8 May 2014

MEETING: **WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP/SHADOW INTEGRATION JOINT BOARD**

WEDNESDAY, 21 MAY 2014
COMMITTEE ROOM 2
COUNCIL OFFICES
GARSHAKE ROAD
DUMBARTON

Dear Member

Please attend a Meeting of the **West Dunbartonshire Community Health & Care Partnership/Shadow Integration Joint Board** to be held in Committee Room 2, Council Offices, Garshake Road, Dumbarton on **Wednesday, 21 May 2014 at 2.00 p.m**.

As members will be aware, from 1 April 2014, the Community Health and Care Partnership Committee (CHCP) also assumed the role of the Shadow Integration Joint Board for transition to the new model of Health and Social Care Partnership (HSCP) from April 2015.

In recognition of this, reports that relate to the current operation of the CHCP will be addressed to the CHCP Committee and submitted in the name of the CHCP Director. Reports that are relevant to the new HSCP will be addressed to the Shadow Integration Joint Board and submitted in the name of the Interim Chief Officer of the Board.

The business is as shown on the enclosed agenda.

Yours faithfully

KEITH REDPATH

Director
West Dunbartonshire Community Health & Care Partnership/
Interim Chief Officer of the Shadow Joint Integration Board

Distribution:-

Councillor G. Casey (Chair)
Councillor J. Mooney
Councillor I. Murray
Councillor M. McNair
Councillor M. Rooney
Councillor H. Sorrell
Dr Catherine Benton (Vice Chair)
Mr Peter Daniels OBE
Dr Kevin Fellows
Mr Ross McCulloch
Ms Anne MacDougall
Mr Keith Redpath

All other Councillors for information

Chief Executive
Executive Director of Educational Services
Executive Director of Corporate Services
Executive Director of Infrastructure and Regeneration
Head of Administration, NHS Board

WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP/SHADOW INTEGRATION JOINT BOARD

WEDNESDAY, 21 MAY 2014

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

3. MINUTES OF PREVIOUS MEETING

Submit, for approval as a correct record, the Minutes of Meeting of West Dunbartonshire Community Health & Care Partnership held on 19 February 2014.

4. WEST DUNBARTONSHIRE SHADOW HEALTH AND SOCIAL CARE PARTNERSHIP – TRANSITION ACTIONS FOR DELIVERY THROUGH 2014/15

Submit report by the Interim Chief Officer seeking approval of the Shadow Health and Social Care Partnership's Transition Action Plan.

5. NEW SUPPORT SERVICES FOR VULNERABLE YOUNG PEOPLE

Submit report by the Partnership Director providing an update on the specific actions and recommendations put forward by the Multiagency Review following the deaths of 3 young women residing at the Blue Triangle Supported Housing projects between July 2012 and September 2012.

6. WEST DUNBARTONSHIRE CHCP YEAR END PERFORMANCE REPORT 2013/14

Submit report by the Partnership Director providing a summary of performance in relation to the Key Performance Indicators and key actions within the CHCP Strategic Plan 2012/13 for the period 1 October 2013 to 31 March 2014 (including those that directly pertain to the local Community Planning Partnership Single Outcome Agreement).

7(a). CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY INDEPENDENT SECTOR PROVIDERS IN WEST DUNBARTONSHIRE

Submit report by the Partnership Director providing a routine update on the most recent Care Inspectorate assessment for one independent sector support service for Older People service within West Dunbartonshire.

7(b). CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

Submit report by the Partnership Director providing a routine update on the most recent Care Inspectorate inspections of independent sector older peoples' Care Homes within West Dunbartonshire.

7(c). CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

Submit report by the Partnership Director providing information on the most recent inspection reports for three of the Council's own Older People's Residential Care Home and Day Care Services.

8. RESIDENTIAL CHILDREN'S UNITS RATIONALISATION STUDY

Submit report by the Interim Chief Officer providing information on the most recent inspection reports for three of the Council's own Older People's Residential Care Home and Day Care Services.

9. WEST DUNBARTONSHIRE CHCP STRATEGIC PLAN – 2014/15

Submit report by the Partnership Director seeking approval of the integrated West Dunbartonshire CHCP Strategic Plan 2014/15.

10./

10. REVIEW OF WEST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP RESHAPING CARE FOR OLDER PEOPLE (CHANGE FUND) PROGRAMME 2013-14

Submit report by the Partnership Director providing information on the progress and outcomes of the Reshaping Care for Older People (Change Fund) Programme for 2013-14.

11. WEST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP OLDER PEOPLE'S CHANGE FUND PLAN 2014-15

Submit report by the Partnership Director outlining the Reshaping Care for Older People's Change Fund Plan for 2014-15.

12. WEST DUNBARTONSHIRE COMMUNITY PLANNING PARTNERSHIP SINGLE OUTCOME AGREEMENT 2014-2017

Submit report by the Partnership Director providing information on the West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2014-2017.

13. FINANCE AND CAPITAL WORKS REPORT FOR THE PERIOD ENDED 31 MARCH 2014 (NHS ONLY)

Submit report by the Partnership Director providing an update on the current year financial position and of the financial planning by the NHS Board and by the CHCP.

14. MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP PUBLIC PARTNERSHIP FORUM

Submit for information, draft Minutes of Meeting of the West Dunbartonshire CHCP Public Partnership Forum held on Wednesday, 30 April 2014.

15. MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP JOINT STAFF FORUM

(Copy to follow)

Submit for information, draft Minutes of Meetings of the West Dunbartonshire CHCP Joint Staff Forum held on Monday, 28 April 2014.

16. MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP PROFESSIONAL ADVISORY GROUP (Copy to follow)

Submit for information, draft Minutes of Meetings of the West Dunbartonshire CHCP Professional Advisory Group held on 9 April 2014.

17. THE MODERNISATION OF COUNCIL OLDER PEOPLE'S CARE HOME AND DAY CARE PROVISION FOR WEST DUNBARTONSHIRE (Copy to follow)

Submit report by the Partnership Director outlining proposals on the plans to modernise the Council's care homes and day care provision.

18. SELF-DIRECTED SUPPORT POLICY (Copy to follow)

Submit report by the Partnership Director:-

(a) providing information on the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013; and

(b) seeking approval of the draft Self Directed Support Policy.

19. DATES OF FUTURE MEETINGS

Members are requested to agree the proposed dates for future meetings of the West Dunbartonshire Community Health & Care Partnership/Shadow Integration Joint Board as undernoted:-

Wednesday, 20 August 2014 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton

Wednesday, 19 November 2014 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton

Wednesday, 18 February 2015 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton

Wednesday, 20 May 2015 at 2.00 p.m. in Meeting Room 3, Council Offices, Garshake Road, Dumbarton

20./

20. EXCLUSION OF PRESS AND PUBLIC

The Committee is asked to approve the undernoted Resolutions:-

"In terms of Section 50 (A) of the Local Government (Scotland) Act, 1973 that the press and public be excluded from the remainder of the meeting as the following items of business involve the likely disclosure of exempt information as defined in Paragraphs 1 and 3 of Part 1 of Schedule 7A to the Act."

21. SOCIAL WORK COMPLAINTS REVIEW SUB-COMMITTEE – 18 FEBRUARY 2014

Submit report by the Head of Legal, Democratic and Regulatory Services advising of a complaint heard by the Social Work Complaints Review Sub-Committee.

For information on the above agenda please contact Nuala Borthwick, Committee Officer, Legal, Democratic and Regulatory Services, Council Offices, Garshake Road, Dumbarton, G82 3PU. Tel: (01389) 737594 Email: nuala.borthwick@west-dunbarton.gov.uk

WEST DUNBARTONSHIRE COMMUNITY HEALTH AND CARE PARTNERSHIP

At a Meeting of the West Dunbartonshire Community Health and Care Partnership held in Committee Room 3, Council Offices, Garshake Road, Dumbarton, on Wednesday, 19 February 2014 at 2.00 p.m.

Present: Councillors Gail Casey, John Mooney, Ian Murray, Marie McNair, Martin Rooney and Hazel Sorrell (West Dunbartonshire Council); and Dr Kevin Fellows, Clinical Director, Community Health and Care Partnership and Anne McDougall, Chair, Public Partnership Forum.

Attending: Jackie Irvine, Head of Children's Health, Care & Criminal Justice Services; Christine McNeill, Head of Community Health & Care Services; John Russell, Head of Mental Health, Learning Disability & Addictions; Soumen Sengupta, Head of Strategy, Planning and Health Improvement; Janice Rainey, Finance Business Partner, Jonathan Bryden, Head of Finance, Clyde Community Health Partnerships; Sharon Elliott, Acting Section Head – Quality Assurance; CHCP; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer, West Dunbartonshire Council.

Apologies: Apologies for absence were intimated on behalf of Catherine Benton MBE and Peter Daniels OBE, NHS Greater Glasgow and Clyde Board; Ross McCulloch, Co-Chair; Local Partnership Forum and Keith Redpath, Director, Community Health & Care Partnership.

Councillor Gail Casey in the Chair

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of West Dunbartonshire Community Health & Care Partnership held on 20 November 2013 were submitted and approved as a correct record.

WEST DUNBARTONSHIRE CHCP ORGANISATIONAL PERFORMANCE REVIEW – MID-YEAR FEEDBACK 2013/14

A report was submitted by the Partnership Director advising of feedback received from the Chief Executives of NHS Greater Glasgow & Clyde and West Dunbartonshire Council following the CHCP's mid-year Organisational Performance Review in October 2012.

Following discussion and having heard the Head of Community Health & Care Services and the Head of Mental Health, Learning Disability & Addictions in further explanation of the report and in answer to Members' questions, the Partnership agreed:-

(1) to note that a report on the implementation of the recommendations of the Blue Triangle Review would be submitted to the next meeting of the CHCP Committee scheduled to be held on 21 May 2014, with this report to include a progress update on the specific actions which West Dunbartonshire Council had agreed to provide additional funding for, in order to allow for further scrutiny by members of the Committee; and

(2) otherwise to note the content of the report.

SCOTTISH GOVERNMENT RESPONSE TO CONSULTATION ON PROPOSALS TO REDESIGN THE COMMUNITY JUSTICE SYSTEM

A report was submitted by the Partnership Director advising of the Scottish Government's response to consultation on the future structures for delivery of community justice services in Scotland.

The Partnership agreed to note the contents of the report.

REPORT OF THE MINISTERIAL TASK FORCE ON HEALTH INEQUALITIES 2013

A report was submitted by the Partnership Director providing information on the recently published Report of the Ministerial Task Force on Health Inequalities 2013.

Following discussion and having heard the Head of Strategy, Planning and Health Improvement and the Head of Children's Health, Care & Criminal Justice Services in further explanation of the report and in answer to Members' questions, the Partnership agreed :-

(1) to re-affirm its commitment to sustained local action to address the determinants of health inequalities across West Dunbartonshire Community Planning Partners;

(2) to note the work being undertaken to tackle the determinants of "health inequalities" indicators within the local Single Outcome Agreement on behalf of the Community Planning Partners; and

(3) otherwise to note the contents of the report.

NHS GREATER GLASGOW & CLYDE VISION FOR THE VALE – PATIENT ACTIVITY INFORMATION UPDATE

A report was submitted by the Partnership Director providing an update on levels of patient activity and the degree to which they are consistent with the NHS Greater Glasgow & Clyde Vision for the Vale.

Following discussion, the Partnership agreed:-

(1) to note the patient activity data is consistent with that previously predicted; and

(2) otherwise to note the contents of the report.

CARE INSPECTORATE REPORTS FOR CHILDREN & YOUNG PEOPLE'S SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted by the Partnership Director providing information on the most recent inspection reports for the Council's own Residential Services for Children and Young People.

Following discussion, the Partnership agreed:-

(1) to note the work undertaken to ensure grades awarded reflect the quality levels expected by the Council; and

(2) otherwise to note the contents of the report.

CARE INSPECTORATE REPORTS FOR SUPPORT SERVICES OPERATED BY INDEPENDENT SECTOR PROVIDERS IN WEST DUNBARTONSHIRE

A report was submitted by the Partnership Director providing a routine update on the most recent Care Inspectorate assessment for one independent sector support service for adults within West Dunbartonshire.

Following discussion, the Partnership agreed to note the contents of the report.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S CARE HOMES OPERATED BY INDEPENDENT SECTOR IN WEST DUNBARTONSHIRE

A report was submitted by the Partnership Director providing a routine update on the most recent Care Inspectorate assessments of independent sector older peoples' care homes within West Dunbartonshire.

Following discussion, the Partnership agreed to note the contents of the report.

CARE INSPECTORATE REPORTS FOR OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES OPERATED BY WEST DUNBARTONSHIRE COUNCIL

A report was submitted by the Partnership Director providing information on the most recent inspection reports for three of the Council's own Older People's Residential Care Home and Day Care Services.

Following discussion and having heard the Head of Community Health & Care Services in further explanation of the report and in answer to Members' questions, the Partnership agreed:-

(1) to note the work undertaken to ensure grades awarded reflect the quality levels expected by the Council; and

(2) otherwise to note the contents of the report.

PROVISION OF MAINTENANCE FOR STAIR LIFTS PREVIOUSLY INSTALLED IN NON COUNCIL & HOUSING ASSOCIATION PROPERTIES

A report was submitted by the Partnership Director providing a review of the new procedure introduced in January 2013 for stair lift maintenance and installation in non council and housing association properties.

Following discussion, the Partnership agreed:-

(1) that the new process introduced last year be adopted on a permanent basis; and

(2) to congratulate officers on the improvement to the service to ensure that all clients with assessed needs get access to appropriate aids and equipment.

FINANCIAL REPORT 2013/14 AS AT PERIOD 9 (31 DECEMBER 2013) WDC

A report was submitted by the Partnership Director on the above.

Following discussion and having heard the Business Unit Finance Partner in further explanation of the report and in answer to Members' questions, the Partnership agreed:-

(1) to note the position at period 9, showing the revenue account with an adverse variance of £0.110 million and an anticipated £0.050 million favourable in year variance in the approved capital projects;

(2) that information on the reason for slippage on works at the Dumbarton Centre would be provided direct to Councillor McNair; and

(3) to note the contents of the report.

FINANCIAL AND CAPITAL WORKS REPORT FOR THE PERIOD ENDED 31 DECEMBER 2013 (NHS ONLY)

A report was submitted by the Partnership Director providing an update of the financial planning by the NHS Board and by the Community Health and Care Partnership.

Following discussion and having heard the Head of Finance - Clyde CHPs in further explanation of the report and in answer to Members' questions, the Partnership agreed to note the content of the Financial and Capital Works Report for the period ended 31 December 2013.

MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP PUBLIC PARTNERSHIP FORUM

The draft Minutes of Meeting of the West Dunbartonshire CHCP Public Partnership Forum held on 30 October 2013 were submitted and noted.

MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP JOINT STAFF FORUM

The draft Minutes of Meeting of the West Dunbartonshire CHCP Joint Staff Forum held on 27 January 2014 were submitted and noted.

MINUTES OF MEETING OF THE WEST DUNBARTONSHIRE COMMUNITY HEALTH & CARE PARTNERSHIP PROFESSIONAL ADVISORY GROUP

The draft Minutes of Meetings of the West Dunbartonshire CHCP Professional Advisory Group held on 5 February 2014 were submitted and noted.

Having heard the Clinical Director, CHCP the Partnership noted the positive collaborative work undertaken in relation to the Optometry Medication Supply pilot that was now underway.

The meeting closed at 2.45 p.m.

WEST DUNBARTONSHIRE COUNCIL

Report by the Interim Chief Officer of Shadow Health & Social Care Partnership

Shadow Integration Joint Board: 21st May 2014

Subject: West Dunbartonshire Shadow HSCP - Transition Actions for Delivery through 2014/15

1 Purpose

1.1 The purpose of this report is to ask the Shadow IJB to approve the Shadow HSCP Transition Action Plan.

2 Recommendations

2.1 The Shadow IJB is asked to approve the Shadow HSCP Transition Action Plan.

3 Background

3.1 As members will recall, at its November 2013 meeting the CHCP Committee approved proposals for a Shadow Health & Social Care Partnership (HSCP) ahead of the activation of a formal HSCP in April 2015 as per the Public Bodies (Joint Working) (Scotland) Act.

3.2 Following their approval by the CHCP Committee, the proposals were then separately presented to and subsequently agreed by the full Council and the NHS Board at their December 2013 meetings.

4 Main Issues

4.1 The decisions above enables both the Council and the NHS Health Board to deliver a shared objective of preparing for a "new" HSCP in an orderly and effective fashion that further develops the necessary foundations to realise the opportunities for further improvement that the legislation provides; and provides clarity for staff and avoids disruption for patients/clients/service users and carers.

4.2 To enable this work to be undertaken with appropriate transparency, the attached (high-level) transitional work plan has been prepared for the year ahead (explicitly referenced within the CHCP Strategic Plan 2014/15 separately presented to the meeting).

4.3 The preparation of this action plan was also fortuituous in that in coincided with a request from the Scottish Government in February 2014 to all Councils and NHS Health Boards asking that they share local HSCP transition plans to aid the allocation of one-off national Health And Social Care Integration Transitional Funding identified for 2014/15. Consequently the attached transition action plan was submitted as draft (pending Shadow IJB approval).

4.4 Once approved, the Interim Chief Officer will then bring a report on each action upon completion to the relevant Shadow IJB meeting (as per the timescale identified), to enable scrutiny of and provide reassurance that the required preparatory work has been appropriately undertaken ahead of April 2015.

5 People Implications

5.1 Members will note the recognition attached to staff development and support within the transition action plan.

6 Financial Implications

6.1 All of the actions identified will be progressed within available budgets.

6.2 The sum of £7 million has been allocated nationally for a one-off Health And Social Care Integration Transitional Fund. Securing in-year financial support from this national Fund (as per para 4.3) would enable the acceleration and/or deepen the embedding of the transition year actions prioritised for West Dunbartonshire. An application for a total of £225k was made by the CHCP in support of the transition action plan attached, with the decision pending at the time of preparing this report.

7 Risk Analysis

7.1 The approval of and then regular progress up-dates on this transition action plan should to enable transparent scrutiny of and provide reassurance that the required preparatory work towards the establishment of a “new” HSCP is appropriately being undertaken ahead of April 2015.

8 Equalities Impact Assessment

8.1 Members will note the recognition attached to equalities within the attached transition action plan.

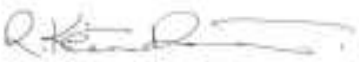
9 Consultation

9.1 Members will note the recognition attached to community engagement and partnership working within the attached transition action plan.

10 Strategic Assessment

10.1 The issues considered here relate to the following strategic priorities of the Council:

- Improve care for and promote independence with older people.
- Improve the well-being of communities and protect the welfare of vulnerable people.
- Improve life chances for children and young people.



Keith Redpath
Interim Chief Officer of the Shadow Health & Social Care Partnership

Date: 1st May 2014

Person to Contact: Soumen Sengupta
Head of Strategy, Planning & Health Improvement.
West Dunbartonshire Community Health & Care Partnership, West Dunbartonshire CHCP HQ, West Dunbartonshire Council, Garshake Road, Dumbarton, G82 3PU.
. E-mail: soumen.sengupta@ggc.scot.nhs.uk
Telephone: 01389 737321

Appendices: West Dunbartonshire Shadow Health & Social Care Partnership: Transition Actions for Delivery through 2014/15

Background Papers: West Dunbartonshire Council: Establishing a Shadow Health and Social Care Partnership for West Dunbartonshire (December 2013)

Greater Glasgow & Clyde NHS Board: Establishing Shadow Health And Social Care Partnerships - East Renfrewshire, Inverclyde And West Dunbartonshire (December 2013)

CHCP Committee Report: Establishing a Shadow Health and Social Care Partnership for West Dunbartonshire (November 2013)

Wards Affected: All

West Dunbartonshire Shadow Health & Social Care Partnership: Transition Actions for Delivery through 2014/15

Action	Lead	Assigned	Timescale
Develop proposed West Dunbartonshire HSCP Integration Scheme (to meet requirements of both Public Bodies Act and enactment of Children & Young People's Bill).	Interim Chief Officer	Interim Chief Officer	Nov 2014
Development of Joint Integration Board (once membership confirmed) – including: *Assisting new members to develop shared vision and values; understand governance and accountability arrangements; and encourage new ways of working.*	Interim Chief Officer	Interim Chief Officer	Mar 2015
Develop singular model of support for human resource management, staff/practice governance and workforce development.	Interim Chief Officer	Head of Strategy, Planning & Health Improvement	Aug 2014
Develop singular model of support for management accounting and financial governance.	Interim Chief Officer	Head of Strategy, Planning & Health Improvement	Nov 2014
Develop arrangements and proposals for refreshed approach to community engagement that addresses the integration planning principles, plus the expectations of Community Empowerment & Renewal Bill connected to and supported by wider Community Planning Partnership arrangements (particularly strengthening co-production).	Interim Chief Officer	Head of Strategy, Planning & Health Improvement	Mar 2015
Develop consortia model with independent sector that addresses integration planning principles, and supports local strategic commissioning process.	Interim Chief Officer	Head of Community Health & Care	Mar 2015
Develop consortia model with third sector that addresses the integration planning principles, builds community capacity, strengthens co-production and supports local strategic commissioning process.	Interim Chief Officer	Head of Strategy, Planning & Health Improvement	Mar 2015
Develop arrangements and proposals for locality planning, including support for General Practitioner leadership of "place"-based priorities.	Interim Chief Officer	Head of Strategy, Planning & Health Improvement	Mar 2015
Develop model approach for and draft of an Equality Scheme for West Dunbartonshire HSCP.	Interim Chief Officer	Head of Strategy, Planning & Health Improvement	Mar 2015
Develop draft for first West Dunbartonshire HSCP Strategic Plan.	Interim Chief Officer	Head of Strategy, Planning & Health Improvement	Mar 2015

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health and Care Partnership

Community Health and Care Partnership Committee: 21st May 2014

Subject: New Support Services for Vulnerable Young People

1 Purpose

1.1 The purpose of this report is to provide an update to the specific actions and recommendations put forward by the Multiagency Review following the deaths of 3 young women residing at the Blue Triangle Supported Housing projects between July 2012 and September 2012.

2 Recommendations

2.1 The committee is asked to approve the actions taken to implement these new services to support vulnerable young people.

3 Background

3.1 During the period between July 2012 to September 2012, three young women took their own lives whilst residing within Blue Triangle Housing Accommodation.

3.2 A Multi-Agency Review was commissioned by the Chief Executive of West Dunbartonshire Council in her capacity as Chair of the West Dunbartonshire Public Protection Officers Group and the Director of the CHCP. The review engaged and critically reflected upon contributions from the range of responsible disciplines and services of West Dunbartonshire Council, NHS Greater Glasgow and Clyde, Strathclyde Police, Third Sector organisations (including the Blue Triangle) and importantly sought the views and comments from the family members of the three young women.

4 Main Issues

4.1 The multiagency report made 10 recommendations and West Dunbartonshire Council committed £250K new investment in support of the recommendations and in particular invest in new services to support our most vulnerable of young people.

4.2 The multiagency group have continued to meet to see through the implementation of each of the recommendations.

4.3 There were four particular areas of investment targeted as a result of the multiagency review.

4.3.1 £110K - additional investment was set aside to provide a 7 day support service provided by the ALL4Youth team supporting our most vulnerable young people between ages of 12 – 21yrs

Progesss – Recruitment of staff is underway and this enhanced service will be fully implemented by end of June 2014. The service provides

- Support to help empower young people to take responsibility for life choices
- Support and accompany young people to attend various NHS, Social Care Appointments and criminal justice appointments.
- Work with the other agencies to put safe plans in place and manage crisis effectively
- To provide information and support to increase knowledge and understanding of addictions and high risk behaviours.

4.3.2 £50k- additional investment was set aside to offer a young persons Rapid Response Service with 24 hour support and accommodation

Progress – Recruitment of staff is underway. The service will be fully implemented and will offer 24 hour support to young people who require this level of support by end of June. The service will be delivered either within the young person's home or the young person will be supported within West Dunbartonshire Accommodation until such times as the situation is resolved.

4.3.3 £50K –additional investment to deliver an enhanced Young People in Mind Service.

Progress – Recruitment underway . The service will be fully implemented by July 2014 and will provide a new service which supports the transition of young people from residential care to through care. This post will also link with the All4Youth service in supporting our most at risk young people and co-ordinating their care between services.

4.3.4 £40k – additional investment to deliver a mediation service which engages at an early stage with young people and their carers, families or guardian to proactively

Progress- This service is in place and Sacro will deliver the family mediation service to young people aged between 12 and 21 years who are or have been in regular or serious conflict with their parent or carer and where relationships have broken down. Mediation can be used to improve communication within relationships and work out ways to make things better. It is future focused and supports those involved to build an agreement together. It will be delivered in line with the Scottish community mediation standards and good practice guidelines. Timescales for first contact will be within 5 working days.

5 People Implications

5.1 There are no direct people implications; however there is an expectation that all services will be committed to a partnership approach to supporting our most vulnerable young people.

6 Financial Implications

6.1 There are no financial implications arising beyond the level of funding approved by the council in setting its budget for 14/15.

7 Risk Analysis

7.1 As with any new services there can be risk of uncertainty; however, regular reports to Council will serve to mitigate this risk and keep all stakeholders informed of progress on the issues involved.

8 Equalities Impact Assessment (EIA)

8.1 None required for the report.

9 Consultation

9.1 In the process of delivering the Multi-Agency Report consultation was taken with members of the Three Families, West Dunbartonshire CHCP Mental Health and Crisis Services, Children's Through Care, Social Work, Youth Services, Blue Triangle Supported Housing, Alternatives All 4 Youth, Strathclyde Scotland, NHSGGC Children's and Mental Health Adolescent and Housing Services.

10 Strategic Assessment

10.1 The implementation of the recommendations will relate to the following strategic priorities of the Council:

- Improve the well-being of communities and protect the welfare of vulnerable people.
- Improve life chances for children and young people.

R. Keith Redpath
Director – West Dunbartonshire Community Health & Care Partnership

Person to Contact: **John Russell**
Head of Mental Health, Addictions and Learning Disabilities
West Dunbartonshire CHCP
Garshake Road, Dumbarton G82 3PU
01389 737754
john.russell@ggc.scot.nhs.uk

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership
Community Health & Care Partnership Committee: 21st May 2014

Subject: West Dunbartonshire CHCP Year End Performance Report 2013/14

1. Purpose

1.1 The purpose of this report is to provide the CHCP Committee with a summary of performance in relation the Key Performance Indicators (KPIs) and key actions within the CHCP Strategic Plan 2012/13 for the period 1 October 2013 to 31 March 2014 (including those that directly pertain to the local Community Planning Partnership Single Outcome Agreement).

2. Recommendations

2.1 The CHCP Committee is asked to note this Report, and recognise the continuing commitment and efforts of CHCP staff to taking forward the ambitious and challenging agendas that it represents.

3. Background

3.1 The CHCP's third integrated Strategic Plan set out the key performance indicators and actions prioritised for delivery over the course of 2013/14. Its content, focus and form reflect the priorities and requirements (including financial frameworks) of the CHCP's "corporate parents": WDC, as set out within its Strategic Plan (and Public Value Scorecard); and NHSGGC, as detailed within its Corporate Plan.

3.2 At its May 2013 meeting, the CHCP Committee confirmed that a mid-year and then full year progress report on the Strategic Plan would be provided to the CHCP Committee. As in previous years then and following the positive reception to the Mid Year Report at the November 2013 CHCP Committee meeting, the Year End Performance Report for 2013/14 is presented here, along with the annual complaints report for the CHCP (both attached).

4. Main issues

4.1 As is evident within the attached Year End Report, commendable progress has been made across portfolios and service areas. The CHCP instigated a range of actions that build on previous successes and also address areas where performances were identified as benefiting from improvement.

4.2 As has been previously acknowledged by the CHCP Committee, there is unavoidable technical variation in the degree to which changes in a number of the KPIs can be accurately and fairly attributed to the short-to-medium term activities/interventions of the CHCP. Moreover, the nature of the collation

processes and monitoring cycles means that in a number of cases, the data will only be available later in the year.

4.3 The CHCP's year end Organisational Performance Review with the Chief Executives of NHSGGC and WDC is scheduled in June 2014. The outputs of that process will be shared with the CHCP Committee thereafter.

5. People Implications

5.1 There are no specific personnel issues associated with this report.

6. Financial Implications

6.1 There are no specific financial implications arising from this report.

7. Risk Analysis

7.1 If the CHCP is unable to clearly demonstrate progress in relation to the priorities and commitments (in line with best practice) there is the issue of reputational risk, amongst both scrutinising organisations and local communities. This attached report (and the performance management arrangements that it represents) is an important aspect of mitigating such risk.

8. Equalities Impact Assessment (EIA)

8.1 No significant issues were identified in a screening for potential negative equality impact of these measures. The considerable progress made across the span of responsibilities reflected by their very nature will have made a positive impact to different equality groups.

9. Consultation

Not required for this report.

10. Strategic Assessment

10.1 This Year End Report evidences the CHCP's contribution to the Council's strategic priorities:

- Improve economic growth and employability.
- Improve life chances for children and young people.
- Improve care for and promote independence with older people.
- Improve local housing and an environmentally sustainable infrastructure.
- Improve the well-being of communities and protect the welfare of vulnerable people.

Keith Redpath
Director of Community Health & Care Partnership
Date: 1st May 2014

Person to Contact:	Mr Soumen Sengupta Head of Strategy, Planning and Health Improvement West Dunbartonshire Community Health & Care Partnership, West Dunbartonshire Council HQ, Garshake Road, Dumbarton. E-mail: soumen.sengupta@ggc.scot.nhs.uk Telephone: 01389 737321
Appendices:	Appendix 1: WD CHCP Year End Performance Report 2013/14 Appendix 2 WDCHCP Annual Complaints Report
Background papers:	WD CHCP Strategic Plan 2013/14
Wards Affected:	All

West Dunbartonshire CHCP Year End Performance Overview 2013/14
Key Performance Indicators: Summary of Progress

Performance Indicator	2012/13	2013/14					
	Value	Value	Target	Status	Long Trend	Short Trend	Note
Rate of stillbirths per 1,000 births	5.9	5.4	5.9				Target achieved.
Rate of infant mortality per 1,000 live births	1	2.7	4.1				Target achieved.
Percentage smoking in pregnancy	16.7%	17%	20%				Target achieved.
Percentage smoking in pregnancy - Most deprived quintile	25.8%	24.5%	20%				Provisional - Data for March 2014 not yet available. Indicative target has not been achieved and performance is being reviewed.
Percentage of babies breast-feeding at 6-8 weeks	14%	17%	16%				Target achieved.
Percentage of babies breast-feeding at 6-8 weeks from the 15% most deprived areas	9.2%	9.9%	16%				Provisional - March 2014 not yet available. Indicative target has not been achieved and performance is being reviewed. It has been confirmed that local practice is in line with best practice being undertaken in other areas, and that variations likely influenced by demographic and cultural differences between communities.
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	93.2%	96.1%	95%				Target achieved.
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	96.9%	97.2%	97%				Target achieved.
Completion rates for child healthy weight intervention programme over the three years ended March 2014 (Cumulative)	304	437	315				Target achieved
Number of children with or affected by disability participating in sports and leisure activities	179	175	172				Target achieved.

Performance Indicator	2012/13	2013/14					
	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of child protection referrals to case conference within 21 days	95.1%	80.2%	95%				During 2013/14 case conferences were carried out within the timescale for 77 out of 96 children. Indicative target has not been achieved and performance is being reviewed.
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%				Target achieved.
Balance of Care for looked after children: % of children being looked after in the Community	87%	87.7%	88%				Provisional. This figure will be updated in line with the annual Looked After Children return to the Scottish Government which relates to the period 1st August 2013 to 31st July 2014.
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	60%	44%	63%				7 of the 16 young people who left care in year entered a positive destination.
Number of children with mental health issues (looked after away from home) provided with support	30	50	23				Target achieved.
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6.5	6	18				Target achieved.
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	78.6%	92.8%	85%				Target achieved.
PCMHT average waiting times from referral to first assessment appointment (Days)	20	29	14				Provisional - Indicative target has not been achieved and performance is being reviewed.
Proportionate access to psychological therapies - Percentage waiting no longer than 18 weeks SIMD1	89.5%	87.2%	85%				Target achieved.
Average length of stay adult mental health	33	29	35				Target achieved.
Number of adult mental health patients waiting more than 28 days to be discharged from hospital into a more appropriate setting, once treatment is complete	0	1	0				Indicative target has not been achieved and performance is being reviewed.
Number of bed days lost to delayed discharge elderly mental illness	611	710	530				Indicative target has not been achieved and performance is being reviewed.
Percentage of designated staff groups trained in suicide prevention	100%	100%	50%				Target achieved.

Performance Indicator	2012/13	2013/14					
	Value	Value	Target	Status	Long Trend	Short Trend	Note
Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention	975	945	838				Target achieved.
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.3%	92.6%	91.5%				Target achieved.
Percentage uptake of bowel screening	49.5%	49.7%	60%				Provisional - Data for March 2014 not yet available. Indicative target has not been achieved and performance is being reviewed.
Percentage uptake of bowel screening Male SIMD1	39.5%	39.4%	60%				Provisional - Data for March 2014 not yet available. Indicative target has not been achieved and performance is being reviewed.
Percentage of those invited attending for breast screening	72.7%	70.9%	71.4%				Provisional - Figure for round completed May 2012.
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix)	77.9%	77.1%	80%				Provisional - Data for March 2014 not yet available and Quarter 3 December 2013 reported as interim figure.
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix) SIMD1	74.58%	74.57%	80%				Provisional - Data for March 2014 not yet available and December 2013 reported as interim annual figure.
Number of inequalities targeted cardiovascular Health Checks (Cumulative)	1,547	1,350	796				Target achieved.
Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service	141	123	158				Indicative target has not been achieved and performance is being reviewed. It has been confirmed that local practice is in line with NHSGGC best practice.
Total number of successful quits (at one month post quit) delivered by community-based universal smoking within specified SIMD areas of high socio-economic deprivation	106	97	95				Target achieved.
Average waiting times in weeks for musculoskeletal physiotherapy services - WDCHCP	6	4	9				Target achieved.
Long Term Conditions - bed days per 100,000 population	9,293	8,200	10,000				Target achieved.
Long Term Conditions - bed days per 100,000 population COPD (crude rate)	3,439.2	3,062.9	4,000				Target achieved.

Performance Indicator	2012/13	2013/14					
	Value	Value	Target	Status	Long Trend	Short Trend	Note
Long Term Conditions - bed days per 100,000 population Asthma (crude rate)	375.2	273.4	310				Target achieved.
Long Term Conditions - bed days per 100,000 population Diabetes (crude rate)	616.6	504.8	740				Target achieved.
Long Term Conditions - bed days per 100,000 population CHD (crude rate)	4,861.6	4,359.1	5,300				Target achieved.
Number of acute bed days lost to delayed discharges	6,050	4,925	3,819				Target has not been achieved and performance is being reviewed.
Number of acute bed days lost to delayed discharges for Adults with Incapacity	1,872	1,547	466				Target has not been achieved and performance is being reviewed.
No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013	2	2	0				Target has not been achieved and performance is being reviewed.
Unplanned acute bed days 65+	51,748	45,641	55,000				Target achieved.
Unplanned acute bed days 65+ as a rate per 1,000 population	3,502	3,025	3,735				Target achieved.
Number of unplanned admissions for people 65+ from SIMD1 communities	588	588	588				Target achieved.
Unplanned acute bed days (aged 75+)	39,314	33,094	38,600				Target achieved.
Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	5,750	4,788	6,400				Target achieved.
Number of emergency admissions 65+	4,398	3,973	4,250				Target achieved.
Emergency admissions 65+ as a rate per 1,000 population	298	263	300				Target achieved.
Average length of stay for emergency admissions 65+	3.8	3.7	3				Provisional – indicative target has not been achieved and performance is being reviewed.
Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	34.16%	41%	33%				Indicative target has not been achieved and performance is being reviewed.
Number of patients in anticipatory care programmes	372	1,024	824				Target achieved.

Performance Indicator	2012/13	2013/14					
	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Care Plans reviewed within agreed timescale	65.73%	62.9%	70%				A staff vacancy resulted in a backlog of residential reviews late December 2013. Performance has improved since.
Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	77.6%	85%	85%				Target achieved.
Number of patients on dementia register	589	613	672				Data from QOF report for 1st April 2014.
Number of weeks of respite provided for carers of Older People / Dementia 65+	3,057	2,610	3,057				This is a provisional figure pending the data checks for the Scottish Government's Short Breaks (Respite) Return which is due for submission July 2014.
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	21,889	22,403	21,773				Target achieved.
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	47%	51%	50%				Target achieved.
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	41.6%	97.7%	95%				Target achieved.
Total number of homecare hours provided as a rate per 1,000 population aged 65+	652.9	654.9	678				This is a provisional figure and may be subject to change as part of the data check processes for the Scottish Government's Social Care Return and Statutory Performance Indicator. In line with the focus on reablement, service is being targeted towards those with high level needs to maximise any potential for improvement in levels of independence.
Percentage of homecare clients aged 65+ receiving personal care	81.6%	81.3%	81%				Target achieved.
Percentage of people aged 65 and over who receive 20 or more interventions per week	50.47%	51.3%	44.5%				Target achieved.
% of people aged 65 or over with intensive needs receiving care at home	42.52%	40.8%	49%				Provisional – Indicative target has not been achieved and performance is being reviewed.
Percentage of people receiving free personal or nursing care within 6 weeks of confirmation of 'Critical' or 'Substantial' need	98%	100%	100%				Target achieved.

Performance Indicator	2012/13	2013/14					
	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	35%	27%	35%				Target achieved.
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	40%	49.6%	40%				Indicative target has not been achieved and performance is being reviewed. Of the 133 identified non cancer patient deaths during 2013/14, 66 patients died in hospital.
Percentage of complaints received and responded to within 20 working days (NHS)	90%	100%	70%				Target achieved.
Percentage of complaints received which were responded to within 28 days (WDC)	62%	79%	70%				Target achieved.
Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)	5.1%	4.6%	4%				Addressing sickness absence has been a particular priority amongst the SMT with improvements accompanying the management emphasis on staff applying the relevant policies (alongside encouraging uptake of training).
Average number of working days lost per WD CHCP Council Employees through sickness absence	17.35	16.67	10				
Nursing & Midwifery Council (NMC) registration compliance	100%	100%	100%				Target achieved.
Percentage of WD CHCP Council staff who have an annual PDP in place	51%	53%	80%				PDP action plan has been developed and implemented by SMT. This emphasises the manager and individual member of staff responsibilities for undertaking PDP processes.
Percentage of WD CHCP NHS staff who have an annual e-KSF review/PDP in place	66%	68.09%	80%				
Percentage of staff with mandatory induction training completed within the deadline (NHS)	100%	100%	100%				Target achieved.
Percentage of Council-operated children's residential care homes which are graded 5 or above	50%	25%	N/A				The Strategic Plan target is for all Council-operated children's residential care homes to be graded at 5 or above by 2017. In line with the Care Inspectorate's practices, where homes have been inspected on more than 1 theme, the lowest grading received has been used to calculate performance against this measure. Of the 4 homes, 1 received a grade 5 as their lowest grading on inspection. This home received a grade 6 in relation to the quality of care and support when inspected in January 2013.

Performance Indicator	2012/13	2013/14					
	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Council Home Care services which are graded 5 or above	100%	100%	N/A				The Strategic Plan target is for all Council Home Care services to be graded at 5 or above by 2017. In line with the Care Inspectorate's practices, where services have been inspected on more than 1 theme, the lowest grading received has been used to calculate performance against this measure. All 3 Home Care services (Care at Home, Community Alarms and Sheltered Housing) received a grade 5 as their lowest grading on inspection.
Percentage of Council-operated older people's residential care homes which are graded 5 or above	0%	0%	N/A				The Strategic Plan target is for all Council-operated older people's residential care homes to be graded at 5 or above by 2017. In line with the Care Inspectorate's practices, where services have been inspected on more than 1 theme, the lowest grading received has been used to calculate performance against this measure. None of the current homes received a grade 5 as their lowest grading on inspection although 1 home received a grade 5 in relation to quality of staffing. The new older people's care homes are scheduled for completion in 2015 and this will positively influence the direction of travel towards the 100% target.

WD CHCP Strategic Plan: Key Actions – Summary of Progress

2013-14 Strategic Plan Action	Outcomes Achieved / Progress to Date
Deliver and open the Vale Centre for Health & Care.	The new Vale Centre for Health & Care was formally opened by the Cabinet Secretary for Health & Wellbeing at a short ceremony on the 27th November 2013. Having already won the "best design category" at the Health Facilities Scotland Awards 2013, the Vale Centre was nominated for Scottish Civic Trust Awards 2014 (the first NHS facility to have been recognised in that scheme); and is a finalist in 2014 Scottish Design Awards.
Deliver quality assured NHS GGC-Wide Eye Care Service through audit and review.	Diabetic Retinal Screening Service continues to deliver quality assured investigations in spite of the increasing cohort of diabetic patients requiring the service. The service is continuing to experience pressures in meeting the target times for 3rd stage examinations, although for the majority of patients results are available within target.
Manage Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership.	The Criminal Justice Partnership continues to operate successfully in its current form. A local development session is planned for the autumn to fully consider the implications of the Scottish Governments proposals for a local criminal justice model that is more explicitly aligned to the Community Planning Partnerships in respective areas.
Implement findings of Blue Triangle review.	As reported to CHCP Committee, the comprehensive Multi-Agency Review was commissioned by the West Dunbartonshire Public Protection Officers Group found no deficit in the care in the three tragic cases; and it has been confirmed that there will be no Fatal Accident Inquiry into any of the deaths. A dedicated report on the implementation of the approved multi-agency improvement action plan has been separately prepared for the May 2014 meeting of the CHCP Committee.

2013-14 Strategic Plan Action	Outcomes Achieved / Progress to Date
Implement 30 month assessment for all children and establish Health Support Team.	Implemented successfully under the stewardship of a multi-agency local implementation group. Established a Joint Support Team (JST) for Health Visitors to discuss children who required priority nursery places; speech and language input; and/or parenting programmes.
Implement Universal and Vulnerable pathways for all children 0 – 19 years.	Successfully implemented Universal and Vulnerable pathways for all children 0 – 19 years. CHCP actively contributing to developments at NHSGGC-level.
Develop local implementation plan of GIRFEC National Practice Model.	Implementation plan and work streams well established for multi-agency implementation across West Dunbartonshire area. Community Health Team work fits into the overall plan and WD CHCP are early adopters of the National Practice Model. Training took place in January and new record and assessment materials where adopted. At an evaluation session on 26th February feedback from the early adopter sites has led to NHSGGC reconsideration of the format and detail of the assessment materials (with redesign of said materials now to follow). The CHCP Youth Mentoring Scheme is one of the first such projects in Scotland to maintain Approved Provider Status (APS) from the Mentoring and Befriending Foundation; has achieved accreditation for the third time with the Scottish Mentoring Network; and is a finalist in the 2014 Care Accolades.
Undertake agreed review and developmental work in support of CPP Early Year's Collaborative programme.	Intensive work progressing under the stewardship of local EYC Executive Group as an explicit component of CPP arrangements. Current areas of practice for testing in use of improvement methodology are: smoking cessation; and book knowledge and reading across a number of early years establishments. The micro-testing in nurseries is scaling up;

2013-14 Strategic Plan Action	Outcomes Achieved / Progress to Date
	and this will involve collaborative work and sharing of the methodology across health visiting and social work professionals who are working with the children involved. Comparative work on outcomes from the Family Nurse Partnership (FNP) cohort of young mothers also being undertaken with other areas of NHSGGC.
Ensure full compliance with outcome and requirements from the Scottish Governments Redesign of the Community Justice system for the delivery of adult criminal justice services.	Given the national "hybrid" model that has emerged from the Scottish Government following national consultation, it is likely that full implementation of the new structures will not be concluded until 2016/2017. WD CHCP and local Criminal Justice Partnership engaged in discussions at national level regarding the role and remit of the national Criminal Justice body that is to be established. In addition, the local consideration will have to be given to the viability and potential alternative options for developing partnership-approach to criminal justice (including with respect to fit with the three Community Planning Partnerships that have to be explicitly aligned with).
Offer increased support for self-care and self-management which reduces demand on other services.	West Dunbartonshire Link Up ensures older people have access to a range of community health, social care and third sector services through a single point of access. This service was developed in response to feedback from older people and their carers; and specifically to the Reshaping Care for Older People programme. Older people, carers and local services are working jointly to help older people maintain their independence. The Link Up initiative (developed by the CHCP and WD CVS) is a finalist in the 2014 Care Accolades Awards and the 2014 Scottish Charity Awards. The Link Up Initiative won the Excellence in Innovation and Service Delivery category at the WDC Employee Recognition Awards 2014.

2013-14 Strategic Plan Action	Outcomes Achieved / Progress to Date
Further develop Hospital Discharge team to increase early supported discharges.	The hospital discharge team is in place and working well, with an exceptional increase in the number of patients being supported.
Work with HEED and third sector providers to identify suitable housing to develop appropriate supported living accommodation for those with long-term mental health needs.	Work is progressing well with accommodation identified. Have identified a third sector organisation to provide this service; and are currently working with Gartnavel Royal Hospital to identify suitable patients and work towards a discharge planning date.
Develop Anticipatory Care as a model of prevention and work with GPs to develop self-care models, and preventative interventions.	Have developed an Anticipatory Care Programme (ACP) which allows the identification of older people at risk; undertakes a full assessment; and puts in place a wide range of supports and plans particularly at times of crisis.
Plan rapid response and alternative choices on behalf of at risk clients.	Urgent access to Integrated teams is now well-established and available during working hours. Access to services such as respite at home or in a care home setting is available via these teams or the lead shift nurse 24/7 can be accessed by GPs and other services/teams.
Increase appropriate use of Telecare and Step Up, Step Down provision.	There continues to be a high uptake of telecare, with regular demonstrations provided for carers and staff (including GPs). Four step up / step down beds are available in local sheltered housing provision; and 1 residential rehabilitation bed is also available.
Work with WDC HEED to develop housing with care options to meet target of increasing the number of older people with complex needs living at home or in a homely setting.	Developing a detailed plan with colleagues in WDC Housing Section and Third Sector partner. This includes reviewing whether the traditional complex model of Housing with Care should be augmented with small scale very local housing developments on a hub and spoke model.
Develop respite provision to include respite at home	Successfully developed a respite booking bureau which enables service users to plan and book their own scheduled respite, alongside increasing the amount of respite provided (with improved uptake rates evidenced).

2013-14 Strategic Plan Action	Outcomes Achieved / Progress to Date
Consolidate improvement in Care Inspectorate Gradings for Older People's Care Homes (older people), Day Care and Home Care.	The Integrated Operational Manager for Older People Care Homes and Day Care and the Manager for Quality Assurance and Development for Older People Care Homes and Day Care ensure that Care Inspectorate recommendations are implemented. The Section Head of Quality Assurance receives regular progress reports from care home and day care management and the CHCP Committee is apprised of Care Inspectorate grades, recommendations and the progress of improvement actions. Care home and day care documentation (e.g. care plans and case recording) have been reviewed and improved. Care Home and Day Care managers and staff are managed and supported to implement improvements by the Integrated Operational Manager, the Manager for Quality Assurance and Development and the Head of Service assisted by specialists such as pharmacists and community nursing. Staff learning and development is being progressed. Home Care grades and improvement action implementation is monitored, tracked and reported to the CHCP Committee.
Consolidate improvement in Care Inspectorate Gradings for Children's Residential Care Homes.	Progress is being made on this steadily - the one Unit that had grades of 3 has at their last inspection brought this up to 4's. The introduction of a Senior Residential grade across the Units has enhanced the CHCP's ability to improve through improved working across all key Quality Indicators.
Deliver plans for the design and location of two Older People's Residential Care Homes	Design of the care home complete to RIBA (Royal Institute of British Architects) Stage C; and to be adapted for use on each of the two sites. The site for the Dumbarton care home has been identified and approved by the CHCP Committee – the planning application for this will be made in summer 2014. The recommendation for the Clydebank site is being made to the CHCP Committee at its May 2014 meeting.

2013-14 Strategic Plan Action	Outcomes Achieved / Progress to Date
Implement local Smoking Cessation Service Action Plan.	Action plan implemented. Comprehensive service evaluation currently being undertaken with perspectives from clients, staff and West Dunbartonshire Citizens Panel.
Maintain Healthy Working Lives Gold Award.	Single application to Scottish Centre for HWL for joint (WDC & WDCHCP) annual assessment was successful. Annual assessment for Gold Maintenance due July 2014, with assessment actions on target completion. Integrated SMART action plan (improvement plan) implemented April 2013, on target in line with planned benchmarking via Staff Health Survey 2015.
Lead community planning approach to health inequalities.	As endorsed by the CHCP Committee, the CHCP has worked with other Council departments and secured the commitment of other Community Planning Partners to a determinants-based approach to health inequalities, with the local-term goal being to have tackled population-level health inequalities as a result of having collectively addressed its root causes – by stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence. This is explicitly described within the new local Single Outcome Agreement (SOA) 2014-2017, with activity evidenced within the recent SOA Annual Report.

West Dunbartonshire Community Health & Care Partnership
Annual Complaints Report 2013/2014

1. Background

This report has been designed to highlight WDCHCP performance in complaints management; to identify any trends; and to promote learning within the CHCP.

2. Main Issues

During 2013/14 there were 50 formal complaints received by the CHCP, of which 17 were fully upheld; and 5 were partially upheld.

Addressed Under The NHSGGC Complaints Policy		Addressed Under The WDC Complaints Policy	
Adult Community Care Service	3	Children's Care Service	13
Mental Health Service	4	Care at Home Service	13
Diabetic Retinal Screening Service (hosted GGC-wide)	1	Community Care Service	3
MSK Physiotherapy Service (hosted GGC-wide)	6	Older People's Residential Care Service	2
		Community Care Finance	1
		Blue Badge Scheme	1
		Mental Health Service	3
Total	14		36

Response Under The NHSGGC Complaints Policy		Response Under The WDC Complaints Policy	
Fully upheld	3	Fully upheld	14
Partially upheld	1	Partially upheld	4
Not upheld	7	Not upheld	11
Unsubstantiated	0	Unsubstantiated	4
Withdrawn	1	Withdrawn	1
Ongoing	1	Ongoing	2
Consent not received	1	Consent not received	0
Total	14		36

3. Learning from Complaints

Robust internal management processes ensure that complaints received are managed timeously; and any learning from these are shared across relevant services. The following table summarises the learning from those complaints that have either been **fully or partly upheld** as per the relevant policy.

CHCP Service Area	Complaint Subject	Outcome	Lessons Learned/Reinforced
NHSGGC Policy			
Adult Community Care Service	Waiting time	Fully upheld	Feedback provided to individual member of staff specific to this case.
Diabetic Retinal Screening Service	Staff attitude	Partially upheld	The importance of for staff to wearing identification badges at all times; and introducing themselves appropriately to patients before starting treatment.
MSK Physiotherapy Service	Appointment arrangement	Fully upheld	A more robust referral contact system to be put in place and a review of telephone notification procedures undertaken.
MSK Physiotherapy Service	Waiting time	Fully upheld	Feedback provided to individual member of staff specific to this case.
WDC Policy			
Children's Care Service	Quality of service	Fully upheld	The importance of staff maintaining appropriate lines of communication with residents in residential units.
Children's Care Service	Failure to provide service	Partially upheld	The importance of reinforcing person centered service delivery amongst staff.
Children's Care Service	Failure to provide service	Fully upheld	The importance of reminding external providers of the importance of their maintaining appropriate timescales and correspondence with residents.
Children's Care Service	Failure to provide service	Partially upheld	The importance of staff being sensitive to needs of parents.
Children's Care Service	Employee attitude	Partially upheld	The importance of staff communicating with families appropriately; and to discuss sensitive issues in person in an appropriate environment.
Children's Care Service	Employee attitude	Fully upheld	The importance of staff compliance with the social media policy.
Children's Care Service	Employee attitude	Fully upheld	The importance of staff compliance with the social media policy.
Mental Health Service	Quality of service	Fully upheld	The importance of good communication between teams.
Mental Health Service	Employee attitude	Fully upheld	The importance of staff being in constant contact with third party service providers.

CHCP Service Area	Complaint Subject	Outcome	Lessons Learned/Reinforced
Care at Home Service	Failure to provide service	Fully upheld	The importance of reinforcing to staff the importance of care plans and person centered service delivery
Care at Home Service	Failure to provide service	Fully upheld	The importance of staff ensuring care plans are updated regularly.
Care at Home Service	Failure to provide service	Fully upheld	The importance of staff involving the family in the review and reassessment of client's needs.
Care at Home Service	Quality of service	Fully upheld	The importance of staff being mindful of the appropriate way to treat people over the telephone who are anxious and concerned.
Care at Home Service	Quality of service	Fully upheld	The importance of staff to wearing their identification badges at all times; and that family members should be involved with care reviews.
Care at Home Service	Other	Fully upheld	The importance of staff ensuring that they drive in a safe and courteous manner at all times.
Community Care Service	Quality of service	Fully upheld	The importance of reminding external service provider that their staff have to be courteous and polite to service users.
Older People's Residential Care Service	Employee attitude	Partially upheld	The importance of regular discussions with staff on the importance of how they present ourselves to service users.
Community Care Finance	Quality of service	Fully upheld	The importance of staff thoroughly checking individual client records to avoid misunderstandings and errors in record keeping.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership
Community Health & Care Partnership Committee: 21st May 2014

Subject: Care Inspectorate Reports for Support Services operated by Independent Sector Providers in West Dunbartonshire

1. Purpose

1.1 To provide Members with a routine up-date on the most recent Care Inspectorate assessment for one independent sector support service for Older People service within West Dunbartonshire.

2. Recommendations

2.1 The Committee is asked to note the content of this report.

3. Background

3.1 Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support; environment; staffing and management & leadership.

3.2 The independent sector support service reported within this report is:

- Bield Housing & Care, Housing Support West Area C (Branch). Services provided in the Alexandria area.

3.3 Some providers, who operate multiple services across Scotland, register groups of their services with the Care Inspectorate on a 'Branch' basis rather than an individual service. Bield Housing & Care operates in this manner.

3.4 Copies of the inspection reports can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Bield Housing & Care, Housing Support West Area C

4.1 Bield Housing & Care, Housing Support West Area C provides housing with support for older people within 24 Bield Sheltered and Very Sheltered Housing Schemes located across Central Scotland and includes services located in the West Dunbartonshire Council area. They operate four Sheltered Housing/Very Sheltered Housing complexes in the Alexandria area. The service was inspected on 8th November 2013 with the report being published on 26th January 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 4/ Good.
- For *Staffing* – Grade 4/4 Good.
- For *Management and Leadership* - Grade 4/Good.

4.2 There were no requirements detailed in the inspection report.

4.3 The table below summarises the gradings between the last two inspections**:**

Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	14 November 2012						8 November 2013					
Bield Housing Support • Care & Support • Environment • Staffing • Management & Leadership				✓	 ✓ ✓					✓ ✓ ✓		

5. People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 There are no financial implications.

7 Risk Analysis

7.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor gradings awarded to any independent sector service would be of concern to the CHCP and the Council, particularly in relation to the continued referral of vulnerable people by the CHCP to such services.

8. Equalities Impact Assessment (EIA)

8.1 No issues were identified in a screening for potential equality impacts.

9. Consultation

9.1 Not relevant or required for this report.

10. Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve the wellbeing of communities and protect the welfare of vulnerable people" among the authority's five strategic priorities.

Keith Redpath
Director of Community Health & Care Partnership
Date: 1st May 2014

Person to Contact: Mrs Sharon Elliott
Quality Assurance Manager
West Dunbartonshire CHCP
Council Offices, Garshake Road
Dumbarton G82 3PU
E-mail: sharon.elliott@west-dunbarton.gov.uk

Appendices: None

Background Papers: All the inspection reports can be accessed from http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

.

Wards Affected: All.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership
Community Health & Care Partnership Committee: 21st May 2014

Subject: Care Inspectorate Reports for Older People's Care Homes operated by Independent Sector in West Dunbartonshire

1. Purpose

1.1 To provide Members with a routine up-date on the most recent Care Inspectorate inspections of independent sector older peoples' Care Homes within West Dunbartonshire.

2. Recommendations

2.1 The Committee is asked to note the content of this report.

3. Background

3.1 Care Inspectorate inspections focus on any combination of the four thematic areas: quality of care and support; environment; staffing; and management & leadership.

3.2 Any care home which has been awarded Grade 2 (i.e. weak) or less and/ or have requirements placed upon them will usually be inspected again within the following twelve weeks. These follow-up visits present the opportunity to demonstrate progress on the improvement action plan agreed and to have an improved grade awarded if merited.

3.3 Committee will recall from previous reports that the CHCP's Quality Assurance Section continue to monitor the independent sector care homes in line with the terms of the National Care Home Contract; and arrange monitoring visits to ensure continued progress is being maintained in relation to agreed improvement plans. In addition, CHCP staff work with independent sector providers to maintain their awareness of new developments and provide opportunities to share good practice/learning via correspondence and regular care home provider meetings.

3.4 The independent sector Care Homes reported within this report are:

- Castle View Nursing Home
- Strathleven Care Home
- Sunningdale.

Copies of the inspection reports can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Castle View Nursing Home

4.1 Castle View Nursing Home is owned and managed by HC-One Limited.

4.2 The care home was inspected on 11th February 2014 and the report published on 17th February 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 5/ Very Good.
- For the theme of *Environment* – Grade 3/Adequate.
- For the theme of *Staffing* – Grade 5/ Very Good.
- For the theme of *Management and Leadership* – Grade 5/ Very Good.

4.3 There were no requirements detailed in the inspection report.

Strathleven Care Home

4.4 Strathleven Care Home is owned and managed by Pelan Limited.

4.5 The care home was inspected on 20th November 2013 and the report published on 10th February 2014. The following grades were awarded:

- For the theme of *Care and Support* – Grade 4/Good.
- For the theme of *Environment* – Grade 4/Good.
- For the theme of *Staffing* – Grade 4/Good.
- For the theme of *Management and Leadership* – Grade 4/Good.

4.6 There were no requirements detailed in the inspection report.

Sunningdale

4.7 Sunningdale is owned and managed by I & S Scotcare Limited.

4.8 The care home was inspected on 6th March 2014 and the report published on 26th March 2014. The following grades were awarded:

- For the theme of *Staffing* – Grade 4/Good.
- For the theme of *Management and Leadership* – Grade 4/Good.

4.9 There were no requirements detailed in the inspection report.

4.10 The table below summarizes the grades between for the last two inspections for the Care Home**:**

Care Home	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
					8 February 2013						11 February 2014	
Castle View Nursing Home • Care & Support • Environment • Staffing • Management & Leadership				✓ ✓ ✓	✓				✓		✓ ✓ ✓	
					25 February 2013						20 November 2013	
Strathleven Care Home • Care & Support • Environment • Staffing • Management & Leadership			✓ ✓	✓						✓ ✓ ✓ ✓		
					20 August 2013						6 March 2014	
Sunningdale • Care & Support • Environment • Staffing • Management & Leadership			✓	✓						✓ ✓		

5. People Implications

5.1 There are no people implications.

6 Financial Implications

6.1 The National Care Home Contract provides an additional quality payment, by the Council, to Care Homes if the Care Inspectorate Inspection report awards grade of 5 or 6 in the Quality of Care and Support thematic area. There is a second additional quality payment if the high grade in Quality of Care and Support thematic area is coupled with a grading of a 5 or 6 in any of the other three thematic areas.

6.2 The National Care Home Contract also accounts for providers receiving low grades of 1 or 2 in the Care Inspectorate Inspection report. If either of these grades are awarded it may trigger the withdrawal of the quality funding component, resulting in a reduction of £20 per resident per week from the weekly fee payable.

6.3 The Inspection Report for Castle View Nursing Home has financial implications for the Council. As they received the grade of 5/Very Good in the Quality of *Care and Support* thematic area and at least one other theme area in their inspection report we will pay an enhanced weekly rate for every resident we have placed in the home.

7. Risk Analysis

7.1 Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any independent sector Care Home would be of concern to the CHCP and the Council, particularly in relation to the continued placement of older people by the authority in such establishments.

8. Equalities Impact Assessment (EIA)

8.1 No issues were identified in a screening for potential equality impacts.

9. Consultation

9.1 Not relevant or required for this report.

10. Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve care for and promote independence with older people" as one of the authority's five strategic priorities.

Keith Redpath
Director of Community Health & Care Partnership

Date: 1st May 2014

Person to Contact: Mrs Sharon Elliott
Quality Assurance Manager
West Dunbartonshire CHCP
Council Offices, Garshake Road
Dumbarton G82 3PU
E-mail: sharon.elliott@west-dunbarton.gov.uk
Telephone: 01389 776849

Appendices:	None
Background Papers:	All the inspection reports can be accessed from http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727
Wards Affected:	All.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health and Care Partnership

CHCP Committee: 21st May 2014

Subject: Care Inspectorate Reports for Older People's Residential and Day Care Services Operated by West Dunbartonshire Council.

1. Purpose

1.1 To provide Members with information regarding the most recent inspection reports for three of the Council's own Older People's Residential Care Home and Day Care Services.

2. Recommendations

2.1 The Committee is asked to note the content of this report and the work undertaken to ensure grades awarded reflect the quality levels expected by the Council.

3. Background

3.1 Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management and leadership.

3.2 The services covered in this Committee report are:

- Boquhanran House
- Willox Park
- Dalreoch Day Centre

3.3 Copies of inspection reports for all services can be accessed on the Care Inspectorate website: www.scswis.com.

4. Main Issues

4.1 Boquhanran House

Boquhanran House was inspected on 27th November 2013.The Inspector commented that the staff were caring and friendly in their approach to the people who lived at Boquhanran House and that the staff team continue to demonstrate a commitment to maintaining a homely environment.

4.2 The inspection focussed on four thematic areas, with the following grades awarded

- For Care and Support - Grade 3 / Adequate
- For Environment – Grade 3 / Adequate
- For Staffing – Grade 3 / Adequate
- For Leadership and Management – Grade 3 / Adequate

4.3 The inspection report detailed the following requirements to be addressed:

- The service provider must ensure that the service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. This was to be completed within 3 months of receipt of the inspection report. This requirement has been completed within the timescale.

- The service provider must ensure that service users' nutritional needs are fully assessed, monitored and met. This was to be completed within 2 months of receipt of the inspection report. This requirement has been met within the timescale.

- The service provider must make proper provision for the welfare and safety of service users by ensuring that all staff adhere to best practice regarding infection control. This was to be completed within 2 weeks of receipt of the inspection report. This requirement has been met within the timescale.

4.4 The table below sets out the movement in grades for this home over the last two inspections.

Service	**Previous Grades 17th April 2013**		
Boquhanran House	**Quality Statements Assessed**	**Grades Awarded**	**Overall Grade**
Care & Support	1 3	4 4	**4**
Environment	1 2	3 3	**3**
Staffing	1 3	4 4	**4**
Management & Leadership	1 4	4 3	**3**

Service	**Current Grades 27th November 2013**		
Boquhanran House	**Quality Statements Assessed**	**Grades Awarded**	**Overall Grade**
Care & Support	1 3	3 3	**3**
Environment	1 2	3 3	**3**
Staffing	1 3	3 3	**3**
Leadership & Management	1 4	3 3	**3**

Willox Park

4.5 Willox Park was inspected on the 14th March 2014.The Inspector commented that there is an experienced staff team who have a good understanding of resident's individual needs and preferences and that the service continues to provide a homely, personalised service that meets the needs of service users to a good standard.

4.6 The inspection focussed on four thematic areas, with the following grades awarded.

- For Care and Support – Grade 4 / good
- For Environment – Grade 4 / good
- For Staffing – Grade 4 / good
- For Management and Leadership – Grade 4 / good

4.7 The inspection report detailed the following requirement to be addressed:

- The provider must ensure that care plans are fully completed and accurately reflect resident's healthcare needs and how they are to be met. This was to be completed within 6 weeks of receipt of the inspection report. This requirement has been met within the timescale.

4.8 The table below sets out the movement in grades for this home over the last two inspections.

Service	**Previous Grades 28th August 2013**		
Willox Park	**Quality Statement**	**Grade**	**Overall Grade**
Care & Support	1 3	3 3	**3**
Environment	1 2	4 4	**4**
Staffing	Not Assessed		
Management & Leadership	Not Assessed		

Service	**Current Grades 14thMarch 2014**		
Willox Park	**Quality Statement**	**Grade**	**Overall Grade**
Care & Support	1 3	4 4	**4**
Environment	1 2	4 4	**4**
Staffing	1 3	4 4	**4**
Management & Leadership	1 4	4 4	**4**

4.9 Dalreoch Day Centre

Dalreoch Day Centre was inspected on the 14th March 2014. The Inspector commented that the staff are motivated and know the support needs of service users and that there was a friendly atmosphere in the centre with plenty of activities taking place.

4.10 The inspection focussed on four thematic areas, with the following grades awarded:

- For Quality of Care and Support – Grade 4 / Good
- For Quality of Environment – Grade 4 / Good
- For Quality of Staffing – Grade 4 / Good
- For Quality of Management and Leadership – Grade 4 / Good

4.11 The Inspection Report detailed the following requirement to be addressed:

- All service users must have a six monthly review of their support plan

Service	Previous Grades 14th September 2011		
Dalreoch Day Centre	Quality Statement	Grade	Overall Grade
Care & Support	1 3	5 4	4
Environment	1 4	5 4	4
Staffing	Not Assessed		
Management & Leadership	Not Assessed		

Service	Previous Grades 14th March 2014		
Dalreoch Day Centre	Quality Statement	Grade	Overall Grade
Care & Support	1 3	4 5	4
Environment	1 2	4 5	4
Staffing	1 3	4 5	4
Management & Leadership	1 4	4 4	4

4.12 The table below summarises the movement in grades for the services over their last two inspections.

Service	Previous Grades						Current Grades					
	1	2	3	4	5	6	1	2	3	4	5	6
	17th April 2013						27th November 2013					
Boquhanran House • Care & Support • Environment • Staff • Management & Leadership			 ✓ ✓	✓ ✓ 					✓ ✓ ✓ ✓			
	28th August 2013						14thMarch 2014					
Willox Park • Care & Support • Environment • Staff • Management & Leadership			✓	 ✓ 						✓ ✓ ✓ ✓		
	14th September 2011						14th March 2014					
Dalreoch Day Centre • Care & Support • Environment • Staff • Management & Leadership				✓ ✓						✓ ✓ ✓ ✓		

5. People Implications

5.1 There were no people implications.

6. Financial Implications

6.1 There were no financial implications.

7 Risk Analysis

7.1 For any services inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

8. Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9. Consultation

9.1 Not required for this report.

10. Strategic Assessment.

The Council's Strategic Plan 2012-17 identifies "improve care for and promote independence with older people" as one of the authority's five strategic priorities.

- Improve care for and promote independence for older people.
- Improve the wellbeing of communities and protect eh wellbeing of vulnerable people.

Keith Redpath
Director of the Community Health & Care Partnership

Date: 21 May 2014

Person to contact: Christine McNeill
Head of Community Health and Car Services
Chris.McNeill@ggc.scot.nhs.uk
01389 737356

Appendices: None

Background Papers: The information provided in Care Inspectorate inspection Reports website on http://www.scswis.com/index.php?option=com content&task=view&id=7909&Itemid=727

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by the Interim Director of Shadow Health & Social Care Partnership

Shadow Integrated Joint Board: 21st May 2014

Subject: Residential Children's Units Rationalisation Study.

1 Purpose

1.1 To provide Members with information regarding the proposal to carry out a rationalisation study of the Children's Units within West Dunbartonshire.

1.2 There is provision of £6 million built into the Council's Capital plan for new build children's Units for 2021 to 2023. This study is required to inform the future model and provision level that will be required in order to effectively plan to meet this commitment.

2 Recommendations

2.1 The Committee is asked to note the content of this report and agree that the progress of the study will be reported back to Committee within the next year.

3 Background

3.1 West Dunbartonshire has for a number of years now provided residential accommodation for looked after and accommodated children (LAAC) through the provision of four separate stand alone establishments.

3.2 Three of these establishments sit within the boundary of West Dunbartonshire and one sits just over the boundary in Rhu, within Argyll and Bute. At local government reorganisation in 1996 the decision was taken that this unit would remain within the provision for West Dunbartonshire and this has remained the case to date.

3.3 All four units are registered with the Care Inspectorate and are subject to regular inspections. Three units are registered to take the maximum of 8 children and young people and one is for six. However whilst we could legitimately provide care for up to 30 children we aim to accommodate 24 children at any one time, six in each unit. To go above this number requires children to share rooms which is not ideal.

3.4 The focus over the past two years has been to improve the quality of care and leadership across all areas that are inspected by the Care Inspectorate. We have a target to achieve grade 5 (Very Good) across all Units for all themes by 2017. To date we are pleased to report a consistently improving picture across all units with those who have achieved grades of 5 (Very Good) maintaining these and in some cases exceeding these to achieve grade 6

(Excellent) in some themes. One of the Units had lagged behind with grades of 3 (Adequate) but in the last two inspections achieved Grade 4 (Good) for all themes covered. We are confident therefore that we are able to impact positively on the quality of care that we provide and outcomes we achieve for the children and young people.

4 Main Issues

Occupancy Rates.

4.1 It is important that as we move forward in developing and sustaining this provision for the children and young people of West Dunbartonshire that we are able to reflect on the changes and shifts in occupancy rates and take on board the likely impact of current and future changes in expectation in terms of the policy landscape.

4.2 To this effect we will be completing a study of occupancy rates across the past three years to provide a clear analysis of demand, the peaks and troughs at differing times of the year and the potential causal factors for these. This will be based on the optimum rate across the four units being 24, but will note when we have fallen below this and the times when we have gone above this number.

4.3 We will also be looking at the numbers placed within Residential School provision during the same period as there is often some connectivity with this population and some young people who can be difficult to maintain safely within a children's unit can then be placed within a residential school setting. It should be noted that whilst children's units are provided in house, residential schools are independent and usually more costly than our own provision.

Service Requirements and Outcomes

4.4 Within this provision we have a very good track record in respect of assessing and meeting children's health needs. This is met through the provision of a specialist LAAC nurse and the support from Young People In Mind (YPIM). We know however that this is often a very vulnerable group who often fare less well than the general population despite the supports that are made available to them.

4.5 There are direct linkages with our service provision in Through Care and Youth Services for this population given that we have a statutory duty to provide support to young people leaving care and often issues with behaviour, offending and family breakdown lead to the young person requiring to be accommodated.

4.6 This study will also therefore take into account the merits of the supports in place and examine if there are any gaps in services provision for this population.

4.7 We have recently been undertaking an exercise to understand the demand for external, often independent, day placement provision as a direct alternative to main stream school as there are a significant number of children in West Dunbartonshire educated through this provision. An aspect of this work is to examine what unmet need we may have in our own education and care services within West Dunbartonshire that could have a positive impact on bringing the demand for external placements down. This may also inform some of the modelling in respect of the future of residential care in West Dunbartonshire.

Legislative and Policy Implications

4.8 With the introduction of the Children and Young People (Scotland) Act 2014 there are some significant changes to our duty in terms of both age range and provision. In brief these include:

- One of the biggest changes arising from this Act is on through care and aftercare. This culminated in December with a Government proposal for care leavers to be given the right to remain in care until the age of 21 from 2015/16.

- The duty to provide Through Care support to those leaving care is extended to the age of 25, at present our duty extends to the age of 21.

- The Government also indicated that they wanted to explore whether eligibility for aftercare should include not just young people who are in care at the age of 16 but also those who are in care for at least 2 years from the age of 11. This work will take place within a review group that will last for approximately one year.

- The Government has also considered how to implement a policy for the Right to Return to Care. This amendment was submitted at the last minute by a number of lobbying groups. In real terms this would mean that whilst a young person may have left care at some point before 21 there would be an ability/or duty to provide care and accommodation for them again before the age of 21. The Government is publicly committed to implementing this policy over the next 10-12 years and took order making power within the Bill to allow this policy to be implemented in the future.

5 People Implications

5.1 There are no people implications at this point in time. Should these arise this will be covered in future reports.

6 Financial Implications

6.1 There are no financial implications at present however in respect of the new duties and requirements arising form the Children and Young People's (Sc)

Act as outlined at 4.8 there is still a lack of clarity on what additional funding will accompany the implementation of the Act.

7 Risk Analysis

7.1 The main issue for consideration in terms of risk analysis is in respect of the ability to continue to receive positive inspection grades as well as the provision of service being set at the right level to meet anticipated demand.

8 Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9 Consultation

9.1 Not required for this report.

10 Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve life chances for children and young people" as one of the authority's five strategic priorities.

Keith Redpath
Director of Shadow Health & Social Care Partnership
Date: 31 st March 2014

Person to Contact: Jackie Irvine
Head of Children's Health, Care & Criminal Justice Services
West Dunbartonshire Community Health & Care Partnership, West Dunbartonshire CHCP HQ, West Dunbartonshire Council, Garshake Road, Dumbarton, G82 3PU.
. E-mail: jackie.irvine@ggc.scot.nhs.uk
Telephone: 01389 737753

Appendices: None

Background Papers: None

Wards Affected: All

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership
Community Health & Care Partnership Committee: 21st May 2014

Subject: West Dunbartonshire CHCP Strategic Plan - 2014/15

1 Purpose

1.1 The purpose of this report is to ask the CHCP Committee to approve the integrated West Dunbartonshire CHCP Strategic Plan 2014/15.

2 Recommendations

2.1 The Committee is asked to approve the integrated West Dunbartonshire CHCP Strategic Plan 2014/15.

3 Background

3.1 The CHCP is required to prepare an annual plan of action by both NHSGGC and West Dunbartonshire Council. This document sets out the key actions prioritised for delivery over the course of 2014/15. Building on the successful approach agreed by CHCP Committee in previous years and the positive feedback that Committee will recall was provided by the Care Inspectorate, its focus reflects the requirements and expectations of the "corporate parents": the West Dunbartonshire Council Strategic Plan 2012-17; and the NHSGGC Corporate Plan 2013-16. As in previous years, its structure is a blend of the distinct formats preferred by each organisations.

4 Main Issues

4.1 Building on the positive responses to and learning from previous documents, this Strategic Plan once again includes consideration of key issues from the Chief Social Work Annual Report 2012/13; and an overview of Clinical Governance priorities. In a similar vein, it has also incorporated consideration of key strategic risks; and integrated workforce planning priorities.

4.2 In accordance with good practice and building on the success of the previous year, the Strategic Plan incorporates the Key Performance Indicators (KPIs) for 2014/15 which also include those indicators within the local Single Outcomes Agreement that the CHCP has lead responsibility for.

4.3 It is important to note that – as for last year – the indicators included relate to a combination of routine service activity and developmental initiatives; and delivery that is predominantly under the direct management of the CHCP as well as outcomes that are heavily influenced by the practice and contributions of other stakeholders (e.g. other council departments; other NHSGGC divisions; or NHS external contractors). It is also important to note that as in previous years, there is not a necessarily direct correlation between specific

"actions for delivery" set out within the Strategic Plan and each of the indicators included, as the actions here deliberately represent high-level change commitments.

4.4 Building on the positive feedback from the CHCP Committee in relation to the previous year's arrangements, a consolidated performance report in relation to the commitments within the Strategic Plan will be routinely provided to the Chief Executives of both NHSGGC and WDC and to the Committee.

4.5 This consolidated report will explicitly incorporate a performance up-date in relation to the local Single Outcome Agreement indicators that the CHCP has lead responsibility for; and also provide assurance of progress in relation to financial and workforce planning.

4.6 As in the previous year, the process of internal scrutiny will be undertaken through the joint organisational performance review (OPR) process now established by the NHSGGC Chief Executive and WDC Chief Executive (the outputs of which will be reported to the CHCP Committee to inform their own considerations of CHCP delivery and performance).

4.7 As per the recommendations of Audit Scotland and evidenced by the consistently positive response to the performance reporting by the CHCP Committee meeting, this streamlined and best practice system will continue to mitigate against unnecessary duplication of and piecemeal reporting; and ensure that the CHCP Committee is able to transparently draw conclusions based on a coherent and comprehensive presentation of data and information.

4.8 The above will be reinforced by the delivery of collective and specified actions being reflected within individual operational service plans; and the objectives of the CHCP Director and Heads of Service.

5 People Implications

5.1 The Workforce Development Section of the Strategic Plan 2014/15 summarises the key issues and priorities.

6 Financial Implications

6.1 The Finance Section of the Strategic Plan 2014/15 summarises the financial context.

7 Risk Analysis

7.1 If the CHCP is unable to clearly demonstrate progress in relation to the priorities reflected within this Strategic Plan (in line with best practice) there is the issue of reputational risk, amongst both scrutinising organisations and local communities. Approving the actions set out in the attached Strategic Plan would mitigate such a risk and provide assurance – as well as highlighting good performance and improvement.

7.2 The Strategic Risk Management Section of the Strategic Plan 2014/15 includes the CHCP's Strategic Risk Register.

8 Equalities Impact Assessment (EIA)

8.1 No significant issues were identified in a screening for potential negative equality impact of these measures. This Strategic Plan articulates and evidences the CHCP commitment to equalities-sensitive practice.

9. Consultation

9.1 In keeping with the spirit of the participative approach that the CHCP is committed to, this Strategic Plan has been informed by an understanding of perspectives of key stakeholders (including the Joint Staff Partnership Forum; the Professional Advisory Group; and the Public Partnership Forum) from on-going engagement through the year, reflecting the local cyclical commissioning process for the development of services. The specific local actions set out within reflect on-going self-evaluative processes within service areas; engagement within local Community Planning Partnership fora; and dialogue with both service user groups and the wider communities in West Dunbartonshire.

10. Strategic Assessment

10.1 This Strategic Plan articulates the CHCP contribution to the Council's strategic priorities:

- Improve economic growth and employability.
- Improve life chances for children and young people.
- Improve care for and promote independence with older people.
- Improve local housing and an environmentally sustainable infrastructure.
- Improve the well-being of communities and protect the welfare of vulnerable people.

Keith Redpath
Director of Community Health & Care Partnership
Date: 1st May 2014

Person to Contact: Mr Soumen Sengupta
Head of Strategy, Planning and Health Improvement
West Dunbartonshire Community Health & Care Partnership, Dumbarton.
E-mail: soumen.sengupta@ggc.scot.nhs.uk

Appendices: West Dunbartonshire CHCP Strategic Plan 2014/15

Background Papers:	West Dunbartonshire Council Strategic Plan 2012-17
	NHSGGC Corporate Plan 2013-16
	West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2014-17
	Chief Social Work Annual Report 2012/13
Wards Affected:	All

West Dunbartonshire Community Health & Care Partnership

Strategic Plan 2014/15

TABLE OF CONTENTS

Acknowledgements:
The Director and the Senior Management Team would like to thank all those staff and colleagues who have worked so hard to deliver high quality services to the communities of West Dunbartonshire throughout the last year, and are committed to continuing to do so together over the coming year.

Please send any feedback on this Strategic Plan to: soumen.sengupta@ggc.scot.nhs.uk

1. INTRODUCTION

West Dunbartonshire Community Health and Care Partnership (CHCP) brings together both NHS Greater Glasgow and Clyde's (NHSGGC) and West Dunbartonshire Council's (WDC) separate responsibilities for community-based health and social care services within a single, integrated structure (while retaining clear individual agency accountability for statutory functions, resources and employment issues). The prescience of this commitment has been underlined by the announcement by the Scottish Government of its intention to bring forward legislation to further integrate health and social care services.

The CHCP's mission is to ensure high quality services that deliver safe, effective and efficient care to and with the communities of West Dunbartonshire; and to work in partnership to address inequalities and contribute to the regeneration of the West Dunbartonshire area. The core values that the CHCP is committed to across its sphere of responsibilities are:

- Quality.
- Fairness.
- Sustainability.
- Openness.

In addition to local children and adults services provided for and with the residents of West Dunbartonshire, the CHCP has formal responsibilities for a number of wider geographic functions:

- NHSGGC Community Eye Care Service.
- NHSGGC Musculoskeletal Physiotherapy Service.
- Management of Argyll, Bute and Dunbartonshire's Criminal Justice Social Work Partnership.

The CHCP also has a number of formal Service Level Agreements in place with the neighbouring Argyll and Bute Community Health Partnership in relation to services that have mutually agreed as being sensibly provided across the boundaries of our respective geographic boundaries (all of which are subject to regular review).

This fourth integrated Strategic Plan sets out the key actions prioritised for delivery over the course of 2014/15. Its focus reflects the requirements and expectations of the CHCP's "corporate parents": the West Dunbartonshire Council Strategic Plan 2012-17; and the NHSGGC Corporate Plan 2013-16. As in previous years, its structure is a blend of the distinct formats preferred by each organisations, including consideration of key issues from the Chief Social Work Annual Report 2012/13; and an overview of local Clinical Governance priorities. In a similar vein, it has also incorporated consideration of key strategic risks; and integrated workforce planning priorities.

In accordance with good practice and building on the success of the previous year, the Strategic Plan incorporates the CHCP Key Performance Indicators (KPIs) for 2014/15 which also include those indicators within the local Community Planning Partnership (CPP) Single Outcomes Agreement (SOA) 2014-2017 that the CHCP has lead responsibility for. The suite of indicators included relate to a combination of routine

service activity and developmental/transformational initiatives; and delivery that is predominantly under the direct management of the CHCP as well as outcomes that are heavily influenced by the practice and contributions of other stakeholders (e.g. other council departments; other NHSGGC divisions; or NHS external contractors). It is also important to note that as in previous years, there is not a necessarily direct correlation between specific "actions for delivery" set out within the CHCP Strategic Plan and each of the indicators included, as the actions here deliberately represent high-level change commitments.

In keeping with the spirit of the participative approach that the CHCP is committed to, this Strategic Plan has been informed by an understanding of perspectives of key stakeholders (including the CHCP's Joint Staff Partnership Forum; the Professional Advisory Group; and the Public Partnership Forum) from on-going engagement through the year, reflecting the CHCP's cyclical commissioning process for the development of services. The specific local actions set out within reflect on-going self-evaluation processes within CHCP service areas; engagement within local Community Planning Partnership fora; and dialogue with both service user groups and the wider communities in West Dunbartonshire. It is underpinned by an appreciation of local health and social care needs (drawn from, for example, the ScotPHO health and wellbeing profiles; and local Citizen's Panel survey findings); and other relevant sources of evidence.

The Scottish Government's Public Bodies (Joint Working) (Scotland) Act sets out the arrangements for the integration of health and social care across the country. The leadership and work that staff across the CHCP have already invested ensure that the enactment of this new legislation should not pose any significant challenges for us, nor indeed require any major structural reorganisations for local services. This confidence is reflected in the fact that the NHSGGC Board (at its 17th December 2013 meeting) and the West Dunbartonshire Council (at its 18th December 2013 meeting) both agreed to transition the current Community Health and Care Partnership (CHCP) to a **shadow Health and Social Care Partnership** (HSCP) for West Dunbartonshire on 1st April 2014.

These decisions represent a commitment on the part of all involved to transitioning the current CHCP to the new HSCP in an orderly fashion that emphasises continuity – and minimises potential disruption or uncertainty - for staff and service users; and that prioritises continuous quality improvement of services for the benefit of the local communities of West Dunbartonshire.

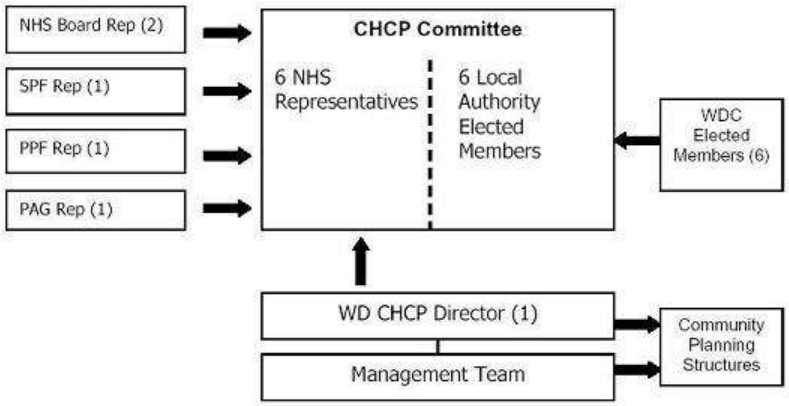
2. GOVERNANCE ARRANGEMENTS

CHCP Governance Structure

The current governance arrangements of the CHCP reflect the fact that it is a full partnership between NHSGGC and WDC. There are five elements:

- The CHCP Committee.
- The Joint Staff Forum (JSF)
- The Public Partnership Forum (PPF)
- The Professional Advisory Group (PAG)
- The CHCP Senior Management Team (SMT)

The relationships of these five elements are as illustrated below:



The composition of the CHCP Committee reflects a partnership approach, with an Elected Member as chair and an NHS Board representative as vice chair. It should be noted that the governance of the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership is not the responsibility of the CHCP Committee but rather rests with the Argyll, Bute and Dunbartonshires' Criminal Justice Partnership Committee (whose membership includes an Elected Member from WDC).

Shadow HSCP Arrangements

Through 2014/15, WDC and NHSGGC will agree the parameters for the new HSCP within an *integration scheme* that is required by the new legislation, the detail of which will include:

- The model of integration governance to be used, i.e. the form of integration authority.
- The functions and resources to be delegated.
- Strategic commissioning – inc. strategic planning, performance management and public reporting.
- Clinical and care governance.
- Workforce and staff governance.
- Professional leadership.
- Financial governance and resource management.
- Risk management.

- Relationship with NHS Acute services.
- GP and other NHS External Contractor engagement.
- Third Sector engagement.
- Community engagement.
- Locality (sub-local authority level) planning.
- Participation in local CPP and contribution to SOA.

The full Council and NHSGGC Board have both recognised that the form of integration authority expressed within the Act which most closely matches the existing arrangements for West Dunbartonshire CHCP are those referred to as the "body corporate". Consequently the HSCP will clearly be a **key constituent organ of both WDC and NHSGGC** – it will not be an independent organisation. However, it will have a different status – hence why it will be led by a Chief Officer – and so in order for it to perform effectively, the support from respective corporate centre support functions will need to evolve/adapt..

In order to enable as seamless and well-prepared transition as possible from the existing CHCP to the new HSCP, both the full Council and the NHS Board have agreed that from **1st April 2014 to 31st March 2015**:

- The CHCP will be recognised as the **shadow HSCP** for West Dunbartonshire.
- The CHCP Committee will have the additional role of operating as the **shadow Integration Joint Board** (IJB) with the current membership and standing orders.
- The shadow IJB will develop its performance scrutiny and governance roles to reflect the emerging obligations of HSCPs as defined in primary legislation and statutory guidance.
- The CHCP Director will take on the additional role as the Chief Officer (CO) designate of the shadow HSCP. Their objectives will be framed by the Chair and Vice Chair of the shadow IJB with the Health Board and Council Chief Executives; and will be a member of the Council and Health Board corporate management teams. At the point the Bill enables the establishment of the new HSCP - and subject to confirmation by the IJB - the CO designate will become the substantive CO for the new HSCP.
- The CO designate will bring forward and ensure appropriate engagement on an integration scheme for the new HSCP.
- The CO designate will lead the development of the strategic plan for the HSCP's first formal year of operation (2015/16), including joint planning for acute services.
- Financial arrangements will remain as at present but the Older People's Change Fund resources will become a core part of the shadow HSCP allocation from the NHSGGC Board.

The approval of the shadow arrangements does not equate to the approval for the activation of a formal HSCP for West Dunbartonshire by either full Council or the NHS Board – this will be further developed through 2014/15 prior to formal consideration by the Council, the NHSGGC Board and then Scottish Government. The shadow HSCP arrangements now agreed are similar to the shadow CHCP arrangements that were put in place by West Dunbartonshire Council and the NHSGGC Board in April 2010, prior to their formally agreeing and then establishing the current CHCP in October 2010.

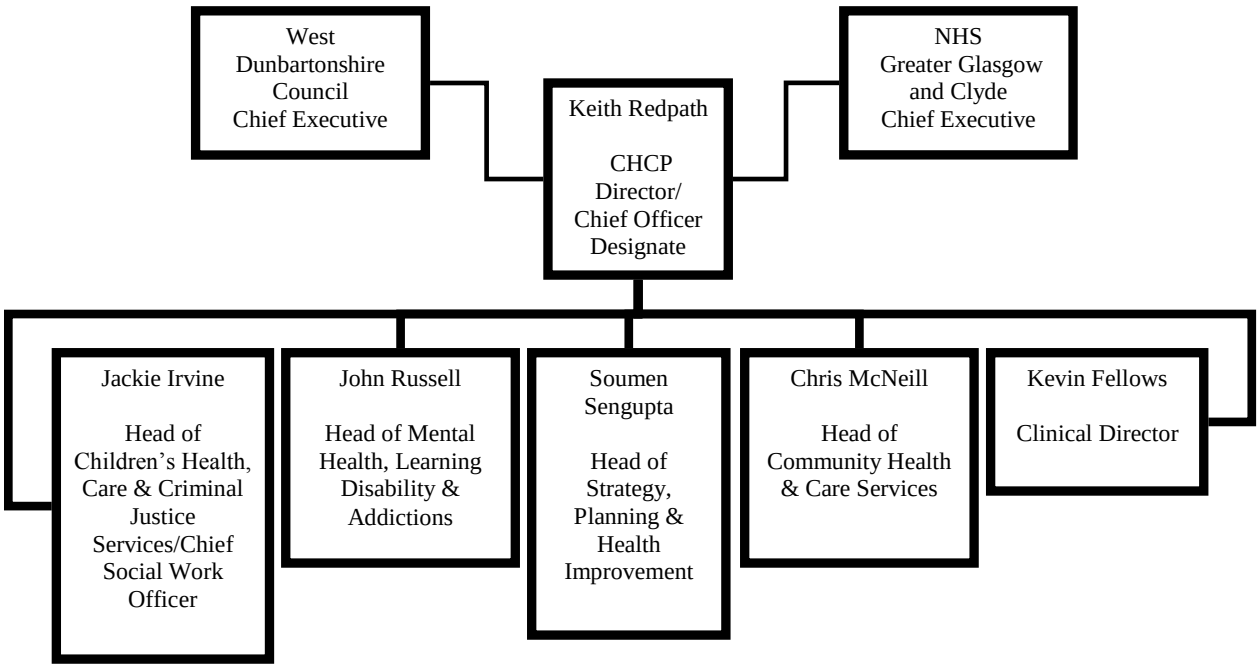
While the new HSCP will be principally constituted on the basis of the Public Bodies (Joint Working) (Scotland) Act, the local integration scheme will also take account of other recent or impending legislation to ensure that the new arrangements are as state-of-the-art as possible – these include:

- The Social Care (Self-directed support) (Scotland) Act 2013.
- The Children and Young People (Scotland) Bill (when enacted).
- The Community Empowerment and Renewal Bill (currently being consulted upon).

The integration scheme will be refined by an Equalities Impact Assessment (EIA) as per the Equalities (Scotland) Act 2010.

The integration scheme will then be presented for approval by the shadow IJB, the full Council and the NHSGGC Board prior to submitted to Scottish Ministers for approval.

Senior Management Team Structure



Clinical Governance Overview

Clinical governance is how health services are held accountable for the safety, quality and effectiveness of clinical care delivered to patients. It is a statutory requirement of NHS Boards, achieved by coordinating three interlinking strands of work:

- Robust national and local systems and structures that help identify, implement and report on quality improvement.
- Quality improvement work involving health care staff, patients and the public.
- Establishing a supportive, inclusive learning culture for improvement.

The CHCP Director has overall accountability for clinical governance within the CHCP. This is primarily discharged through CHCP's Clinical Director (who is a practicing GP) and the CHCP's Heads of Service. The Clinical Governance Group is a sub-group of the SMT, composed of the Clinical Director (as Chair) and Heads of Service plus the CHCP Lead Pharmacist and the MSK Physiotherapy Service Manager. The Group is supported by the Clinical Risk Co-ordinator and Clinical Effectiveness Co-ordinator from the NHSGGC Clinical Governance Support Unit.

Notable work undertaken has included:

- Speech & Language Therapy (SLT) Service case note audit evidenced that clinical standards are being maintained; and that there has been improved accountability through appropriate recording of how decisions related to patient care were made.
- A Community Mental Health Team (CMHT) audit of the follow-up provided to patients discharged from acute psychiatric hospital found an improvement (from 50% to 73%) of patients being followed up within 7 days.
- The introduction of an 'Ice Spy Logger' early alert mechanism for the vaccine fridge in Clydebank Health Centre substantially reduced the amount of medication wasted through refrigeration faults.
- An Optometry Medication supply audit provided evidence of the effectiveness of enabling community optometrists to supply a range of medications (both free to the patient at the point of diagnosis and delivered safely to NHS standards)
- The work of Community Nurses in West Dunbartonshire was recognised in a national report for the improvements they have made through the 'Releasing Time to Care' programme. The West Dunbartonshire community nursing team, by making changes to working practices, have revolutionised the way patients are treated and improved the training and expertise of staff. By using their standard care procedures, the team developed a range of documentation that ensured the patients' needs could be identified at a glance.

Against the backdrop of the embedding integrated managerial arrangements across health and social care services, the CHCP's approach to clinical governance demonstrates the enthusiasm of all staff striving to deliver better quality clinical care. The cohesive manner in which all services come together to do this for patients is both reassuring and refreshing in these challenging times.

Chief Social Work Officer's Overview

Social Work and Social Care Services are delivered usually, but not exclusively, to the most vulnerable in our communities and therefore have a particular contribution to make to safeguarding individuals from harm and protecting the public. These are complex issues requiring a balance to be struck between needs, risks and rights. The assessment and management of risk posed to individual children, vulnerable adults and the wider community require both clear systems to be in place to govern those responsibilities and require close collaboration with partner agencies.

The Local Government (Scotland) Act 1994 sets out the requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO). The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care Services.

Within West Dunbartonshire CHCP, the responsibilities of the CSWO are formally discharged by the Head of Children's Health, Care & Criminal Justice Services. The annual Chief Social Work Officer's Report was submitted to West Dunbartonshire Council at its December 2013 meeting. That Annual Report highlighted a number of areas of notable work, including:

- The Child Protection Committee agreeing a three year Improvement Action Plan.
- The Adult Support & Protection Committee agreeing a three year Action Plan.
- The changes to practice and procedures led by the Criminal Justice Service in response to the most recent Multi-Agency Public Protection Arrangements (MAPPA) guidance in relation to the management of high risk offenders were completed and rolled out on schedule.
- A number of Mental Health Officers (MHOs) undertaking the accredited training on the HCR-20 Risk Assessment and Management Tool.
- The Blue Triangle Multi-Agency Review and the approval of its recommendations.
- Work to reinforce the Corporate Parenting role of the Council, with the very successful launch of the annual Care Leavers week having included a drama production from young people from Kibble Residential School; and the local launch of the Who Cares Anti-Stigma campaign and signing of the Anti-Stigma Pledge.

The CSWO Annual Report also provided assurance that within the integrated CHCP, the governance of social work has been considered and appropriate mechanisms put in place to ensure that these functions are being dealt with properly and appropriately.

Scottish Government Guidance emphasises the need for the CSWO to have access to the Council Chief Executive as required and within West Dunbartonshire this has never been a difficulty. Likewise, there is appropriate access to elected members. Within the CHCP, the role of the CSWO is clearly understood, with proper account taken of any need for specific involvement from the CSWO. The CSWO meets regularly with managers across the service to review and progress relevant areas of activity in a manner that clearly respects the CHCP's general management structure.

3. PLANNING CONTEXT

West Dunbartonshire Council

West Dunbartonshire Council's mission is *to lead and deliver high quality services which are responsive to the needs of local citizens, and realise the aspirations of our communities*. The Council's corporate values are to demonstrate: Ambition; Confidence; Honesty; Innovation; Efficiency; Vibrancy; and Excellence.

The Council's Strategic Plan 2012-17 identifies the following strategic priorities:

- Improve economic growth and employability.
- Improve life chances for children and young people.
- Improve care for and promote independence with older people.
- Improve local housing and environmentally sustainable infrastructure.
- Improve the wellbeing of communities and protect the welfare of vulnerable people.

The Council's Strategic Plan also stresses a commitment to assure success through:

- Strong financial governance and sustainable budget management.
- Fit-for-purpose estate and facilities.
- Innovative use of Information Technology.
- Committed and dynamic workforce.
- Constructive partnership working and joined-up service delivery.
- Positive dialogue with local citizens and communities.

The Council has devised a public value scorecard to structure the performance management of its Strategic Plan, with the following three dimensions:

- Social Mission
- Organisational Capabilities
- Legitimacy and Support.

NHS Greater Glasgow & Clyde

NHS Greater Glasgow and Clyde's purpose is to *deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities*.

The NHSGGC Corporate Plan for 2013-16 sets out five strategic priorities:

- Early intervention and preventing ill-health.
- Shifting the balance of care.
- Reshaping care for older people.
- Improving quality, efficiency and effectiveness.
- Tackling inequalities.

NHSGGC's corporate approach to engaging and involving staff; and on how teams are managed and led across the whole organisation is articulated within its Facing the Future Together Programme sets out its with respect to following dimensions: Our Patients; Our People; Our Leaders; Our Resources; and Our Culture (The Way We Work Together).

West Dunbartonshire Community Planning Partnership

The aim of the West Dunbartonshire Community Planning Partnership (CPP) is to work in partnership to improve the economic, social, cultural and environmental well being of West Dunbartonshire for all who live, work, visit and do business here. The Single Outcome Agreements (SOA) are the means by which Community Planning Partnerships agree their strategic priorities for their local area, express those priorities as outcomes to be delivered by the partners, either individually or jointly, and show how those outcomes should contribute to the Scottish Government's relevant National Outcomes.

The CHCP is committed to the four defining characteristics of the local Community Planning Partnership that have been fostered in recent years, and that partners are looking to further develop, i.e.:

- Ensuring that community planning takes a streamlined approach to delivering outcomes for communities – requiring action by all partners. This does not mean creating additional structures or increasing bureaucracy but instead should focus on building on and complimenting the core work of individual partners;
- A recognition that our priorities and outcomes do not exist in isolation nor can be delivered in silos from one another – they are fundamentally inter-connected;
- An emphasis on early intervention and prevention across all of our priorities, realigning resource and action to support this wherever possible;
- A commitment to pro-active and rigorous self-evaluation and scrutiny of activities across community planning partners as a driver for continuous improvement.

The 2014-17 WD CPP SOA focuses on the following interconnected priorities:

- Employability & Economic Growth
- Supporting Safe, Strong and Involved Communities
- Supporting Older People
- Supporting Children and Families

The CHCP has been actively developed as a clear manifestation of community planning in practice. This allows the CHCP to drive key community planning programmes of work that reflect an emphasis on early intervention and prevention (notably in relation to the Older People's Change Fund; and Getting It Right for Every Child plus Early Years Collaborative); and lead a progressive determinants-based approach to addressing health inequalities with and across community planning partners.

The new SOA also reflects the recognition amongst local stakeoholders of the links between the expectations on the new HSCP (as part of both the Council and NHSGGC) and the aspirations of the National Agreement on Joint Working on Community Planning and Resourcing, which further underlines the importance of these updated arrangements being appreciated as a manifestation of strategic community planning in practice (especially given that it will include all community children's health and social care services, as has successfully been the case within the existing CHCP).

4. DELIVERING OUR OUTCOMES

	EARLY INTERVENTION AND PREVENTING ILL-HEALTH		2013-14	2014-15 Target
	Key Actions for Delivery	**Indicators**		
SOCIAL MISSION	Complete relevant actions within CPP Integrated Children's Services Plan. Further develop of CPP parenting programme. Undertaken agreed review and developmental work in support of CPP Early Year's Collaborative (EYC) programme. Embed 30 month assessment for all children, ensuring developmental needs being met as per CPP EYC programme. Embed Universal and Vulnerable pathways for all children 0-19 years. Complete local implementation of GIRFEC National Practice Model. Embed SLT framework in accordance with local structures. Redesign specialist community paediatrics. Embed local CAMHS redesign. Continue roll-out of EMIS Web across children's health services.	Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service	158	158
		Total number of successful quits (at one month post quit) delivered by community-based universal smoking within specified SIMD areas of high socio-economic deprivation	95	95
		Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	85%	90%
		Percentage of designated staff groups trained in suicide prevention	50%	50%
		5-year moving average suicide rate (per 100,000 population)	15	14
		Referral To Treatment for CAMHS (longest wait in weeks)	18	TBC
		Primary Care Mental Health Teams average waiting times from referral to first assessment appointment (Days)	14	14
		Percentage uptake of bowel screening	60%	60%
		Percentage of those invited attending for breast screening	71.4%	71.4%
		Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix)	80%	80%
		Completion rates for child healthy weight intervention programme	315	420
		Percentage of babies breast-feeding at 6-8 weeks	16%	16%
		Percentage smoking in pregnancy	20%	20%
		Percentage smoking in pregnancy - Most deprived quintile	20%	20%
		Percentage of five-year olds (P1) with no sign of dental disease	60%	60%
		Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95%	95%
		Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97%	97%
		Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment	100%	100%

	EARLY INTERVENTION AND PREVENTING ILL-HEALTH		2013-14	2014-15 Target
	Key Actions for Delivery	**Indicators**		
SOCIAL MISSION	Lead implementation of Child Protection Committee Improvement Action Plan with and across community planning partners. Refresh CPP Teenage Pregnancy Action Plan. Further improve access to PCMHT and reduce incidence of clients failing to attend appointments. Lead the development and implementation of the CPP ADP Delivery Plan and Annual Report. Lead CPP suicide prevention programme in line with national suicide prevention strategy 2013-16. Implement CHCP Cancer Information Action Plan. Support Alcohol Brief Interventions within different settings. Implement local Smoking Cessation Service Action Plan. Ensure delivery of nutrition and physical activity programmes for children and adults. Ensure full compliance with outcome and requirements from the Scottish Governments Redesign of the Community Justice system for the delivery of adult criminal justice services.	Percentage of child protection referrals to case conference within 21 days	95%	95%
		Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	63%	66%
		Number of children with or affected by disability participating in activities	172	172
		Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	7	6.5
		Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	39.2	38.5
		Number of children with mental health issues (looked after away from home) provided with support	23	23
		To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015).	5.9	5
		To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).	4.1	3.5
		To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.	70%	75%
		Percentage of Adult Support and Protection clients who have current risk assessments and care plan.	100%	100%
		Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.5%	91.5%
		Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling	98%	98%

SOCIAL MISSION	SHIFTING THE BALANCE OF CARE		2013-14	2014-15 Target
	Key Actions for Delivery	**Indicators**		
	Continue to develop Anticipatory Care as a model of prevention and work with GPs to develop self care models, and preventative interventions. Continue to develop care for patients with long term conditions inc. additional nursing support to patients, GP practices and care homes. Further develop Hospital Discharge team to increase early supported discharges. Further develop use of care planning and management to reduce hospital inpatient care. Embed early referral for assessment by integrated health and social care teams. Further develop CMS with local pharmacies through local community pharmacists group. Increase range of urgent access options to advice and appointments for GPs. Work with GP practices to monitor their provision of third available appointment, planned appointments and 24 hour access.	Number of adult mental health patients waiting more than 28 days to be discharged from hospital into a more appropriate setting, once treatment is complete	0	0
		Number of adult mental health patients waiting more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is complete	0	0
		Long Term Conditions - bed days per 100,000 population	10,000	10,000
		Long Term Conditions - bed days per 100,000 population Asthma	310	304
		Long Term Conditions - bed days per 100,000 population CHD	5,300	5,199
		Long Term Conditions - bed days per 100,000 population COPD	4,000	3,924
		Long Term Conditions - bed days per 100,000 population Diabetes	740	726
		Percentage of community pharmacies participating in medication service	80%	80%
		Percentage of all Looked After Children supported within the local community	88%	89%
		Gross cost of Children Looked After in residential based services per child per week	£1,805.00	£1,842.00
		Gross cost of Children Looked After in a community setting per child per week	£255.00	£260.10
		Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	85%	86%
		Percentage of Care Plans reviewed within agreed timescale	70%	72%

	SHIFTING THE BALANCE OF CARE		2013-14	2014-15 Target
SOCIAL MISSION	**Key Actions for Delivery**	**Indicators**		
	Expand Diabetic Retinal Screening service to cope with volume of patients and ensure quality. Deliver annual cycle for Retinal Screening appointments. Deliver quality assured NHSGGC-wide eye care service through audit and review. Contribute to reduction in Ophthalmology Out Patient by continuing OCT clinics. Expand the number of fixed sites for the delivery of local eye care clinics. MSK Physiotherapy Service: • Ensure equitable waiting times across sites. • Complete roll-out of self-referral across all sites. • Improve supported self management by working with staff and by developing standardised resources and other methods to support self management. • Develop and implement physiotherapy pathways to ensure patients get the right treatment at the right time by the right person (including involving key stakeholders). • Outcome measures will be fully implemented and used to address physical activity, stress, anxiety & depression, employability, smoking, obesity and alcohol use. • Implement a single IT system across service.	Average waiting times in weeks for musculoskeletal physiotherapy services - WDCHCP	9	9
		Average waiting times in weeks for musculoskeletal physiotherapy services - NHSGGC	9	9

	RESHAPING CARE FOR OLDER PEOPLE		2013-14	2014-15 Target
SOCIAL MISSION	**Key Actions for Delivery**	**Indicator**		
	Implement Year Four CPP Older People's Change Fund Commissioning Plan, including (1): • Lead local CPP Older People's Change Fund Plan Implementation Group. • Plan rapid response and alternative choices on behalf of at risk clients • Develop ACP Nursing team, linked to Out of Hours services. • Develop additional respite and rehabilitation options. • Further develop the LinkUp service to streamline referrals from and between the 3rd and Independent Sectors. • Maintain a dedicated helpline number manned by volunteers. • Increase appropriate use of Telecare and Step Up, Step Down provision. • Continue to develop appropriate medication-related education and training for CHCP Home Care staff. • Introduce Day Care Reablement and reablement in short term care home placements.	Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	6,400	5,434
		Number of people who wait more than 28 days to be discharged from hospital into a more appropriate care setting.	0	0
		Number of acute bed days lost to delayed discharges	3819	1909
		Number of Acute bed days lost to delayed discharges for Adults with Incapacity	466	233
		Unplanned acute bed days 65+	55,000	48,643
		Unplanned acute bed days 65+ as a rate per 1,000 population	3,735	3,292
		Number of emergency admissions 65+	4,250	4,169
		Emergency admissions 65+ as a rate per 1,000 population	300	295
		Unplanned acute bed days (aged 75+)	38,600	36,477
		Average length of stay for emergency admissions	3	3
		Number of patients on dementia register	672	672
		Number of patients in anticipatory care programmes	824	865
		Percentage of identified patients dying in hospital for cancer deaths	35%	35%
		Percentage of identified patients dying in hospital for non-cancer deaths	40%	40%
		Number of bed days lost to delayed discharge elderly mental illness	530	530
		Average length of stay elderly mental illness delayed discharge	96	90
		Average length of stay adult mental health delayed discharge	35	34
		Total number of homecare hours provided as a rate per 1,000 population aged 65+	678	695
		Percentage of homecare clients aged 65+ receiving personal care	81%	82%
		Percentage of adults with assessed Care at Home needs and a reablement package who have reached their agreed personal outcomes	50%	55%
		Older Person's (Over 65) Home Care Costs per Hour	£18.05	£18.42

SOCIAL MISSION	RESHAPING CARE FOR OLDER PEOPLE		2013-14	2014-15 Target
	Key Actions for Delivery	**Indicator**		
	Implementation of Year Four of CPP Older People's Change Fund Commissioning Plan, including (2): • Reduce the proportion of people within West Dunbartonshire dying in hospital. • Use Supportive and Palliative Action Register (SPAR) to aid the identification of cancer and non-cancer patients entering a palliative phase. • Deliver targeted physical activity programmes to vulnerable adults in communities outwith Leisure Settings. • Deliver a Post Diagnostic Support Service for newly diagnosed patients and their carers, with Alzheimer Scotland. Develop respite provision to include respite at home. Deliver expanded reablement support as part of Care at Home Services. Work with WDC Housing Section to develop housing with care options to meet target of increasing the number of older people with complex needs living at home or in a homely setting.	Percentage of people aged 65 and over who receive 20 or more interventions per week	44.5%	45%
		Percentage of people 65+ with intensive needs receiving care at home (Existing definition)	49%	51%
		Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	33%	32%
		Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	21,773	22,410
		The percentage of people receiving free personal or nursing care within 6 weeks of confirmation of 'Critical' or 'Substantial' need	100%	100%
		Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	95%	96%
		Number of people in care home placements at month end (65+)	483	468
		Number of new admissions to Care Homes (65+)	188	183
		Occupancy rate in local authority care homes (65+ only)	95%	95%
		Number of carers of people aged 65+ known to CHCP	1600	1680
		No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015	0	0

	IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS		2013-14	2014-15 Target
	Key Actions for Delivery	**Performance Measure**		
LEGITIMACY AND SUPPORT	Continue to embed Releasing Time To Care and Leading Better Care. Improve children's to adults' services transition Work with GPs on Productive General Practice model. Support Scottish Patient Safety Programme in community and primary care services. Maintain routine meetings with DOME and develop local services as a partnership. Complete scheduled development and review of service specifications for procured services. Complete feasibility study and business case for new Clydebank Health & Care Centre. Complete Post-Project Evaluation of Vale Centre for Health & Care. Deliver plans for the design and location of two Older People's Residential Care Homes with Day Care facilities. Consolidate improvement in Care Inspectorate Gradings for Older People's Care Homes (older people). Consolidate improvement in Care Inspectorate Gradings for Day Care.	Percentage of patients achieved 48 hour access to appropriate GP practice team	95%	95%
		Percentage of patients advanced booking to an appropriate member of GP Practice Teams	90%	90%
		Prescribing cost per weighted patient	£152.50	£152.50
		Percentage of adults satisfied with social care or social work services	68%	69%
		Primary care phased prescribing budget allocation ('£000)	£16,789	£16,789

	Consolidate improvement in Care Inspectorate Gradings for Home Care. Consolidate improvement in Care Inspectorate Gradings for Children's Residential Care Homes. Consolidate improvement in Care Inspectorate Gradings Fostering Service. Consolidate improvement in Care Inspectorate Gradings for Adoption Service. Continue to implement findings of Blue Triangle review, including: • To develop supported accomodation within both Clydebank and Dumbarton with crisis support from All4Youth over 24 hours if required. • To develop an outreach support programme over 7 days to our most vulnerable young people. • To build on the existing Young People in Mind service and provide additional support for Residential Homes and support for young people in transition to through care. • To develop a family mediation service which supports the critical factor of family breakdown. Promote the principles of Facing the Future Together and WDC corporate transformation programmes in an integrated manner, with a focus on strengthening integrated arrangements in preparation for the new HSCP in 2015.	

	TACKLING INEQUALITIES		2013-14	2014-15 Target
SOCIAL MISSION	**Key Actions from Delivery**	**Indicator**		
	Implement requirements of Self-Directed Support Act. Lead community planning approach to health inequalities. Address impact of welfare reform addressed where possible, ensuring access to money advice services. Continue to deliver Work Connect employability programme. Implement relevant actions generated by NHSGGC *Further Developing A Systematic Approach to Tackling Inequality* process; and that flow from *Scotland's National Action Plan for Human Rights*. Work with WDC Housing Section and third sector providers to develop appropriate supported living accommodation for those with long-term mental health needs. Work with third sector to relocate local clients with a learning disability diagnosis who are currently living in specialist care facilities out of area back within West Dunbartonshire. Support local GP Domestic Abuse Pilot. Support implementation of WDC Gaelic Language Action Plan.	Self Directed Support (SDS) spend on adults 18+ as a percentage of total social work spend on adults 18+	1.65%	1.7%
		Total number of respite weeks provided to all client groups	7647	7647
		Percentage uptake of bowel screening SIMD1	60%	60%
		Percentage of those invited attending for breast screening SIMD1	71.4%	71.4%
		Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix) SIMD1	80%	80%
		Percentage of babies breast-feeding at 6-8 weeks from the 15% most deprived areas	16%	16%
		Number of unplanned admissions for people 65+ by SIMD Quintile 1	588	577
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks SIMD 1	85%	90%
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks SIMD 5	85%	90%
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks Male	85%	90%
		Proportionate access to psychological therapies – Percentage waiting no longer than 18 weeks Female	85%	90%
		Number of quality assured Equality Impact Assessments	8	8

	EFFECTIVE ORGANISATION		2013-14	2014-15 Target
ORGANISATIONAL CAPABILITIES	**Key Actions for Delivery**	**Indicator**		
	Agree and then deliver HSCP Transition Action Plan: • Develop proposed HSCP Integration Scheme. • Development of Integration Joint Board. • Develop singular model of support for HR management, staff/practice governance and workforce development. • Develop singular model of support for management accounting and financial governance. • Develop arrangements and proposals for refreshed approach to community engagement that addresses the integration planning principles, plus the expectations of Community Empowerment & Renewal Bill connected to and supported by wider CPP arrangements. • Develop consortia model with independent sector that addresses integration planning principles, and supports local strategic commissioning process. • Develop consortia model with third sector that addresses the integration planning principles, builds community capacity, strengthens co-production and supports local strategic commissioning process. • Develop arrangements and proposals for locality planning, including supporting GP leadership.. • Develop model approach for and prepare an Equality Scheme for HSCP. • Develop first West Dunbartonshire HSCP Strategic Plan. Update integrated staff and practice governance framework., including CHCP actions in response to relevant findings of Staff Surveys. Maintain Healthy Working Lives Gold Award. Maintain NHS FPI Participation Standards.	Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)	4%	4%
		Average number of working days lost per WD CHCP Council Employees through sickness absence	10	9
		Percentage of WD CHCP NHS staff who have an annual e-KSF review / PDP in place	80%	80%
		Percentage of WD CHCP Council staff who have an annual PDP in place	80%	90%
		Percentage of complaints received and responded to within 20 working days (NHS policy)	70%	70%
		Percentage of complaints received which were responded to within 28 days (WDC policy)	70%	70%
		NMC Registration compliance	100%	100%
		Percentage staff with mandatory induction training completed within the deadline	100%	100%

5. WORKFORCE DEVELOPMENT

As at March 2014 the CHCP workforce comprised of 2,280 Headcount staff inputting 1787.39 whole time equivalents (WTE). The table below shows the workforce broken down by employing authority and service area. Note that these figures do not include any vacant posts in the process of recruitment.

West Dunbartonshire CHCP			
WTE Staff in Post by Service & Employing Authority			
Service Description	**NHS Employees**	**Council Employees**	**Total**
Community Health & Care	**118.01**	**747.05**	**865.06**
Child Health Care & Criminal Justice	**107.47**	**246.01**	**353.47**
Mental Health, Addictions & LD	**215.72**	**141.47**	**357.18**
Strategy, Planning & Health Improvement	**16.71**	**43.87**	**60.58**
Senior Management Team	**4.50**	**1.00**	**5.50**
Hosted Services	**145.60**		**145.60**
Grand Total	**608.00**	**1179.39**	**1787.39**

Notable characteristics of the CHCP workforce include:

- It is predominantly (85%) female.
- 45% are aged over 50 years old, with the largest age band falling between 50 and 54 years of age.
- 10% are aged over 60 years old, with some staff working beyond the "historic" retiral age of 65 years; and a small number working into their 70's.
- The CHCP employs only a small number of staff under 20 years old.
- The service areas with the highest proportion of staff (albeit under 20%) approaching anticipated retiral age are Mental Health, Addictions & Learning Disability Services; and Community Health & Care Services.

Looking forward within the context of the impending new HSCP for West Dunbartonshire, key workforce development priorities are:

- Ensuring staff accreditation, disclosure and registration.
- Supporting staff personal and continuous professional development planning (PDP and CPD).
- Ensuring training needs addressed – including child protection; adult support & protection; person-centred care; are planning; and dementia care.
- Investing in leadership development and succession planning.
- Supporting flexible working opportunities and arrangements.
- Enabling the use of agile technologies by staff.
- Supporting staff health and wellbeing.
- Supporting appropriate and effective attendance management.
- Emphasising career pathways to encourage retention.
- Ensuring active development of Mental Health Officer (MHO) status.
- Fostering external capacity within the volunteer and third sector workforce to support co-production.

6. STRATEGIC RISK MANAGEMENT

The CHCP recognises that the management of strategic risk at CHCP-level will impact on both WDC's and NHSGGC's respective abilities to achieve their strategic aims and objectives. To assist the SMT to manage and monitor such risks, it maintains an integrated CHCP Strategic Risk Register that both feeds the Corporate Risk Registers of its parent organisations; and is itself supported by operational service risk registers.

Risk Scoring Matrix (Pre-Mitigation):	Likelihood = L	Severity = S	Likelihood (L) X Severity (S) = Risk Scoring Level
WDC Risk Scoring		NHSGGC Risk Scoring	Risk Level
<6 = Low		1 – 3 = Low	Green
6 – 9 = Medium		4 – 9 = Medium	Amber
> 12 = High		10 – 19 = High; 20 – 25 = Very High	Red

RISK	**Risk Exposure**						**Risk Level**	**Mitigation / Risk Controls**	**Mitigation Lead**
	WDC			**NHSGGC**					
	L	S	LxS	L	S	LxS			
Failure to moderate and contingency plan for 1: 200 (SEPA) flood risk for site of Dumbarton Health Centre.	-	-	-	4	5	20	Red	Alternative accommodation identified to relocate staff and services in event of flood. Flood protection measures identified and documented to be employed as required. CHCP contributing to NHSGGC and WDC civil and business continuity arrangements.	Head of Community Health & Care Services
Failure to deliver a sustainable solution to asbestos-related health & safety risks within fabric of Clydebank Health Centre.	-	-	-	2	5	10	Red	On-going repair and refurbishment expenditure in immediate to short-term, but increasingly constrained by limitations caused by and increasing costs associated with the asbestos in the building. Following Health & Safety Executive assessment of premises, CHCP has confirmed that optimal solution is to secure funding and approval for a replacement facility. Clydebank Health Centre replacement prioritised no. 2 on NHSGGC partnerships' property strategy; and the CHCP has undertaken preparatory work and actively participating in the NHSGGC primary care estate feasibility scoping process in anticipation of the announcement of capital funds.	Head of Community Health & Care Services; and Head of Strategy, Planning & Health Improvement
Failure to ensure that Guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	3	4	12	3	3	9	Red / Amber	Procedures for allocating case being reviewed and strengthened, alongside training being provided to relevant staff in accordance with former SWIA Good Practice Guidelines on Supervising and Supporting Welfare Guardians (2009). Additional investment to recruit mental health officers explicit element within the local Older People's Change Fund Plan, alongside HR activities to retain recruited staff.	Head of Mental Health, Learning Disabilities & Addictions

RISK	Risk Exposure						Risk Level	Mitigation / Risk Controls	Mitigation Lead
	WDC			NHSGGC					
	L	S	LxS	L	S	LxS			
Failure to monitor and ensure the wellbeing of people in independent or WDC residential care facilities.	3	3	9	3	3	9	Amber	Systems are in place to ensure that findings of external scrutiny (Care Inspectorate) processes are acted upon timeously. CHCP Quality Assurance team provide pro-active and constructive support to care facilities alongside leadership role of relevant CHCP operational managers. Regular reports on residential care facilities standards are provided to CHCP Committee.	Head of Community Health & Care Services; and Head of Strategy, Planning & Health Improvement
Failure to meet legislative compliance in relation to child protection.	2	4	8	1	5	5	Amber	Child Protection procedures are in place and oversee by the Child Protection Committee. Work plan developed addressing identified areas for improvement as informed by recent child protection inspection. All child protection cases are audited regularly by the Child Protection Co-ordinator.	Chief Social Work Officer
Failure to meet legislative compliance in relation to adult support and protection.	2	4	8	1	5	5	Amber	Vulnerable adult procedures are in place and overseen by the ASP Committee and MAPPA arrangements. External inspection undertaken and recommendations acted upon. Local adult support arrangements will be subject to a bi-annual review process, with improvement actions set depending on findings	Chief Social Work Officer
Failure to deliver efficiency savings targets and operate within allocated budgets.	2	3	6	2	2	4	Amber	Finance management systems in place for both NHSGGC and WDC budgets, including regular reporting to SMT and CHCP Committee. Specific attention being paid to pressures within allocated prescribing budget.	CHCP Director
Failure to identify &/or then mitigate any significant adverse effects to patients / clients - including protecting equality groups - that may arise as an unintended consequence of delivering financial targets.	2	3	6	1	4	4	Amber	EQIAs undertaken routinely in relation to substantial changes/development, and explicitly reported on in relation to relevant reporting to CHCP Committee. Financial savings proposals routinely subjected to EQIA process prior to initiatives being confirmed by SMT.	CHCP Director
Failure to mitigate risks to Diabetic Screening Service of dependence on IT systems during on-going up-dating process.	-	-	-	2	2	4	Amber	Manual systems documented for use in the event of an IT failure, their application augmented by experienced staff.	Head of Community Health & Care Services
Failure to ensure that services are delivered by appropriately qualified and / or professionally registered staff.	2	2	4	1	1	2	Green	Systems are in place to discharge this in line with NHSGGC policy and WDC requirements, and compliance with standards set by external scrutiny and registration bodies. Refresher training arranged for relevant professional staff - including care planning, chornologies, supervision and risk assessment tools.	CHCP Director; and Chief Social Work Officer

7. FINANCE

The CHCP's Scheme of Establishment is explicit that NHSGGC and WDC will remain legally responsible for services belonging to each of them and will set the budget for such services annually. Within the context of the CHCP, the NHSGGC and WDC have agreed to align budgets; and the CHCP has delegated authority to distribute the combined budgets allocated by each parent body. Importantly, the CHCP has to separately account to the both WDC and NHSGGC Chief Executives for financial probity and performance with regards their respective and distinct budgets.

WDC (Social Work) Budget

- Revenue Estimates

OUTTURN 2012/2013 £000	SERVICE DESCRIPTION	REVISED EST. 2013/2014 £000	PROBABLE 2013/2014 £000	ESTIMATE 2014/2015 £000
1,387	STRATEGY AND PLANNING	1,347	1,177	1,235
3,408	RESIDENTIAL ACCOMODATION - YOUNG PEOPLE	3,261	3,368	3,227
2,257	CHILDREN'S COMMUNITY PLACEMENTS	2,194	2,550	2,423
2,374	RESIDENTIAL SCHOOLS	2,027	2,164	2,037
3,138	CHILDCARE OPS	3,314	3,323	3,609
3,519	OTHER SERVICES - YOUNG PEOPLE	3,738	3,723	4,127
11,467	RESIDENTIAL ACCOMODATION FOR ELDERLY	11,207	11,760	12,006
1,333	SHELTERED HOUSING	1,340	1,347	1,374
1,088	DAY CENTRES – ELDERLY	1,073	1,058	1,023
121	MEALS ON WHEELS	89	89	88
297	COMMUNITY ALARMS	277	289	286
2,972	COMMUNITY CARE OPS	2,954	2,875	3,190
8,563	RESIDENTIAL CARE - LEARNING DISABILITY	9,471	9,441	9,582
1,141	PHYSICAL DISABILITY	1,062	1,234	1,117
1,546	DAY CENTRES - LEARNING DISABILITY	1,536	1,564	1,615
912	OTHER SERVICES – DISABILITY	930	879	569
207	CHCP HQ	193	234	230
1,826	MENTAL HEALTH	1,820	1,807	1,889
9,094	HOMECARE	9,000	9,101	8,995
365	OTHER SPECIFIC SERVICES	367	366	366
1,127	ADDICTION SERVICES	1,344	1,262	1,240
0	CPP - CHILDREN'S SERVICES	412	412	0
293	OLDER PEOPLE'S CHANGE FUND	0	0	0
		58,956	**60,023**	**60,228**

- Capital

DESCRIPTION	*ESTIMATE 2014/2015 £000*
REPROVISION OF LEARNING DISABILITY SERVICES	516
SLIPPAGE	**516**
SPECIAL NEEDS ADAPTATIONS	655
RECURRING: OPERATIONAL REQUIREMENTS	**655**
REPLACE ELDERLY CARE HOMES AND DAY CARE CENTRES	8,910
ONE OFF PROJECTS IN TOP 50 WDC PROJECTS	**8,910**
TOTAL	**10,081**

NHSGGC Budget

- Revenue Estimates

The revenue budget for the year 2014/15 has yet to be finalised. The table presents the budget based on the existing budget rolled forward to exclude non-recurring expenditure, including assumptions of changes based on best estimates available.

The draft opening 2014/15 budget by service area is as follows in the table below.

Care Group	Annual Budget
Addictions - Community	1,833.4
Adult Community Services	9,827.4
Change Fund	11.2
Child Services - Community	1,684.3
Child Services - Specialist	1,228.5
Fhs - Gms	11,780.5
Fhs - Other	10,034.7
Fhs - Prescribing	16,442.6
Hosted Services	837.9
Learn Dis - Community	267.6
Men Health - Adult Community	3,414.3
Men Health - Adult Inpatient	0.0
Men Health - Elderly Services	2,983.4
Other Services	2,432.1
Planning & Health Improvement	872.9
Resource Transfer - Local Auth	7,518.6
Expenditure	**71,169.4**

With respect to the Older People's Change Fund, in 2013/14 the allocation to the CHCP for 2014/15 (the final year of the four year national funding) will fall to £1,209,000 (from £1,381,000 in 2013/14). As the Older People's Change Fund monies have been allocated to the NHSGGC Health Board on a non-recurring basis, this funding does not appear in the draft 2014/15 budget figure above.

- Capital

The main feature of the CHCP's NHS capital programme is pursuing the development of a new and substantive Clydebank Health & Care Centre as part of a wider regeneration strategy for the Clydebank area.

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health and Care Partnership

CHCP Committee: 21 May 2014

Subject: Review of West Dunbartonshire Community Planning Partnership Reshaping Care for Older People (Change Fund) Programme 2013-14

1. Purpose

1.1 To report on the progress and outcomes of the Reshaping Care for Older People (Change Fund) Programme for 2013-14.

2. Recommendations

Committee is asked to:

2.1 Note the workstreams taken forward in 2013-14.

2.2 Note the impact of change in the delivery of services to Older People.

3. Background

3.1 Partnerships across Scotland have been funded (Change Fund) since 2010-11 to develop programmes which support a Shift in the Balance of Care and to embark on a Reshaping Care for the Elderly strategy.

3.2 A multiagency, multidisciplinary group which also has representation from service users, carers and the 3rd and Independent Sectors oversees the Reshaping Care agenda and the Change Fund programme.

3.3 The finance available in 2013-14 was £1.38m.

4. Main Issues

4.1 The programme is designed to develop and lever changes in the way Older People and their carers are supported and where and how care is delivered. The programme is delivered under 5 key workstreams.

4.2 These are:

- Preventative and Anticipatory Care
- Proactive Care and Support at Home
- Effective Care at Time of Transition

- Hospital and Care at Home
- Enablers

4.3 Preventative and Anticipatory Care

4.3.1 We have developed an Anticipatory Care Programme (ACP) which allows the identification of older people at risk, undertakes a full assessment and puts in place a wide range of supports and plans particularly at times of crisis. 1190 clients/patients have been identified.

4.3.2 The fund has supported the development of the Linkup Project with West Dunbartonshire CVS which has seen a 54% increase in inter-service referrals and is now developing a "social prescribing" model with GPs in the area.

4.4 Proactive Care and Support at Home.

4.4.1 This workstream is designed to ensure that service users and carers are enabled to remain at home for as long as possible.

4.4.2 Investment in this workstream has included the development of a respite booking bureau which enables service users to plan and book their own scheduled respite. We have also increased the amount of respite provided and improved uptake rates.

4.4.3 Further investment has included additional support to Dementia sufferers in care homes and after diagnosis and has funded additional partnership working with Alzheimer Scotland.

4.4.4 The Care at Home service has expanded its ability to offer planned and unplanned respite at home.

4.5 Effective Care at Time of Transition

4.5.1 This workstream improves links between care sectors including more integrated services.

4.5.2 Additional linkages between Out of Hours services have been developed, particularly between Care at Home services, Out of Hours GPs and District Nurses.

4.5.3 The Care at Home service has developed a Reablement Team which focuses on improving confidence and the ability to undertake personal care and life skills. Of the clients who have received the service 33% need no further service; 33% need less service, with a final 33% needing the same or more service. The number of service users has decreased allowing the delivery of higher level care packages to service users with complex needs.

4.5.4 Linked to the Reablement Team is the Care at Home Pharmacy Service which undertakes a review of medication and provides advice and compliance

support. Both of the services were initially targeted at patients discharged from hospital and following success with this group is expanding to cover a wider group in receipt of services living at home.

4.5.5 Finally in this workstream a Palliative Care Nursing service is in place supporting primary care staff, care home patients and families at the end of life.

4.6 Hospital and Care at Home

4.6.1 This workstream supports the move from hospital to home or care home.

4.6.2 The Hospital Discharge Team is a multidisciplinary, multiagency team which includes social workers, occupational therapists, nurses, physiotherapists and additional MHO resource. Complex discharges whether to home or care setting are managed by the team and is available along with Care at Home services to hospital staff using a singe point of access. This allows for services to be deployed quickly and reduce time delayed in hospital. There has been a 21% reduction in bed days lost to delayed discharge in the year 2013-14.

4.7 West Dunbartonshire Reshaping Care for Older People workstream is delivering a change agenda. Whilst there is improvement across all key performance indicators (appendix 1) there remain considerable challenges to lever the changes we require to deliver services to a growing ageing population with complex health and social needs.

5. People Implications

There are no people implications.

6. Financial Implications

6.1 The workstream returned a balanced budget for 2013-14. An analysis of the impact of the Change Fund on levering changes to service delivery for both the NHS and WDC will be provided when the full years figures are available.

7. Risk Analysis

7.1 There is no risk identified.

8. Equalities Impact Assessment (EIA)

8.1 There is no equalities impact.

9. Consultation

9.1 The 2013-14 report has been developed with a full range of stakeholders.

10. Strategic Assessment

10.1 The plan meets the Council's objectives to:

- Improve care for and promote independence for older people and
- Improve the wellbeing of communities and protect the wellbeing of vulnerable people.

R Keith Redpath
Director of the Community Health and Care Partnership

Date:	15.04.14
Person to Contact:	Christine McNeill Head of Community Health and Care Services Chris.McNeill@ggc.scot.nhs.uk 01389 737356
Appendices:	CHCP Change Fund KPIs NHS GGC - March 2014.
Background Papers:	None
Wards Affected:	All

CHCP Change Fund 2013/14 - NHS GGC March 2014

Code & Short Name	2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	January 2014		February 2014		March 2014		2013/14		
	Value	Value	Value	Value	Value	Target	Value	Target	Value	Target	Value to Date	Target to Date	Annual Target
CHCP/CFP/001 Number of acute bed days lost to delayed discharges	6,050	1,065	1,271	1,261	375	318	410	318	543	319	4,925	3,819	3,819
CHCP/CFP/002 Number of acute bed days lost to delayed discharges for Adults with Incapacity	1,872	364	375	410	140	39	131	39	127	38	1,547	466	466
CHCP/CFP/003 Delayed Discharges at census	18	10	16	20	15	20	24	20	22	20	22	20	20
CHCP/CFP/004 No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013	2	0	1	2	2	0	1	0	2	0	2	0	0
CHCP/CFP/005 Number of Delayed Discharges under 28 days	14	5	11	11	7	14	16	14	13	14	13	14	14
CHCP/CFP/006 Number of Delayed Discharges over 28 days exception codes (Complex Codes)	2	5	3	6	5	0	7	0	7	0	7	0	0
CHCP/CFP/007 Number of Delayed Discharges less than 28 days exception codes (Complex Codes)	0	0	1	1	1	0	0	0	0	0	0	0	0
CHCP/CFP/008 Number of acute delayed discharges (within period)	36	22	24	28	31	36	27	36	34	36	34	36	36
CHCP/CFP/009 Unplanned acute bed days 65+	51,748	12,307	10,417	11,298	4,200	4,583	3,730	4,583	3,689	4,584	45,641	55,000	55,000
CHCP/CFP/010 Unplanned acute bed days 65+ as a rate per 1,000 population	3,502	815	691	749	278	311	247	311	244	311	3,025	3,735	3,735
CHCP/CFP/011 Unplanned acute bed days (aged 75+)	39,314	8,948	7,458	7,934	3,170	3,217	2,804	3,217	2,780	3,216	33,094	38,600	38,600

Code & Short Name	2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	January 2014		February 2014		March 2014		2013/14		
	Value	Value	Value	Value	Value	Target	Value	Target	Value	Target	Value to Date	Target to Date	Annual Target
CHCP/CFP/012 Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	5,750	1,295	1,080	1,147	459	533	406	533	402	534	4,788	6,400	6,400
CHCP/CFP/013 Number of emergency admissions 65+	4,398	1,041	954	1,001	344	354	307	354	326	354	3,973	4,250	4,250
CHCP/CFP/014 Emergency admissions 65+ as a rate per 1,000 population	298	69	63	66	23	25	20	25	22	25	263	300	300
CHCP/CFP/015 Number of unplanned admissions for people 65+ from SIMD1 communities	588	148	152	147	47	49	46	49	48	49	588	588	588
CHCP/CFP/016 Number of unplanned admissions for people 65+ by SIMD Quintile 2	1,079	254	245	275	110	90	95	90	100	89	1,079	1,079	1,079
CHCP/CFP/017 Number of unplanned admissions for people 65+ by SIMD Quintile 3	1,642	378	344	348	117	137	105	137	126	136	1,418	1,642	1,642
CHCP/CFP/018 Number of unplanned admissions for people 65+ by SIMD Quintile 4	995	236	190	207	60	83	54	83	38	82	785	995	995
CHCP/CFP/019 Number of unplanned admissions for people 65+ by SIMD Quintile 5	83	22	19	22	10	7	7	7	14	6	94	83	83
CHCP/CFP/020 Number of delayed discharges elderly mental illness	2	2	3	3	3	2	2	2	3	2	3	2	2
CHCP/CFP/021 Number of bed days lost to delayed discharge elderly mental illness	611	177	164	212	60	44	36	44	61	44	710	530	530
CHCP/CFP/022 Number of people in care home placements at month end (65+)	530	544	554	562	556	483	557	483	563	483	563	483	483
CHCP/CFP/025 Number of new admissions to Care Homes (65+)	210	52	44	51	13	16	13	16	25	17	198	188	188

Code & Short Name	2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	January 2014		February 2014		March 2014		2013/14		
	Value	Value	Value	Value	Value	Target	Value	Target	Value	Target	Value to Date	Target to Date	Annual Target
CHCP/CFP/026 Number of new admissions to care home placements Female 65+	140	35	28	33	7	8	7	8	17	9	127	97	97
CHCP/CFP/027 Number of new admissions to care home placements Male 65+	70	17	16	18	6	8	6	8	8	8	71	91	91
CHCP/CFP/047 Number of new admissions to care homes by SIMD Quintile 1	66	19	10	18	3	6	6	5	8	5	64	62	62
CHCP/CFP/048 Number of new admissions to care homes by SIMD Quintile 2	75	12	23	18	8	4	5	5	9	5	75	56	56
CHCP/CFP/049 Number of new admissions to care homes by SIMD Quintile 3	51	16	7	12	0	3	1	4	2	4	38	41	41
CHCP/CFP/050 Number of new admissions to care homes by SIMD Quintile 4	16	4	4	3	2	2	1	1	3	2	17	19	19
CHCP/CFP/051 Number of new admissions to care homes by SIMD Quintile 5	2	1	0	0	0	1	0	1	3	1	4	10	10
CHCP/LTC/001 Number of patients in anticipatory care programmes	372	372	824	824	Not measured for Months						1,024	824	824
NOCC-R3 Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	34.16%	34.1%	39%	39%	39%	33%	39%	33%	41%	33%	41%	33%	33%
SW03 % of people aged 65 or over with intensive needs receiving care at home	42.52%	42.38%	41.5%	40.5%	40.9%	49%	40.9%	49%	40.8% (provisional)	49%	40.8% (provisional)	49%	49%

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of the Community Health and Care Partnership

CHCP Committee: 21 May 2014

Subject: Community Planning Partnership Older Peoples Change Fund Plan 2014-15

1. Purpose

1.1 The report outlines the Reshaping Care for Older People Change Fund Plan for 2014-15.

2. Recommendations

Committee is asked to:

2.1 Approve the Change Fund Plan for 2014-15.

2.2 Note the implications of reduced funding in 2014-15 and that this is the final year of funding of this workstream.

3. Background

3.1 The 2013-14 report submitted to the Committee outlines some of the key workstreams undertaken and which have been core to the plan since 2011 which was the first year of the programme.

3.2 The plan for 2014-15 (appendix 1) builds on these outcomes and continues to promote services and supports which will Shift the Balance of Care for older people and develop a more integrated model of delivery for the future.

4. Main Issues

4.1 The Change Fund ceases in March 2015. The Scottish Government will announce its plans for the funding to Health and Social Care Partnerships it has proposed in June 2014 (Appendix 2).

4.2 There will be a requirement to disinvest in the plans workstreams should the funding not be directed at the priorities set out in the current plan.

4.3 A further paper will be submitted to Committee when the funding guidance is published in June 2014.

5. People Implications

5.1 There are no people implications

6. Financial Implications

6.1 There are no financial implications in 2014-15. However the government announcement expected in June may require early disinvestment to ensure no liabilities impact on 2015-16 budgets.

7. Risk Analysis

7.1 There is risk that the disinvestment required (see6.1 above) may mean an inability to complete the targets for 2014-15.

8. Equalities Impact Assessment (EIA)

8.1 There is no equalities impact.

9. Consultation

9.1 The plan has been consulted on across partners and with the 3rd and Independent sectors.

10. Strategic Assessment

10.1 The plan meets the Council's strategic priorities to:

- Improve care for and promote independence for older people and
- Improve the wellbeing of communities and protect the wellbeing of vulnerable people.

R Keith Redpath
Director of the Community Health and Care Partnership

Date:	21.05.14
Person to Contact:	Christine McNeill Head of Community Health and Care Services Chris.McNeill@ggc.scot.nhs.uk 01389 737356
Appendices:	Change Plan 2014-15 Change Fund 2014-15 and the move to the Integrated Care Fund 2015-16
Background Papers:	None
Wards Affected:	All

Health and Social Care Integration Directorate
Integration and Reshaping Care Division

T: 0131-244 2242
E: Kathleen.bessos@scotland.gsi.gov.uk

The Scottish Government
Riaghaltas na h-Alba

In 2014 Scotland Welcomes the World

Chief Executives, Local Authorities
Chief Executives, NHS Boards
Directors of Social Work and Chief Social Work Officer
Directors of Finance, Local Authorities
Directors of Finance, NHS Boards
Directors of Housing
General Managers, Community Health Partnerships
Relevant Professional and Voluntary Organisations

Our ref: A8140911

10 April 2014

Dear Colleague,

Change Fund 2014-15 and the move to the Integrated Care Fund 2015-16

As you know this is the last year of the Change Fund and partners should be looking at how the aims of the Reshaping Care for Older People (RCOP) programme are to be mainstreamed. This should be based on how they have measured improvement and success on the ground so far. You should also be aware we have undertaken two significant commitments since we launched RCOP - namely legislating for the integration of adult health and social care to be implemented by 2015, and publishing an evidence based RCOP outcomes framework later this year. These outcomes for older people have been developed over the last year by NHS Health Scotland with input from Scottish Government and their statutory and non-statutory partners and will ensure that the focus of RCOP is sharpened and supports the outcome approach to planning, delivery and performance and the use of evidence. The framework which aligns with our wider outcomes approach will be hosted in due course on the Joint Improvement Team website.

The final Change Fund monies of £70m are included in Board's baseline funding for 2014-15 and will therefore be included in the first allocation letter of the year. All money is expected to be spent in 2014-15. The same allocation criteria as previous years has been used to calculate the distribution of this money – as set out at ANNEX A.

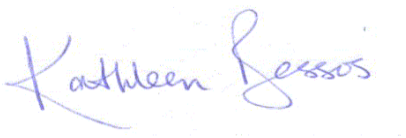
Please note there is **no new guidance** - please use the existing guidance as found on the JIT website: http://www.jitscotland.org.uk/action-areas/commissioning/. For clarity, I have attached the relevant parts of the guidance which you are required to return for 2014/15 at ANNEX B of this letter. Your return should contain information which evidences the progress that has been made in projects over the life of the previous Change Funds. It should also detail how you plan to spend your allocation of this year's fund, with the view to sustaining the changes that have been put in place with previous investment. Please be as accurate as possible as to the forecast spend – any projected underspend will **not** be available for carry forward to 2015-16 and will be expected to be returned to Scottish Government. A further

exercise will be carried out in December 2014 to collect updated figures and calculate any proposed return of funding to Scottish Government.

You should also note that the Health and Community Care Delivery Group is developing the guidance for the new £100m Integrated Care Fund for 2015-16. This will be signed off at the next Ministerial Strategic Group on 18 June. It is important to recognise that **the Integrated Care Fund is new and not a continuation of the Change Fund**. However, we hope it will build on the work that has been supported by the investment created around the previous years of investment. We will circulate the guidance on the Integrated Care Fund in June 2014.

In the meantime I would be grateful if you would submit your returns to Richard Lyall **by end May 2014** to clarify your intentions for spending for this final Change Fund for 2014-15.

Yours sincerely,



KATHLEEN BESSOS
Deputy Director

ANNEX A - CHANGE FUND ALLOCATION 2014-15

NHS Board	Partnership	£m 2014-15
Ayrshire & Arran	East Ayrshire	1.648
	North Ayrshire	1.960
	South Ayrshire	1.890
	TOTAL	**5.498**
Borders	**Scottish Borders**	**1.729**
D&G	**Dumfries & Galloway**	**2.561**
Fife	**Fife**	**4.899**
Forth Valley	Clackmannanshire	0.593
	Falkirk	1.885
	Stirling	1.156
	TOTAL	**3.634**
Grampian	Aberdeen City	2.739
	Aberdeenshire	2.837
	Moray	1.187
	TOTAL	**6.763**
Greater Glasgow & Clyde	West Dunbartonshire	1.209
	East Dunbartonshire	1.219
	East Renfrewshire	1.116
	Glasgow City	7.918
	Inverclyde	1.228
	Renfrewshire	2.109
	TOTAL	**14.799**
Highland	Argyll & Bute	1.710
	Highland	3.425
	TOTAL	**5.135**
Lanarkshire	North Lanarkshire	3.838
	South Lanarkshire	4.021
	TOTAL	**7.859**
Lothian	East Lothian	1.256
	Edinburgh, City of	6.013
	Midlothian	0.977
	West Lothian	1.501
	TOTAL	**9.747**
Orkney	**Orkney Islands**	**0.321**
Shetland	**Shetland Islands**	**0.328**
Tayside	Angus	1.691
	Dundee City	2.232
	Perth & Kinross	2.273
	TOTAL	**6.196**
W Isles	**Eilean Siar**	**0.531**
Scotland	**TOTAL**	**70.000**

ANNEX B - Change Fund 2014/15 Plan Template

1 YEAR CHANGE FUND INVESTMENT PLAN (2014/15)

Indicators of Progress

Question	Comments
Please describe the extent to which your Change Fund activity to-date has **changed the spend profile of the total resource envelope for Older People** in your area, and whether it has led to any **disinvestment**	
Please describe your **approach to determining the long term sustainability** of your Change Fund investments. Please provide summary information on any investments for which clear evidence as to their sustainability is available	
Please describe your **approach to determining the return on investment** of your Change Fund investments. Please provide summary information on any investments for which you consider clear evidence is available as to the return on investment that they are delivering	
Please describe the **value of your Change Fund investment in prevention** across the entire re-shaping care pathway. Please explain the rationale that you have used to identify relevant investments, in particular those that fall within the institutional spectrum	

Change Fund 2014/15 – Financial Summary

ITEM	£
2013/14 Change Fund year end spend total	
2014/15 Change Fund carryover from 2013-14	
2014/15 Change Fund allocation	
2014/15 local resources added to central Change Fund allocation (LA)	
2014/15 local resources added to central Change Fund allocation (NHS)	
2014/15 other local resources added to central Change Fund allocation (please state)	
Total 2014/15 Change Fund resources	
Total 2014-15 Projected Spend	
2014-15 Projected under/(over) spend	

Carers – 2014-15	£ Projected spend in £s	G % of total 2014/15 Change Fund allocation
Change Fund investment on direct carer support		
Change Fund investment on indirect carer support		
Total Change Fund investment on all carer support		

PARTNERSHIP DETAILS

Partnership name:	
Contact name(s):	
Contact telephone	
Email:	
Date agreed:	

The content of this template has been agreed as accurate by:

…….. …….

(name) for the NHS Board (name) for the Council

…… …….

(name) for the third sector (name) for the independent sector

When completed and signed, please return to:

Richard Lyall

2 ER, St Andrew's House,

Regent Road,

EDINBURGH, EH1 3Dg

richard.lyall@scotland.gsi.gov.uk

Appendix 1

West Dunbartonshire Community Health & Care Partnership

West Dunbartonshire Community Health and Care Partnership

Reshaping Care for Older People

Development Plan

2014-15

Introduction

This development plan reflects the outcome of our review of change plan activity so far and a refinement of planned activity with some continuity to ensure that we deliver our proposals fully.

The plan was developed with Community Planning Partners including, Social Work, Health and Housing and partners in the independent and 3rd sectors and is consonant with the refreshed Single Outcome Agreement for West Dunbartonshire . The partnership also undertook an active engagement process with the NHS Acute Sector..

We work closely with Carers of West Dunbartonshire and are committed to carers and their right to recognition and support.

There is a significant planned reduction in funding for 2014-15. We are grateful to our partners in West Dunbartonshire CVS and Alzheimers Scotland which have agreed to support their projects from internal resources in 2014-15 but remain crucial to the reshaping care agenda.

Developing Services to Prepare for Demographic Change

In West Dunbartonshire the demographic change in the number of older people shows an increase in the older population. Table 1 shows the projected demographic change in the ageing population in West Dunbartonshire to 2018.

Table 1
Older people Population Data – % Change 2005-2008 and Projections 2008-2018

	% change 2005-08 (65-74)	% change 2005-08 (75-84)	% change 2005-08 (85+)	Projection 2008 - 18 (65-74)	Projection 2008 - 18 (75-84)	Projection 2008 - 18 (85+)
West Dunbartonshire	-2%	2%	5%	18%	2%	23%
Scotland	**1%**	**2%**	**11%**	**21%**	**18%**	**40%**

Our own analysis shows that there will be a significant change in the level of need in our population: Using IORNS data we have projected a significant increase in the number of people in high needs categories.

The plan describes those elements which we will take forward this year.

.**Reshaping Care Pathway**

1. Preventative and Anticipatory Care

1.1 Anticipatory Care

There is evidence that integrated disease management models can reduce emergency admissions and length of stay. There are significant benefits for chronic conditions such as COPD. Clear plans provide support and clarity for service users, carers and Health and Social Care staff. Carer's of West Dunbartonshire will realign the anticipated Carer's Strategy funding for 2012/13 to support elements of the Change Fund.

Long Term Conditions

We propose continued development of such services linked to General Practice and to mainstream this model of care. In 2014-15 we will continue our investment in Anticipatory Care for patients in all care settings and align this work with the QOF contract for General Practice.

Expected Outcomes

- Identify a cohort of clients/patients at high risk of admission or failure of care package and develop alternatives to admission.
- Plan rapid response and alternative choices on behalf of at risk clients
- Improve coordination and ensure that information is updated and shared.
- Place anticipatory care plans and social care information on e-KIS which will be available to our integrated nursing and social care teams and to the Scottish Ambulance Service and Out of Hours services.
- Introduce ACP Nursing team, linked to Out of Hours services.

Change Fund Investment

	2012/13 £000	2013/14 £000	2014/15 £000
Additional Investment £000	154	154	145

1.2 Developing Services with the Independent Sector

We will continue our partnership with Scottish Care to fund a part time Development Officer to work with independent sector colleagues to develop services and models of care which will meet the needs of our population and fit with our commissioning strategy. In particular we will work with providers to develop their respite, challenging behaviour and rehabilitation services and continue to provide support to develop staff and service quality.

We will invest in a joint development programme (My Home) which will deliver improved coordination and service quality across LA and Independent Sector care homes across West Dunbartonshire.

Expected Outcomes

- Improved liaison with independent sector providers
- Development of capacity in line with changing demand
- Introduce additional respite and rehabilitation options
- Improved standards of care

Change Fund Investment

Change Fund Investment	2012/13	2013/14	2014/15
Liaison Officer	21	21	21

1.3 Developing Community Capacity

We have developed networked services with WD CVS to build on community capacity in particular befriending services, care and repair, support to carers and increasing awareness. We have invested in developing community directories and in publicising independent and 3rd sector services and groups, in partnership with Carers of West Dunbartonshire. We have developed work in partnership with Alzheimer Scotland. We have introduced systems to measure the impact of developments on wider system objectives in collaboration with Carers of West Dunbartonshire and WD CVS. A review of the programme shows it has met its year 2 targets. West Dunbartonshire CVS. In 2013/14 we will continue this work and support the next stage of its development.

Expected Outcomes

- Further develop the LinkUp service to streamline referrals from and between the 3rd and Independent sectors
- Develop a Social Prescribing model
- Maintain a dedicated helpline number manned by volunteers
- Further develop a shared assessment process between key 3rd sector delivery partners
- Support a shared staff development and training programme
- Support carers through Carers of West Dunbartonshire and do this in partnership with West Dunbartonshire CVS
- Identify and support more carers
- Increase referrals by a further 25%

Change Fund Investment

	2012/13	2013/14	2014/15
CVS Proposal	114 (WDC)	68*	-

2. Proactive Care and Support at Home

2.1 Housing

Our Housing Strategy seeks to ensure clear strategic leadership about housing priorities for older people. It aims to ensure appropriate information and advice to make informed choices and that older people are assisted to remain in and make best use of existing housing stock. It seeks to invest in new housing which meets the needs of older people and to provide low level preventative support.

A key priority for us is to develop alternatives which maximise the independence of older people and their ability to live at home for as long as possible. There are currently 609 registered residential and nursing care places provided within the West Dunbartonshire Council area. The balance of care between Council-run and purchased places shows that there are 414 registered places in private and voluntary sector residential and nursing care provision in West Dunbartonshire and 195 registered places in Council-run provision. The Council currently provides residential and nursing care for around 599 older people in both Council-run care homes and through the purchase of residential care from the private and voluntary sectors. We also provide 252 sheltered housing places in addition to 204 tenancies in a range of 3rd and independent sector specialist provision. Our Best Value Review proposes that new extra care housing provision should be developed. We will continue to

- Develop plans for new and refurbished Housing
- Develop Services at Points of Transition
- Provide preventative interventions and supports
- Ensure rapid access to assessment, and provision of aids and adaptations.

Expected Outcomes

- Reduced waits for OT assessment and aids and adaptations to 4 weeks
- We are developing new models of care at home such as extra care housing
- and we are working with 3rd Sector and Local Housing Associations to develop housing with care options.

Change Fund Investment

	2012/13	2013/14	2014/15
OT Waiting Times	160(WDC)	90	48

2.2 Respite

We have established a bureau model for older peoples respite services. This enables direct access, improved coordination and take-up of existing respite and step up/ step down opportunities and is more flexible and responsive to peoples' needs. It provides an out of hours service to support emergency access to respite and step up services where a client's or a carer's needs are urgent and links to our Primary Care Dementia Service, our Community Older Peoples Team, Out of Hours Services and independent sector providers.

In 2013-14 we made additional respite available and we will continue this in 2014-15.

Expected Outcomes

- Reduce "failure" rate and costs.
- Increase the number of respite weeks provided by 20% and to maintain that level
- Increase the level of self directed support for respite by 10%
- Improve access to out of hours and short break respite
- Improve access and support for carers
- Provide respite at home

Change Fund Investment

	2012/13	2013/14	2014/15
Respite Bureau	70	70	50
Additional Respite	60(WDC)	60*	60
	130	70	110

2.3 Primary Care Dementia Service

Currently 7.2% of people over 65 within West Dunbartonshire have Dementia. As our population increases and ages this is projected to increase by 75% by 2031 (The Dementia Epidemic, 2011).

During 2010 60% of admissions to the Dementia assessment unit were from other care settings, primarily care homes or acute hospital beds and 65% of discharges during 2010 were to care homes. The average length of stay was 134 days. The number of available beds will reduce following the review of Older Peoples Mental Health Inpatient beds and therefore a target reduction in the numbers of patients is hard to predict. The team will continue to work closely with Discharge Support Service, Community Elderly Mental Health Teams, Care Homes and primary care to deliver a case management service for dementia clients and their carers and who are currently not managed by traditional mental health specialist services.

In support of the HEAT Target to improve early diagnosis of dementia we have worked with Alzheimer Scotland (AS) to recruit a local dementia adviser. In year 1 we match funded their contribution to provide support to patients, their carers and to health and social care staff across all care settings. The post supports early diagnosis of dementia and diagnosis in primary care and provides education and training to staff. With support from AS and WDCVS we continue to develop social supports for patients with Dementia and their carers.

Expected Outcomes

- Our target was to reduce the numbers of patients with delayed discharge from EMI beds by 20% year on year by 2014. Table 2 shows that this target has been achieved with a 50% reduction over 2011-12 and we will continue to target improvement in this area.
- Link to supported discharge team to ensure successful transition
- Support additional carers in collaboration with Carers of West Dunbartonshire
- Avoid Admission to EMI beds particularly from care homes

Table 2 Target for Reduction in EMI Delayed Discharge and Average Length of Stay

	EMI DD Bed Days Lost	Target
2009/10	1140	
2010/11	730	
2011/12	1514	570
2012/13	611	570
2013/14	709	530

Change Fund Investment

Additional Investment	2012/13	2013/14	2014/15
£000s	110	110	138
Partnership with Alzheimer Scotland	50 (WDC)	50*	25
Total	110 (50)	110	163

2.4 Care at Home Provision

We have provided funding for additional complex home care packages to enable older people to remain at home and provide support to carers for longer and this complements our current investment in telecare.

In 2014-15 we will expect to see a shift of resources from the reablement team into Care at Home and to use reablement as part of mainstream service provision

Expected Outcomes

- Support additional numbers of elderly clients to live as independently as possible
- Mainstream services to those reabled
- Support more carers in West Dunbartonshire in collaboration with Carers of West Dunbartonshire
- Increase the support available Out of Hours (see 3.1 below)

Change Fund Investment

Additional Investment £000	2012/13	2013/14	2014/15
	125	125	125
Released from Reablement	0	158	101
Total	125	283	226

3. Effective Care at time of Transition

3.1 Out of Hours Care

We are now managing Out of Hours Nursing, Home Care, Sheltered Housing, Care Homes, and Mobile Attendants as a coherent network, based around neighbourhood teams.

We are now able to provide accessible options to General Practice and Social Work colleagues for clients who require rapid response, nursing and care at home provision by providing a single point of contact (see 1.1 Anticipatory Care). Because of our continued relationship with NHS Highland we will reduce our investment this year with no reduction in service availability.

Expected Outcomes

- Provide alternatives to admission.
- Provide Rapid Response Out of Hours
- Develop Neighbourhood Services
- Integrate Social Work and Health Out of Hours provision

Change Fund Investment

Additional Investment	2012/13	2013/14	2014/15
£000s	80	80	20

3.3 Reablement

We have established a Home Care Reablement team which changes the culture of Home Care from task and time to better outcomes, maximises clients long term independence and quality of life and appropriately minimises support reducing the whole life cost of care.

Our evaluation of our reablement service outcomes shows that one third of clients require additional input, one third the same level of service but that the final third require no further service. The number of clients in receipt of service has fallen but the average hours per client have risen. This indicates that we are targeting our services appropriately, maintaining clients with complex needs at home and provides capacity to meet the demand of this growing demographic.

We anticipate that because fewer clients need care at the end of reablement than they would have received from a traditional home care service, the care hours available can be used to meet the demand for home care from an increasing number of older people with complex needs.

A single point of access allows close links with our Supported Discharge Team and our Community Older Peoples Team. In addition to the Home Care and Occupational Therapy staff we have recruited pharmacy technicians managed from our prescribing service to provide compliance support and to liaise with community pharmacy. Outcomes from this service have shown improved compliance and early detection of prescribing issues.

We will continue to use Change Fund to pump prime a shift from low intervention clients to high needs clients to meet the changing demographic picture. The projected spend in year 3 reflects an expectation that we will shift resource to care at home.

Expected Outcomes

- Continue to develop appropriate medication-related education and training for WDC Home Care staff.
- Reduction in bed days in relation to discharge
- Reduction in re-admissions
- Contribute to our Anticipatory Care Planning approach
- Increase appropriate use of Telecare and Step Up, Step Down provision
- Introduce Day Care Reablement and reablement in short term care home placements
- Provide a focus for volunteer input – eating with clients, Macmillan volunteers, Care & Repair
- Carers will be supported and referred to other sources of help such as Carers of West Dunbartonshire

Change Fund Investment

Additional Investment	2012/13	2013/14	2014/15
£000s	283	100	42
Pharmacy	40	78	89
Total	313	178	131

3.4 End of Life Care

In partnership with Acute Sector partners we will improve palliative care provision by increasing the available palliative care beds and by providing additional Community Palliative Specialist Nurse resource available to all care settings.

We have introduced a Community Specialist Palliative Care Nurse Service.

Expected Outcomes

- Each patient with Palliative Care needs is held on Palliative Care Register
- Reduce the proportion of people within West Dunbartonshire dying in hospital.
- Introduce Supportive and Palliative Action Register (SPAR) to provide a tool to aid the identification of cancer and non-cancer patients entering a palliative phase
- Enhance training for care home and home care staff
- Achieve a 20% decrease in the number of palliative care patients dying in hospital (see table 3)
- Carers will be supported throughout the whole process and referred to appropriate sources of help

We met our 2014 targets in 2012/13 and revised them to seek further improvement . We have made further improvement in cancer deaths but non cancer deaths remain challenging. Our target for cancer deaths will not be revised but a more realistic target for non cancer deaths of 35% will be set.

Table 3
Target Reduction in the Proportion of Cancer Deaths and Non Cancer Deaths Occurring in Hospital in West Dunbartonshire. (GG&C HNA Palliative Care)

Hospital		Hospital	
2009/10		2013/14	
Cancer	Non Cancer	Cancer	Non Cancer
52.2%	60.1%	26.74%	40%
Initial Target 2014		Revised Target 2014-15	

. Change Fund Investment

Additional Investment	2012/13	2013/14	2014/15
£000s	80	80	80

4. Hospital and Care Homes

4.1 Facilitating Discharge

We have introduced an integrated multi-disciplinary Community Hospital Discharge Team. The team integrates the hospital based service (devolved to the CHCP) with additional rehabilitation staff and additional Mental Health Officer capacity. It will offer additional physical rehabilitation, liaison with families/carers and link directly to the Reablement Service and to the Primary Care Dementia Service and Carers of West Dunbartonshire which has recruited a carer support worker to work with families. We will fund four additional Step Up, Step Down beds in partnership with the independent sector to provide an opportunity to maximise rehabilitation potential. These beds will be accessed by protocol by, will have a maximum stay of four weeks and be used to deliver reablement and rehabilitation (see 4.2 below).

Expected Outcomes

- Reduce the number of bed days consumed by patients ready for discharge to target.
- Reduction in bed days because of readmission/admission
- Carers will be involved and supported

We have seen a considerable increase in the rate of hospital discharges referred to Social Work which has significantly supported the hospital sector to maintain business flow at the same time as improving our performance for average length of delay. We have seen a 6% increase in referrals for complex home care packages and a 50% increase in referrals for long term care – overall a 34% increase in discharge referrals.
We have made progress in reducing bed days lost but have not achieved target in 2013-14. This has been due to a stubbornly high level of AWI cases and the reduction of 35 available care home places. We have targeted reduction in the numbers of AWI delays and the length of delay which if achieved will deliver the target volume in 2014-15. Nevertheless it is important to not that there has been a 45% reduction in bed days lost since 2010-11. We will therefore increase our investment marginally in 2014-15

Table 4
Target for Reduction in Days Lost to Delayed Discharge and for AWI in Acute Beds

	DD Bed Days Lost	Target	AWI Bed Days Lost	Target	AWI DD Average Days Lost	Target
2009/10	7638		931			
2010/11	8644		3160			
2011/12	8611	3819	1798	466		35
2012/13	6050	3819	1872	466	120	35
2013/14	4700	3819	1509	466	120	35

.
Change Fund Investment

	2012/13	2013/14	2014/15
Additional Investment £000	240	258	266

4.2 Intermediate Care

In order to meet our targets to shift the balance of care in the first years of the plan we will need to provide additional support to clients transferred to Sheltered Housing, Extra Care housing with high packages of care or to care home or intermediate care settings. We anticipate that the trajectory of placements will peak in the first years of the Change Fund and level out thereafter as we maintain a steady rate.

Expected Outcomes
- Provide additional short term packages of intensive care at home, care home or intermediate care
- Contribute to the reduction of Delayed Discharges

Change Fund Investment

Additional Investment	2012/13	2013/14	2014/15
£000s	118	98	27

5. Enablers

Co-Production - Carers Development
We will continue to align the development of supported self and carer's support by sponsoring a collaborative project bringing together our investment from the Carers Information Strategy, Long Term Conditions Funding and core funding and the development of self directed support.
We have raised awareness of all staff employed across West Dunbartonshire CHCP of carers' needs, the role carers play in supporting self care particularly in areas of

Diabetes, COPD, Stroke, and Dementia. We will continue to support the current workforce in a multi disciplinary approach to targeted health care improvement and Increase our provision of self directed care. We will also continue to work with McMillan, Carers of West Dunbartonshire to deliver training and education for patients and carers with long term conditions. These enablers have been adopted as mainstream service delivery and no additional Change Fund budget is required in 2014-15.

CAM April 2014

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership
Community Health & Care Partnership Committee: 21st May 2014

Subject: West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2014-17

1 Purpose

1.1 The purpose of this report is to bring to the CHCP's Committee's attention the West Dunbartonshire Community Planning Partnership (CPP) Single Outcome Agreement (SOA) 2014-17.

2 Recommendations

2.1 The Committee is asked to endorse the West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2014-17.

3 Background

3.1 A national review of community planning, jointly led by COSLA and Scottish Government was concluded at the beginning of 2013 with dissemination of a Statement of Ambition and SOA guidance. An Assurance Process was established to ensure that SOAs across Scotland were suitably ambitious and would meet with the expectations of the review.

3.2 The interim West Dunbartonshire SOA for 2013-14 was submitted to the Scottish Government Community Planning team and the scrutiny panel for review. The process highlighted a number of positives in terms of the progress made in this area in response to the Scottish Government guidance on developing the SOA; and has informed the development then of the new SOA for 2014-17 (attached).

4 Main Issues

4.1 This SOA sets out the long term vision for West Dunbartonshire and the current context in terms of the profile of the area. Key priority areas are detailed alongside the main challenges to success. It has been developed as a strategic and overarching planning document and includes only high level and long term outcomes and performance indicators.

4.2 This SOA focuses on four interconnected priorities which are delivered through local multi-agency action and coordinated activity, i.e.:

- Employability & Economic Growth.
- Children and Families.
- Older People.
- Safe, Strong & Involved Communities.

4.3 While these four areas have been used to organise and target the combined efforts of partners there is recognition that work to reduce inequalities and improve physical and mental wellbeing is embedded through all of this activity. This work will be reflected in the action plans and performance frameworks which support the delivery of the ambitious CPP agenda. All of this activity is also supported and underpinned by a significant focus on community empowerment, development and capacity building.

4.4 As members will recall from the February 2014 CHCP Committee meeting, West Dunbartonshire Community Planning Partners are committed to a *determinants-based approach* to health inequalities. This position is reflected within this SOA, with the local-term goal being to have tackled population-level health inequalities by having collectively addressed its root causes – i.e. stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence.

4.5 As members will recall, the CHCP has and will continue to provide local leadership through working with partners to refine the local community planning approach towards improving health and tackling health inequalities in a disciplined manner that is both determinants-oriented in nature and streamlined in organisation. The “upstream” action by Community Planning Partners to tackle the determinants of inequity are reflected in the work programmes of the three dedicated Delivery and Improvement Groups (DIGs) now established, i.e. Employability & Economic Growth; Children & Families; and Safe, Strong & Involved Communities. The CHCP–led Older People’s Change Fund Implementation Group effectively discharges the “DIG” function for the SOA priority on older people. The CHCP Director is a key member of the local CPP Management Group; and senior officers within the CHCP are actively engaged in shaping and contributing to different CPP workstreams and DIGs. As members will recall, the benefits of this are evidenced by the local Older People's Change Fund Plan from day one being taken forward as a joined-up community planning process; and the local integrated children’s services plan being developed as a community planning vehicle to ensure that local Early Years Collaborative activities build on the more comprehensive approach to Getting It Right For Every Child (GIRFEC). Importantly, these community planning programmes of work reflect an emphasis on early intervention and prevention - and with action to address health inequalities seen as a joined-up part of those ambitious and challenging agendas.

4.6 As members have previously endorsed, the CHCP Committee is the formal forum for overseeing and scrutinising the “older people” and "health inequalities" indicators within the local SOA on behalf of Community Planning Partners. As members will recall, the consolidated performance reports routinely presented to the CHCP Committee have explicitly incorporated a performance up-date in relation to the local SOA indicators that the CHCP had lead responsibility for. As per the recommendations of Audit Scotland and evidenced by the consistently positive response to the performance reporting by the CHCP Committee meeting, this streamlined and best practice system

will continue to mitigate against unnecessary duplication of and piecemeal reporting; and ensure that the CHCP Committee is able to transparently draw conclusions based on a coherent and comprehensive presentation of data and information on behalf of community planning partners.

4.7 Looking forward in respect to the scope for a Health and Social Care Partnership (as the successor entity to the CHCP) to further strengthen the above, members will recall that the Policy Memorandum accompanying the Public Bodies (Joint Working)(Scotland) Bill 2013 explains that the premise underpinning integration of budgets is that the allocation and utilisation of resources should recognise the interdependencies between health and social care services; and that the service imperative of integrating all aspects of care (from prevention through to specialist treatment) should be reflected in, and enabled by, integrated resource models. The eventual ability to look at overall expenditure, and to use budgets flexibly, should ensure that needs are met in the most appropriate and cost-effective way. This is very much in line with the aspirations of the recent national Agreement on Joint Working on Community Planning and Resourcing, which further underlines the importance of the shadow and then eventual final HSCP arrangements within West Dunbartonshire being appreciated as a manifestation of strategic community planning in practice (as has been true for the current CHCP).

5. People Implications

5.1 There are no specific personnel issues associated with this report.

5. Financial Implications

6.1 The commitments made in the SOA will be delivered within available resources; and will focus on delivering efficiencies and best practice through collaboration.

7. Risk Analysis

7.1 If the CHCP is unable to clearly demonstrate a pro-active contribution to and support for the priorities reflected within this SOA there is the issue of reputational risk, amongst both other community planning partners, scrutinising organisations and local communities. In addition to approving the CHCP Strategic Plan 2014/15 (separately presented to the meeting), the CHCP Committee now endorsing this SOA would mitigate such a risk and provide assurance.

8. Equalities Impact Assessment (EIA)

8.1 As agreed at the CPP Management Meeting of February 2014, an EIA is being completed on the approve SOA by the West Dunbartonshire Council Corporate & Community Planning Section.

9. Consultation

9.1 The development of the SOA for 2014/17 has been carried out in discussion with all partners. The Scottish Government convened SOA Assurance Panel positively commented upon the model for community engagement that is being local developed across community planning partners.

10. Strategic Assessment

10.1 This refreshed SOA reinforces the Council's strategic priorities:

- Improve economic growth and employability.
- Improve life chances for children and young people.
- Improve care for and promote independence with older people.
- Improve local housing and an environmentally sustainable infrastructure.
- Improve the well-being of communities and protect the welfare of vulnerable people.

Keith Redpath
Director of Community Health & Care Partnership
Date: 1st May 2014

Person to Contact: Mr Soumen Sengupta
Head of Strategy, Planning and Health Improvement
West Dunbartonshire Community Health & Care Partnership, West Dunbartonshire Council HQ, Garshake Road, Dumbarton.
E-mail: soumen.sengupta@ggc.scot.nhs.uk
Telephone: 01389 737321

Appendices: West Dunbartonshire Community Planning Partnership Single Outcome Agreement 2014-17

Background Papers: CHCP Committee Report: CHCP Strategic Plan 2014/15 (May 2014)

CHCP Committee Report: West Dunbartonshire CHCP Year End Performance Report 2013/14 (May 2014)

CHCP Committee Report: Report of the Ministerial Task Force on Health Inequalities 2013 (February 2014)

Scottish Government & COSLA: Agreement on Joint Working on Community Planning and Resourcing (2013) www.scotland.gov.uk/Resource/0043/00433714.pdf

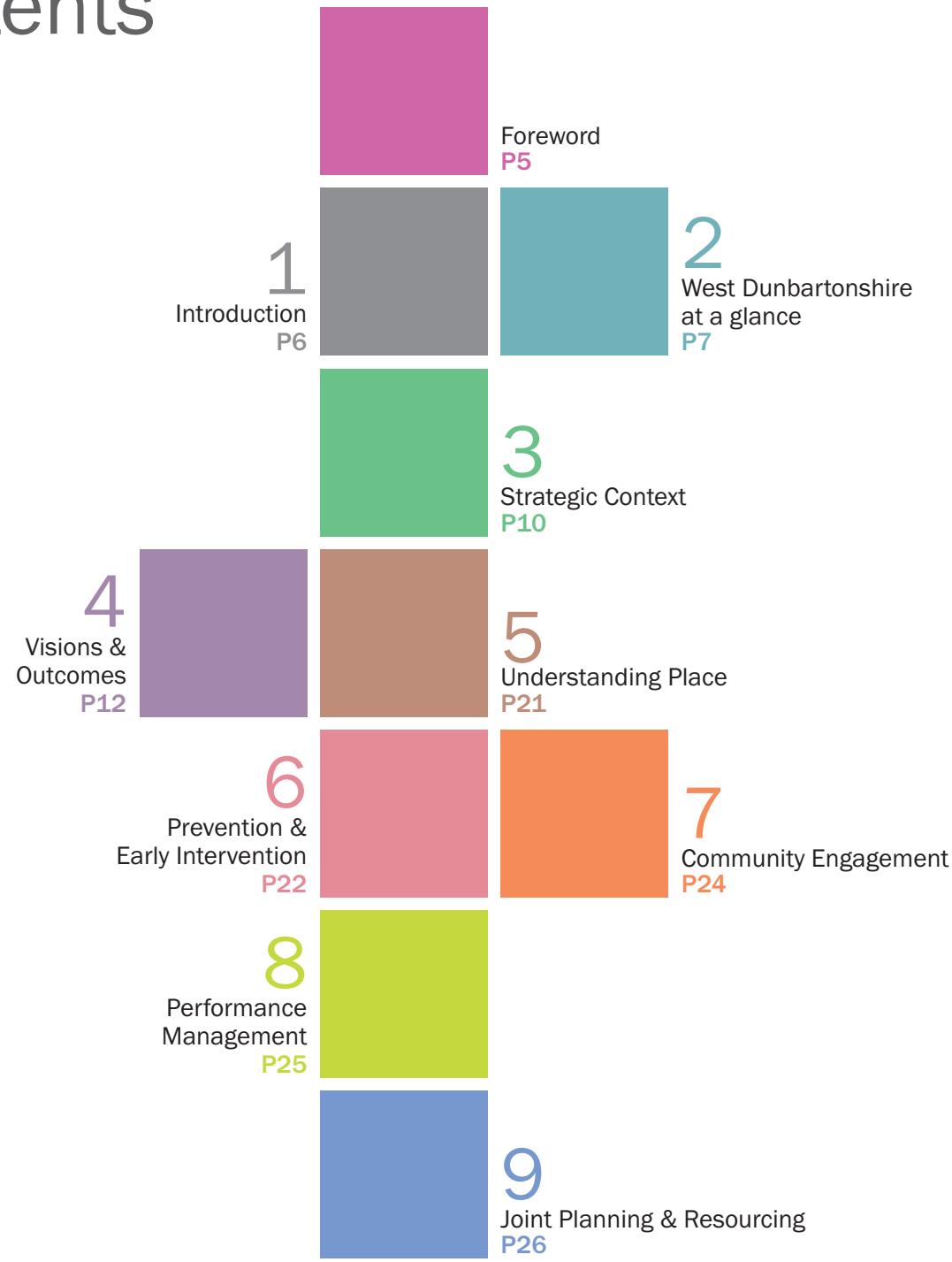
Wards Affected: All

COMMUNITY PLANNING
WEST DUNBARTONSHIRE

SINGLE OUTCOME AGREEMENT 2014 2017

"...a great place to live, work and visit"

Contents



Acronyms

The following acronyms have been used throughout the document:

CHCP	Community Health & Care Partnership
COSLA	Convention of Scottish Local Authorities
CPP	Community Planning Partnership
DIG	Delivery & Improvement Group
DWP	Department of Work & Pensions
EYC	Early Years Collaborative
ESA	Employment Support Allowance
GIRFEC	Getting it Right for Every Child
ICSP	Integrated Children's Services Plan
JSA	Jobseekers Allowance
MA	Modern Apprentices
MEND	Mind, Exercise, Nutrition, Do it!
PPF	Public Partnership Forum
SIMD	Scottish Index of Multiple Deprivation
SOA	Single Outcome Agreement

SINGLE OUTCOME AGREEMENT 2014 2017

"...a great place to live, work and visit"

Foreword

I am delighted to be introducing the 2014/17 Single Outcome Agreement (SOA). This document sets of the strategic vision for the area and outlines the key priorities and outcomes we will be tackling as a partnership. Our priority areas are Employability & Economic Growth, Children & Families, Older People and Safe, Strong & Involved Communities. These are supported and underpinned by a strengthened approach to collaborative management of services and resources, performance management and community engagement. The cross cutting issues of reducing inequalities and promoting physical and mental health & wellbeing are embedded throughout all of our activity.

As a partnership we are fully committed to ensuring West Dunbartonshire is a great place to live, work and visit. This SOA details our longer term vision for the area and the specific outcomes we will be focused on delivering over the three years of the agreement. We have a suite of action plans and linked strategies across the partnership which facilitate and enable delivery, and build our collaborative capacity for change.

I am confident that the partnership can achieve the ambitious outcomes we have set for ourselves in this SOA. We have a focus on delivering positive and meaningful change through strong partnerships with, and for, our local communities. I will be doing everything I can to ensure that this is achieved.

Martin Rooney
Chair
Community Planning West Dunbartonshire

SECTION

1

Introduction

The journey so far

The aim of Community Planning is to support improved outcomes for local people through working together to deliver better services. The Single Outcome Agreement (SOA) is our vehicle for delivering the actions required to achieve this. It sets out our vision, priorities and outcomes. Our vision is to make West Dunbartonshire...

> "...a great place to live, work and visit"

Significant progress has been made through previous SOAs to deliver on improved outcomes for the people of West Dunbartonshire. As we enter a more challenging era we will have to do more with less. This requires new ways of working through partnerships to ensure that our services are joined up and aligned.

Our communities know best where there is greatest need for targeted resources and we will be working in new ways to gather this intelligence and co produce services. A new neighbourhood approach to community engagement and service management will ensure we are responsive to local needs where this is possible and appropriate.

Partners in West Dunbartonshire are committed to an approach which invests in a fundamental shift towards prevention and early intervention – recognising that this is the only model which is sustainable in the long term.

This SOA is designed as the overarching strategic framework for the partnership. It outlines our long term vision for the area and the key priorities and outcomes we will be focusing on. The detail of actions to be undertaken sits with the Delivery and Improvement groups which support the CPP, and will be reported through a performance framework for the partnership.

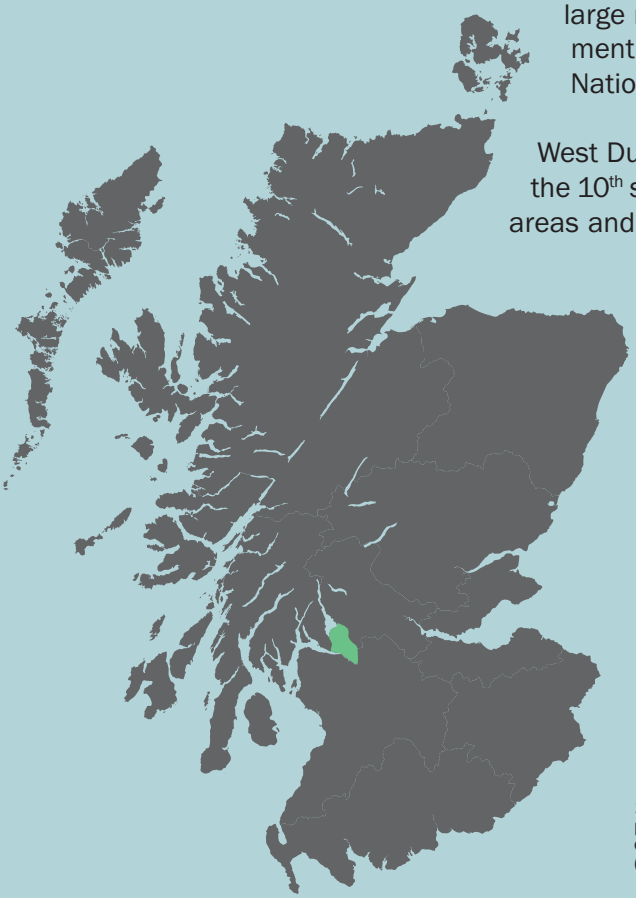
SECTION

2

West Dunbartonshire at a glance

West Dunbartonshire is an area of sharp contrasts; it combines some of the finest lowland scenery in Scotland at Loch Lomond with the shipping heritage of the Clyde at Clydebank, where the area's past success in shipbuilding and engineering is celebrated.

The area has three main localities which are equally diverse: Clydebank a densely populated urban area which borders the City of Glasgow, Dumbarton which is a large market town and the Vale of Leven which is a settlement on the edge of the Highlands and our gateway to the National Park.



West Dunbartonshire has a population of 90,340, making it the 10th smallest population across all Scottish Local Authority areas and the second smallest in terms of land area[1]. Around half of area's population live in Clydebank, typically in flats. This means that Clydebank has a population density figure more associated with cities or large urban towns, while Dumbarton and the Vale of Leven, which are less densely populated, are classified as accessible small towns.

1. West Dunbartonshire Council Social and Economic Profile 2012/13, p7 http://westdunbarton.gov.uk/council-and-government/council-information-performance-and statistics/social-economic-profile (accessed 01/03/2013)

West Dunbartonshire Profile

West Dunbartonshire is in the fortunate position of being close to the urban amenities of Glasgow while also acting as a gateway to the Loch Lomond & Trossachs National Park. The strong transport connections in place allow local residents to access jobs and leisure activities outwith the area if they wish while our ambitious programme of school modernisation and housing development makes the area an attractive place to live.

Like the rest of Scotland, West Dunbartonshire has not been immune to the impact of the recession and resultant reductions in public spending. The 2012 Scottish Index of Multiple Deprivation (SIMD) shows that the area has doubled its share of datazones in the 5% most deprived areas of Scotland over the last eight years. The number of West Dunbartonshire datazones in the 5% most deprived in Scotland has been increasing with each round of the SIMD publication since 2004, and our relative position in Scotland has worsened over the same time period.

Employment

The most current figures show that 38,500 people or 66% of the working age population are in employment. And despite the difficult economic circumstances West Dunbartonshire most recent School Leavers' Destination Report showed that West Dunbartonshire has performed better than the national average on this measure.

In common with older industrial areas West Dunbartonshire has suffered from the decline in shipbuilding, engineering and manufacturing. The high degree of specialism in these industries meant the area was significantly affected. West Dunbartonshire is now one of Scotland's most deprived older industrial areas, and like many others, faces the challenge of having to regenerate and restructure to prosper in a 21st century economy.

This need to regenerate and restructure is evidenced by the kind of adverse economic indicators found in such circumstances:

- **17.8% of the working age population are employment deprived with 19.1% considered income deprived[2]**
- **The Jobseekers Allowance (JSA) claimant rate at 5.3% is amongst the highest in Scotland**
- **Levels of Employment and Support Allowance (ESA) and Incapacity Benefit claimants are high at 10.2% compared to 7.7% for Scotland**

As described above, West Dunbartonshire has experienced lower employment rates than the rest of Scotland for an extended period. In response the Council launched a new Jobs Growth and Investment Framework and invested an additional £3.2 million in job creation and Modern Apprenticeships. It set an ambitious target to create 1,000 jobs in 1,000 days. It launched its flagship Working 4U service which works closely with key community planning partners in providing joined up services focusing on work, learning and money.

2. SIMD 2012 http://www.scotland.gov.uk/Topics/Statistics/SIMD/Publications/LASummariesSIMD12/LASummaryWestDunbartonshire 12
3. Life Expectancy for areas in Scotland 2008-10, 19 October 2011, GRO Scotland
* Of 32 Scottish Local Authorities. 1 = best, 32 = worst.
4. Glasgow Centre for Population Health, Community Health Profile, West Dunbartonshire, 2010
5. West Dunbartonshire Citizens Panel
6. http://wdcmis.west-dunbarton.gov.uk/cmis5/Meetings/tabid/73/ctl/ViewMeetingPublic/mid/410/Meeting/7649/Committee/516/Default.aspx

By February 2014 the Council's Working 4U service and Economic Development had achieved the target of 1000 jobs in 650 days, considerably ahead of time. This includes a significant increase in the number and range of Modern Apprenticeship (MA) places being filled, with 257 MAs recruited by the Council during this period. Of the jobs secured 65% are in the private sector. This work has also seen a significant increase in the percentage of sustained jobs i.e. jobs that last more than six months. The percentage of sustained jobs has increased from 29% in 2010 to 63% today.

In March 2014 the West Employability Hub was formally opened in Dumbarton. This innovative project, the first of its kind in Scotland, is a partnership of West Dunbartonshire Council, West College Scotland and DWP. It provides a central and coordinated point for all employability and related services for young people aged between 16 and 24 in this area. All young people on JSA are referred through the Hub. It is good evidence of community planning in practice with three different agencies operating together through the Hub, and with employers increasingly using the centre to attract and recruit new staff including Cameron House, Marks & Spencers and Aldi.

The vast majority of economic output for West Dunbartonshire is accounted for by the Service Sector (34%); Business services and finance accounts for a further 23%. Other key employment areas are distribution, transport and communications (19%); manufacturing (16%) and construction (7%).

Health & Wellbeing

West Dunbartonshire experiences persistently high levels of social inequity and long-standing health inequalities. The area has life expectancy rates that are statistically significantly worse than the Scottish average having the second lowest life expectancy at birth of all Scottish Local Authorities[3]. Based on the most recent figures available (2008-10) life expectancy at birth for males and females in West Dunbartonshire is 73.6 years and 76.9 years respectively, life expectancy at 65 is 15.6 years for males (rank 29 out of 32)* and 18.8 years for females (rank 31 out 32)* in Scotland.

The overall outcome of this socio-economic deprivation is a position at the top, or near the top, of the Scottish Council rankings for all-cause mortality, heart disease and strokes, lung cancer (assumed to be mostly smoking-related), domestic violence, suicide, and alcoholic related deaths[4].

Current physical activity guidelines for adults suggest that they should accumulate 30 minutes of moderate physical activity per day, five or more times a week. In 2008, the Citizens Panel members were surveyed about their regular physical activity. At that time 61% said they did not adhere to the guidelines, in 2010 this had fallen to 56% and by 2012 to 55%[5].

The reduction over time in fertility, together with the simultaneous improvement in mortality, has reduced the relative size of the child population, and increased the relative size of the pensioner population. This upward shift in the age structure of society is what is meant by the term "population ageing". The ageing of the population has enormous economic implications in West Dunbartonshire, reducing the size and competitiveness of the local labour force at the same time as placing a greater demand on health and care services.

Community Safety

Our local Public Reassurance Initiative has been a significant success in the communities where it has been delivered – reducing crime by up to 33% and reducing antisocial behaviour incidents by up to 44%. This model of community policing is continually developing and will link closely to the neighbourhood management approach to local service delivery.

In general, crime rates in West Dunbartonshire are on the decline. There were 62 Group 1 (violent) crimes during 2012/13, a decrease of 43.1% from the previous year (109). This is primarily due to the decrease in serious assaults which fell by 61.5%. The number of common assaults over the same period has also declined by 8.3%, a decrease of 44 assaults. The detection rate for domestic abuse crimes and incidents has increased slightly from 75.3% in 2011/12 to 75.6% in 2012/13. The number of deliberate fires per 10,000 population has fallen from 76 to 61.2 in 2012/13[6].

SECTION

3

Strategic Context

Future Delivery of Public Services

The Christie Commission was established by the Scottish Government in November 2010 to develop recommendations for the future delivery of public services. The Scottish Government published its response to Christie outlining four pillars of public sector reform which are:

Prevention

Reduce future demand by preventing problems arising or dealing with them early on. To promote a bias towards prevention, help people understand why this is the right thing to do, the choices it implies as well as the benefits it can bring.

Performance

To demonstrate a sharp focus on continuous improvement of the national outcomes, applying reliable improvement methods to ensure that services are consistently well designed based on the best evidence and are delivered by the right people to the right people at the right time.

People

To unlock the full creativity and potential of people at all levels of public service, empowering them to work together in innovative ways.
We need to help create ways for people and communities to co-produce services around their skills and networks.

Partnership

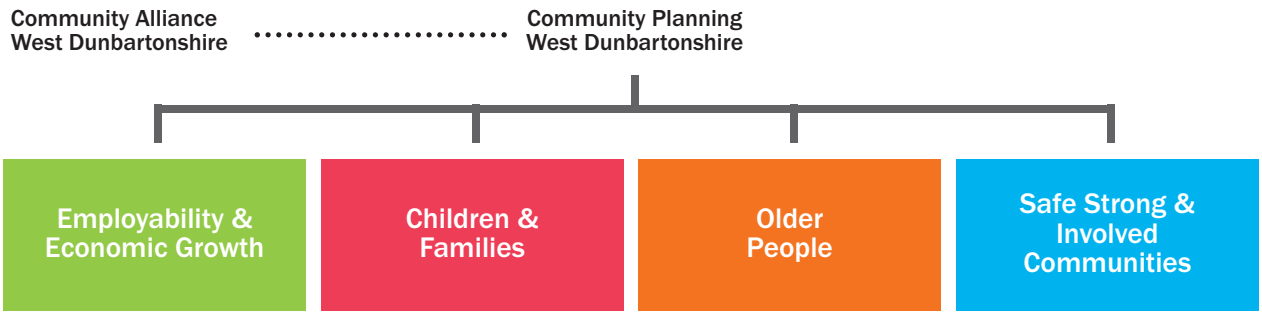
To develop local partnership and collaboration, bringing public, third and private sector partners together with communities to deliver shared outcomes that really matter to people.

The Scottish Government also agreed to undertake a review of Community Planning. In March 2012, following that review, the Scottish Government and COSLA published a shared **Statement of Ambition**. This put Community Planning at the heart of an outcome based approach to public services in Scotland and made clear that effective community planning arrangements will be at the core of public service reform.

The review recognised that coordination and collaboration at the national level has an important role in bringing partners together to deliver the Statement of Ambition locally. A National Community Planning Group has therefore been established to play a pivotal role in implementing and communicating the overarching vision for community planning and Single Outcome Agreements, identifying and addressing issues that have a national dimension and building the skills and capacity of partnerships.

New and effective local community planning arrangements

During 2013/14 the CPP has implemented a new framework for Community Planning. A single senior CPP Management Group, Community Planning West Dunbartonshire, replaced the previous Strategic Board and Executive Group so that decision-making, effective participation and strengthened partnerships will be improved.



The CPP Management group governs CPP activity and provide scrutiny and direction. It is populated by Chief Officers from the key partners ensuring clearer accountability for outcomes, strategic direction and resources. Administration and opposition elected members also play a clear role in providing strategic oversight and robust scrutiny as members of this Management Group.

The Group holds explicit collective responsibility for the effective delivery of community planning. Aligned to this CPP Management Group are delivery groups and other, existing, linked structures such as the Child Protection Committee and Chief Officers Group.

These arrangements allow us to focus on transformational activity within the key priority areas, setting out our longer term outcomes and the activities required on a rolling basis to deliver on these.

Our approach emphasises how we have been increasingly co-ordinating the totality of our activities/programmes to approach long-term inter-connected challenges in a deliberate and focused manner. As a partnership we welcome the increased accountability placed on all partners for delivery of the SOA. We will focus on a continuous improvement approach to strengthening our working relationships to allow collective delivery of outcomes. We will make more visible what has been to-date an implicit community planning leadership contribution from our well-established local Public Protection Chief Officers' Group; and will welcome our new local Leisure Trust as a key partner that will lead on the physical activity agenda.

The National Park Partnership Plan outcomes contribute significantly to this Single Outcome Agreement and deliver social, economic and environmental benefits in our area. We will also be working closely with SPT to ensure that we focus on the significant role that good transport links have in supporting delivery of our outcomes for the area. Good transport is essential to economic growth; improved levels of employment and employability; reducing carbon emissions; cohesive, sustainable communities; and healthy, active, independent lives.

SECTION

4

Vision & Outcomes

Ten Year Vision

The SOA reflects the local long term vision for the area. Through improvements in the four priority outcome areas West Dunbartonshire will become a more prosperous and successful area within Scotland. This vision was supported and developed by the work of the Strategic Advisory Group populated by political leaders and Chief Officers of public and private sector organisations in the area. The Strategic Advisory Group has set out the following challenges:

- 5,000 new homes
- Increasing the attractiveness of West Dunbartonshire as a visitor destination

In addition to these challenges the Council set a strategic priority focused on securing 1,000 new jobs for the area. This target is now met and Council has set a further target of 1,000 jobs and apprenticeships to be secured before the end of the current Administration in 2017.

This vision sets aspirational goals for West Dunbartonshire and will be refined and developed in partnership with our communities. It will be delivered through outcome focused planning for change – showing what the CPP collectively will deliver in order to improve inequity of outcome for the local population.

Local Priorities

This SOA focuses on four interconnected priorities which are delivered through local multi-agency action and coordinated activity. While these four areas have been used to organise and target our combined efforts there is recognition that work to reduce inequalities and improve physical and mental wellbeing is embedded through all of this activity. This work will be reflected in the action plans and performance frameworks which support the delivery of the ambitious CPP agenda.

All of this activity is supported and underpinned by our significant focus on community empowerment, development and capacity building. More detail of this can be found in the section of this document on Community Engagement.

Employability & Economic Growth

Within this priority area we are placing a focus on regeneration, supporting business formation and growth and the development of the tourism industry in the area. Investment in key infrastructure, the regeneration of former industrial land and the provision of additional housing is critical to job creation and sustainability of the local economy. Underpinning this activity is the need to support our citizens to be active in their local communities and participate, where they are able, in the labour market. We are delivering this agenda through significant investment in regeneration and housing projects. We are also delivering a range of preventative initiatives, which key partners are involved with, alongside the Council's integrated Working 4U service which delivers on work, learning and money advice support.

Local outcome

Increased the number of new business starts and supported the growth of sustainable businesses		
Indicator	**Baseline**	**2017 Target**
Business stock per 10,000 of adult population (16+)	236 (2011/12)	237
Business start-up per 10,000 of adult population (16+)	25 (2011/12)	25
3 year survival rate (%) of new business starts	61.1% (2011/12)	63%

Local outcome

Growth of the tourism economy		
Indicator	**Baseline**	**2017 Target**
Percentage increase in annual number of visitors to West Dunbartonshire	0% (2012/13)	1%
Percentage increase in annual tourism generated income for West Dunbartonshire	-5% (2012/13)	1%

Local outcome

Created attractive, competitive and safe town centres and enabled the development of our major regeneration sites		
Indicator	**Baseline**	**2017 Target**
Percentage of floor space in Alexandria town centre that is vacant	9% (2012/13)	8%
Percentage of floor space in Dumbarton town centre/commercial centre that is vacant	13% (2012/13)	8%
Percentage of floor space in Clydebank town centre/commercial centre that is vacant	9% (2012/13)	5%
Investment in major regeneration sites in WD	£25.5m (2012/13)	£135m

Local outcome

Improved core employability skills and assisted people into work		
Indicator	**Baseline**	**2017 Target**
Percentage of working age people with low or no qualifications (16 - 64)	18.7% (2010)	Reduce
Employment rate	68% (2012/13)	71.5%

Local outcome

Improved and sustained income levels		
Indicator	**Baseline**	**2017 Target**
Percentage of people with increased or sustained income through Benefit Maximisation	83% (2012/13)	70%
Percentage of local people with increased or sustained income through reduced debt liability/debt management	81% (2012/13)	70%
Percentage of the total population who are income-deprived in West Dunbartonshire	19.1% (2012/13)	22.1%

Local outcome

Improved the quality and availability of affordable housing		
Indicator	**Baseline**	**2017 Target**
Number of new build social housing for rent	51 (2012/13)	210
Percentage of RSL housing stock (in WD) meeting the Scottish Quality Standard	92.1% (2012/13)	100%
The total percentage of the Council's housing stock meeting the Scottish Quality Standard	62% (2012/13)	100%

Children and Families

The agenda for this group is centred mainly around the GIRFEC and Early Years agenda through the Early Years Collaborative, with a clear focus on the likely requirements of the imminent Children and Young People legislation. There is also a clear focus on strengthening our existing relationships with the third sector such as our strong partnership with Save the Children. Alongside this there is a focus on lifelong learning, both through community learning and development support and also through further education provision.

Local outcome

Improved attainment and achievement for early years, primary schools and secondary schools		
Indicator	**Baseline**	**2017 Target**
Number of young people gaining Saltire Awards*	1,008 (2013/14)	2,710 (2015/16)
Achievement rate in Skills for Work/City & Guilds courses	92% (2011/12)	95%
Percentage of volunteers recruited and developed through Sports Development gaining a positive destination	95% (2012/13)	80%
Percentage of pupils gaining 5+ awards at level 5**	32% (2011/12)	33.5%
Percentage of pupils gaining 5+ awards at level 6**	21% (2011/12)	21%
Percentage of pupils in 20% most deprived areas getting 5+ awards at level 5**	24.1% (2011/12)	Increase
Percentage of pupils in 20% most deprived areas getting 5+ awards at level 6**	11.3% (2011/12)	Increase

* Participants can achieve more than one award.

** The above indicators are under review. New more appropriate measures will be developed in line with national guidance.

Local outcome

Increased positive destinations for 16 - 19 year olds		
Indicator	**Baseline**	**2017 Target**
Percentage of LAC children and young people entering positive destinations aged 16	100% (2011/12)	100%
Percentage of pupils entering positive destinations	92.6% (2011/12)	93%

Local outcome

Families are confident and equipped to support their children throughout childhood		
Indicator	**Baseline**	**2017 Target**
Rate of stillbirths per 1,000 births	5.9 (2012/13)	4.3
Rate of infant mortality per 1,000 live births	4.6 (2011/12)	3.1
Percentage of child protection referrals to case conference within 21 days	95% (2012/13)	95%
Percentage of all children aged 0 - 16 years with an identified 'named person' as defined within the Children's and Young People's Bill	New targets-baselines to be set for 2014/15	100%
Number of children completing tailored healthy weight programme		165
Number of young people attending specialist educational day provision outwith WDC schools	58 (2012/13)	58
Percentage attendance at schools	93.3% (2012/13)	93.5%
Cases of exclusion per 1,000 school pupils	35 (2012/13)	35
Number of parents with pre-5 children attending Sports Development information sessions to help sustain increased levels of physical activity at home	110 (2012/13)	410
Number of children with or affected by disability participating in sports and leisure activities	179 (2012/13)	172

Local outcome

Improved attainment and achievement through Life Long Learning		
Indicator	**Baseline**	**2017 Target**
Percentage of learners successfully completing courses targeted at improving literacy and numeracy	76% (2011/12)	76%

Older People

Our older people agenda is fully focused on delivering improved outcomes in line with the national priority on Reshaping Care for Older People. We are aware that we have a significantly ageing population in West Dunbartonshire so our agenda is focused on shifting the balance of care to ensure and promote independence in the community for our older population.

Local outcome

Improved care for and promote independence with older people		
Indicator	**Baseline**	**2017 Target**
Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	77.6% (2012/13)	90%
No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April	2 (2012/13)	0
Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	34.16% (2012/13)	30%
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	47% (2012/13)	65%
Percentage of people aged 65 or over with intensive needs receiving care at home	42.5% (2012/13)	55%
Number of unplanned admissions for people 65+ from SIMD1 communities	588 (2012/13)	555
Number of adults 65+ who access tailored physical activity programmes in a range of community settings	Not applicable	100

Safe, Strong & Involved Communities

Alongside our clear focus on community safety we are also focused on educing any local threat from organised crime. At a local level we are committed to our model of public reassurance, which has a strong element of community involvement, empowerment and engagement. This priority area also has a clear focus on the protection of vulnerable groups, particularly in relation to homelessness, substance misuse and domestic violence.

Local outcome

Reduced violent crime		
Indicator	**Baseline**	**2017 Target**
Number of crimes in Group 1 (violent crimes) per 10,000 (5 year rolling average)	29.6 (2012/13)	Reduce
Number of murders	New targets - baselines to be set for 2014/15	Reduce
Number of attempted murders		
Number of serious assaults		
Number of robberies		
Number of petty assaults		

Local outcome

Improved collaborative working in relation to counter terrorism and serious organised crime through strong partnerships		
Indicator	**Baseline**	**2017 Target**
Number of awareness raising sessions delivered to Partners	New targets - baselines to be set for 2014/15	Increase
Number of awareness raising sessions delivered to Community Groups		
Value of cash and asset deprivation of serious organised crime groups		
Value of disruption and deprivation of access to legitimate enterprise for serious organised crime groups		

Local outcome

Enhanced safety of Women & Children		
Indicator	**Baseline**	**2017 Target**
Detection rate for domestic abuse related crimes (5 year average)	77.1 (2012/13)	78 (2014/15)
Number of children present during incidents of domestic abuse reported to the Police	New targets - baselines to be set for 2014/15	Reduce
Number of group 2 crimes (sexual) per 10,000 of total population		

Local outcome

Enhanced safety of vulnerable groups		
Indicator	**Baseline**	**2017 Target**
Detection rate for hate crimes	New target - baseline to be set for 2014/15	Increase
Number of referrals to the WDC Community Safety Services Anti-Social Investigation and Support Team (ASIST) from partner agencies	74 (2012/13)	86
Tenancy sustainment levels of West Dunbartonshire Council tenants are increased	83% (2012/13)	89%
Percentage of all homeless cases re-assessed within 12 months (repeat homelessness)	7.4% (2012/13)	4%
Number of investigations carried out through adult support and protection arrangements	New targets - baselines to be set for 2014/15	Reduce
Number of home fire safety visit referrals from partner agencies		Increase

Local outcome

Reduced anti-social behaviour and disorder		
Indicator	**Baseline**	**2017 Target**
Number of deliberate fires per 10,000 population	61.2 (2012/13)	Reduce
Percentage of Citizens' Panel respondents experiencing anti-social behaviour	27% (2012/13)	Reduce
Number of public reported incidents of disorder	New targets - baselines to be set for 2014/15	Reduce
Number of reported incidents of anti-social behaviour		
Percentage of residents satisfied or very satisfied with agencies' response to tackling anti-social behaviour	79% (2012/13)	Increase

Local outcome

Reduced impact of alcohol and drug misuse on communities		
Indicator	**Baseline**	**2017 Target**
Public reported incidents of street drinking (5 year average)	490 (2012/13)	Reduce
Number of drug-related deaths	19 (2012/13)	14
Percentage of Citizens' Panel respondents experiencing community problems relating to alcohol and drugs	53% (2012/13)	49%
Number of young people participating in diversionary activity provided through the Pulse	New target - baseline to be set for 2014/15	Increase

Local outcome

Home, Fire and Road Safety		
Indicator	**Baseline**	**2017 Target**
Number of people (all ages) killed/seriously injured in road accidents	171 (2012/13)	Reduce
Number of people killed or seriously injured in house fires per 10,000 population	2.9 (2012/13)	Reduce
Number of accidental house fires per 10,000 population - drug/alcohol/smoking related	2.99 (2012/13)	Reduce
Number of reports of bogus callers	43 (2012/13)	Increase
Number of bogus crimes	New targets - baselines to be set for 2014/15	Reduce
Number of home fire safety visits accepted by the owner/resident		Increase

Local outcome

Stronger, confident and more involved communities		
Indicator	**Baseline**	**2017 Target**
Number of sustained voluntary organisations	926 (2012/13)	930 (2015/16)
Percentage of the population active in volunteering and community activity	34% (2012/13)	42% (2015/16)
Percentage of Citizens Panel respondents who are satisfied or very satisfied with the physical appearance of their local area	73% (2012/13)	86%
Number of young people involved in youth consultation and representation structures	344 (2011/12)	397
Number of people in key individual networks (KINs)	73 (2012/13)	Increase
Percentage of residents satisfied or very satisfied with agencies' response to tackling anti-social behaviour	79% (2012/13)	Increase

SECTION

5

Understanding Place

A key element of our new approach to community planning is the development of the neighbourhood management agenda based around place. This will allow us to build an evidence base and respond collectively to the significant and varied inequalities issues facing different communities within West Dunbartonshire, while seeing local residents and third sector organisations involved in decision making about design and delivery of local services.

Our new CPP captures and utilises all local knowledge, demographic information and CPP Partner resources to ensure more joined up services, based on local need. Data sharing protocols and shared research/ analysis are key elements of an improved partnership approach to understanding place.

A significant element of activity will be focused on carrying out research on approaches proven to work in other areas and also on fully understanding the profile of both need and assets in each community. This will allow the CPP to tailor its approach to outcomes delivery in each area, recognising that there is a need to prioritise differently in each community within the overarching priorities for the West Dunbartonshire area.

The approach to understanding place will also be greatly influenced throughout the period of this SOA by our experiential learning from our new approach to neighbourhood management and also other activity such as public reassurance and the MEND programme.

SECTION

6

Prevention & Early Intervention

Our 2011/14 SOA and associated progress reports demonstrated the early intervention/preventative nature of key SOA programmes. Although our partners already direct resources towards preventative work, the CPP will continue to look at opportunities to significantly increase our efforts in this area. Guidance, finance and support will be sought in terms of the costs associated with prevention and early intervention programmes of activity. This allows us to make a decisive shift towards prevention and early intervention in partnership, ensuring resources are allocated appropriately and that savings can be released wherever possible.

The priority areas for the CPP are broadly aligned to the six new policy priorities identified in the National Review. The opportunity has been taken to update the previous suite of outcomes and a number of the individual indicators within the existing outcomes in line with key preventative policy areas that have gained greater prominence more recently - most notably the Reshaping Care for Older People Change Fund Programme, Getting It Right For Every Child (GIRFEC) and the Early Years Collaborative.

The local CPP Reshaping Care for Older People's Change Fund programme is focused on both supporting independence and improving care for older people, alongside fostering community supports for their carers. It is important to recognise that the work undertaken within West Dunbartonshire has been delivered in a joined up way to secure long term and sustainable improvements. The work undertaken is part of much wider discussion about how the totality of services and support available is marshalled across local Community Planning Partners.

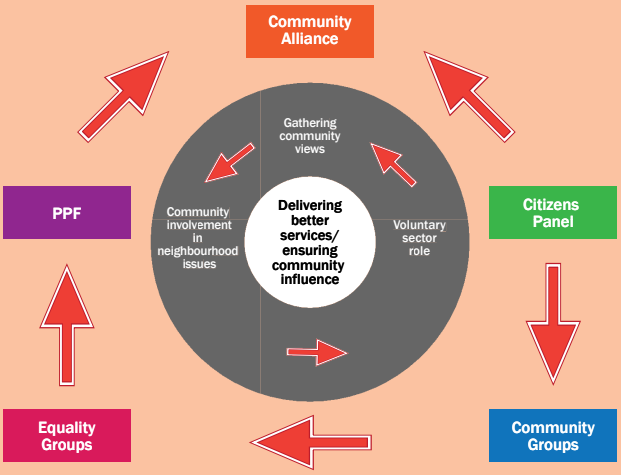
Our local CPP Integrated Children's Services Plan (ICSP) brings together our local vision and commitments to pursue the emerging ambitions of the national Early Year's Collaborative (EYC) programme; embedding Getting It Right For Every Child (GIRFEC) across all services and all providers; and to deliver robust multi-agency child protection, as led and overseen by the Public Protection Chief Officers' Group on behalf of Community Planning Partners. The CPP ICSP also builds on the significant activity undertaken locally to embrace and implement the principles of Curriculum for Excellence; and to prepare for the introduction of the new Children & Young People Bill.

The Report of the Ministerial Task Force on Health Inequalities 2013 acknowledged that the origins of health inequalities are the wider societal inequalities between deprived and affluent groups. This reinforces the existing strategic commitment of West Dunbartonshire Community Planning Partners to a determinants-based approach to health inequalities, with the long-term goal being to have tackled population-level health inequalities by having collectively addressed its root causes – i.e. stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence. The "upstream" action by Community Planning Partners to tackle the determinants of inequity have consequently been reflected in the work programmes to address this SOA's interconnected priorities of Employability & Economic Growth; Supporting Safe, Strong and Involved Communities; Supporting Older People; and Supporting Children and Families.

SECTION

7

Community Engagement



West Dunbartonshire CPP has developed a range of community engagement mechanisms that are proving effective and we are working to build on this success. The Council developed a nationally recognised Citizens Panel with 1400 residents and this is now used by a range of community planning partners to survey the views of residents. Alongside this social media and online surveys are increasingly used as a way to capture significant levels of public opinion.

The CPP has a range of strong engagement mechanisms including the Police led Public Reassurance model. The Youth Alliance, a partnership led by the Council's Community Learning and Development Team, has developed vibrant youth consultation and engagement. The CHCP has developed a Public Participation Forum. These examples of engagement are coordinated through the use of a Partner Engagement Calendar. Further work will be undertaken in 2014 to improve the level of coordination, information sharing and feedback across all CPP engagement channels.

During 2014 the CPP will also develop a greater emphasis on community involvement in neighbourhood services, through its neighbourhood management pilot. This will focus on ensuring local communities are fully engaged and involved in local decision making, service design and delivery. It will build on the strengths and enthusiasm already present in the area, with support and development provided from key services. This way of working will be responsive to issues which arise organically from communities and strengthen links with community groups and organisations which already exist, as opposed to an agency led approach. The success of this model depends on effective partnership working, with partners coordinating engagement activity and working together to support and develop capacity within our communities. Our Third Sector interface will play a significant role in this.

We will continue to build on existing good practice such as our Citizens' Panel and our wider enhanced consultation processes, for example, increased public involvement in budget consultation. The Council has developed a strong consultation brand - Your Voice Your Choice – that has led to a significant increase in online engagement and participation in consultation events overall. We have expanded the role of our existing Community Participation Committee to become a Community Alliance for the area.

We are also strengthening our focus on equalities through the development of a West Dunbartonshire CPP Equalities Forum. Through this, and through direct capacity building support for Community Councils and other community structures, the CPP will ensure that active citizenship is a key element of our approach to community engagement.

SECTION

8

Performance Management

The Council's Performance Management System is used to record and monitor the performance of the SOA, as well as other key plans and strategies. A scorecard will allow the Partnership to monitor progress towards indicator targets aligned to our local outcomes. Ownership of these local outcomes and associated indicators has been assigned to specific Delivery and Improvement Groups.

A progress report will be prepared annually to allow partners to review and analyse performance against outcome targets. Scrutiny of this performance report will highlight to partners any areas where delivery is not on track and encourage them to take any necessary remedial action.

SECTION

9

Joint Planning & Resourcing

The CPP Management Group is populated by Chief Officers from the key partners ensuring clearer accountability for outcomes and resources.

The Management Group has reviewed remits and principles to inform its community planning framework. Consistent with guidance from the National Community Planning Group it has placed more focus on governance and accountability for joint resources.

We continue to build a more comprehensive profile of the area drawing from data held by all the agencies that form the partnership. This will allow informed discussion on needs and a placed based approach to allocation of resources as the CPP moves forward.

Our initial process for the implementation of the Joint Working on Community Planning and Resourcing Agreement will be to conduct a mapping exercise through the Delivery and Improvement Groups to identify current spend against those priority areas, which will also inform funding allocations and decision making in future years. This information will then be considered by the CPP Management Group to further develop an approach to joint resourcing.

A mapping of Community Planning Partners' Equality Outcomes for 2013-2017 has been carried out and will function as resource, for helping partners align work on advancing equalities and fairness.

West Dunbartonshire has been very successful in developing an integrated Community Health and Care Partnership (CHCP). This has enabled service and organisational synergies. It has improved joint working, and achieved efficiencies and financial benefits to the CHCP. To further progress the integration of Health and Social Care services, the next steps are to form a Shadow Health and Social Care Partnership Board, effective from 1 April 2014.

Other formats

This document can be provided in large print, Braille or on audio cassette and can be translated into different community languages. Please contact:

Corporate Communications
Council Offices
Garshake Road
Dumbarton G82 3PU
Tel: 01389 737000

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਰਾਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: 21 May 2014

Subject: **Financial and Capital Works Report for the year ended 31 March 2014 (NHS Only)**

1. Purpose

The purpose of the report is to provide an update of the current year financial position and of the financial planning by the NHS Board and by the CHCP.

2. Recommendations

The Committee is asked to note the content of the Financial and Capital Works Report for the year ended 31 March 2014.

3. Background:

The report provides an update of the financial planning by the NHS Board and by the CHCP, and of the overall revenue position of the CHCP and its Capital Programme for 2013/14 (NHS only).

4. Main Issues:

Financial Planning for 2014/15

4.1 The draft overall Board savings target for 14/15 remains around £33m, with £6m being the Partnerships target. Partnership Directors and staff have developed an overall programme which should deliver this level of savings, largely through system-wide redesign programmes.

Revenue Position 2013/14

4.2 West Dunbartonshire CH(C)P (NHS-only) revenue position reported for the year ended 31 March 2014 was £42,000 underspent. This is broadly in line with a full-year forecast position of an underspend of £50,000.

4.3 Funding has been provided for the additional costs in 2013/14 of the specialist care package for which the CHCP took responsibility in 2010/11. A high level of activity within the provision of community equipment through the Equipu service has resulted in continued overspending in this area. However, this continues to be offset by underspending within Physio, Planning & Health Improvement expenditure and within Accommodation & Admin.

4.4 Significant additional funding has been provided to the CHCP for the running costs of the new Vale Centre, and also for MSK Physio, in the CHCP's role in managing the Board-wide service, to allow the waiting times to be brought into line with the new HEAT target.

4.5 The overall summary position is reported in the table below, with further comments on the significant variances highlighted in section 4.6 of this report. An additional detailed breakdown of individual costs at care group level is reported in Annexe 1 of this report.

	Annual Budget £000	Year to Date Budget £000	Year to Date Actual £000	Variance £000
Pays	25,479	25,479	25,191	288
Non Pays	53,479	53,479	53,709	(230)
	78,958	78,958	78,900	58
Less Income	(4,984)	(4,984)	(4,984)	0
Net Expenditure	**73,974**	**73,974**	**73,916**	**58**

Significant Variances

4.6 Comments on significant issues are noted below:

- **Mental Health – Adult Community Services** was £8,000 overspent year to date. The Crisis Service was overspent as a result of the impact of the previous year's savings. There is also a recurring pressure within the Management pays budget. These are offset by pays underspend within the Primary Care Mental Health Team resulting from staff turnover and vacancies.

- **Mental Health – Elderly Services** reported an underspend of £1,000 year to date. Vacancies and non pays underspends within Elderly Mental Health Inpatient services are offsetting pressures within Elderly Community pays and travel.

- **Learning Disabilities** reported an underspend of £24,000, as a result of vacancies within Admin and Dietetics.

- **Adult Community Services** reported an overspend of £143,000. Equipu (community equipment service) is overspent by £211,000. This area of overspend is common across other CHPs and has been affected by the additional activity associated with Change Fund initiatives. This is being offset by an MSK Physio underspend of £136,000 arising from vacancies, maternity leave and posts going through recruitment.

- **Planning and Health Improvement** reported an underspend of £58,000 as a result of vacancies, maternity leave and long term sickness absence. These vacancies have now been filled and cover is in place for maternity leave.

- **Other Services** (incorporating Accommodation & Admin, and Executive) reported an underspend of £34,000 mainly arising from vacancies.

- **Hosted Services** (Retinal Screening and the Glasgow Integrated Eye Service) reported an underspend for the year of £73,000. The latter service has largely been phased out and budget distributed to CHPs. The remaining budget to pick up Family Health Services costs was underspent in the year. Within Retinal Screening an accrual for expected equipment servicing costs was not required.

- **Prescribing:** a cost neutral position has been included in the March Financial Report at CHCP level. Next year a 'gross' position, together with the level of offset, will be reported.

Capital Programme 2013/14

4.7 Formula Capital

The CHP's final capital programme for the year is outlined in the table below:

Project	**Spend (£000)**
Dumbarton Joint Hospital addictions	46
Feasibility Study to review DHC accommodation/replacement windows	36
Clydebank HC – encapsulation and new windows	56
Total	**138**

5. People Implications

5.1 There are no people implications, arising from this report.

6. Financial Implications

6.1 Other than the financial position noted above, there are no financial implications of the budgetary control report.

7. Risk Analysis

7.1 The main financial risks to the ongoing financial position relate to currently unforeseen issues arising between now and the financial year-end. Any significant issues will be reported to future Committee meetings.

8. Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9. Consultation

9.1 This report is for information only and relates only to the NHS element of the CHCP, with no requirement for consultation.

10. Strategic Assessment

10.1 This report provides an update on the CHCP's revenue and capital position (NHS only) and does not seek to affect the Council's main strategic priorities.

_____

Keith Redpath
Director.

Person to Contact: Jonathan Bryden**,** Head of Finance - Clyde CHPs (0141 618 7660)

Appendix: Financial Statement 1 April 2013 to 31 March 2014

Background Paper: None

Wards Affected: All

Appendix 1
West Dunbartonshire Community Health Partnership
Financial Year 1 April 2013 to 31 March 2014

	Annual Budget £000	Year to Date Budget £000	Year to date Actual £000	Year to date Variance £000	% Variance
Expenditure					
Mental Health (Adult)	4,683	4,683	4,691	(8)	(0.17%)
Mental Health (Elderly)	3,128	3,128	3,128	0	0.00%
Addictions	1,883	1,883	1,879	4	0.21%
Learning Disabilities	557	557	533	24	4.31%
Adult Community Services	10,530	10,530	10,673	(143)	(1.36%)
Children & Families	4,461	4,461	4,445	16	0.36%
Planning & Health Improvement	1,187	1,187	1,129	58	4.89%
Family Health Services (FHS)	23,271	23,271	23,271	0	0.00%
Prescribing	16,612	16,612	16,612	0	0.00%
Other Services	2,676	2,676	2,642	34	1.27%
Resource Transfer	7,519	7,519	7,519	0	0.00%
Hosted Services	847	847	774	73	8.62%
Change Fund	1,604	1,604	1,604	0	0.00%
	78,958	78,958	78,900	58	0.07%
Income	(4,984)	(4,984)	(4,984)	0	0.00%
Net Expenditure	**73,974**	**73,974**	**73,916**	58	**0.08%**

Members should note that NHS GG&C financial convention of reporting underspends as positive variances (+) and overspends as negative variances (-) has been adopted for all financial tables within the report.

Minute of WD CHCP Public Partnership Forum (PPF)
Wednesday 30th April 2014
Committee Room 3, Council Offices, Dumbarton

Present:

Anne McDougall (Chair)
Lorraine McKenzie (Vice-Chair)
Barbara Barnes
Anne Cruickshank
Anne Ferguson
May McHugh
Liz Moore
Ian Petrie
Muriel Robertson
Rogan Welsh
Emily Welsh
Jackie Maceira
Mary McAlear
Irene Smith
Margaret Walker (WD CHCP)
George Murphy (WD CHCP)
Hazel Slattery (WD CHCP - minutes)
Lorna McIlreavy (SHC)
Colin Whiteford (Scottish Ambulance Service)

1. Welcome & Apologies

A warm welcome was extended by the PPF Chair Anne McDougall.

It was noted that apologies had been received from Rhona Young, Jeanette Sweeting, Anne Meikle, Soumen Sengupta and Hugh Bright.

2. Minutes of Last PPF Meeting (October 2013)

Minutes agreed.

3. Matters Arising

The Chair highlighted the timing of the PPF meetings. Mr Murphy had previously asked members when would be best to arrange meetings; however, numbers in support of afternoon and evening meetings were the same. It was suggested that in the summer months meetings be held at night and in winter months meetings be held in the afternoon, alternating between the Clydebank and Dumbarton areas. This suggestion was agreed by the meeting.

Action: G Murphy.

4. Scottish Ambulance Service

The Chair welcomed Colin Whiteford, Area Service Manager, Scottish Ambulance Service who provided an overview of the current ambulance service and how to access. There have been many changes in the past few years resulting in a higher demand for ambulance services. One of main difficulties being encountered is the amount of time ambulances spend out of the area travelling to hospitals.

The Ambulance Service is working on reducing the number of falls patients being admitted to hospital and are looking at other community services being put in place. The Ambulance Service is keen to build close links with social work departments – and in the case of West Dunbartonshire, the CHCP – in relation to discharge planning and care at home. Mr Whiteford is keen to move forward with the Scottish Government's 2020 Vision for health and care; and is looking forward to engaging more with local groups to develop alternative pathways to hospital admissions.

Mr Whiteford answered a number of questions posed by PPF members, including transport problems when people are discharged.

Mr Murphy advised members that through the local Older People's Change Fund programme of work, West Dunbartonshire CHCP (along with Glasgow City, Renfrewshire and East Dunbartonshire) have a contract with the Red Cross to take vulnerable older people home from hospital A&E by patient transport between the hours of 2pm and 2am.

The meeting thanked Mr Whiteford for his attendance and contribution.

5. Report on the District Nursing Review

The PPF's constructive response to the District Nursing Review was circulated. Ms Walker informed members that the district nursing review proposals represent the appropriate nurse skill mix for future needs. Agile working and new technologies will provide the tools to carry out 21st century nursing. Within West Dunbartonshire, Chris McNeil has allocated budget towards technology updates which will allow more time to be spent with patients; and there are on-going discussions with regards to further strengthening joint and seamless working between District Nursing and Home Care colleagues. Further discussions will be taking place when the new localities arrangements are established and the NHSGGC Clinical Services Review is completed.

The meeting thanked Ms Walker for this up-date.

6. PPF Development Session January 2014

The Chair and the meeting stated that the development day had been excellent. The attendance and participation of the CHCP Director and Senior Management Team was felt particularly valuable and appreciated, especially the Question & Answer session in which they directly answered questions posed by PPF members. The only disappointment from the day was related to the number of areas where there was still a lack of national clarity in relation to the implementation of the Public Bodies (Joint Working) where guidance is still being awaited. However, members where reassured that the CHCP was in as strong a position as possible going forward given all of the work undertaken to-date.

The meeting thanked CHCP colleagues for organising and participating in this successful event.

7. Shadow Health and Care Partnership

Ms Walker informed group that the Community Health and Care Partnership has now formally moved into its Shadow Health and Social Care Partnership phase (as described at the January Development Session).

Guidance on implementation will shape local developments over the coming year, and the CHCP will ensure that the PPF and other fora/groups are appropriately engaged throughout this period.

The meeting thanked Ms Walker for this up-date.

8. National Breast Screening Service Change

Mr Murphy informed the meeting of changes within the national breast screening programme, with the service moving from analogue to digital screening. It was noted that the new mobile units will need an electrical supply and so this could have an impact on where the units will be able to operate.

The meeting thanked Mr Murphy for this up-date.

9. A.O.C.B.

Ms McKenzie asked for the 'Keys to Life Strategy' to be added to the agenda for the next PPF meeting, including what and how local budgets will be allocated.

Ms McDougall highlighted a recent national report published on care homes. Ms Walker advised if members have any concerns about specific care homes within West Dunbartonshire, that they should contact colleagues at the CHCP.

Ms McIlreavy informed members of upcoming events organised by the Scottish Health Council. The first event is being held alongside the Scottish Medical Consortium who are holding a development day on public engagement. This is taking place on **Friday 9th May 2014, Delta House, West Nile Street, Glasgow**. If anyone who wished to attend were advised to speak with Ms McIlreavy at the end of the meeting.

The NHSGGC PPF networking meeting is taking place on Friday 16th May 2014. The WD PPF has been invited to talk about the changes to the NHSGGC-wide MSK Physiotherapy service that is hosted by WD CHCP. Ms McDougall and Ms McKenzie will attend.

The meeting closed with a vote of thanks to the Chair.

10. Date of Next Meeting

Wednesday 30th July 2014
7 p.m.
Dalmuir Community Education Centre (will be confirmed)