

WEST DUNBARTONSHIRE CHCP - ORGANISATIONAL PERFORMANCE REVIEW: 19 JUNE 2013

1	WIDER MANAGEMENT RESPONSIBILITIES
	<p>MSK Physiotherapy – the positive improvements were noted as were the concerns with the lack of a strategic approach to the previous CRES. Progressing the HIT system is the next significant challenge and we should pick this up at the next OPR.</p> <p>Optometry – this remains a potential pressure area.</p>
2	CAPITAL
	<p>The Vale Centre for Health and Care – you confirmed the building would be handed over next month and will be delivered on time and within budget.</p> <p>Care Home Re-provision – you confirmed two new care homes were currently in the development phase with a total budget of £20 million and scheduled to open in 2015.</p>
3	ACUTE
	<p>Practice Activity Reports – the Corporate Team will follow up the issues relating to data on radiology and Laboratories.</p>
4	ADULT MENTAL HEALTH
	<p>Psychological Therapies – you confirmed that the deterioration in performance related to four people. Action to address performance includes plans to introduce a self referral system in August 2013 and introducing a new call back service.</p> <p>PCMHT Waits – the good performance was noted.</p> <p>Prescribing Outliers – the positive progress was noted.</p>
5	ALCOHOL AND DRUGS
	<p>Alcohol and Drugs Partnership – the strong structure and performance was noted.</p> <p>ABIs – the positive improvements in performance were noted.</p> <p>Licensing Board – the panel noted that the culture change on alcohol was being helped by licensing board decisions.</p>
6	CANCER
	<p>Bowel Screening – there is a need for a stronger push on uptake rates for bowel screening and you agreed to explore incorporating bowel screening as part of the Working Well Together Campaign.</p> <p>Place of Death – there is a need to develop clear targets on shifting the place of death now that there is clear baseline data.</p>
7	CHILD AND MATERNAL HEALTH
	<p>Breastfeeding – performance has deteriorated and you agreed to identify what else can be done from across the board and apply this prior to your next OPR. This should include working with acute particularly in relation to the hand-over process and drop off rates.</p> <p>P1 Dental Decay – performance has deteriorated and you confirmed that new dental support workers have been recruited and will assist in driving improvements in primary schools.</p> <p>Smoking In Pregnancy – overall performance was good however, there is concern with the smoking in deprived areas and you agreed to put action in place to address this.</p> <p>Triple P – you agreed to provide clear targets to sit alongside the key parenting deliverables. You also confirmed there are plans in place to do more at the preparation and planning stage in order to improve retention rates.</p>

	Early Years Collaborative –you agreed to link up with Kevin Hill regarding the Women and Children’s directorate becoming engaged in workstream 1 linked to Stretch Aim 1.
8	LONG TERM CONDITIONS AND OLDER PEOPLE
	<p>Joint Commissioning Strategy – the good progress around anticipatory care planning and SPARRA was noted.</p> <p>Long Term Conditions – you agreed to look at the data in more detail and address the deterioration in performance.</p> <p>Change Fund Plan – you confirmed that you expect to meet the 50% reduction target and focus on the early notification with acute. The intractable AWI delays are being addressed by a number of process changes which have been made and we will see an improvement at the next OPR.</p> <p>SPOA – you confirmed this delivers full access to care with the exception of district nursing which requires further work.</p>
9	PRIMARY CARE
	<p>GP Access – your effort to engage GPs was noted and you agreed to improve performance by the next OPR.</p> <p>Dementia – you confirmed that the development of the dementia strategy and services should improve performance.</p>
10	SEXUAL HEALTH
	Teenage Pregnancy – the good planning that has taken place has still to translate into performance and it was noted that the small numbers are likely to result in performance being more variable.
11	PLANNED CARE
	Home Care – you agreed to continue to scrutinise the efficiency of in-house homecare service provision.
12	FINANCIAL INCLUSION AND EMPLOYABILITY
	Integrated Working – the panel noted the positive benefits of an integrated approach.
13	HEALTH IMPROVEMENT
	Smoking Cessation (SIMD) – the shortfall in performance is expected to be resolved once pharmacy data collection is complete.
14	QUALITY
	COSLA Bronze Award – the panel noted the excellent achievement of the COSLA Bronze Award in recognition of the work around patient focus and public involvement.
15	TACKLING INEQUALITIES
	Tackling Inequalities Plan – you agreed to provide greater clarity on the actions to address inequalities across West Dunbartonshire CHCP.
16	EFFECTIVE ORGANISATION
	Sickness Absence – you confirmed there were firm management arrangements in place to address sickness absence.
17	FINANCE
	<p>The finance report highlighted the following:</p> <ul style="list-style-type: none"> • The high cost community care package is not yet resolved, we need to pick this up outside the meeting;

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| | <ul style="list-style-type: none">• The budget pressure from the national care home contract; and• The excellent performance in relation to reducing prescribing costs and variation. |
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