Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership’s first Public Performance Report for 2016/17.

Building on our Strategic Plan for 2016-2019 we are committed to providing clear and transparent updates on our progress in key priority areas; on an ongoing basis.

More information about Health and Social Care Partnership services is available on our website at www.wdhscp.org.uk.

We are always keen to receive feedback, so whether you want to provide constructive comments on the contents of this report or any of our services more generally, please contact us at www.wdhscp.org.uk/contact-us/headquarters/.

Mr Soumen Sengupta

Head of Strategy, Planning & Health Improvement

The West Dunbartonshire Health and Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.
Supporting Children and Families

225 children had an MMR immunisation at 24 months and 265 children had an MMR immunisations at 5 years in Qtr1 2016/17.

All 90 children referred to CAMHS received treatment within 18 weeks in Qtr1 2016/17.
336 of the 369 looked after children were looked after in the community in Qtr1 2016/17.
All 4 children who left care in Qtr1 2016/17 entered a positive destination.

18,719 children had an identified “named person” in Qtr1 2016/17.
The way delayed discharges from hospital and the associated bed days lost are counted has been changed at a national level from July 2016. Data for effective comparison to previous months/years is being collated by the Scottish Government alongside the new calculations.
There were 1,076 emergency admissions and 11,415 unplanned bed days used by people aged 65 and over in Qtr1 2016/17.

4,206 people attended A&E in Qtr1 2016/17.
People experienced 6,136 non-elective inpatient episodes in Qtr1 2016/17.

The proportion of people aged 65 and over dying in hospital rather than at home or in a homely setting was lower in Qtr1 2016/17 than at any point in 2015/16.
102 out of 153 people achieved their agreed personal outcomes through a reablement service in Qtr1 2016/17.
7,652 hours of homecare per week were provided to people aged 65 and over and 367 out of 1,245 people received 20 or more homecare interventions per week in Qtr1 2016/17.
259 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr1 2016/17.

1,128 out of 1,245 people aged 65 and over received personal care at home in Qtr1 2016/17.

802 people aged 65 and over with complex needs were living in a homely setting in Qtr1 2016/17.

331 people aged 65 and over admitted to hospital twice or more did not have an assessment while 936 received an assessment in Qtr1 2016/17.

*Provisional pending publication by the Local Government Benchmarking Framework.*
87 people on the Palliative Care Register died in Qtr1 2016/17, 25 of whom died in hospital: 10 people due to cancer and 15 people due to non-cancer conditions.

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All 24 people newly diagnosed with dementia began receiving post-diagnostic support in Qtr1 2016/17.

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1,850 people from West Dunbartonshire and 20,718 from across NHS GGC were referred to MSK services in Qtr1 2016/17.

427 people were referred to the Home Care Pharmacy Team in Qtr1 2016/17. 79 people declined the support and 43 people were being supported by other service teams.

WDHSCP’s prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2017.
44 out of the 45 people asked felt supported to continue in their caring role during Qtr1 2016/17.*

* Sample data from Carer Support Plans completed during Qtr1 2016/17.
Supporting Safe, Strong and Involved Communities

227 out of 244 people received treatment within 3 weeks of referral in Qtr1 2016/17.

256 of the 267 Social Work Reports were submitted on time in Qtr1 2016/17.

63 of the 74 new Community Payback orders attended induction within the timescale and 87 of the 121 unpaid work requirements commenced within 7 days in Qtr1 2016/17.

% people waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports

- Value
- Target to be achieved by end of March 2017

% Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling
- % Community Payback Orders attending an induction session within 5 working days of sentence
- % Unpaid work and other activity requirements commenced within 7 working days of sentence

- Target for % Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling to be achieved by end of March 2017
- Target for % Community Payback Orders attending an induction session within 5 working days of sentence to be achieved by end of March 2017
- Target for % unpaid work and other activity requirements commenced within 7 working days of sentence to be achieved by end of March 2017
All 3 Adult Support and Protection clients had a current risk assessment and care plan in Qtr1 2016/17.

There were 39 children on the Child Protection Register at the end of Qtr1 2016/17.
27 out of 33 case conferences were carried out within 21 days during Qtr1 2016/17.
Our Staff

There were 763 NHS employees (629.44 Whole Time Equivalent) and 1,420 WDC employees (1,137.15 Full Time Equivalent) working within the HSCP during Qtr1 2016/17.

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In the first 9 months of operation the HSCP achieved an in-year surplus of £0.492m. The independent auditor issued an unqualified audit report on the annual accounts and confirmed appropriate governance arrangements were in place.
All 5 complaints received during Qtr1 2016/17 were dealt with through the Social Work’s Complaints policy. The 1 complaint responded to outwith the timescales was dealt with in 37 days.

Upheld complaints in Qtr1 2016/17 concerned Administration (1), Employee Attitudes (1) and Parking (1). Any learning from these complaints is being considered within the relevant service areas.
Case Study: Alternatives to Care

Allan*, a 14 year old boy, was struggling with risk taking and aggressive behaviour, and difficulty at school. He lived with his mum, but their relationship was breaking down with a risk of him being accommodated away from home. The HSCP’s Alternative to Care (ATC) service works to support young people looked after in the community and reduce their risk of being accommodated away from home. Both Allan and his mum were supported by ATC, using evidence based practice to improve positive choices, support for addiction issues, bereavement and relationship building. Parenting programmes supported mum to help reinforce realistic boundaries. With this package of intensive support, mum was better able to cope, their relationship more positive and Allan’s behaviour improved, reducing the risk of being looked after away from home, with no police involvement or further school exclusions and overall a change in Allan’s attitude and the choices he had made in the past. *(Not real name)*

National Recognition: Pain Management

West Dunbartonshire HSCP’s Prescribing Support Team have been recognised as the Self-Management Supporting Health and Social Care Partnership of the Year at the 2016 Health and Social Care Alliance Scotland Awards. The team have led an integrated approach to empowering people to self-manage chronic pain and improve quality of life. The integrated team includes pharmacists, physiotherapists, GPs, a pain consultant, a psychologist and health improvement staff, as well as the invaluable input of patient representatives. The project was recognised as having delivered improved access to information and education on self-management of chronic pain for patients.

For more information on our services and their performance please visit