Public Performance Report April–June 2016

West Dunbartonshire Health and Social Care Partnership



Introduction

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

Building on our <u>Strategic Plan for 2016-2019</u> 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:

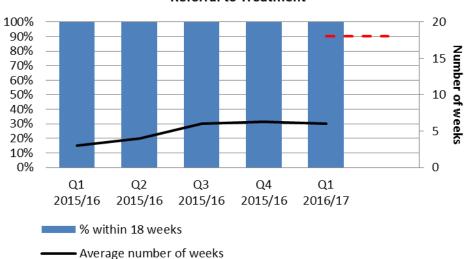
- Mission is to improve the health and wellbeing of West Dunbartonshire.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness;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

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Supporting Children and Families

Child and Adolescent Mental Health Service (CAMHS) **Referral to Treatment**



All 90 children referred to CAMHS received treatment within 18 weeks in Qtr1 2016/17.

Target for number of weeks to be achieved by end of March 2017

% Measles, Mumps & Rubella (MMR) immunisations at 24 months and 5 years

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



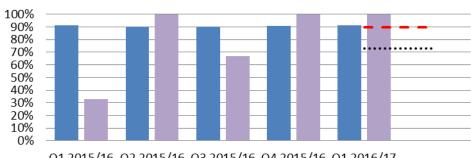
At 5 years

Target for immunisations at 24 months and 5 years to be achieved by end of March 2017

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Looked after in the community and positive destinations



Q1 2015/16 Q2 2015/16 Q3 2015/16 Q4 2015/16 Q1 2016/17

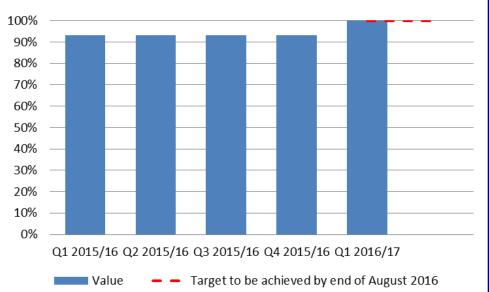
- % of children being looked after in the community
- % of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care
- Target for % of children being looked after in the community to be achieved by end of March 2017
- ······ Target for % in a positive destination to be achieved by end of March 2017

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.

% of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014

18,719 children had an identified "named person" in Qtr1 2016/17.

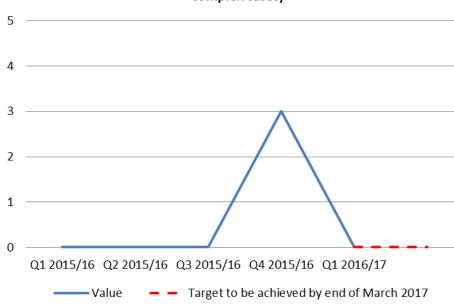


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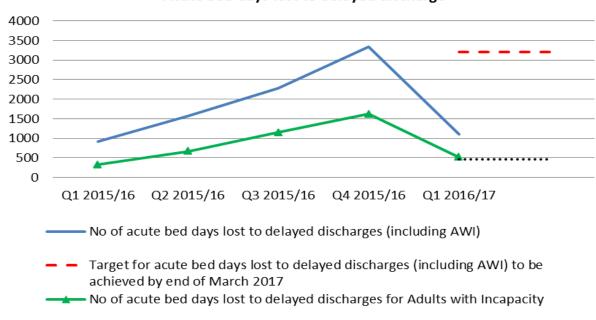
Supporting Older People

Number of delayed discharges more than 14 days (noncomplex cases)



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.

Acute bed days lost to delayed discharge



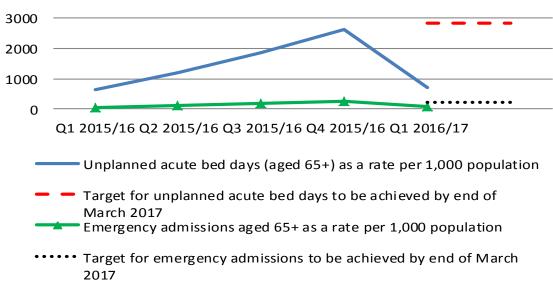
······ Target for acute bed days lost to delayed discharges for Adults with Incapacity

target to be achieved by end of March 2017

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There were 1,076
emergency admissions
and 11,415 unplanned
bed days used by people
aged 65 and over in Qtr1
2016/17.

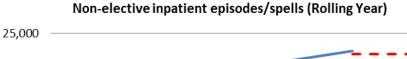
4,206 people attended A&E in Qtr1 2016/17.

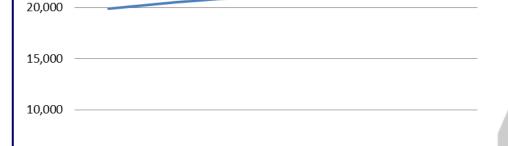
Rates of attendance per month at Accident and Emergency (A&E) per 100,000 population - Rolling Year



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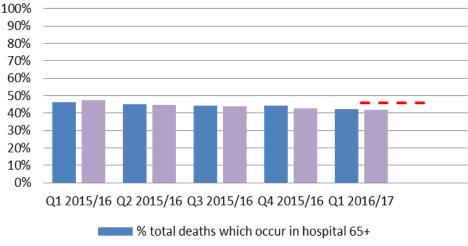
People experienced 6,136 non-elective inpatient episodes in Qtr1 2016/17.

0 Q1 2015/16 Q2 2015/16 Q3 2015/16 Q4 2015/16 Q1 2016/17

Value — Target to be achieved by end of March 2017

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.

Percentage of total deaths which occur in hospital

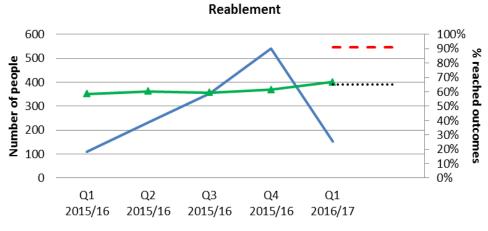


% total deaths which occur in hospital 75+

Target to be achieved by end of March 2017

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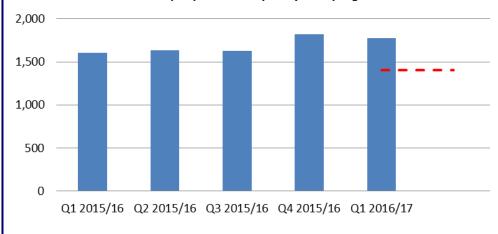
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- —— No of clients 65+ receiving a reablement intervention
- Target for no of clients 65+ receiving a reablement intervention to be achieved by March 2017
- % adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes
- •••••• Target for % adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes to be achieved by March 2017

102 out of 153 people achieved their agreed personal outcomes through a reablement service in Qtr1 2016/17.

Number of people in anticipatory care programmes



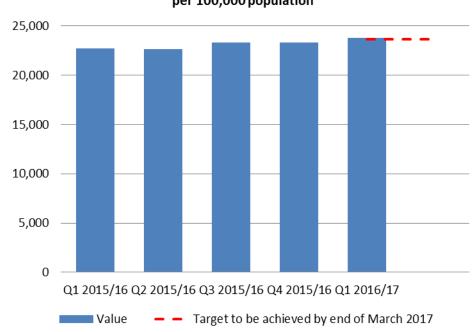
Value — Target for number of people to be sustained in anticipatory care programmes at the end of March 2017

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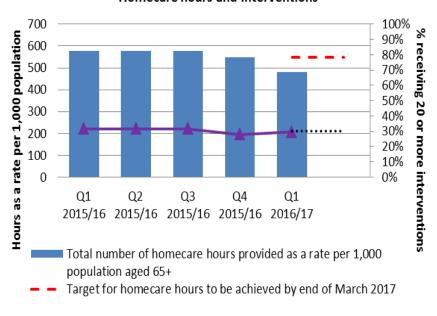
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Number of people aged 75+ receiving Telecare - Crude rate per 100,000 population

1,655 people aged 75 and over received a Telecare service in Qtr1 2016/17.



Homecare hours and interventions

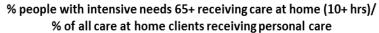


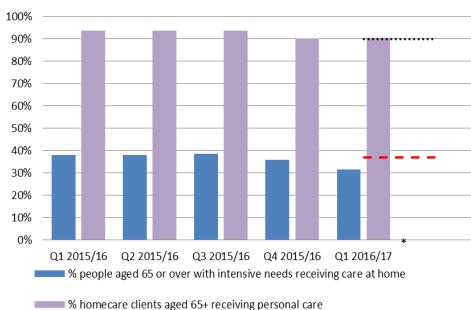
7, 652 hours of homecare per week were provided to people aged 65 and over and 367 out of 1,245 people received 20 or more homecare interventions per week in Qtr1 2016/17.

- % people aged 65 and over who receive 20 or more interventions per week
- ••••• Target for 20 or more interventions per week to be achieved by end of March 2017

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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.

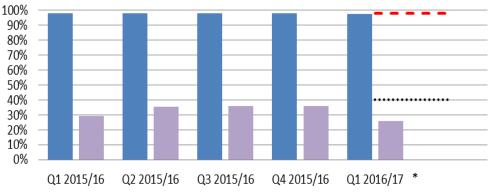
 Target for % people aged 65 or over with intensive needs receiving care at home to be achieved by end of March 2017

••••• Target for % homecare clients aged 65+ receiving personal care to be achieved by end of March 2017

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.

% people with complex needs living in a homely setting/ % people admitted twice or more who have not had an assessment (65+)



% people aged 65 years and over assessed with complex needs living at home or in a homely setting

% people aged 65+ admitted twice or more as an emergency who have not had an assessment

 Target for % people aged 65 years and over assessed with complex needs living at home or in a homely setting to be achieved by end of March 2017

••••• Target for % people aged 65+ admitted twice or more as an emergency who have not had an assessment to be achieved by end of March 2017

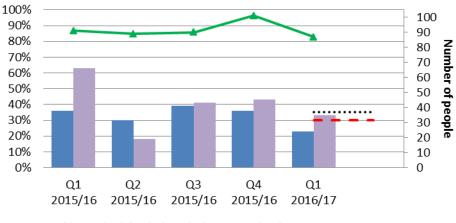
^{*}Provisional pending publication by the Local Government Benchmarking Framework.

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% of people on the Palliative Care Register dying in hospital

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.



% people dying in hospital - cancer deaths

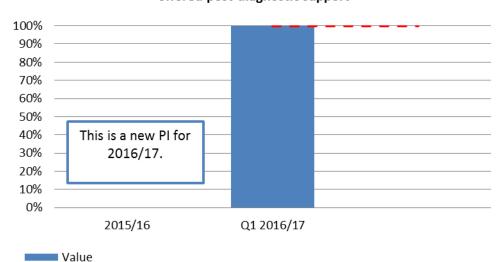
% people dying in hospital - non-cancer deaths

 Target for % people dying in hospital - cancer deaths to be achieved by end of March 2017

••••• Target for % people dying in hospital - non-cancer deaths to be achieved by end of March 2017

Total number of deaths (Palliative Care Register)

% of people newly diagnosed with dementia who have been offered post-diagnostic support

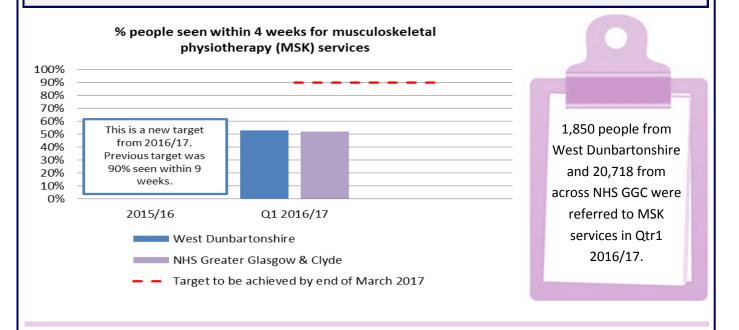


All 24 people newly
diagnosed with dementia
began receiving
post-diagnostic support in
Qtr1 2016/17.

 Target% of people newly diagnosed with dementia who received a minimum of a year's worth of post-diagnostic support to be achieved by end of March 2017

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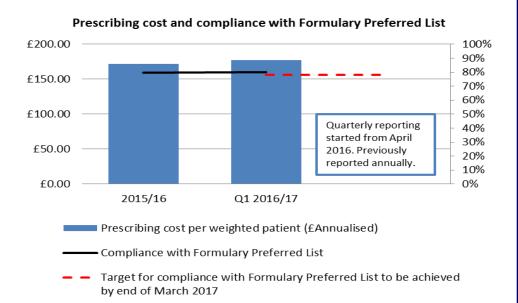


427 people were referred to the Home Care Pharmacy Team in Qtr1 2016/17. 79 people declined the support and 43 people were being supported by other service teams.

Support 1000 800 400 200 Q1 2015/16 Q2 2015/16 Q3 2015/16 Q4 2015/16 Q1 2016/17 Quarter Total — Year to Date Total — Target to be achieved by end of March 2017

Number of people receiving Homecare Pharmacy Team

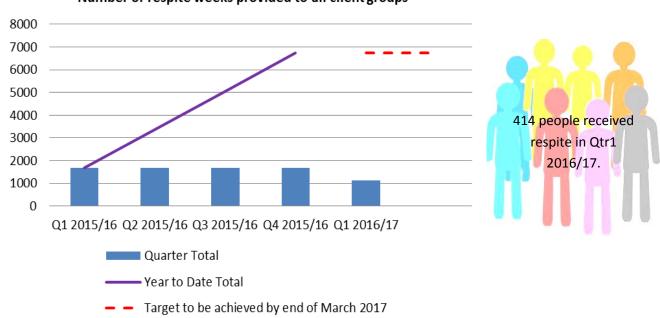
WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2017.



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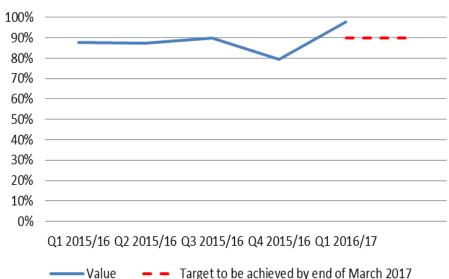
Number of respite weeks provided to all client groups



% carers who feel supported to continue in their caring role

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.



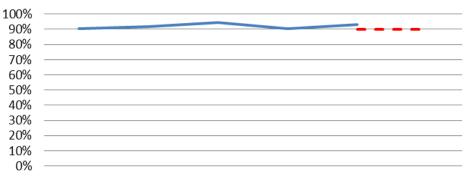
Target to be achieved by end of March 2017

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Supporting Safe, Strong and Involved Communities

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



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

Q1 2015/16 Q2 2015/16 Q3 2015/16 Q4 2015/16 Q1 2016/17

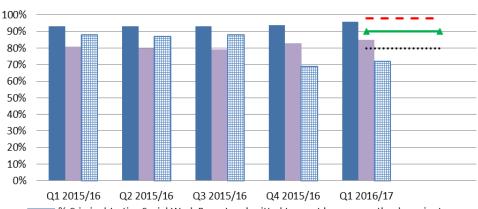
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Target to be achieved by end of March 2017



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.

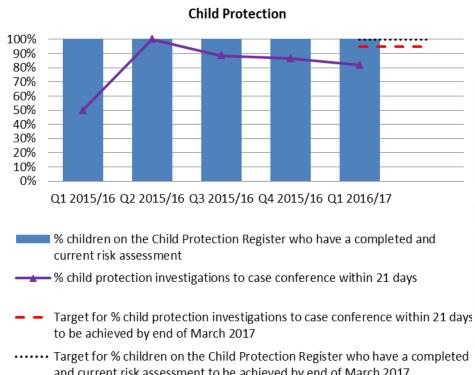
Criminal Justice



- % 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
- 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

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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.

and current risk assessment 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.

% Adult Support and Protection clients who have current risk assessments and care plan

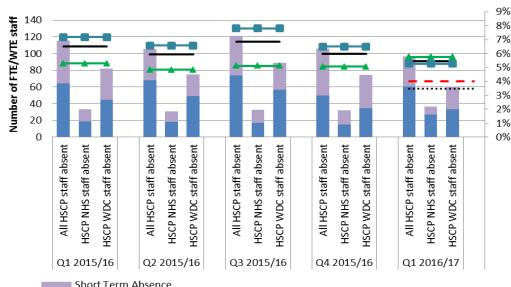


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Our Staff





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.

Short Term Absence

Long Term Absence

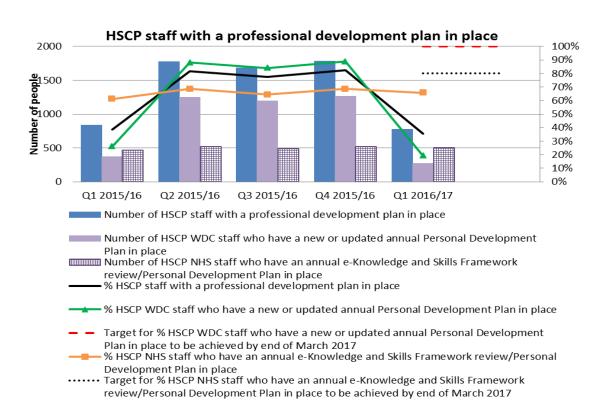
% HSCP absence

— % HSCP absence - NHS employees

WDC employees

Target for % HSCP absence - NHS employees to be achieved by end of March 2017

······ Target for % HSCP absence - WDC employees to be achieved by end of March 2017

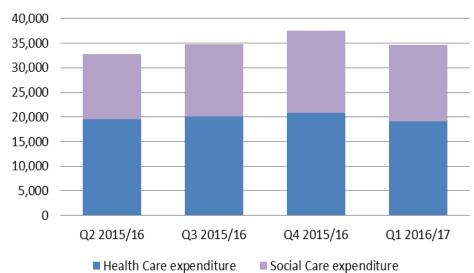


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Our Finance

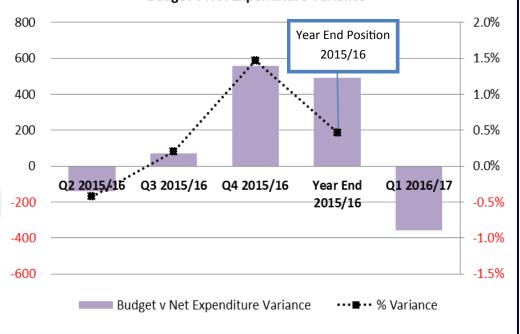




Expenditure against HSCP Budget for 2015/16 of £105.58m (not including £13.04m Acute Set Aside and £0.244m Corporate HSCP Board).

Budget v Net Expenditure Variance

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.



Less than planned expenditure

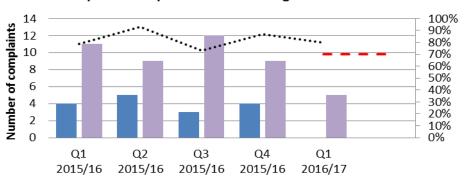
More than planned expenditure

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Complaints

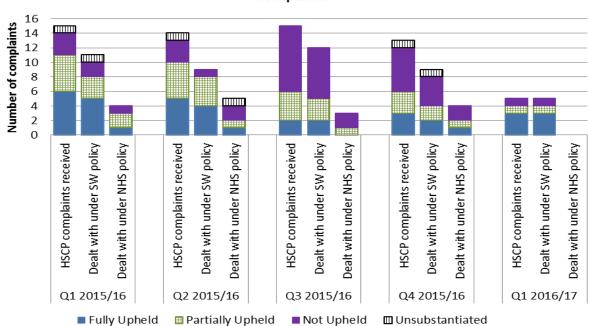
Complaints responded to within agreed timescales



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.

- No of complaints received and dealt with under NHS policy
- No of complaints received and dealt with under Social Work policy
- ••••• % HSCP complaints received and responded to within agreed timescale
- Target for % HSCP complaints received and responded to within agreed timescale to be achieved by end of March 2017

Complaints



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.

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Service Improvement Linked to Performance

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

The wellbeing web

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.



Martin Dunbar presenting the award to Senior Prescribing Adviser Heather Harrison.

For more information on our services and their performance please visit

http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/