

## WEST DUNBARTONSHIRE COUNCIL

### Report by the Director of Community Health and Care Partnership

Community Health and Care Partnership Committee: June 2012

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**Subject: West Dunbartonshire CHCP End Year Performance Report 2011/12**

#### **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), including those that directly pertain to the local Community Planning Partnership Single Outcome Agreement and key actions within the CHCP Strategic Plan 2011/12 for the period 1 October 2011 to 31 March 2012.

#### **2. Background**

- 2.1** The CHCP's first integrated Strategic Plan was approved by the Committee at its April 2011 meeting. It sets out the key actions prioritised for delivery over the course of 2011/12.

Its content, focus and form reflect the priorities and requirements (including financial frameworks) of the CHCP's "corporate parents": West Dunbartonshire Council, as set out within its Corporate Planning Guidance); and NHS Greater Glasgow and Clyde, as detailed within its Planning Guidance 2011/12).

- 2.2** The CHCP's first consolidated suite of Key Performance Indicators (KPIs) was also approved by the Committee at its April 2011 meeting. They represent a combination of obligatory national indicators (both local authority and NHS) and locally determined indicators, which are reflective of the span of the CHCP's responsibilities.

They capture the West Dunbartonshire Council Key Corporate Performance Indicators (KPIs) that have been allocated to the CHCP; and the national NHS HEAT (Health improvement, Efficiency, Access, Treatment) targets for 2011/12 that are pertinent to the CHCP.

These KPIs also addressed the requirement agreed within to Council's then Assurance and Improvement Plan (AIP) to sharpen local corporate health and wellbeing indicators; and include the outcomes and indicators that the CHCP have lead responsibility for within the current local Single Outcome Agreement (as agreed by the Community Planning Partnership Strategic Board).

- 2.3** At its April 2011 meeting, the CHCP Committee agreed that consolidated performance reports on the KPIs and actions within the Strategic Plan would be provided to the CHCP Committee (one mid-year report, and one end-year report), superseding previous corporate reporting arrangements (as per the

Committee's stated requirement for streamlined and integrated reporting arrangements).

Following the positive reception to the first Mid Year Report at the January 2012 CHCP Committee meeting, the End of Year Performance Report for 2011/12 is presented here (attached).

- 2.4** As previously, performance is reported in a manner that enables scrutiny by the Committee of progress in relation to those indicators that the CHCP leads on within the local Single Outcome Agreement (which are distinguished within the report).

This Report does not include the completed actions previously reported to the CHCP Committee within the Mid-Year Performance Report 2011/12. As previously agreed, it is accompanied by a single, separate and related full year report on complaints formally received by the CHCP with respect to the totality of its health and social care responsibilities.

### **3. Main issues**

- 3.1** As is evident within the attached report, significant progress has been made across portfolios and service areas. The CHCP has instigated a range of actions that build on previous successes and also address areas where performance was identified as needing to be improved.
- 3.2** The CHCP's scheduled end of year Organisational Performance Review with the Chief Executives of both NHSGGC and WDC takes place following the circulation of the Committee papers for this meeting but prior to the Committee itself.

Consequently on this occasion it is not possible to provide a formal report on the outputs of that process as part of the papers for this CHCP Committee meeting (as was the case when the Mid Year Performance Report was presented).

However, the Director will be able to verbally summarise the substance of that internal scrutiny session at the Committee meeting to further inform any discussion on the attached report.

### **4. People Issues**

- 4.1** There are no specific personnel issues associated with this report.

### **5. Risk Analysis**

- 5.1** 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. The preparation of the attached report (and the performance management arrangements that it represents) is an important aspect of mitigating such risk.

## **6. Financial Implications**

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

## **7. Equalities, Health & Human Rights Impact Assessment (EIA)**

**7.1** 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.

## **8. Conclusions and Recommendations**

**8.1** The CHCP Committee is asked to note this Report and to commend the continuing commitment and efforts of all CHCP staff in taking forward the ambitious and challenging priorities, objectives and outcomes that are represented in the performance information presented.

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Director

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**Appendices:** Appendix 1: WDCHCP End-Year Performance Report  
2011/12  
Appendix 2: WDCHCP Complaints Report 2011/12

**Background papers:** WD CHCP Strategic Plan 2011/12  
WD CHCP Mid-Year Performance Report 2011/12

**Wards Affected:** All