




















Key Performance Indicators: Summary of Progress




| Indicator  | 2010/11          |        | Q1 2011/12       |        | Q2 2011/12       |        | 2011/12<br>Target  | Status  |
|--|------------------|--------|------------------|--------|------------------|--------|--|---|
|  | Value            | Target | Value            | Target | Value            | Target |  |   |
| Total number of homecare hours provided as a rate per 1,000 population aged 65+      | 655              | 687    | 657.37           | 680    | 646.86           | 680    | In line with the focus on rehabilitation and enablement, service is being targeted towards those with high level needs to maximise any potential for improvement in levels of independence. The number of hours per 1,000 population will decrease over time and our previous performance reflects this trend. |    |
| Percentage of homecare clients aged 65+ receiving personal care                      | 79.3%<br>(1,072) | 77%    | 78.6%<br>(1,058) | 78%    | 79.1%<br>(1,052) | 78%    | We have exceeded our quarterly target of 78%. We are continuing to provide high levels of personal care in line with priorities to target services at those with high level needs.   |    |
| Percentage of homecare clients aged 65+ receiving a service during evening/overnight | 41.5%<br>(561)   | 37%    | 42.35%<br>(570)  | 38%    | 41.65%<br>(554)  | 38%    | We have exceeded our quarterly target of 38%. We are delivering more services jointly with Community Nursing Services improving the flexibility and responsiveness of our home care.   |  |
| Percentage of homecare clients aged 65+ receiving a service at weekends              | 64.7%<br>(875)   | 60%    | 65.9%<br>(887)   | 60%    | 66.24%<br>(881)  | 60%    | We have exceeded our target of 60%. We are delivering more services jointly with Community Nursing Services improving the flexibility and responsiveness of our  |  |



| Indicator  | 2010/11         |        | Q1 2011/12      |        | Q2 2011/12      |        | 2011/12<br>Target  | Status  |
|--|-----------------|--------|-----------------|--------|-----------------|--------|--|---|
|  | Value           | Target | Value           | Target | Value           | Target |  |   |
|  |                 |        |                 |        |                 |        | home care. We are continuing to show improved performance on this measure.   |   |
| Percentage of Care Plans reviewed within agreed timescale                                  | 63%             | 50%    | 70.8%           | 55%    | 71.32%          | 55%    | We have exceeded our quarterly target of 55%. This improvement reflects the fact that levels of review activity are being monitored through a rolling programme of case file audits. In addition a client profile review form has been introduced for home care clients and is being completed by front-line staff to provide initial screening information prior to full review by the home help organiser or care manager.   |    |
| Percentage of people 65+ with intensive needs receiving care at home (Existing definition) | 42.9%<br>(386)  | 44%    | 44.46%<br>(369) | 46%    | 43.4%<br>(366)  | 46%    | This is a draft figure and may be subject to change. Early indications are that we have missed our target of 46%. Performance in relation to this indicator is supported through a range of initiatives including targeted homecare, Telecare, improved joint working with community nurses and awareness raising with local GPs and Health Centres. Targets for future years will require to be reviewed in line with these changes to service. Benchmarked with other local authorities West Dunbartonshire performs satisfactorily. |  |
| Percentage of people aged 65 and over who receive 20 or more interventions per week        | 46.96%<br>(642) | 44%    | 48.34%<br>(654) | 44%    | 47.45%<br>(642) | 44%    | We have exceeded our target of 44%. Service is continuing to be targeted towards those with high   |  |




| Indicator   | 2010/11 |         | Q1 2011/12 |                 | Q2 2011/12 |                 | 2011/12 Target  | Status  |
|---|---------|---------|------------|-----------------|------------|-----------------|---|---|
|   | Value   | Target  | Value      | Target          | Value      | Target          |   |   |
|   |         |         |            |                 |            |                 | level needs, in line with the focus on rehabilitation and enablement.   |   |
| Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Critical need    | 98%     | 90%     | 100%       | 90%             | 93%        | 90%             | We have exceeded our target of 90%. New guidance has been issued by the Scottish Government and recording methods on CareFirst have been developed to reflect this guidance.  | 90%                |
| Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Substantial need | 84%     | 85%     | 93%        | 85%             | 77%        | 85%             | We have missed our target of 85%. The target timescale for those with substantial needs is 2 weeks from the assessment completion date. People waiting slightly beyond this timescale for the care home placement of their choice will have an impact on this figure. | 85%                |
| Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Moderate need    | 91%     | 80%     | 94%        | 80%             | 91%        | 80%             | We have exceeded our target of 80%. New guidance has been issued by the Scottish Government and recording methods on CareFirst have been developed to reflect this guidance.  | 80%                |
| Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment  | 45%     | 50%     | 45%        | 45%             | 45%        | 45%             | This is an annual figure and figures reported to date are an estimate and subject to change.  | 45%              |
| Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)  | 836.5   | Not set | 525        | To be confirmed | 473        | To be confirmed | This is an as at figure as at 30 September 2011. Targets to be confirmed by NHSGGC.   | To be confirmed  |
| Number of patients in short-stay settings waiting more than 6 weeks for discharge to appropriate care setting                                       | 0       | 0       | 0          | 0               | 0          | 0               | Target of zero achieved and to be sustained.  | 0                |

| Indicator  | 2010/11  |        | Q1 2011/12 |        | Q2 2011/12 |        | 2011/12<br>Target  | Status  |
|--|----------|--------|------------|--------|------------|--------|--|---|
|  | Value    | Target | Value      | Target | Value      | Target |  |   |
| Percentage of carers who feel supported and capable to continue in their role as a carer | 84.9%    | 65%    | 79%        | 70%    | 83.1%      | 70%    | We have exceeded our quarterly target of 70% reflecting our increased efforts to support carers. We are continuing to assess carer satisfaction levels as part of the current assessment process as well as through satisfaction questionnaires. This includes identifying carer-defined areas of unmet need and the development of carer support plans to support people with their caring role.              |    |
| Total number of respite weeks provided to all client groups                              | 7,609.84 | 7,585  | 1,723.48   | 1,897  | 1,748.4    | 1,897  | We are below target this quarter however some emergency respite and respite for new clients may not be included in this total. These respite periods will be picked up in the annual figure. While respite for carers of older people has been well above target, respite for carers of people with a physical disability or learning disability has been significantly below target for the first 2 quarters. |    |
| Rates of attendance at A&E between 2009/10 and 2013/14                                   | 1,734    | 3,031  | 1,727      | 3,023  | 1,750      | 3,016  | Please note that rates may have changed slightly, as the population we previously used for calculating has now been updated from SAPE 2009 to SAPE 2010 population estimates. Figure provided for year end (12 rolling months). <i>Targets available at NHSGGC level only (no specific WDCHCP Target).</i>   |  |





| Indicator   | 2010/11      |              | Q1 2011/12 |        | Q2 2011/12 |        | 2011/12   | Status |   |
|---|--------------|--------------|------------|--------|------------|--------|---|--------|---|
|   | Value        | Target       | Value      | Target | Value      | Target | Note  |        | Target  |
| Number of inequalities targeted cardiovascular Health Checks during 2011/12                                       | Not reported | Not reported | 312        | 141    | 720        | 282    | All five GP Practices are currently delivering Health Checks and the Q2 target has been reached and exceeded.   | 564    |    |
| Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) | Not reported | Not reported | 6          | 26     | 6.5        | 26     | In GGC we have prepared for the introduction of a RTT (Referral to treatment) target in CAMHS of 26 weeks by introducing a consistent performance reporting system across NHSGGC for CAMHS. Implementation of the use of CAPA (LEAN technology to improve utilisation in CAMHS). CAPA (Choice and Partnership Approach) is designed to help CAMHS teams to make the best use of capacity. CAPA has two key elements (i) The 7 Helpful Habits of Effective CAMHS which extends capacity, improves flow management and 'letting go' of families (ii) The Choice and Partnership Approach encourages collaboration with the young person and their family offering collaborative 'choice' appointments shifting the clinician's positions from an 'expert with power' to a 'facilitator with expertise'. | 26     |    |
| Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment       | 100%         | 100%         | 100%       | 100%   | 100%       | 100%   | Child Protection audits continue to show that all children on the Child Protection Register have an up to date risk assessment.   | 100%   |  |




| Indicator   | 2010/11 |        | Q1 2011/12 |        | Q2 2011/12 |        | 2011/12<br>Target  | Status |   |
|---|---------|--------|------------|--------|------------|--------|--|--------|---|
|   | Value   | Target | Value      | Target | Value      | Target |  |        | Note  |
| <p>Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care</p> <p><i>Note: this relates to a specific indicator within the local SOA.</i></p> | 58%     | 59%    | 0%         | 59%    | 100%       | 59%    | <p>Four young people left care this quarter and all 4 are in positive destinations. The Scottish Government publishes this information annually. Figures will be presented to the Scottish Government at the end of October 2011 with regard to this reporting period. Due to a change in the reporting framework this confirmed information may not be published until 2012.</p> <p>Quarterly reporting provides the number of 16-17 year olds in positive destinations at the point of leaving care. Estimate figures are based on a local authority extraction at this time, however this may differ from the annual Scottish Government figures which are fully audited at the end of the annual reporting period.</p> | 59.5%  |    |
| Percentage of children and young people who are supported at home under statutory supervision   | 46.2%   | 43%    | 43.2%      | 44%    | 41%        | 44%    | <p>There has been a fall in the total number of children looked after this quarter as well as a fall in the number of children supported at home this quarter and both of these factors have contributed to an overall percentage reduction this quarter.</p>  | 44%    |  |
| Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds   | 18.19   | 33.58  | 7.57       | 7.23   | 7.74       | 7.23   | <p>This indicator is measured annually, however a trend analysis is usually possible through monthly reporting information published by SCRA to</p>  | 28.99  |  |






| Indicator  | 2010/11      |              | Q1 2011/12 |        | Q2 2011/12 |        | 2011/12  | Status  |
|--|--------------|--------------|------------|--------|------------|--------|--|---|
|  | Value        | Target       | Value      | Target | Value      | Target | Note   |   |
| <i>Note: this relates to a specific indicator within the local SOA.</i>                                    |              |              |            |        |            |        | local authorities. These monthly figures do not predict an accurate annual outcome due to the differing nature of the methodology in collating the two sets of data. What they can do however, is provide an indicative trend. This information can be reported on a quarterly basis, with the annual figure being available each June. Due to the methodology used, the quarterly reported figure appears higher than the annual figures. This is to do with the immediate nature of monthly reporting and annual figures provided more accuracy. |   |
| Percentage of Adult Support and Protection clients who have current risk assessments and care plan         | 96.3%        | 80%          | 100%       | 85%    | 100%       | 85%    | In the second quarter (1st July-30th September) we did 8 adult protection investigations. In 5 of these cases it was agreed that the adult was at risk: in all 5 a risk assessment and protection plan were put in place. In 2 others it was agreed that the adult had been at risk but that immediate protective action taken had ensured their protection and no further action was needed, in 1 other case it was decided that the adult was not at risk.   | 85%   |
| Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling. | Not reported | Not reported | 94.47%     | 98%    | 94.37%     | 98%    | The principle reason for late submission of reports is the subject failing to make themselves available. This either generates a   | 98%  |

| Indicator   | 2010/11      |              | Q1 2011/12 |        | Q2 2011/12 |        | 2011/12   | Status  |
|---|--------------|--------------|------------|--------|------------|--------|---|---|
|   | Value        | Target       | Value      | Target | Value      | Target | Note  |   |
|   |              |              |            |        |            |        | letter to court or late submission in cases where there is the opportunity to do so.  |   |
| Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.                  | Not reported | Not reported | 70%        | 70%    | 76.7%      | 70%    | This is a draft figure (new PI from 1 April 2011) due to new legislation and recording issues etc which are currently being resolved. Percentage should not drop below this figure. The improvement reflects the initial impact of changes in service delivery.   |    |
| Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence. | Not reported | Not reported | 78%        | 78%    | 74%        | 78%    | This is a draft figure (new PI from 1 April 2011) due to new legislation and recording issues etc which are currently being resolved. 23 individuals, 17 placements started on time. This refers to individuals who attend an induction session. In addition to persons who fail to comply with instructions there are from time to time issues re notification from courts in other parts of the country. Robust arrangements with regard to the majority of cases (appearing at Dumbarton Sheriff and JP courts) supports the achievement of targets. |    |
| Mean number of weeks for referral to treatment for Psychological Therapies  | Not reported | Not reported | 6.4        | 18     | 15         | 18     | The increase in waiting times for the last quarter is a combination of the absence of 2 WTE practitioners for much of the quarter (as a result of sickness and other absence); and more accurate data recording. We   |  |



| Indicator  | 2010/11 |        | Q1 2011/12                |        | Q2 2011/12                |        | 2011/12  | Status   |
|--|---------|--------|---------------------------|--------|---------------------------|--------|--|--|
|  | Value   | Target | Value                     | Target | Value                     | Target | Note   |  |
|  |         |        |                           |        |                           |        | will continue to review and refine processes in a bid to be more efficient and reduce waiting times whilst maintaining quality of service. Figure includes Clydebank = 15 weeks and Dumbarton = 14 weeks   |  |
| The percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug and alcohol treatment that supports their recovery   | 92%     | 90%    | 90.7%                     | 90%    | 93.6%                     | 90%    | Target achieved and to be sustained.   | 90%     |
| Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (in line with AIGN 74 guidelines) during 2011/12  | 502     | 1,125  | 211                       | 210    | 179                       | 210    | The figure for quarter 2 was received on the 31st October and shows that West Dunbartonshire is now slightly below target for ABIs. Currently 12/18 practices are eligible to deliver the locally enhanced service for ABIs with a further practice eligible to deliver ABIs through the Keep Well anticipatory health checks. Work is ongoing with practices to promote ABIs through health improvement service visits. | 838     |
| Number of suicides (both sexes)  | 20      | 20     | Not measured for Quarters |        | Not measured for Quarters |        | This is an annually reported figure and is directly linked to CHCP/028/09-10 below.  | 19    |
| Reduce suicide rate by 20% by 2013 through ensuring 50% of key frontline staff are educated in suicide assessment and prevention.<br><i>Note: this relates to a specific indicator within the local SOA.</i> | 100%    | 100%   | 100%                      | 100%   | 100%                      | 100%   | Training figures for suicide prevention maintenance target will be achieved as required by CHCP. Suicide rate is calculated annually by ISD meaning that rate updates are only available annually.   | 100%  |

| Indicator   | 2010/11      |              | Q1 2011/12 |        | Q2 2011/12 |        | 2011/12  | Status |   |
|---|--------------|--------------|------------|--------|------------|--------|--|--------|---|
|   | Value        | Target       | Value      | Target | Value      | Target | Note   |        | Target  |
|   |              |              |            |        |            |        | The number of people trained is 26 which meets the targets set by NHSGGC. Data within Sharepoint has confirmed these figures.  |        |   |
| Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service<br><i>Note: this relates to a specific indicator within the local SOA.</i> | 142          | 40           | 26         | 40     | 16         | 40     | Uptake of smoking cessation services has a pronounced seasonal pattern. The majority of clients engage with the services in the 3rd and 4th Quarter of the year. The Smoking cessation service will deliver the majority of their services within the 3rd and 4th Quarter of the year, with a corresponding uplift in target numbers. 30 of the 41 groups will be delivered in the last two quarters of the year. The community based smoking cessation service delivered 25 groups in the period 2010 – 2011. This year we plan to deliver an additional 17 community groups. | 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                               | Not reported | Not reported | 11         | 28     | 15         | 28     | Recommendations and actions identified within the smoking cessation audit are currently being implemented. This has resulted in an increased number of groups (17) being delivered, within a number of new locations.  | 111    |  |
| CHCP/042/11-12 Completion rates for child healthy weight intervention programme over the three years ended march 2014<br><i>Note: this relates to a specific indicator within the local SOA.</i>      | 100          | 75           | 45         | 20     | 8          | 20     | Active Choices third programme completed October 2011 with potentially 28 completers will be reported next quarter.  | 79     |  |

| Indicator  | 2010/11      |              | Q1 2011/12                     |        | Q2 2011/12                     |        | 2011/12<br>Target   | Status  |
|--|--------------|--------------|--------------------------------|--------|--------------------------------|--------|---|---|
|  | Value        | Target       | Value                          | Target | Value                          | Target |   |   |
| Percentage of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year | Not reported | Not reported | Figure not reported – see note | 80%    | Figure not reported – see note | 80%    | As previous note new HEAT target introduced March 2011, therefore unable to report on target within quarter 1 and quarter 2 as no children have received <b>2</b> or more fluoride varnishing. Within this time period they have only received <b>1</b> fluoride application. Reporting on this target will commence quarter 3 as children will have received their second fluoride varnishing in Nov/Dec 2011. |    |
| Average number of working days lost per WD CHCP Council Employees through sickness absence     | 13.4         | 11.5         | 3.31                           | 3.5    | 3.76                           | 3.5    | There has been a slight increase in absence leading to a failure to achieve our target for this quarter. A new Absence Management policy has recently been introduced which will strengthen our approach and we continue to look at initiatives to further reduce sickness absence within the department.   |    |
| Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)                                  | 5%           | 4%           | 4.1%                           | 4%     | 5.2%                           | 4%     | Info from NHSGG & C Performance Management System (Sharepoint) October 2011. As at September 2011.  |  |
| Percentage of WD CHCP Council staff who have an annual PDP in place                            | Not reported | Not reported | 15%                            | 75%    | 15%                            | 75%    | This figure should rise as managers attend the briefings and workshops on the new scheme arranged by HR+OD and then start to conduct PDPs using the new scheme  |  |
| Percentage of employees with KSF completed and recorded on e-KSF                               | 83%          | 80%          | 55%                            | 80%    | 52.5%                          | 80%    | 52.5% of staff have a KSF Review and 55% have a PDP review recorded e-KSF.  |  |

**Strategic Plan: Key Actions – Summary of Progress**

| 2011/12 Planned Activity  | 6 Month Update | Progress to Date   |
|---|----------------|--|
| Develop fully integrated Health and Social Care Teams for Older People, Young Adults with Complex Needs and Supported Discharge.  | In progress    | Proposals for redesign subject to engagement with staff and discussion through the local Joint Staff Partnership Forum   |
| Local implementation of direct referral from community optometrists to Hospital Eye Care Service (via SCI-Gateway), including PGD for community optometrists.   | In progress    | Direct referrals have been launched through the local optometry learning network (to which GPs were also invited). Board wide ECS prescribing subgroup working to improve access to first line prescribing, which may involve one PGD. |
| Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship. | Complete       | FBC completed for submission to NHSGGC Capital Planning Group and Quality & Performance Committee, and Scottish Government health Directorate Capital Investment Group (CIG) on the 7 <sup>th</sup> November 2011.                     |
| Develop local strategy for the provision of psychological therapies within the community in tandem with appropriate medication prescription and use.  | In progress    | Local strategy for the provision of psychological therapies in mental health services will be confirmed following completion of the Primary Mental Health Care Services  |
| Conclude redesign of Older People’s Mental Health Services.   | In progress    | Redesign proposals being presented to Older People’s Strategy Group and Local Joint Staff Partnership Forum in November 2011, on schedule to conclude process March 2012.  |
| Conclude routine application of Single Shared Assessment (SSA) across community mental health services.   | Complete       | SSA now being routinely applied.   |
| Conclude local Mental Health Improvement Action Plan.   | In progress    | Local WD Mental Health Improvement Network implementing Action Plan. Particularly good progress in planning mental health awareness training for Welfare Rights and Employability Staff.   |
| Progress in implementing the recommendations of ‘No Health Without Mental Health’ – strategic framework for MH improvement in NHSGGC.   | In progress    | CHCP Mental Health Improvement Plan has clearly followed the structure of the Strategic Framework. Framework recommendations have informed local Mental Health Service Planning process.   |

| 2011/12 Planned Activity  | 6 Month Update | Progress to Date  |
|---|----------------|---|
| Lead implementation of the ADP (CPP) Alcohol and Drugs Strategy.  | In progress    | Alcohol and Drug Strategy completed and approved by local Alcohol & Drug Partnerships; and shared with Scottish Government. Implementation ongoing within ADP structures, with action having been confirmed through local service planning process.   |
| Review Addictions Commissioning Strategy.   | Complete       | Joint Commissioning Strategy completed and approved by CHCP Committee.  |
| Conclude Health Impact Assessment of local licensing policy.  | In progress    | Successful Scoping Event held in summer, with outputs reported to the ADP in October 2011. Draft report on schedule to be delivered to ADP and the Licensing Forum in January 2012, with completion as planned by March 2012.   |
| Assess training requirements for staff working with children and young people affected by Parental Substance Misuse, in line with Getting Our Priorities Right (GOPR) and outcome of Significant Case Review. | In progress    | The Training Sub-Committee of the Child Protection Committee has taken on the overview of this aspect of the review. Additional training days on the GOPR protocol have already been incorporated into the training programme. Additional training in relation to participation in case conferences is under review.  |
| Introduce a Community Specialist Palliative Care Nurse Service.   | Complete       | Specialist Community Palliative Nurse in post.  |
| Provide home-based palliative care.   | Complete       | Being provided by the District Nursing Service.   |
| Introduce the Supportive and Palliative Action Register (SPAR).   | In progress    | Part of the Palliative Education Programme being introduced into all Local Authority Care Homes and Private Nursing Homes.  |
| Achieve Stage 3 UNICEF Baby Friendly Communities Accreditation.   | Complete       | Stage 3 UNICEF Baby Friendly Communities accreditation achieved. Breastfeeding support has been incorporated in the work of the local Young Families Support Service.   |
| Agree and support implementation of CPP Parenting Strategy, prioritising Triple P training for identified staff.  | Complete       | CPP Parenting Strategy completed and approved by CHCP Committee and Community Planning Partnership. Multi-agency Parenting Review and Improvement Group established under the auspices of the Joint Strategy Group for Children's Services.   |
| Ensure application of Integrated Assessment Framework (IAF) principles across services.   | Complete       | An audit of other integrated assessment (IA) processes established in West Dunbartonshire provides evidence that in addition to the Integrated Assessment Frameworks (IAF) completed in the authority, other IA processes are GIRFEC compliant and reflect the principles of IAF. Where gaps were identified through the audit, these processes are being reviewed. Overview of this incorporated into the auspices of the GIRFEC Implementation Group. |

| 2011/12 Planned Activity          | 6 Month Update | Progress to Date   |
|-----------------------------------|----------------|--|
| Implement Local Change Fund Plan. | In progress    | <p>A robust performance management framework has been developed, and has been reviewed and agreed by NHS Greater Glasgow and Clyde and West Dunbartonshire Council as well as the Joint Improvement Team. More practically, the CHCP has a Change Plan – Action Plan which highlights the key areas of development for the organisation to ensure implementation. This allows for regular reporting of progress across all strands of work which inform the internal scrutiny elements as well as external scrutiny to parent organisation of the CHCP, The Scottish Government and the Joint Improvement Team. Work has been continuing apace within the CHCP on implementing the local Change Plan. Key milestones for 2011/12 have been/are:</p> <ul style="list-style-type: none"> <li>▪ Communication completed - June 2011</li> <li>▪ Recruitment of Home Carers - November 2011</li> <li>▪ Recruitment of NHS Staff - November 2011</li> <li>▪ Recruitment of Local Authority Staff – November 2011</li> <li>▪ Reablement Staff Training - December 2011</li> <li>▪ Management Restructure - January 2012</li> </ul> <p>The Community Health and Social Care Redesign is an integral element of the Change Fund Plan implementation, with key Phase 1 actions being:</p> <ul style="list-style-type: none"> <li>▪ Establishment of Integrated Hospital Discharge Team.</li> <li>▪ Relocation of Hospital Discharge Team.</li> <li>▪ Top down framework agreement for integrated approaches to complex care between NHS and Council.</li> </ul> <p>Performance against all of the targets set is subject to regular scrutiny within the CHCP and discussion at the local Change Fund Implementation Group. There has been an inevitable lag-time in seeing improvements expected given the necessary appointment processes that have been underway and prioritised for completion. The overall Change Fund approach and plan within WD has been reviewed and positively commented upon by the national Joint Improvement Team.</p> |

|  | 2011/12 Planned Activity   | 6 Month Update | Progress to Date   |
|--|--|----------------|--|
|  | Develop a local model of anticipatory care.  | In progress    | Progressing well with a full at risk register developed together with each client having a Anticipatory Care Plan . Will share with GPs and others out of hours to inform better decision making in terms of alternatives to admission.  |
|  | Identify cohort of clients/patients at high risk of admission or failure of care package.  | In progress    | The Change Plan has allowed for capacity to be identified to develop the usage of an at risk register across health and social care. There are, however, some outstanding IT issues linked to As part of the service re-design, joint teams will support more robust service planning across health and social care.   |
|  | Integrate NHS and WDC Social Work Services Out of Hours provision.   | In progress    | Linked to the outcomes of the care management pilot carried out in West Dunbartonshire, clarity around the roles of different professions has been explored linked to case/care management. This has allowed for a service model to be developed which is currently out for consultation with staff groups. Also developing a network of out of hours services and providing information to inform out of hours of alternatives to admission, e.g. step up-step down and short term respite bed provision. |
|  | Increase appropriate use of Telecare provision.  | Complete       | With support from funding linked to the Change Fund, the CHCP has been able to increase the levels of Telecare at a local level.   |
|  | Develop and agree Self Directed Care Strategy.   | In progress    | Will be completed once anticipated national legislation published.   |
|  | Deliver integrated care packages for people with Chronic Obstructive Pulmonary Disease (COPD), CHD, asthma and diabetes with community pharmacy and general practice         | In progress    | Pilot for Housebound COPD service has been completed and has been rolled out across the CHCP.  |
|  | Agree Learning Disabilities Commissioning Strategy.  | In progress    | A model for Commissioning Strategies has been agreed, with the Care Inspectorate and the Joint Improvement Team: the Learning Disability Strategy is being developed following this template to ensure consistency of approach across all services.  |
|  | Deliver a case management service for dementia clients and their carers; and for those whose care is not currently managed by traditional mental health specialist services. | Complete       | Case management service for Dementia clients is in place. The Primary Care Liaison Team will extend this to provide case management for clients in other care settings.  |

| 2011/12 Planned Activity   | 6 Month Update | Progress to Date  |
|--|----------------|---|
| Improve liaison arrangements between GPs, psychiatrists, nurses, community pharmacists, care homes and community services in prescribing and medicines management. | Complete       | Regular input by prescribing into both GP and Community Pharmacy Locality Meetings. Initial meeting with psychiatrists from both ends of the CHCP to discuss Lithium prescribing has taken place, with further wider meeting including GP's to follow. A Strategic Care Homes Group has also been developed that will act a vehicle for improved relationships and engagement.  |
| Develop service directory within new CHCP website.   | Complete       | A full review of all the information about the CHCP's service was undertaken before it was transferred to the new site. The Service Directory is now complete and work ongoing with operational services to ensure that the information is kept up to date. Better use is being made of the local information screens (SOLAS) and additional screens have been added within social work offices to allow for better joint communication of public information across social work and health services. |
| Work with local Primary Medical Services (PMS) GP practice to undertake a Scottish Patient Safety Programme (SPSP) care bundle on warfarin.                        | In progress    | Two practices working on SPSP: one on medicines reconciliation, other on DMARDs. Community pharmacists working on warfarin safety issue to improve monitoring compliance.   |
| Agree and implement local sexual health policy and guidance for staff working with Looked After and Accommodated Children (LAAC).                                  | Complete       | Final policy approved by CHCP committee. Comprehensive training programme on Relationships, Sexual Health and Parenthood Education currently being delivered to key staff.  |
| Agree and support implementation of local Relationships, Sexual Health and Parenthood (RSHP) policy.   | Complete       | Final policy approved by both WDC Education Life Long Learning Committee and CHCP Committee. Comprehensive training programme delivered to Educational Services staff on Relationships, Sexual Health and Parenthood Education now complete.  |
| Support implementation of local action plan for Parental Support.  | In progress    | Working group progressing action plan that reflects a tiered model across 6 areas. This includes <ul style="list-style-type: none"> <li>• Consultation with parents' of children in the early years setting.</li> <li>• Training needs assessment planned for staff working closely with parents across various settings.</li> </ul>  |

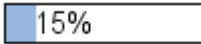



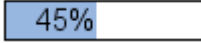


| 2011/12 Planned Activity  | 6 Month Update | Progress to Date   |
|---|----------------|--|
| Increase the level of carer support plans and support provided.   | In progress    | Through partnership developed with local Carers Centre, 78 new carers have been identified thus far in 2011/12; and a LTC carers service has been set up developed. The primary care liaison team will extend the capacity of the overall Older Adults CMHT service to provide carer support plans and identify other types of support which improve the outcomes for clients and their carers.  |
| Conclude evaluation of young carers' service pilot within Vale of Leven Academy.                              | Complete       | The evaluation is concluded, with the draft report currently being circulated for feedback. Findings indicate positive outcomes.   |
| Develop and then implement plan for achieving Healthy Working Lives (HWL) Gold Award for the CHCP as a whole. | In progress    | Plan in place and being progressed for achievement of the Gold Award by CHCP. The CHCP has corporate responsibility for HWL's within West Dunbartonshire Council and co-ordinates work around the HWL's agenda. West Dunbartonshire Council were awarded the HWL Gold Award on 9 <sup>th</sup> August 2011. Steps being taken to join up WDC and NHS CHCP arrangements in a coherent manner for staff and to the mutual benefit of both organisations. |
| Ensure delivery of Welfare Rights Services as part of <i>Keep Well</i> anticipatory care activity.            | In progress    | An SLA has been developed locally with the Welfare Right Services to provide a service during the Keep Well Transition Year  |
| Conclude local Healthier, Wealthier Children: Children and Families Financial Inclusion Project.              | Complete       | Time-limited project completed and exit strategy deployed.. Arrangements made to signpost referrers to continuing Welfare Rights Services and to ensure the lessons learnt/opportunities developed adopted by "mainstream" welfare rights services within WDC.   |
| Act on formal feedback from NHSGGC Investors in Volunteering Assessment.                                      | Complete       | Participated in assessment process/activities and contributed to NHSGGC successfully achieveing Investors in Volunteering.   |
| Ensure delivery of Eat Up programme, with targeting in deprived areas.  | In progress    | Five Eat Up groups delivered, with 2/3 of referrals from from lowest 40% SIMD areas.   |
| Ensure delivery of Live Active programme, with targeting in deprived areas.                                   | In progress    | Number of referrals to-date is 359, with 72% from lowest 40% SIMD areas.   |
| Develop training for trainers pack to support development of sustainable nursery physical activity programme. | Complete       | Training pack developed. 187 nursery teachers trained in partnership with WDC Sports Development.  |

| 2011/12 Planned Activity   | 6 Month Update | Progress to Date   |
|--|----------------|--|
| Review and revise community smoking cessation arrangements to reflect the new HEAt target, incorporating learning from the Equally Well test-site. | In progress    | <p>West Dunbartonshire CHCP reached its HEAT target for the reporting period (by March 2011). The report <i>"NHS Smoking Cessation Service Statistics (Scotland) 1<sup>st</sup> January to 31<sup>st</sup> December 2010"</i> recently published by ScotPHO showed that West Dunbartonshire CHCP had the highest estimated percentage uptake of smoking cessation services in Scotland (11%); and was the second best performing area for successful quits.</p> <p>Listed below are a range of activities developed in order to further increase quitter numbers from the previous reporting period:</p> <ul style="list-style-type: none"> <li>• 17 additional groups have been planned for the 2011 – 2012.</li> <li>• 30 groups will run between October 2011 and March 2012 (year total = 41). This pattern of group delivery reflects seasonal client demand for smoking cessation services.</li> </ul> <p>Marketing of Community Services has included the following activities:</p> <ul style="list-style-type: none"> <li>• Direct marketing to local retailers and commercial businesses.</li> <li>• Promotion of services with Flu Clinics.</li> <li>• Local Press Adverts.</li> <li>• Direct marketing to West Dunbartonshire Council staff through WDC Website, Core brief and WDC Occupational Health Services.</li> </ul> <p>Formal learning from the Equally Well test site will be formally presented to the next Tobacco PIG (December 2011). Findings from the test site highlight the need for a holistic approach to the issue of tobacco control covered by the 5 main test site objectives. Learning from the Test Site will also be disseminated through a PHRU Seminar Jan/Feb 2012.</p> |
| Roll out Smoke Free Schools Award.   | In progress    | Local tobacco control working group have developed a strategic approach to roll out of Smoke Free Schools Award. Action plan in place, with phased roll out currently targeting two school clusters.   |

| 2011/12 Planned Activity   | 6 Month Update | Progress to Date  |
|--|----------------|---|
| All CHCP Service Planning Groups utilise a combination of consultation techniques and feedback methods as set out within the recently produced West Dunbartonshire CPP Consultation Toolkit. | In progress    | <p>A review of the previous Council and CHP consultation groups was undertaken resulting in a new CHCP Communication and Engagement Group being established. This group has direct links to the PPF, The CHCP Equality Group as well as the CPP through the Consultation Network. CHCP consultations carried out are recorded on the Covalent Consultation Module, promoting consistency and good practice across services as well as supporting reporting of the outcomes of consultations and lessons learned.</p> <p>The Service Planning Groups have service user representation from specific client groupings and underwent a review process early in 2010 linked to a wider CHCP Community Engagement Review. The annual review with the PPF was carried out in June 2011 facilitated by the local CVS. The PPF has developed to include social care, with additional governance in place to link directly in the Council through the Community Participation Committee.</p> |
| Conclude the development of a range of appropriate outcomes measures for identified care group of services users/patients and carers.  | Complete       | As part of the Care Management Pilot carried out within West Dunbartonshire, Talking Points was identified as the key vehicle for gathering service user/carer/patient outcomes from service interventions. These measures are part of SSA currently being used across services within the CHCP.  |
| Develop and maintain an integrated CHCP Risk Register.   | In progress    | In addition to maintaining the CHCP's NHSGGC risk register and contributing to the WDC strategic risk assurance processes, development work is being undertaken to create an integrated and live risk register at CHCP level.   |
| Act on the feedback from the 2010 Staff Survey Results within the context of NHSGGC-wide activities, most notably promoting the <i>Give Respect, Get Respect</i> campaign.                   | In progress    | NHS staff survey findings have informed the refreshed Staff Governance Framework, which is being developed in partnership with staff side. The NHS Staff Survey findings have also been considered in conjunction with the similar material that has been recently reported by WDC in relation to its staff survey as concerns other CHCP staff, both of which are informing organisational development activities being progressed by the CHCP: most notably from an NHSGGC perspective, the local development of the board-wide Facing the Future Together programme.   |

**WDC Assurance & Improvement Plan: CHCP Actions 2011/2012 – Progress Summary (September 2011)**

| Action  | Notes & History Latest Note   | Status Progress Bar  | Dates Due Date | Dates Completed Date |
|---|---|--|----------------|----------------------|
| Review and implement CMT PSIF Improvement Plan  | Next steps to be confirmed with the new Chief Executive Designate.  |   | 31-Mar-2012    |                      |
| Implement new National Guidance for Child Protection and revised West of Scotland Procedures                                | Staff awareness sessions organised and completed (well attended).   |   | 30-Sep-2011    | 30-Sep-2011          |
| Implement Adult Support and Protection (ASP) flowchart, including recommendations for the role of GPs (via locality groups) | The flow chart has been adopted by NHS Greater Glasgow & Clyde and rolled out to all health staff.  |   | 31-Mar-2012    | 12-Sep-2011          |
| Finalise the development of Commissioning Strategies across CHCP services   | CHCP service areas for the development of commissioning strategies have been identified and timescales for delivery are being set in advance of first set being finalised for approval. |   | 31-Mar-2012    |                      |
| Implement local Change Fund Plan  | Refer to suite of activities within separate CHCP Local Change Plan being implemented through newly established Change Fund Implementation Group.                                       |  | 31-Mar-2012    |                      |