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Key Performance Indicators: Summary of Progress






















Performance Indicator	2011/12	Q1 2012/13		Q2 2012/13					2012/13	
	Value	Value	Target	Value	Target	Status	Long Trend	Short Trend	Note	Target
Reduce the annual rate of increase of defined daily dose (DDD) per capita Citalopram/Fluoxetine/Sertraline anti-depressant prescribing for people aged 15 and over	71.8%	70.28%	65%	70.28%	65%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2012 reported as interim.	65%
Reduce the annual rate of increase of defined daily dose (DDD) per capita Escitalopram anti-depressant prescribing for people aged 15 and over	2.56%	2.01%	3%	2.01%	3%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2012 reported as interim.	3%
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	N/A	0	0	0	0				Indicative targets have been achieved.	0
Mean number of weeks for referral to treatment for Psychological Therapies	11	18	18	18	18				Indicative targets have been achieved.	18
Reduce suicide rate by 20% by 2013 through ensuring 50% of key frontline staff are educated in suicide assessment and prevention.	100%	100%	100%	100%	100%				Indicative targets have been achieved.	100%
By March 2013 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.9%	96.7%	90%	92%	90%				Provisional - Expected update from ISD November/December 2012.	90%
Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (in line with SIGN 74 guidelines)	1,068	306	210	494	419				Indicative targets have been achieved.	838
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix)	77.8%	77.8%	80%	77.8%	80%				Provisional – Data for Quarter 2 unavailable and Quarter 1 reported as interim. Target is NHS GCC wide - no specific target for WDCHCP set.	80%

Performance Indicator	2011/12	Q1 2012/13		Q2 2012/13					2012/13	
	Value	Value	Target	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage uptake of bowel screening	48.1%	48.1%	60%	48.1%	60%				Provisional - Data for 2012/13 not yet available. 2011/12 reported as interim.	60%
Percentage of those invited attending for breast screening	72.7%	72.7%	70%	72.7%	70%				Provisional - Data for 2012/13 not yet available. 2011/12 reported as interim.	70%
Total number of patient deaths at Home including Care Homes on the Liverpool Care Pathway	58	34	15	40	15				This represents 80% of all identified patient deaths at home.	58
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS)	5	5	26	7	26				In GGC the RTT (Referral to treatment) target in CAMHS is 26 weeks. The longest wait as at August 2012 was 17 weeks.	26
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	69%	100%	60%	40%	60%				Of the 5 young people leaving care this quarter only 2 went into a positive destination. The target therefore was not achieved this quarter.	60%
Percentage of children and young people who are supported at home under statutory supervision	42.5%	41.3%	44%	37.3%	44%				This indicator continues to be closely monitored.	45%
Number of young people up to the age of 18 being looked after away from home by the authority	224	227	217	224	217				The numbers of children in residential homes remains static with a slight rise in the numbers of younger children at risk being placed in foster care.	217
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	17.65	4	N/A	4.05	N/A				This is a provisional and estimated figure as the actual figures are not available at this time. This indicator will be updated as soon as the actual figures are available from SCRA. No targets have been set for this indicator this year due to the introduction of the Early and Effective Intervention scheme.	N/A

Performance Indicator	2011/12	Q1 2012/13		Q2 2012/13					2012/13	
	Value	Value	Target	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage of babies breast-feeding at 6-8 weeks	15%	14.8%	19.1%	14.8%	19.1%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2012 reported as interim. Indicative targets have not been achieved and performance is being reviewed.	19.1%
Percentage smoking in pregnancy	21%	19.9%	20%	19.9%	20%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2012 reported as interim. Indicative targets have been achieved.	20%
Percentage of five-year olds (P1) with no sign of dental disease	61.92%	61.92%	60%	61.92%	60%				2009/2010 most up to date figure for P1 (5 year olds) and reported as interim.	60%
Completion rates for child healthy weight intervention programme over the three years ended march 2014 (Cumulative)	144	176	130	182	138				Indicative targets have been achieved.	210
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.1%	93%	95%	93%	95%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2012 reported as interim. This is a NHSGGC wide target - no specific WDCHCP target set.	95%
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.3%	95.7%	95%	95.7%	95%				Provisional – Data for Quarter 2 unavailable and Quarter 1 June 2012 reported as interim. This is a NHSGGC wide target - no specific WDCHCP target set.	95%
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 (As at month end)	0	4	0	0	0				Indicative targets have been achieved.	0
Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population) (Cumulative)	6,107	1,438	1,260	913	1,260				Provisional – Data for month of September 2012 unavailable and July - August 2012 reported as interim Quarter 2 figure. Target is provisional.	5,040

Performance Indicator	2011/12	Q1 2012/13		Q2 2012/13					2012/13	
	Value	Value	Target	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage of at risk clients with anticipatory care plans	100%	25%	25%	33%	50%				Provisional – Data for month of August and September 2012 unavailable and July 2012 reported as interim Quarter 2 figure.	100%
Percentage of people 65+ with intensive needs receiving care at home (Existing definition)	44.4%	40.3%	45%	42.8%	45%				This is a provisional figure based on the March 2012 Continuing Care Beds Census figure and provisional home care figures and may be subject to change.	45%
Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	37.52%	37.52%	35%	37.52%	35%				This is a provisional figure based on a sample group. Work is currently underway to access the required admissions data from SPARRA and to improve the matching process with CareFirst data.	35%
Number of people in care home placements in the month (65+)	505	518	505	526	505				Indicative targets have not been achieved and performance is being reviewed.	505
Percentage of patients achieved 48 hour access to appropriate GP practice team	94.1%	94.1%	90%	94.1%	90%				Provisional - 2012/13 data not yet available. 2011/12 reported as interim.	90%
Number of inequalities targeted cardiovascular Health Checks	1,812	396	213	670	534				Trajectory positive.	1,067
Number of patients on dementia register	530	541	537	550	537				Provisional – Data for month of September 2012 unavailable and August 2012 reported as interim Quarter 2 figure.	537
Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment	100%	100%	100%	100%	100%				This indicator continues to be closely monitored as routine.	100%
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	85%	100%	85%				This indicator continues to be closely monitored as routine.	90%

Performance Indicator	2011/12	Q1 2012/13		Q2 2012/13					2012/13	
	Value	Value	Target	Value	Target	Status	Long Trend	Short Trend	Note	Target
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	93%	91%	98%	91%	98%				It should be noted that there are factors outwith the control of the team which affect performance. In particular there have been a relatively high number of failures to attend resulting in reports or letters to court after the target deadline.	98%
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	76%	87%	70%	83%	70%				The improvement in performance is noted. The team runs two group induction sessions per week. Again performance levels may be influenced by factors outwith the team's control.	70%
Total number of homecare hours provided as a rate per 1,000 population aged 65+	710.4	641.1	687	661.2	687				This is a provisional figure. A monitoring exercise is currently underway and this figure is likely to increase.	687
Percentage of homecare clients aged 65+ receiving personal care	81.4%	80.3%	78%	80.9%	78%				This is a provisional figure.	78%
Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service	163	36	40	40	40				Provisional – Data for August and September 2012 unavailable and July 2012 reported as interim Quarter 2 figure. Therefore this is not a full picture of progress against the target.	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	66	14	25	122	100				Provisional – Data for August and September 2012 unavailable and July 2012 reported as interim Quarter 2 figure.	95
Percentage of complaints received and responded to within 20 working days (NHS policy)	100%	75%	70%	100%	70%				11 complaints were received in Q2: 8 were responded to within 20 working days, 1 no consent was received, and 2 are not due for response until next quarter and are still ongoing.	70%

Performance Indicator	2011/12	Q1 2012/13		Q2 2012/13					2012/13	
	Value	Value	Target	Value	Target	Status	Long Trend	Short Trend	Note	Target
Number of quality assured Equality Impact Assessments	9	0	2	8	2				Three EQIAs have been submitted for QA and are awaiting publication. All other EQIAs planned in line with CHCP committee requirements.	8
Percentage of carers who feel supported and capable to continue in their role as a carer	81.5%	86.1%	80%	78.6%	80%				Provisional figure subject to change.	80%
Total number of respite weeks provided to all client groups	6,978	1,654	1,912	1,732	1,912				Provisional figure subject to change.	7,647
Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)	5%	5.3%	4%	5.4%	4%				Provisional – Data for Quarter 2 unavailable and July 2012 reported as interim Quarter 2 figure.	4%
Average number of working days lost per WD CHCP Council Employees through sickness absence	14.89	3.93	3.5	4.35	3.5				Provisional - estimated outcome for Q2 based on average from previous 2 months as figures not available until 20/10/12. Analysis of the recent absence audit is underway to ensure there is early intervention and appropriate and consistent application of policy across the department. Any areas for improvement will be identified and implemented.	14
Percentage of WD CHCP NHS staff who have an annual e-KSF review/PDP in place	66.23%	72.7%	80%	65.84%	80%				Indicative targets have not been achieved and performance is being reviewed.	80%
Percentage of WD CHCP Council staff who have an annual PDP in place	20%	26%	75%	42%	75%				Delivery of PDP is improving and we expect the figure to be closer to the target in each subsequent quarter this year.	75%

WD CHCP Strategic Plan: Key Actions – Summary of Progress within Quarters 1 & 2 of 2012/13

2012-13 Development Plan Activity	Outcomes Achieved / Progress to Date
Work in partnership with NHSGGC Acute Division services to improve the management of GP to hospital referrals through use of electronic referrals (SCI-Gateway).	Work on-going, with SCI-Gateway referrals considered at locality group meetings and rates shared across practices. Actively pursuing development of West Dunbartonshire Practice Activity Report (PAR) within which this would be incorporated.
Review referral rates and share data with GPs, including review of frequent attendees.	Work on-going, with rates and data considered at locality group meetings, shared across practices and discussed at local GP QOF review events. Actively pursuing development of West Dunbartonshire Practice Activity Report (PAR) within which this would be incorporated.
Complete and agree Adult Mental Health Services Commissioning Strategy.	Commissioning Strategy completed on schedule, and formally approved by CHCP Committee.
Ensure regular monitoring reports provided to the CHCP Committee, PPF and local Mental Health Forum on the arrangements for the NHSGGC Vision for the Vale.	Most recent monitoring report prepared and being presented to relevant meetings through November 2012.
Integrate the Ardmore day hospital staff into the Older Adults Community Mental Health Team.	This proposal has been approved by the CHCP Committee and is currently being implemented.
Refresh local Mental Health Improvement Plan to incorporate local Choose Life action plan.	Incorporation of Choose Life plan into Mental Health improvement plan complete. Renewed focus on using national mental health improvement intermediate outcomes as guide for activity. Local multi agency Mental Health Improvement Network regrouped and planning for the next year. Contributing also to NHSGGC Self- Harm short life working group develop training course endorsed by NHS Scotland in line with suicide prevention courses.
Continue to promote alcohol brief interventions (ABI) across all services and GP practices.	ABIs continue to be promoted across all GP practices through routine Health Improvement visits and through anticipatory care networking events. In wider settings ABIs continue to be carried out in CHCP criminal justice teams, Youth settings through Y Sort it and in the Live Active Exercise Referral Scheme.

<p>Continue to lead implementation of the Alcohol & Drug Partnership (ADP) Community Planning Alcohol and Drug Strategy.</p>	<p>The West Dunbartonshire ADP has worked in partnership with all key stakeholders on the development and review of a detailed Implementation Plan that sits as an Appendix to the Alcohol and Drug Strategy. Examples of notable achievements include:</p> <ul style="list-style-type: none"> • Recent application for an additional 2/3rds alcohol sales space by Marks & Spencer's PLC was refused on public health grounds. • Quality Alcohol Treatment and Support (QATS) Implementation - The people centred approach identified within the QATS has been identified, within the Alcohol and Drug Services Commissioning Strategy, as the direction of travel for the commissioning and delivery of services and supports within West Dunbartonshire. This further enhances local ability to focus on the needs of the individual and allows us to allocate spend linked to those needs i.e. a further move to community based rehabilitation. All QATS recommendations achieved.
<p>Continue implementation of CHCP Cancer Information Action Plan, including focus on improved awareness of signs and symptoms of cancer.</p>	<p>The local CHCP Cancer Information Action Plan has been updated in line with GGC NHS Detect Cancer Early – Health Improvement Strategy 2012 to 2015, to reflect the main implementation themes of Promotion and Protection, Early Detection And Workforce. This action plan complements the Scottish Government's "Detecting Cancer Early" social marketing campaign, which is currently being promoted.</p>
<p>Use the Supportive and Palliative Action Register (SPAR) to aid the identification of cancer (as well as non-cancer) patients entering a palliative phase.</p>	<p>Achieved: SPAR in place across all practices and teams, with significant increase in home or care home as place of death.</p>
<p>Develop and implement action plan to maintain UNICEF baby Friendly Community Stage 3 accreditation.</p>	<p>First annual audit following accreditation provided evidence of a high standard of knowledge and skills of practitioners, and breast feeding mothers having an excellent support service from Children & Families teams. WDCHCP had the best audit results in the Board in 2012.</p>
<p>Completion of pilot of SHANARRI based assessment tool for health visitors.</p>	<p>This is complete and has been evaluated well by staff.</p>
<p>Complete and agree Children's Services Commissioning Strategy.</p>	<p>Commissioning Strategy completed on schedule, and being formally presented to CHCP Committee for approval at November 2012 meeting.</p>

Introduce Anticipatory Care Plan Nursing Team.	Anticipatory Care Co-ordinators in place with District Nursing service providing input.
Introduce Local Enhanced Services (LES) for general practice to identify patients-at-risk.	Achieved, with all practices participating using SPARRA and local intelligence model.
Support the development of independent sector care home provision in line with priorities within CHCP Older People's Service Commissioning Strategy.	Work on-going, with three new care home providers scheduled to begin operating in the area from 2013/14 (and who will provide Dementia and Intermediate Care).
Continue to develop quality of Residential Care Home Provision, including preparing formal proposals and business case for future provision.	Work on-going, with steady improvement in Care Inspection grades over the last 18 months supported by introduction of new quality system. Following approval of report at September 2012 Council meeting in relation to capital projects developed through the securitisation project process, options paper on older people's residential care re-provision has been fast-tracked (as per Council motion) for consideration at November 2012 CHCP Committee. The substance of this paper was a key element of September 2012 WDC business session on older people led by the CHCP for Council and CHCP Committee members.
Implement a single system MSK physiotherapy service across NHSGGC.	Achieved – quadrant model implemented. Main focus has been on standardising operating procedures across all 41 sites. This will ensure all staff are working to the same agreed capacity for new patients, deal with failed to attends in a consistent way and ensure consistent caseload management.
Develop patient specific pathways for MSK physiotherapy service.	Ongoing work locally and linking with national work. Need to ensure engagement and involvement from GP's and Orthopaedics. These pathways will have the key steps that each patient should be entitled to expect regardless of where they access the service. There will be agreed timescales associated with each phase of treatment and an understanding of the key roles required in each phase.
Oversee delivery of the new Vale Centre for Health and Care.	The construction of the new Centre continuing on-schedule and on-budget, with positive stakeholder engagement and positive local media reporting.
Implement action plan in response to Child Protection Inspection report.	All improvement actions have been assigned to the CPC and various sub-groups, with approval from the COG. A multi-agency full-time post of Child Protection Lead Officer is being recruited to lead on self-evaluation with the CPC and COG. All improvement actions will be detailed within the three year CPC Business Plan August 2012- July 2015.

Undertake Adult Support and Protection biannual self-evaluation process.	The self-evaluation has been completed and was reported to the Adult Protection Committee in September 2012. The bi-annual report will be submitted to the Scottish Government by the end of October 2012. The outcomes of the self-evaluation process will be reported in the bi-annual report.
Review Criminal Justice Services for Women Offenders.	A response was made in respect of the Commission on Women Offenders Report to Scottish Government and several briefing papers prepared for the Partnership Committee by the Partnership Manager at key stages in the process. It should be noted that the implementation of the Commissions principal recommendations are contingent upon the outcome of a range of pilot projects, the nature and location of which are as yet not decided. In addition the Women's Safety and Support Service in West Dunbartonshire won the adult services category award at the SSSC Care Accolades.
Undertake audits of use of all risk assessment tools within criminal justice services.	Performance in respect of risk assessment tools is positive and improving. Recent feedback of risk assessment by the care Inspectorate, conducting an ISLA inspection in West Dunbartonshire has been very positive.
Extend Children Experiencing Domestic Abuse Recovery (CEDAR) project.	Achieved. CPP funded CEDAR Pilot Project completed August 2012. Big Lottery Funding received for full implementation 2012-2015 from 3rd September 2012.
Implement Family Nurse Partnership (FNP) pilot in collaboration with Glasgow City CHP.	FNP is progressing well with representation from WDCHCP on both the Advisory Group and the Implementation Group. Recruitment was also supported and awareness raising events have been held locally with a range of staff from across services with direct involvement from the FNP Supervisor.
Continue to support sexual health training of staff working with Looked After and Accommodated Children (LAAC) and staff working with foster parents.	Sexual health training of staff working with Looked After and Accommodated Children is being rolled out as part of a phased approach with the rollout almost complete.
Achieve Healthy Working Lives Gold Award for the CHCP.	The CHCP gained the Healthy Working Lives Gold Award in July 2012 and formally presented with the award at the ceremony on the 11 th of October. A local "thank you" event is being organised for CHCP staff who have been involved with this work on the 21 st November 2012.

<p>Continue with targeting smoking cessation delivery with focus in SIMD 1 areas in parallel with insight gathering from Equally Well Test Site e.g. social marketing approaches.</p>	<p>The CHCP Smoking Cessation HEAT Promotion Group continues its work on targeted promotional activities, developing a range of social marketing campaigns. These social marketing approaches include the following: advertising on local buses, adverts in local newspapers, advert in housing association newsletters, stalls at local community events, school half term October week promotion at local supermarkets, promotion of smoking cessation services at 10 GP led Flu Clinics, extension of drop-in services with the provision of four drop in services across West Dunbartonshire.</p>
<p>Implement action plan for roll out of Smoke Free Schools Award.</p>	<p>The CHCP continues to work in partnership with WDC Educational Services as part of the wider tobacco control agenda to support the implementation of the Smoke-Free School Awards. Health Improvement Team staff are currently supporting Clydebank High as they work towards the completion of their award. Progress towards the strategic fit of this work is implemented through the Joint WDC/WDCHCP Health Improvement and Education Working Group in line with "Curriculum for Excellence."</p>
<p>Submit Initial Scrutiny Level Assessment (ISLA) material to Care Inspectorate on schedule.</p>	<p>Achieved – over 600 items of evidence submitted on schedule. CHCP classed as level 1 (i.e. lowest) risk by Care Inspectorate in advance of field work phase of assessment through October 2012.</p>
<p>Complete scheduled case file audits in preparation for Care Inspectorate inspection.</p>	<p>Achieved. Key findings of internal case file audit process were mirrored by main findings of Care Inspectorate case file audit undertaken as part of assessment process.</p>
<p>In partnership with RNIB (Royal National Institute for Blind People) and Lomond & Argyll Advocacy Services develop Scottish-Government funded pilot on self-directed support.</p>	<p>Work to-date includes the development of a Self-Evaluation Questionnaire which is being currently being across service groups. A service user and carers' focus group has been established and a set of frequently asked questions has been developed.</p>
<p>Undertake review of social transport provision, preparing refreshed scope and eligibility criteria that ensures compliance with Equality Act 2010 for formal consideration.</p>	<p>Independent review completed and report being prepared for receipt by CHCP in November 2012.</p>
<p>Undertake equalities assessments of all financial plans to prevent unlawful decisions and to minimize the impact for Equality groups or those experiencing health inequalities.</p>	<p>Work undertaken as routine as integral element of financial planning processes.</p>

<p>Establish partnership agreement with WD CVS to enhance CHCP engagement with representative organisations.</p>	<p>Draft partnership prepared and being refined. Draft has been shared with Scottish Government Third Sector Leads who have identified it as a potential area of good practice and have asked to be kept of this development.</p>
<p>Align the development of supported self and carers' support by sponsoring a collaborative project bringing together our investment from the Carers Information Strategy, Long Term Conditions Funding and the Change Fund.</p>	<p>Carers of West Dunbartonshire, as one of our key partners and signatories to the CHCP local Change Fund bid, support the delivery of a range of carers' services within West Dunbartonshire. By combining the resource from the Carer Information Strategy, Change Fund and Long Term Conditions there has been a joined up response to carers' issues in West Dunbartonshire.</p>
<p>Raise awareness of CHCP staff of carers' needs, the carers play in supporting self-care particularly in areas of Diabetes, COPD, Stroke and Dementia.</p>	<p>The monies have been aligned to create a range of new support services for carers, including:</p> <ul style="list-style-type: none"> • A new service for newly diagnosed clients/patients and carers with dementia, in partnership with Alzheimer Scotland, to support transition. • Dedicated Older Carers Support Services. • Dedicated Hospital Discharge post developed as a partnership with Carers of West Dunbartonshire and the CHCP.
<p>Roll out findings of Young Carer school pilot across secondary schools.</p>	<p>Achieved. The pilot was completed and the findings rolled out to all primary and secondary schools.</p>