive.

West Dunbartonshire had the 2nd highest proportion of alcohol related hospital stays across Scotland in 2017/18: 1,054.6 per 100,000 population.



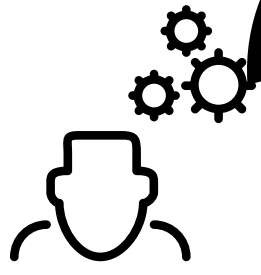
West Dunbartonshire's rate of hospital stays has been higher than that of NHS Greater Glasgow and Clyde and the Scotland rate since 2015/16.

The number of alcohol specific deaths has also been increasing since 2015. There were 34 alcohol deaths in 2018, an increase of 8 on the previous year.

Alcohol specific deaths in 2018 were higher than drug-related deaths in West Dunbartonshire which is the reverse of the national picture.

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, such as West Dunbartonshire Leisure Trust's Exercise Referral Scheme, Live Active, reflect the broadening of ABI delivery and may potentially cover harder to reach groups, especially in communities where deprivation is greatest.



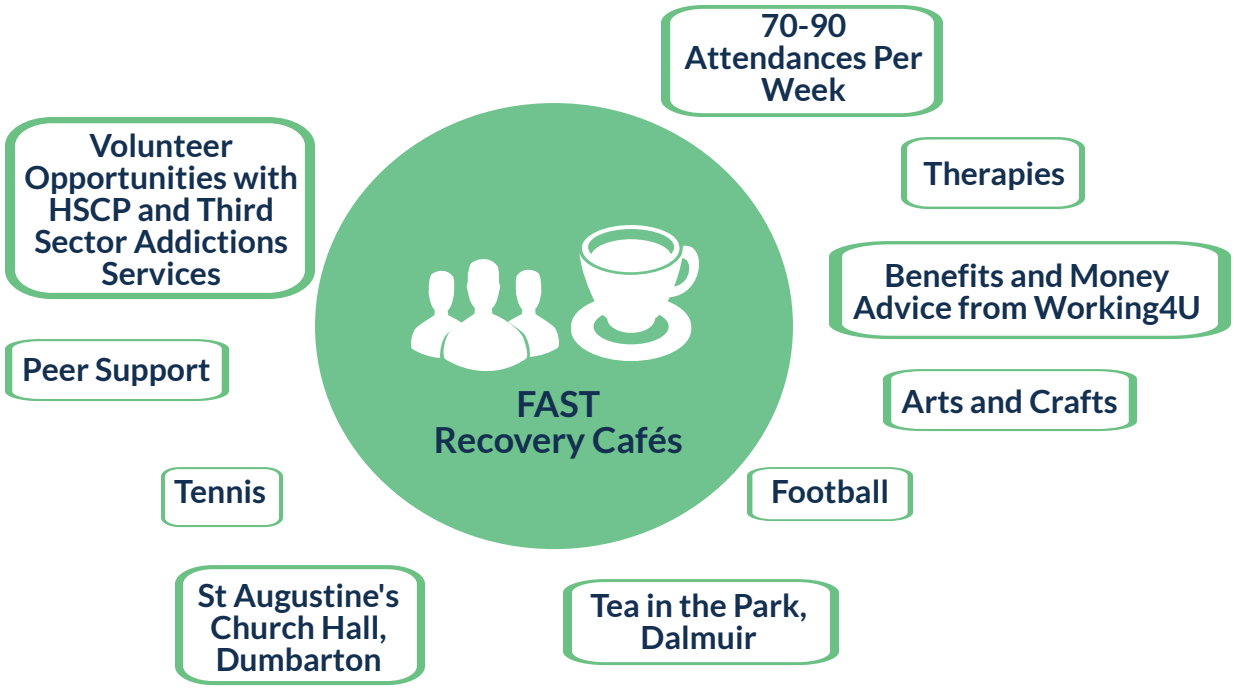
107 ABIs in GP setting
431 ABIs in wider community settings

1,197 Fast Alcohol Use screenings

Fast Alcohol Use Screening Test:

4 questions to assess for hazardous drinking

Future of Addiction Services (FAST) Recovery Cafés



A Future of Addictions Services (FAST) Recovery Café is now running in both localities within West Dunbartonshire: at St Augustine's Church Hall in Dumbarton on a Tuesday afternoon and at Tea in the Park in Dalmuir on a Wednesday afternoon. Between the two cafés there are 70 to 90 attendances per week.

Activities include therapies, arts and crafts, football and tennis, peer support and volunteer opportunities with other addiction services, for example, Community Addictions Teams, Alternatives and Dumbarton Area Council on Alcohol (DACA).

An advisor from the Council's Working4U service attends both cafés each week. This originated as a pilot set up to assist people feeling the impact of Universal Credit and other benefit changes.

Strong links have been developed with Work Connect and with community groups in both the church and in the wider community.

Four extra events are held at Easter, Summer, Halloween and Christmas. These are very well attended and the Christmas party has been so successful that the venue has had to be changed to accommodate the increased number attending. At Christmas 2018, 80 adults and 40 children attended.

Volunteers who staff the cafés have attended training programmes on Food Hygiene, Peer Support, First Aid and Confidentiality provided by local Third Sector providers or arranged by the HSCP. The HSCP have also supported people through the Disclosure Scotland process.

The FAST Recovery Cafés help to enable people to move on from services and also link in well with other services such as Y Sort-It to provide additional support to young people with addiction issues or affected by parental addiction.

During 2018/19 a nurse within the Addictions Team has completed a Non Medical Prescribing course and is now delivering a successful nurse prescribing clinic for patients within the alcohol service.

This has addressed a gap in service provision due to limited medic resources, as well as enhancing the patient experience, increasing access and reducing waiting times.

Special Needs in Pregnancy Service (SNIPS)

A new model of care for SNIPS has been piloted during 2018/19.

All females who fit the criteria for SNIPS are supported through their pregnancy by an addiction worker, a medical officer and a social worker from the Children and Families team. The addiction worker works very closely with the social worker and they meet once a fortnight to discuss progress.

The addiction worker has been trained in 'Triple P' parenting programmes and these patients are seen intensively throughout their pregnancy and post pregnancy. This intensive support allows for a more holistic approach to care.

Over the past 12 months, 6 females have been under the remit of this new model of SNIPS. All 6 have progressed well and their 6 children have now been removed from the Child Protection Register and closed to Children and Families.

Overall feedback from Children and Families social work team and patients has been very positive with all 6 having had a successful outcome.

It has been crucial to the SNIPS process to have a representative from the Community Addictions Team involved in the multi-agency group, bringing vital specialist knowledge to the screening and planning for women who are vulnerable in their pregnancy.

The addiction worker is not only an integral part of the SNIPS Team, but also takes on Care Management responsibility for those women receiving a service from the Community Addictions Team who are then referred to SNIPS. This positive change has led to successful outcomes for women and their babies, who have received a robust, wraparound service from both teams.

Going forward the social worker and addictions worker are working closely to develop the service and are looking at the benefits of some group work with women and their babies to promote positive peer support.

SNIPS Patient 1

"I initially became involved with both services when I moved back to the area and found out I was pregnant. I was abusing both drugs and alcohol and was resistant to receiving any help from anyone. I knew the addiction worker from a number of years previously and she came to my house and encouraged me to engage.

I started to work very intensely with her and although my child was accommodated initially from birth I was working hard on my recovery to enable my son to be returned to my care. My worker encouraged me to see that there was a life outside addiction and never took no for an answer which was what I needed.

I was fully supported by both addictions and social work and within 3 months my son was returned to my care and within 10 months I was discharged from social work services.

Within this time my treatment plan was very focussed on me which allowed me to provide a better future for my son. I received both psychiatry and psychology input which allowed me to deal with the issues that were driving my addiction.

I continue to engage with my addiction worker and what makes all the difference for me is the support is not all about my addiction but treating me as a human being who is part of this society and now able to live a life drug and alcohol free."

SNIPS Patient 2

"I became involved with both addiction services and social work after being released from prison and quickly falling pregnant. My life was chaos and I never thought I would be able to care for myself never mind a child.

I decided to engage fully and quickly became stable and free of all illicit substances. I was supported through my recovery from drugs but was also supported with living normally without using bad coping skills.

I was able to bring my son home from hospital and be a good mother. I have now got the right help and support and with both my social worker and addiction worker working together I have been able to address my previous trauma through psychiatry and psychology and manage my own tenancy.

If I did not have this support and encouragement this would be a different story I am telling today."

Work Connect Specialist Supported Employment Service

The Pavillion Café is the latest addition to the highly successful Work Connect partnership portfolio with WDC Greenspace. The £4million investment in the park includes £2.8million from Heritage Lottery Funding.

Heritage Lottery Funding allowed the demolition of the old site, and the construction and landscaping of the new Pavillion Café.

The café opened in Levengrove Park in February 2019 and is managed by Work Connect Specialist Supported Employment Services.

As well as allowing visitors to enjoy delicious homemade food and hot drinks, the café will be used as a training kitchen for adults recovering from Mental Health issues and Addictions and people with Learning Disabilities and Autism. This opportunity offers trainees the chance to develop employability skills and to gain work experience to support a return to work.

The official launch was a great success with positive feedback from staff, clients and partners. One client utilised their new skills by assisting in the preparation and presentation of an afternoon tea for guests.

All Pavillion trainees have completed a recognised customer service course in partnership with Working 4U and West College Scotland in Clydebank. They have also received West Dunbartonshire Council induction and Fire Safety Training.

Three members of the Work Connect team have completed a Professional Development Award in Supported Employment over an 18 month period.

Feedback from the participants was positive and their participation has helped develop new ways of working with clients and provided a more in-depth knowledge and understanding of supported employment.

A transitions project has also been piloted with Kilpatrick School and Dumbarton Centre. This included three young people gaining work placements which will continue through the summer holidays and the development of new assessment and employability paperwork in a total communication format.

Public Protection

4

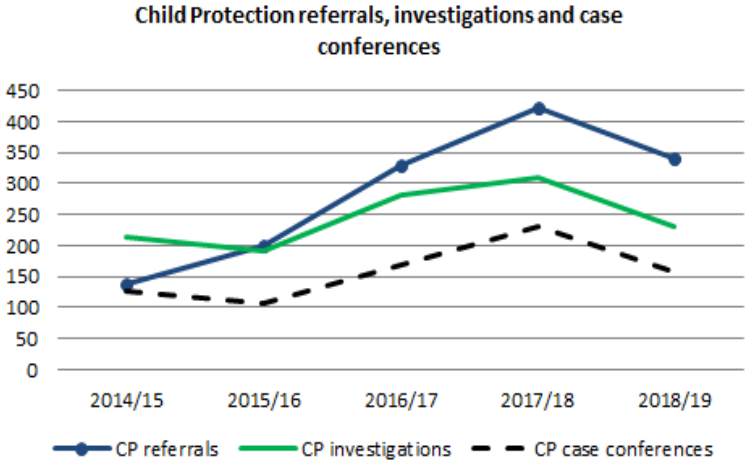
Public Protection

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.

All children on the Child Protection Register have a completed and current risk assessment

Child Protection



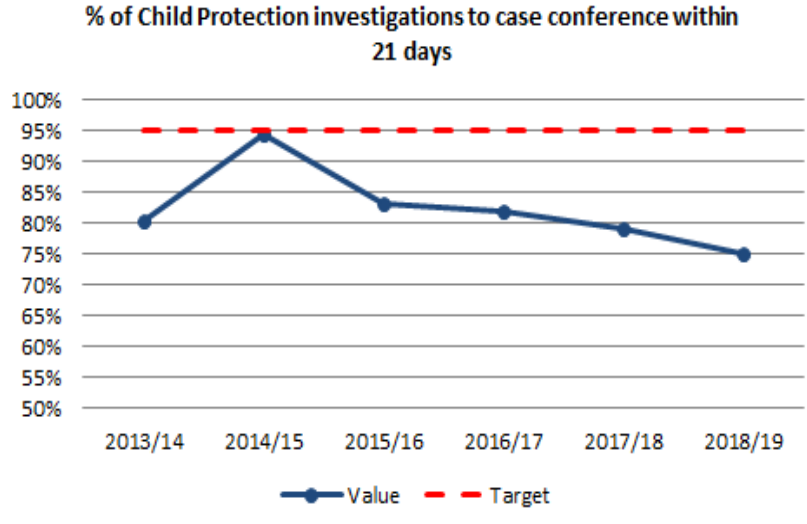
On the 31st of March 2019 there were 52 children on the Child Protection Register in West Dunbartonshire.

Child Protection activity had been steadily increasing from 2015/16 to 2017/18, but has decreased in 2018/19. Compared with 2017/18 there have been 20% less referrals, 25% less investigations and 32% fewer case conferences.

When the outcome of a Child Protection investigation is that a case conference is required, this conference should take place within 21 days of the investigation.

Performance against this target has declined from 2015/16 in line with the increase in Child Protection activity. However we have not seen a corresponding improvement as activity reduced in 2018/19.

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. A monthly performance report to track practice improvements to achieve this target is also in development and regular meetings with the Area Locality Reporter to the Scottish Children's Reporter Administration have been established to progress the 'Better Hearings' work stream to improve practice.



Adult Support and 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.

During 2018/19 the HSCP have revised and streamlined processes to improve Adult Support and Protection timescales and outcomes. As a result, 87% of ASP inquiries and 100% of ASP investigations were carried out within the target timescale.

We have increased our understanding of the impact of specific types of harm for At Risk and Vulnerable Adults living in West Dunbartonshire, specifically financial harm and self-neglect/ hoarding.

All Adult Support and Protection clients have a current risk assessment and care plan

321 Adult at Risk concerns

44 Adult Support and Protection investigations

The HSCP has delivered Adult Support and Protection training to over 400 people in 2018/19.

We have increased our focus on supporting services in the community to be skilled and confident in identifying and responding to risk of harm, including work with Community Pharmacies, Department of Work and Pensions and Education colleagues.

Multi Agency Public Protection

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.

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.

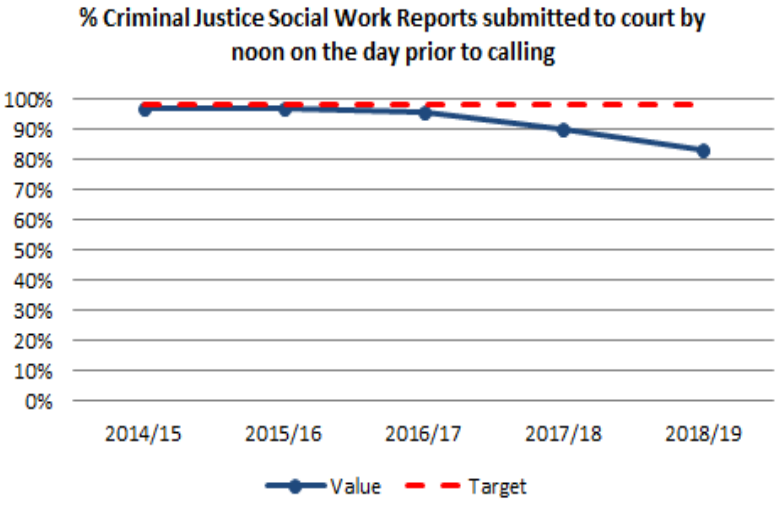
Criminal Justice

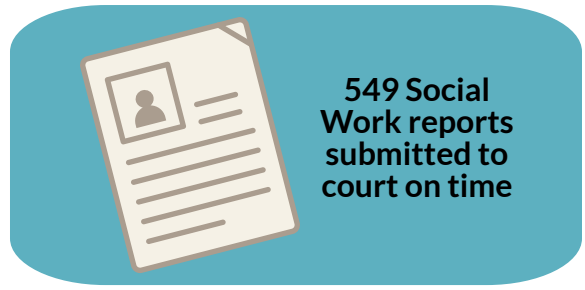
The Community Justice (Scotland) Act 2016 identified Community Planning Partnerships as the vehicle to bring partner organisations together to plan and deliver community justice outcomes. It transferred the responsibility for the local strategic planning and delivery of community justice from Community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

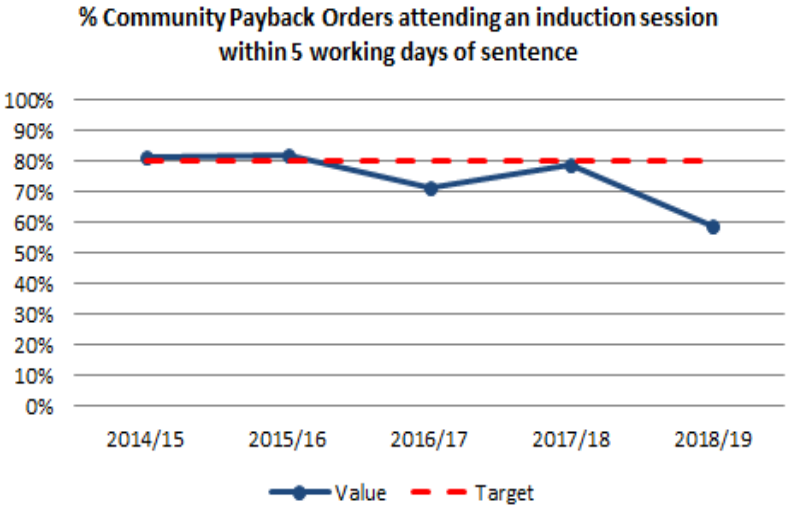
Community Justice relates to the whole journey that a person can travel through, including the risk factors that can underpin a person's offending behaviour; to the factors supporting desistance and the milestones people often experience on this journey. The HSCP is crucial in supporting people and their 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.

Performance within Criminal Justice Services has proved challenging during 2018/19.



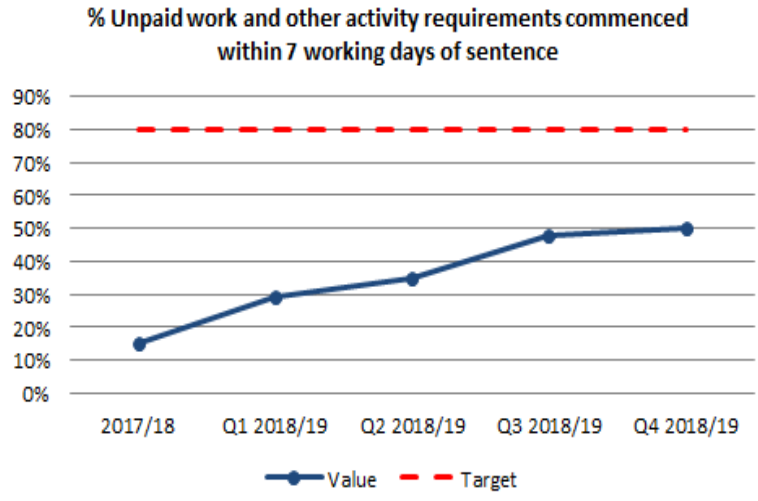


Each service user with a Community Payback Order is offered a date of induction within 2 working days of the order being implemented.



Within West Dunbartonshire induction sessions did not take place within the 5 day timescale for 159 people.

Performance in relation to Unpaid Work Orders commencing within timescale has shown improvement during 2018/19 but we are still falling significantly short of the 80% target. Over the year 40% of orders commenced within 7 working days of sentence.



During 2018/19 the HSCP implemented a new duty system to improve the rate of initial appointments with service users following the date of sentencing and to improve communication and attendance within timescales.

Attendance at induction and commencement of unpaid work orders are based on service user compliance which the HSCP endeavour to influence and is ultimately out of our direct control.

Where an induction is affected by staff absence a follow up appointment is usually offered within a day or two of the cancelled appointment.

Self-Directed Support

5

Self-Directed Support

Option 1: You choose to receive a direct payment to purchase support yourself. You will have access to advice and support from the HSCP

Option 2: The HSCP give you the option to choose your own support while it holds the money and arranges the chosen support on your behalf

Option 3: You choose to have the HSCP select the appropriate support and arrange it for you

Option 4: A mix of options 1,2 and 3 for specific aspects of your support

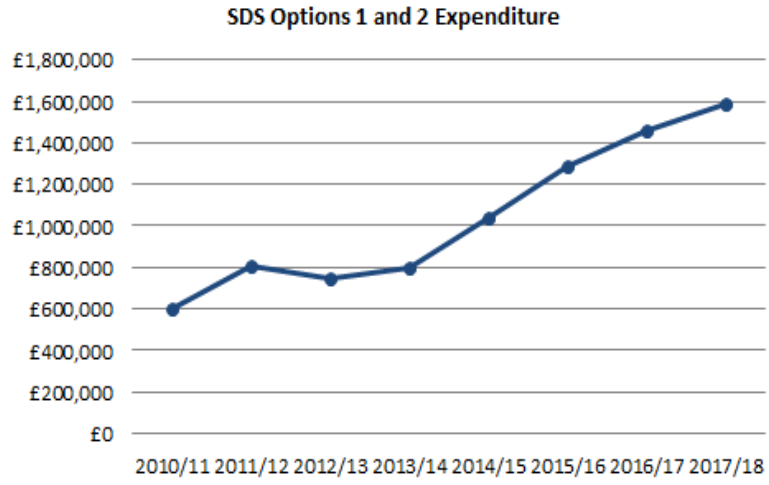
The Social Care (Self-directed Support) (Scotland) Act 2013 was established to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate in society.

West Dunbartonshire HSCP is committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. We recognise that self-directed support is not a separate entity or service but rather a way of working across all our services.

To support service users and families to understand the options available, SDS is embedded in the HSCP's assessment process across adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals assessed as eligible for local authority funded support.

While the numbers of service users who have opted to take a Direct Payment (Option 1) continue to be small, the expenditure on Options 1 and 2 has increased and has also increased as a proportion of overall adult social care spend over the same time period.

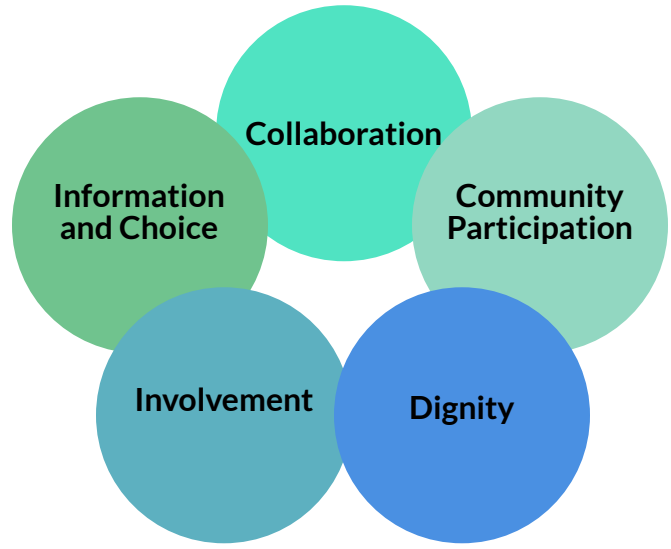
It should be noted that the uptake of Option 1 Direct Payments continues to be almost exclusively by adults and older people, with only small amounts being utilised for support services for children.



As part of our programme of change within our SDS approach, we are seeking to reinforce a whole systems approach to commissioning and monitoring. This will be done alongside delivering the strategic priorities for SDS in West Dunbartonshire across our own services and independent services in partnership with service users and carers.

These programmes of work will support consistent service practice and clarity across strategic accountability and governance and will review, shape and reform the policy arrangements for SDS to drive coherent delivery at all levels of the HSCP.

81% of people receiving any care or support rate it as excellent or good



Best Value and Financial Performance

6

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 (s95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer (CFO). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

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 financial performance at meetings of both the HSCP Board and its Audit Committee.

BUDGET SETTING 2018/19

SCOTTISH GOVERNMENT FUNDING STREAMS

POLICY FUNDING	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Primary Care Improvement Fund		indicative	indicative	indicative
West Dunbartonshire HSCP	0.837	1.037	2.100	2.900
Mental Health Strategy - Action 15				
West Dunbartonshire HSCP	0.201	0.311	0.439	0.585
GP Out of Hours				
West Dunbartonshire HSCP	0.091	0.091	0.091	0.091
Social Care Funding				
Scottish Living Wage	0.716			
Carers Act	0.340			
UK Consequentials	0.124			
Total	**1.180**			

This additional funding came with defined outcome requirements and the need to provide regular updates to the Scottish Government and local stakeholder groups on progress of expenditure, including the employment of additional mental health workers, community link workers and the creation of multi-disciplinary teams to support local GP practices. With this new funding being directed at specific developments, the HSCP Board were still presented with an estimated funding shortfall for the 2018/19 financial year.

The HSCP Board, like most public sector organisations has found the current financial climate of public sector austerity challenging. In 2018/19 the funding allocations made to the HSCP Board by NHSGGC and WDC did not require adhering to any specific funding directions from the Scottish Government. However the Scottish Government did continue to provide additional funding to support its commitment to improving primary care, mental health and addiction services as well as its continuation of the payment of the Scottish Living Wage for all adult care workers and the enactment of the 2016 Carers Act.

In line with its commitment to engage and encourage participation with all stakeholders, the HSCP Board agreed at its February 2018 meeting to publically consult on the range of health and social care savings options. The final budget gap for health (£0.552m) and social care (£0.211m) was £0.763m and taking cognisance of the results of the public consultation, the Board approved savings options to cover this shortfall and to allow for additional financial sustainability in future years.

All financial performance reports and details of approved savings options are available on the HSCP website: www.wdhscp.org.uk

BUDGET PERFORMANCE 2018/19

The 2018/19 budget available for delivering directly managed services was £155,379m and is detailed in the table below. Although some services including children's community and residential placements and supporting older people in their home or a homely setting were under significant financial pressure this was offset in-year with the successful implementation of a financial recovery plan agreed by the November HSCP Board. Overall the partnership reported within their 2018/19 Unaudited Annual Accounts an overall surplus of £1.038m, again detailed in the table below.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2018/19 Annual Budget £000	2018/19 Net Expenditure £000	2018/19 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People, Health and Community Care	44,368	45,008	(640)
Physical Disability	3,106	3,006	100
Children and Families	20,249	22,511	(2,262)
Mental Health Services	9,571	8,949	622
Addictions	2,809	2,569	240
Learning Disabilities	16,802	16,655	147
Strategy, Planning and Health Improvement	1,672	1,351	321
Family Health Services (FHS)	25,738	25,738	0
GP Prescribing	19,306	19,383	(77)
Hosted Services - MSK Physio	6,493	6,254	239
Hosted Services - Retinal Screening	791	755	36
Criminal Justice - Grant funding of £2.1m	0	0	0
HSCP Corporate and Other Services	4,204	1,892	2,312
IJB Operational Costs	270	270	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	**155,379**	**154,341**	**1,038**
Set aside for delegated services provided in large hospitals	18,210	18,210	0
Assisted garden maintenance and Aids and Adaptions	577	577	0
Services hosted by other IJBs within Greater Glasgow & Clyde	11,289	11,289	0
Services hosted by West Dunbartonshire IJB for other IJBs	(6,128)	(6,128)	0
Total Cost of Services to West Dunbartonshire HSCP	**179,327**	**178,289**	**1,038**

This surplus in funding is retained by the HSCP Board in reserve and is carried forward for use by the HSCP Board in later years. The reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 (as detailed in table above) and Service Redesign and Transformation. Further explanation is provided overleaf under "Key Messages" and
- Unearmarked or general reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated. The HSCP Board have an approved Reserves Policy (available on the website) which strives to hold 2% of total budget or approximately £2.6m in general reserve. Again further detail provided overleaf.

Some of the key messages for the financial year 2018/19 are:

- The 8 August meeting of HSCP Board were presented with a projected overspend of £0.977m (0.65%) based on the 1st quarter's performance (see 2018/19 Budget Performance overleaf). Without the development of a recovery plan this overspend would have to be covered from unearmarked reserves which only had a balance of £1.7m;

- A recovery plan was approved by the Board which included all vacancies must be approved by the senior management team on a weekly basis, overtime to be minimised (without disruption to front line service delivery), no non-essential spend and securing any savings from other areas of the budget due to service redesigns;

- The overall recovery plan was successful as excluding unspent, ring fenced funding from the Scottish Government the unadjusted underspend was £0.450m across health and social care services;

The main areas of under and overspends as detailed in the table overleaf are;

- Within Children and Families community (fostering and kinship) and residential placements (children's houses) for children and young people exceeded the budget by £1.2m, despite an additional £1.1m invested in these services in 2018/19. Kinship and fostering placements have continued to rise by approximately 25% per annum since 2017;

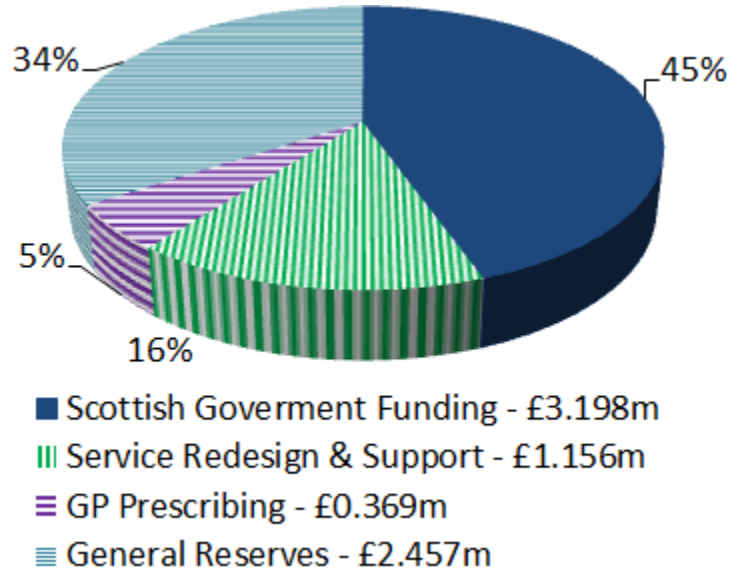
- Also within Children and Families, children placed in residential schools due to emotional, behavioural or physical disabilities exceeded the budget by £0.9m. This is an extremely volatile budget and secure placements can cost in excess of £0.2m per child;

- Older people supported through care at home services or in residential or nursing care exceeded the budget by £0.5m and £0.2m 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;

- All other adult services including Learning and Physical Disability and Mental Health and Addiction Services collectively underspent, mainly due to a reduction in a small number of high cost packages;

- Other services including Social Care funding from Scottish Government contributed approx. £1.8m of an underspend to the final position. This was due to a number of short term one-off benefits from applying this funding to new service developments. This will not be available in 2019/20;

2018/19 Unaudited Reserve Balances



- Within health care the expectation was to achieve a close to breakeven position. The £19m GP Prescribing budget was exceeded by £0.077m based on the most up to date information;

- The earmarked reserves closing balance was £4.723m. There were a number of significant additions amounting to £0.895m from the new Scottish Government funding in Primary Care, Mental Health and Alcohol and Drug Partnership services as Integrated Joint Boards across Scotland found securing appropriately qualified staff challenging;

- HSCP Board approved a Prescribing reserve of £0.369m given the volatility of medicines global prices and the uncertainty of supply as a consequence of the UK leaving the EU;

- The amount of £0.670m from earmarked reserves was transferred to general reserves to bring the total to £2.457m and closer to the 2% target (approximately £2.6m) as set out in the Reserves Policy.

Financial Outlook and Best Value

Financial risk has been identified as one of the HSCP Board's main strategic risks. The requirement to both remain within budget in any given financial year and identify savings and efficiencies in the medium to long term places significant risk on the HSCP Board's ability to set a balanced budget and continue to deliver high quality services. Although underpinned by legislation this risk may impact on the ability of the HSCP Board to ensure that the Best Value principles of economy, efficiency and effectiveness continue to be a top priority of the Board and the Senior Management Team. Some of the main risk factors that will impact on the HSCP's financial outlook, and actions to mitigate them, are:

- Continued demographic growth in the older population coupled with poor health requires true transformation of services to be supported with robust commissioning and financial plans and an empowered workforce;
- Delivering on Scottish Government priorities of improvements in primary care and support with mental health and addictions has had an impact on workforce stability within the partnership. Appropriate training and succession planning in partnership with our neighbouring IJBs is being covered in multi-disciplinary strategy groups; and
- The UK's proposed exit from the EU has identified a number of potential consequences from a short supply of medicine, coupled with increased costs to those drugs available. In addition, potential workforce issues in both health and social care settings across our own internal workforce and our external partners. Establishing registers of staff at risk and working with staff, government and independent providers will allow contingency plans to be put in place to minimise disruption.

Best Value will also be demonstrated by the forthcoming agreement and implementation of the HSCP's Commissioning Plan. Through the analyse of needs of the population and the services currently provided by a combination of in-house services, private sector organisations and the voluntary sector, the plan will provide the market with what services should look like in the future and the estimated financial resource available. This plan will also be supported by robust procurement frameworks, a cornerstone in demonstrating best value.

Throughout 2018/19 there has already been significant analysis undertaken by the HSCP, WDC procurement colleagues and internal audit, mapping actual expenditure against service delivery. This has been progressed in tandem with the roll-out of procurement training across the HSCP as well as distinct, targeted sessions with the senior management team and the extended management team.

The audit highlighted that while HSCP service teams are dedicated to meeting service users' needs and ensuring that appropriate care is provided in a timely fashion, there are opportunities to strengthen internal controls and demonstrate best value is being delivered. Ensuring service specifications reflect the best outcomes for all service users and that contract arrangements adapt to the needs of the user will demonstrate transparency and fair cost to the partnership.

Good Governance

7

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 the governance of its affairs and the 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 and 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 the 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 the development and maintenance of the governance environment and the work of internal and external audit and 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 considers the sub-principles underpinning the seven key principles and considers examples of current good practice, systems, processes, policies, reports in place and current developments. For the June 2019 review the HSCP 19th June Audit Committee agreed that there were no areas assessed to be non-compliant and more than half were considered fully compliant. In the areas assessed as generally compliant an Action Plan was produced detailing the improvement action and the lead officer responsible.

Other reviews to improve effectiveness include:

- The establishment and operation of the Strategic Planning Group;
- A refreshed remit and membership of the Clinical and Care Governance Group;
- A Charging Policy Review Group; and
- Joint Working Review Group with West Dunbartonshire Council reviewing the delivery and performance of Children's Services, including residential placements.

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 to the HSCP these statements were provided by the HSCP's Chief Officer, Chief Financial Officer and Senior Management Team. These responses are considered as part of the review of the HSCP Board's and WDC's governance arrangements and inform the Chief Internal Auditor's Annual Report.

Some of the key improvements noted in 2018/19 are:

- As required by the Integration Scheme the production and implementation of a successful financial recovery plan to reduce the 2018/19 projected overspend;
- The HSCP Finance team supported the operational heads of service and WDC corporate procurement colleagues in the production of a service expenditure mapping template to inform the HSCP's priorities within the WDC Procurement Pipeline;
- Implementation of revised complaints handling procedures, including reporting;
- The Senior Management Team and Chair of the HSCP Board reviewed the format, content, scoring and mitigating actions of all known strategic risks to produce an updated Strategic Risk Register ; and
- Audit of frequent A&E attendees to assess what HSCP services are or could be available, with plans now in place to support particular individuals suffering with mental ill-health or Chronic Obstructive Pulmonary Disease (COPD).

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.

Update on Previous Governance Issues

As highlighted in the previous two years governance statements, differences in the approval process for budget setting for WDC and NHSGGC has led to delays in the HSCP Board being able to approve its Annual Revenue Budget, including savings options.

Progress has been made each year since 2016/17 as Chief Officers and Chief Financial Officers of the six Glasgow area partnerships worked closely with NHSGGC finance colleagues to agree on the key elements of Scottish Government funding settlements. Notwithstanding the work continuing around “Set Aside” budgets, the HSCP Board was able to consult publicly on savings options throughout April 2018 and set its 2018/19 Annual Revenue Budget on 2nd May 2018. For the new financial year 2019/20 this has been further improved upon as the budget was conditionally approved at an additional meeting of the HSCP Board on 28th March 2019, based on the indicative funding allocation from NHSGGC, formally approved by their Board on the 6 April 2019.

The ongoing focus will now be on working with the council, health board and Scottish Government on future funding settlements to allow for medium to long term financial planning, closely aligned to the Strategic Plan 2019-22 priorities and informed by the (in draft) Commissioning Plan, due to be presented to the August 2019 HSCP Board for consideration.

Appendices

Appendix 1: Core Integration Indicators

An issue with incomplete data at Health Board level has resulted in the Scottish Government instructing HSCPs not to publish January 2019 to March 2019 data in relation to emergency admissions and unscheduled bed days.

For the purposes of comparison on previous years and to show progress against our Ministerial Steering Group (MSG) and NHS Greater Glasgow and Clyde (NHS GGC) targets we are therefore required to use calendar year data for some of the indicators below.

Financial Year Data	West Dunbartonshire					Scotland	Comparison West Dunbartonshire and Scotland latest data
Core Integration Indicator	2015/16	2016/17	2017/18	2018/19	Direction of travel	2017/18	
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	92.50%	80.50%	92.00%	89.00%	↓	82.20%	√
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	530	479	334	331	↓	805	√
Percentage of adults able to look after their health very well or quite well*	93%	N/A	91%	N/A	↓	91%	√
Percentage of adults supported at home who agree that they are supported to live as independently as possible*	88%	N/A	81%	N/A	↓	81%	√
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided*	82%	N/A	80%	N/A	↓	76%	√
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated*	83%	N/A	79%	N/A	↓	74%	√
Percentage of adults receiving any care or support who rate it as excellent or good*	86%	N/A	81%	N/A	↓	80%	√
Percentage of people with positive experience of the care provided by their GP practice*	87%	N/A	85%	N/A	↓	83%	√

Financial Year Data	West Dunbartonshire					Scotland	Comparison West Dunbartonshire and Scotland latest data
Core Integration Indicator	2015/16	2016/17	2017/18	2018/19	Direction of travel	2017/18	
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*	85%	N/A	79%	N/A	↓	80%	X
Percentage of carers who feel supported to continue in their caring role*	40%	N/A	40%	N/A	↔	37%	√
Percentage of adults supported at home who agree that they felt safe*	86%	N/A	89%	N/A	↑	83%	√

Calendar Year Data	West Dunbartonshire					Scotland	Comparison West Dunbartonshire and Scotland latest data
Core Integration Indicator	2015	2016	2017	2018	Direction of travel	2018	
Premature mortality rate per 100,000 persons	569.5	512.1	513.6	N/A	↑	425.2**	X
Emergency admission rate per 100,000 population	13,509	13,769	13,558	13,788	↑	12,201	X
Emergency bed day rate per 100,000 population	132,787	135,680	135,960	129,319	↓	118,647	X
Readmission to hospital within 28 days per 1,000 population	79	85	87	91	↑	102	√
Proportion of last 6 months of life spent at home or in a community setting	85.80%	87.70%	88.30%	89.40%	↑	88.40%	√
Falls rate per 1,000 population aged 65+	21.4	23.9	24.5	26.6	↑	23.1	X
Percentage of adults with intensive care needs receiving care at home	67.00%	67.70%	70%	N/A	↑	60.6%**	√
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21.30%	22.50%	22.90%	22.40%	↓	24.40%	√

↑Increasing ↓Decreasing ↔Unchanged √Performing better or as well as Scotland figure XPerforming poorer than Scotland figure * Latest Scottish Health and Care Experience Survey 2017/18 (Every 2 years) **2017 Scotland figure

Appendix 2: Care Inspectorate Inspections of HSCP Registered Services

This Appendix details the grades achieved for West Dunbartonshire HSCP services which were inspected and had reports published between 1st April 2018 and 31st March 2019. All 4 Quality Themes are not routinely inspected at each inspection. Those Quality Themes which have not been included in the inspection have been recorded as N/A below.

Gradings:

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

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice					
Adoption Service	26-Apr-16	5 N/A N/A 4	26-Apr-18 ⟷	4 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. Improvements should be made to the timescales for children moving into their adoptive family. 2. Timescales should be set for children's social workers to consider potential adopters for children and a member of the adoption team should be involved throughout this process in recognition of their expertise in this area. 3. The adoption and permanence procedures should be updated to promote best practice in the adoption of children.				
Blairvadach Children's House	21-Jun-17	4 3 N/A N/A	24-Jul-18 ↑	5 3 N/A N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The young people living within Blairvadach should experience the best possible environment. Therefore we have recommended that they reduce the number of young people living in the house from seven to six and to re-register the service with the Care Inspectorate. West Dunbartonshire Council have ensured us that they will fulfil this recommendation at the first opportunity.				
Burnside Children's House	20-Mar-18	5 N/A N/A 5	26-Nov-18 ⟷	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice					
Craigellachie Children's House	23-Feb-17	4 N/A 4 N/A	18-Sep-18 ⟷	4 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. Service delivery should be consistently applied by the staff team for all young people. The decisions about behaviour management or care and support should reflect the age and progress of the young people. Any changes to these decisions should be clearly communicated to them. 2. The young people should be supported by a staff team that is motivated, well led and is working together. In order to achieve this, the staff require individual support and bespoke opportunities to develop their Furthermore, the views of the staff team are essential in service delivery and improvement. We would encourage the management team to gather the views of the staff team and seek opportunities to bring them together develop a shared focus for the service. 3. Each of the young people should have an outcome focused care plan which is built upon their views and needs. This plan should measure progress and be updated on a regular basis through a clear				
Fostering Service	26-Apr-16	5 N/A N/A 4	26-Apr-18 ⟷	4 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. The service should review their processes to ensure that when carers are outwith their registration they are returned to panel within timescales. This is to ensure the continued suitability of the foster carers and enable a recommendation to be made regarding any variation to the terms of approval. 2. The service should make arrangements to implement risk assessments and safer caring plans for children and young people				
Throughcare – Adult Placement Services	03-Feb-17	6 N/A 6 N/A	28-Mar-19 ⟷	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Community Health and Care Services					
Care at Home Services	15-Mar-18	5 N/A 5 N/A	05-Oct-18	4 N/A 4 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. The service should review its approach to supporting people with medication. This should include; clear definitions of what support might be provided by staff and ensuring staff are made aware of the appropriate guidance and their role in supporting people with medication. 2. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will 3. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be to people in their own homes. 4. The service must ensure that staff are provided with supervision on a regular basis, in keeping with the service's supervision policy. This should be scheduled in advance with discussions and decisions being clearly recorded.				
Crosslet House	No previous inspection		17-May-18	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The provider should provide care staff with meaningful activity training to ensure that activities, both social and physical, are consistently promoted throughout the care home each day of the week.				
Crosslet Day Care	No previous inspection		31-May-18	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Community Health and Care Services					
Frank Downie House	11-Oct-17	5 4 4 N/A	17-Sep-18 ↑	5 N/A N/A N/A 5	How well do we support people's wellbeing How good is our leadership How good is our staff team How good is our setting How well is care and support planned
	Requirements: None Recommendations: 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.				
Sheltered Housing	15-Mar-18	5 N/A 5 N/A	21-Dec-18 ↔	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: Dementia training at skilled level should be completed by all staff.				
Mental Health, Learning Disability and Addiction					
Learning Disability Service – Housing Support	24-Nov-17	5 N/A 4 5	15-Nov-18 ↑	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				
Learning Disability Service – Community Connections	09-Mar-18	5 N/A 5 N/A	07-Feb-19 ↔	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Appendix 3: West Dunbartonshire HSCP Key Performance Indicator Summary 2018/19

Performance Indicator	2017/18	2018/19		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	84.20%	78.50%	90%	⚠
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	9	18	✓
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.90%	94.90%	95%	⚠
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.70%	97.50%	95%	✓
Balance of Care for looked after children: % of children being looked after in the Community	90.34%	91.50%	90%	✓
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	78%	67%	75%	⚠
Number of delayed discharges over 3 days (72 hours) non-complex cases	4	10	0	●
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,463	32,819	28,333*	●
Number of clients 65+ receiving a reablement intervention	632	450	575	●
Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	64.70%	57.60%	60%	⚠
Number of patients in anticipatory care programmes	1,921	1,306	1,400	⚠
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,139	21,247	21,036	✓
Total number of homecare hours provided as a rate per 1,000 population aged 65+	488	566.5	518	✓
Percentage of people aged 65 and over who receive 20 or more interventions per week	34.20%	36.90%	30%	✓
Percentage of homecare clients aged 65+ receiving personal care	92.10%	94.90%	90%	✓
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98%	98.40%	98%	✓
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	26.90%	25%	30%	✓
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	24.40%	32.90%	30%	⚠

Performance Indicator	2017/18	2018/19		
	Value	Value	Target	Status
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42.50%	31.40%	35%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	39%	90%	
Number of clients receiving Home Care Pharmacy Team support	941	930	900	
Prescribing cost per weighted patient	£173.07	£167.87	£173.72	
Compliance with Formulary Preferred List	80.20%	79.10%	78%	
Percentage of carers who feel supported to continue in their caring role	97.40%	98%	90%	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96%	69%	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.40%	91.60%	90%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Percentage of child protection investigations to case conference within 21 days	79.20%	75%	95%	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	90%	83%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	59%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15%	40%	80%	

Target achieved or exceeded

Target narrowly missed

Target missed by 15% or more

*Ministerial Steering Group (MSG) Target

Unscheduled care performance is being measured against locally set Ministerial Steering Group (MSG) targets and against NHS Greater Glasgow and Clyde's (NHS GGC) target of 10% reduction in unscheduled bed days, unnecessary hospital admissions and A&E attendances across Greater Glasgow and Clyde.

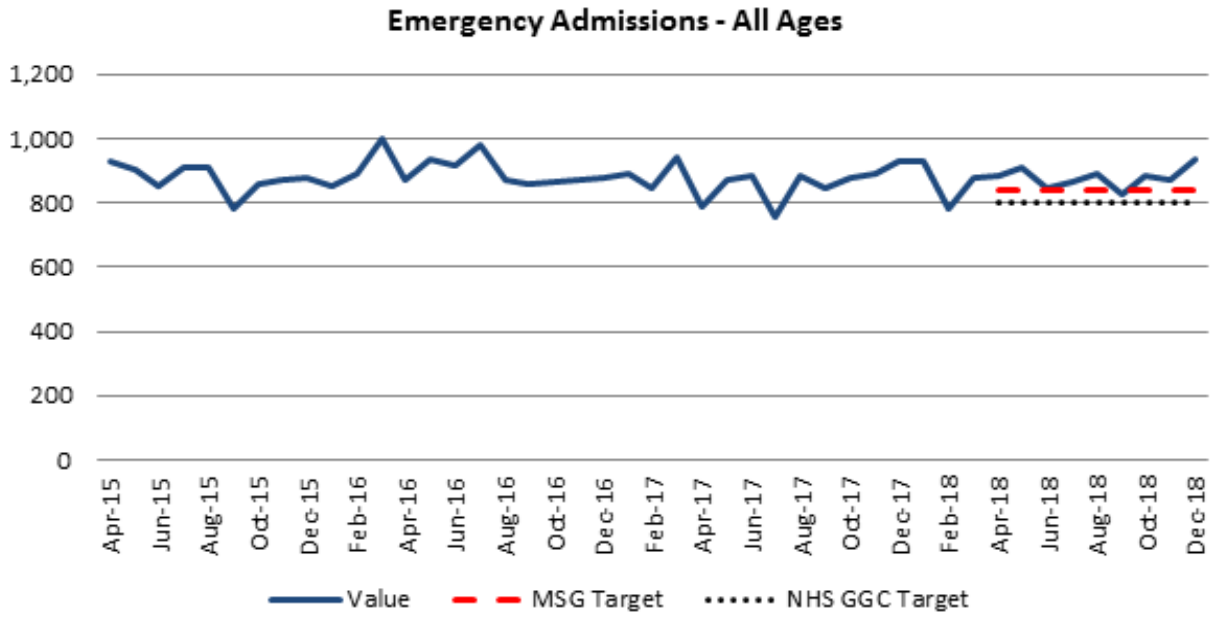
Performance Indicator	2017/18	2018/19				
	Value	Value	MSG Target	MSG Status	NHS GGC Target	NHS GGC Status
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,291	2,502	3,211	✓	2,742	✓
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	461	387	1,552	✓	764	✓

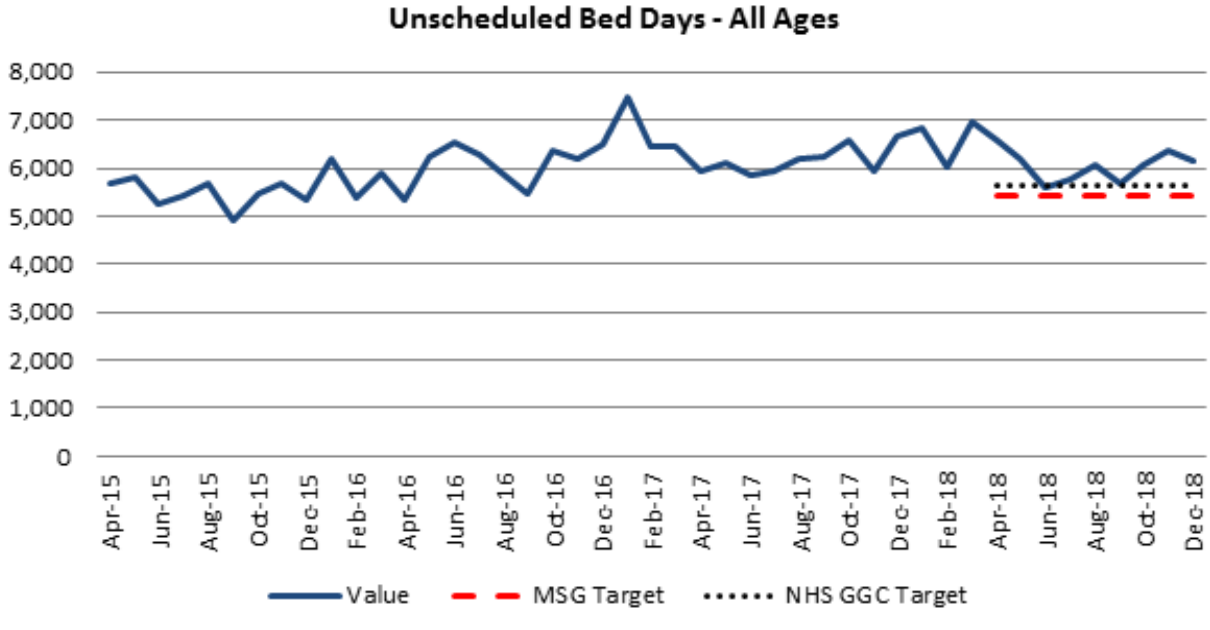
An issue with incomplete data at Health Board level has resulted in the Scottish Government instructing HSCPs not to publish January 2019 to March 2019 data in relation to emergency admissions and unscheduled bed days.

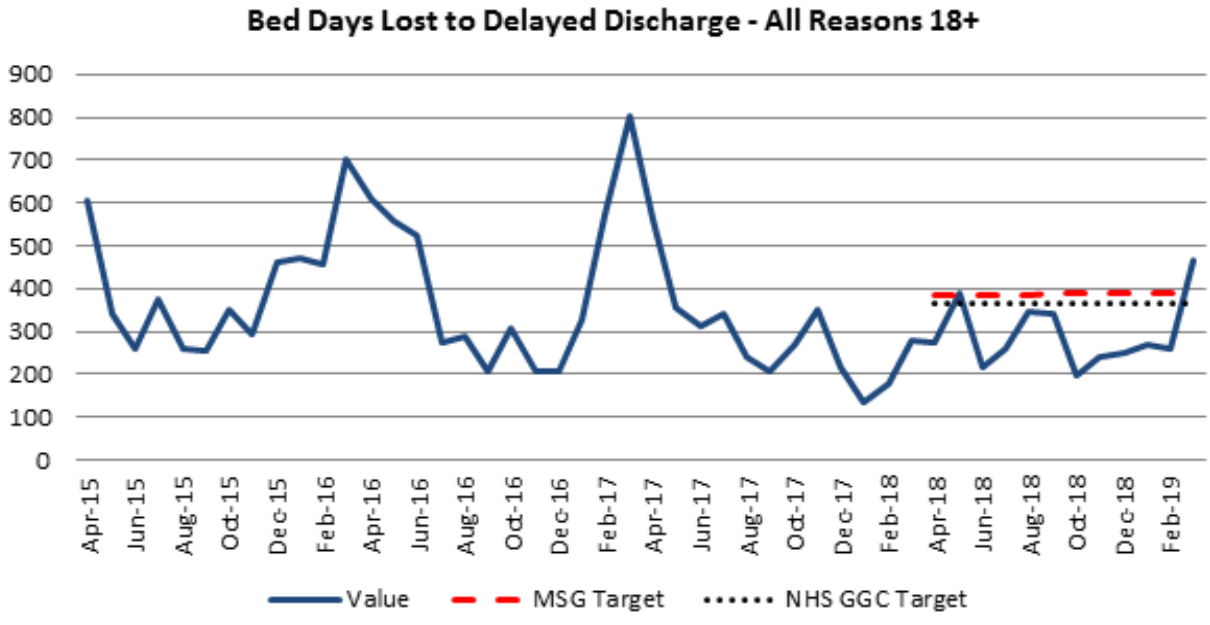
For the purposes of comparison on previous years and to show progress against our MSG and NHS GGC targets we are therefore required to use calendar year data for emergency admissions and unscheduled bed days.

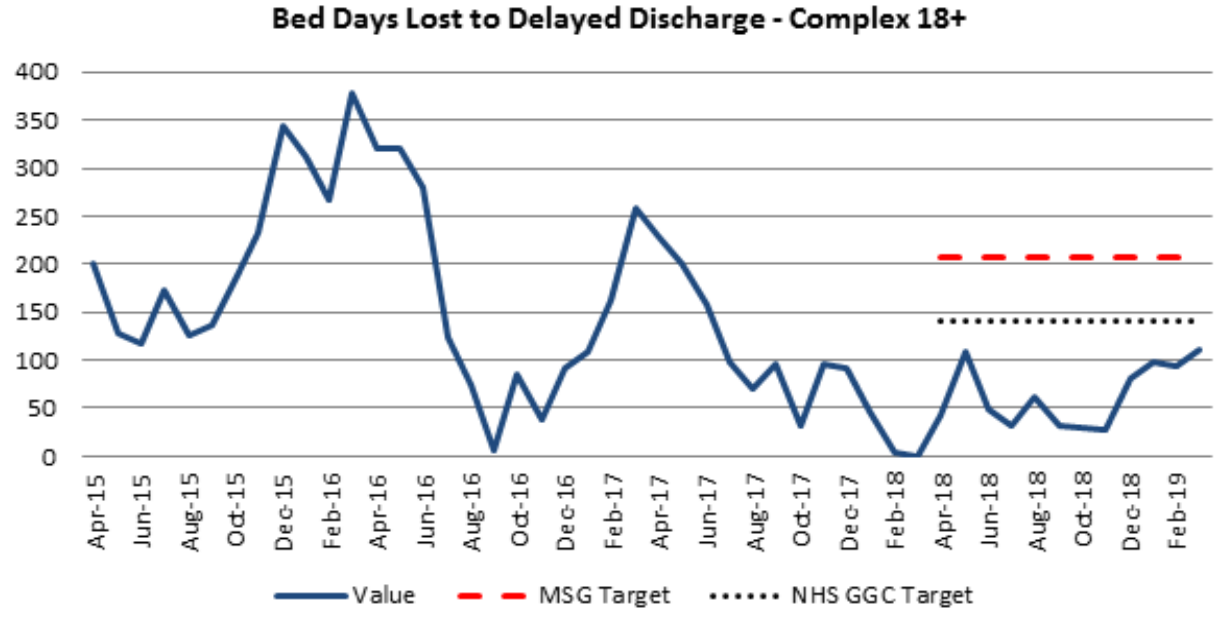
Performance Indicator	2017	2018				
	Value	Value	MSG Target 2018/19	MSG Status	NHS GGC Target 2018/19	NHS GGC Status
Number of emergency admissions aged 65+	4,621	4,757	3,734	●	3,537	●
Emergency admissions aged 65+ as a rate per 1,000 population	273	274	238	▲	237	▲
Number of emergency admissions (All ages)	10,404	10,502	10,107	▲	9,646	▲
Unplanned acute bed days (aged 65+)	52,017	50,281	40,260	●	36,974	●
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,186	3,061	2,558	●	2,349	●

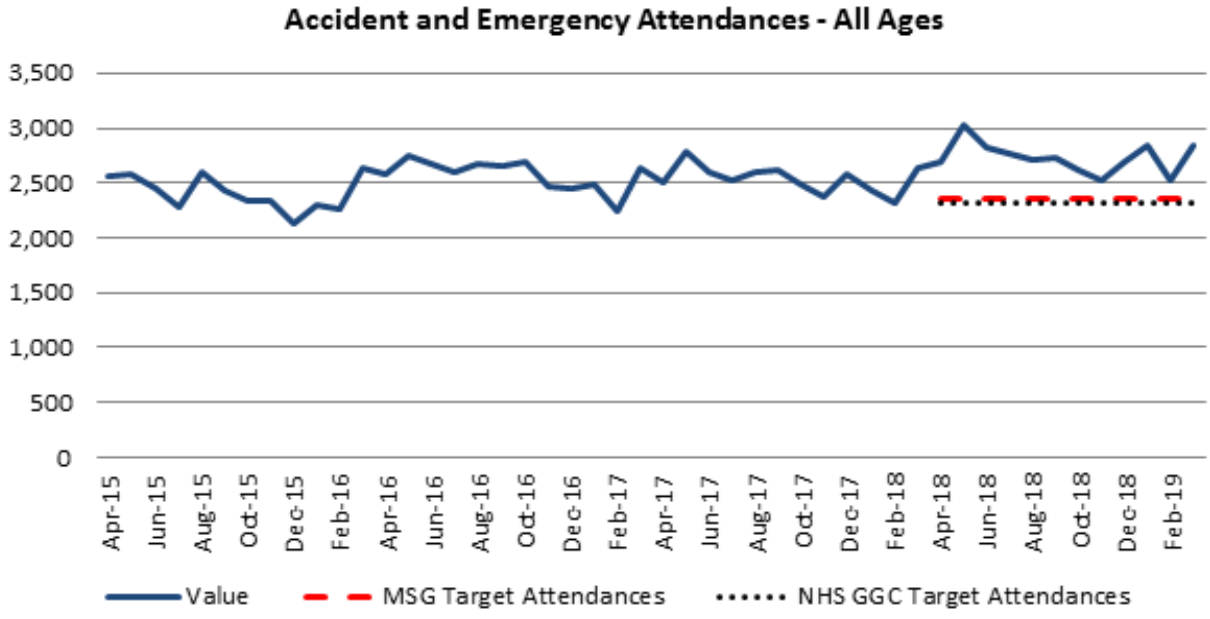
Appendix 4: Measuring Performance Under Integration (Provisional Figures) – Ministerial Steering Group

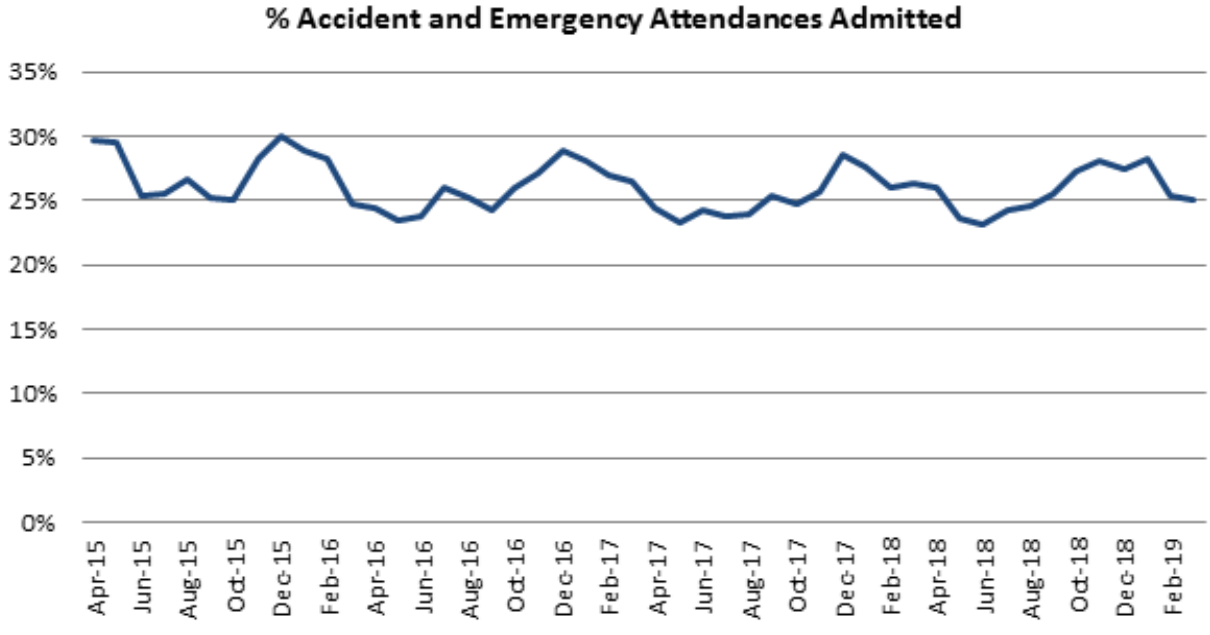





Bed Days Lost to Delayed Discharge - All Reasons 18+
900
800
700
600
500
400
300
200
100
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18
Aug-18
Oct-18
Dec-18
Feb-19
Value
MSG Target
NHS GGC Target


Bed Days Lost to Delayed Discharge - Complex 18+
400
350
300
250
200
150
100
50
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18
Aug-18
Oct-18
Dec-18
Feb-19
Value
MSG Target
NHS GGC Target


Accident and Emergency Attendances - All Ages
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18
Aug-18
Oct-18
Dec-18
Feb-19
Value
MSG Target Attendances
NHS GGC Target Attendances


% Accident and Emergency Attendances Admitted
35%
30%
25%
20%
15%
10%
5%
0%
Apr-15
Jun-15
Aug-15
Oct-15
Dec-15
Feb-16
Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18
Aug-18
Oct-18
Dec-18
Feb-19

Appendix 5: HSCP Local Government Benchmarking Framework Indicators

Performance Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	
	Value	Value	Value	Value	Value	Note
Balance of Care for looked after children: % of children being looked after in the Community	90.51%	89.12%	89.81%	89.98%	90.34%	We are ranked 13th in Scotland and the Scotland figure is 89.69%, below our 90% target.
The gross cost of "children looked after" in residential based services per child per week £	£2,946.15	£2,374.54	£2,292.62	£2,022.36	£2,273.00	We are ranked 3rd lowest gross cost in Scotland in 2017/18 and are well below the Scotland figure of £3,485 per week.
The gross cost of "children looked after" in a community setting per child per week £	£155.63	£159.38	£185.70	£164.66	£200.00	We are ranked 3rd lowest gross cost in Scotland in 2017/18 and are well below the Scotland figure of £328 per week.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.41%	1.80%	2.19%	2.37%	2.57%	We are ranked 28th in Scotland and the Scotland figure is 6.72%.
Home care costs for people aged 65 or over per hour £	£18.47	£20.91	£22.03	£24.24	£25.90	We are ranked 21st in Scotland. The Scotland figure is £23.76.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£415.97	£460.43	£466.13	£479.97	£482.00	We are ranked 27th in Scotland and the Scotland figure is £372.
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	75.98%	77.50%	71.66%	56.71%	0.35%	From April 2017 onwards, very few children reviewed in NHS Greater Glasgow & Clyde have had meaningful information recorded for every developmental domain due to a mismatch between paperwork and systems. 2017/18 figures are not comparable to previous years.