



## Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership's second 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](http://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/](http://www.wdhscp.org.uk/contact-us/headquarters/).

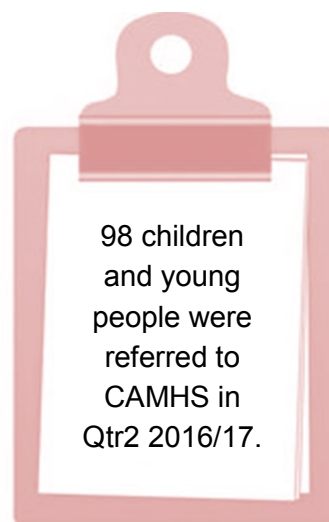
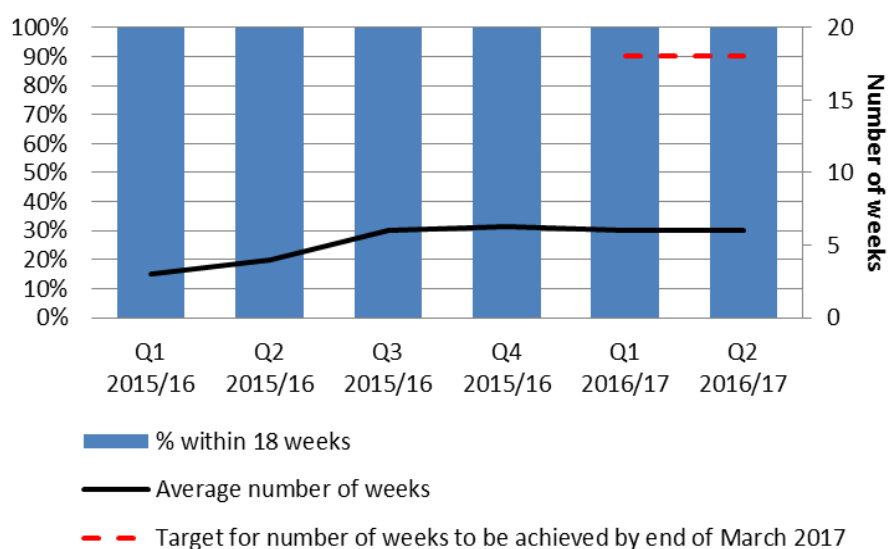
**Mr Soumen Sengupta**  
**Head of Strategy, Planning & Health Improvement**

### **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.**

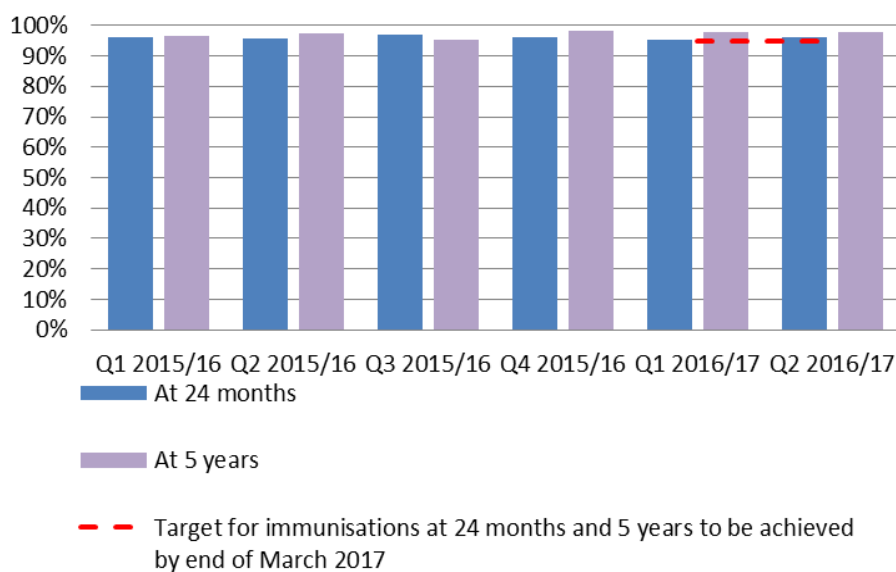
## Supporting Children and Families

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

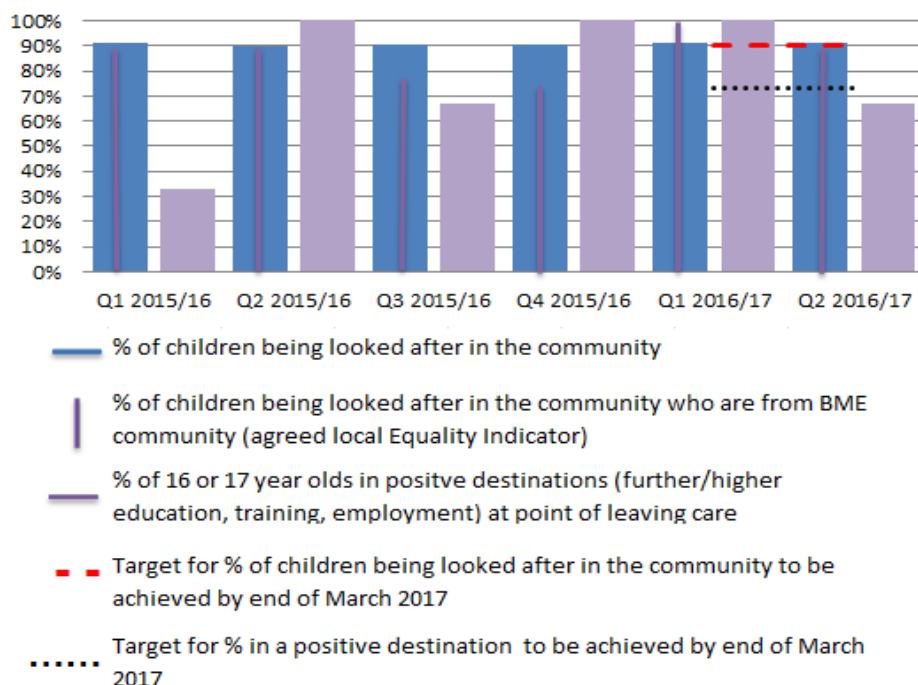


### % Measles, Mumps & Rubella (MMR) immunisations at 24 months and 5 years

264 children had an MMR immunisation at 24 months and 230 children had an MMR immunisation at 5 years in Qtr2 2016/17.



### Looked after in the community and positive destinations

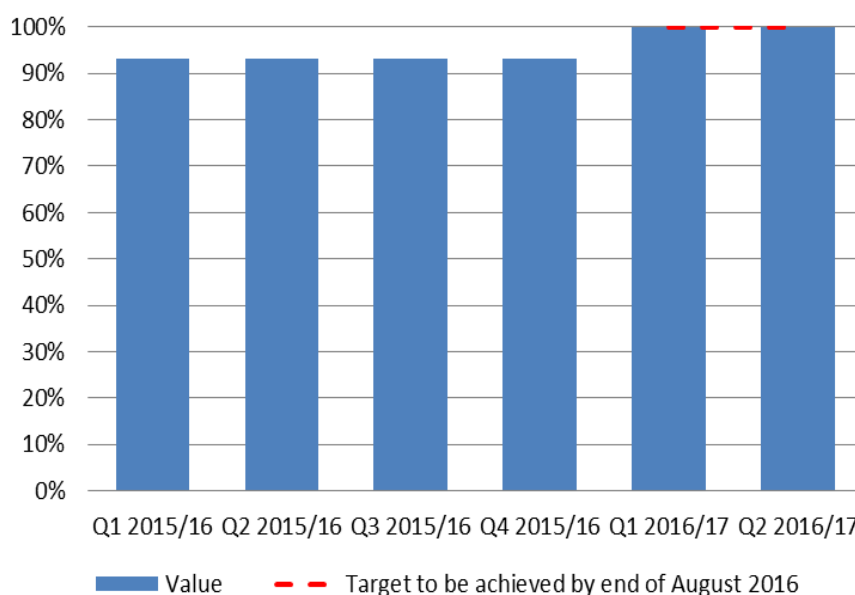


350 of the 384 children were looked after in the community in Qtr2 2016/17.

Of the 9 looked after children who happened to be BME (Black & Minority Ethnic), 8 were looked after in the community in Qtr2 2016/17.

2 of the 3 children who left care in Qtr2 2016/17 entered a positive destination.

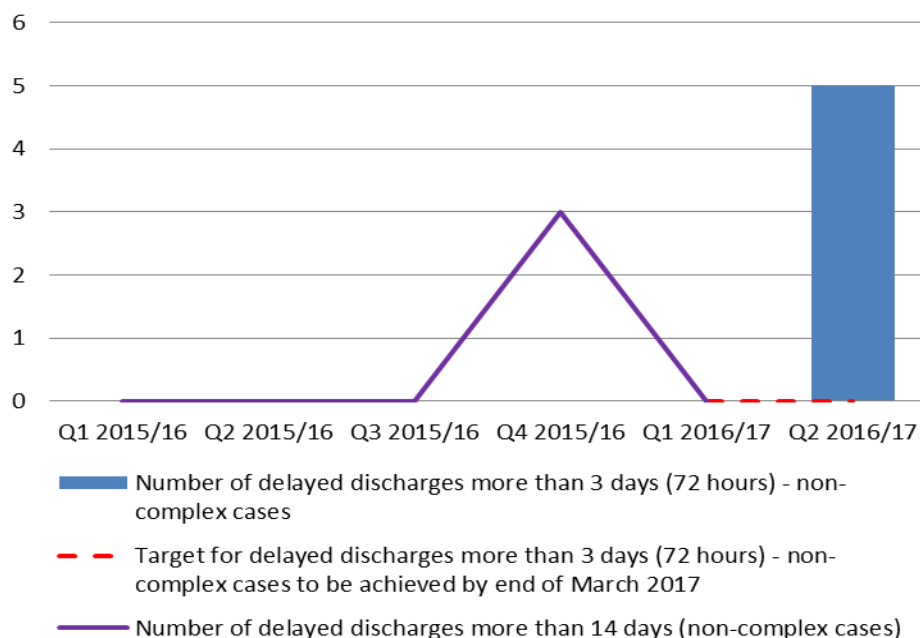
### % of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014



18,787 children had an identified "named person" in Qtr2 2016/17.

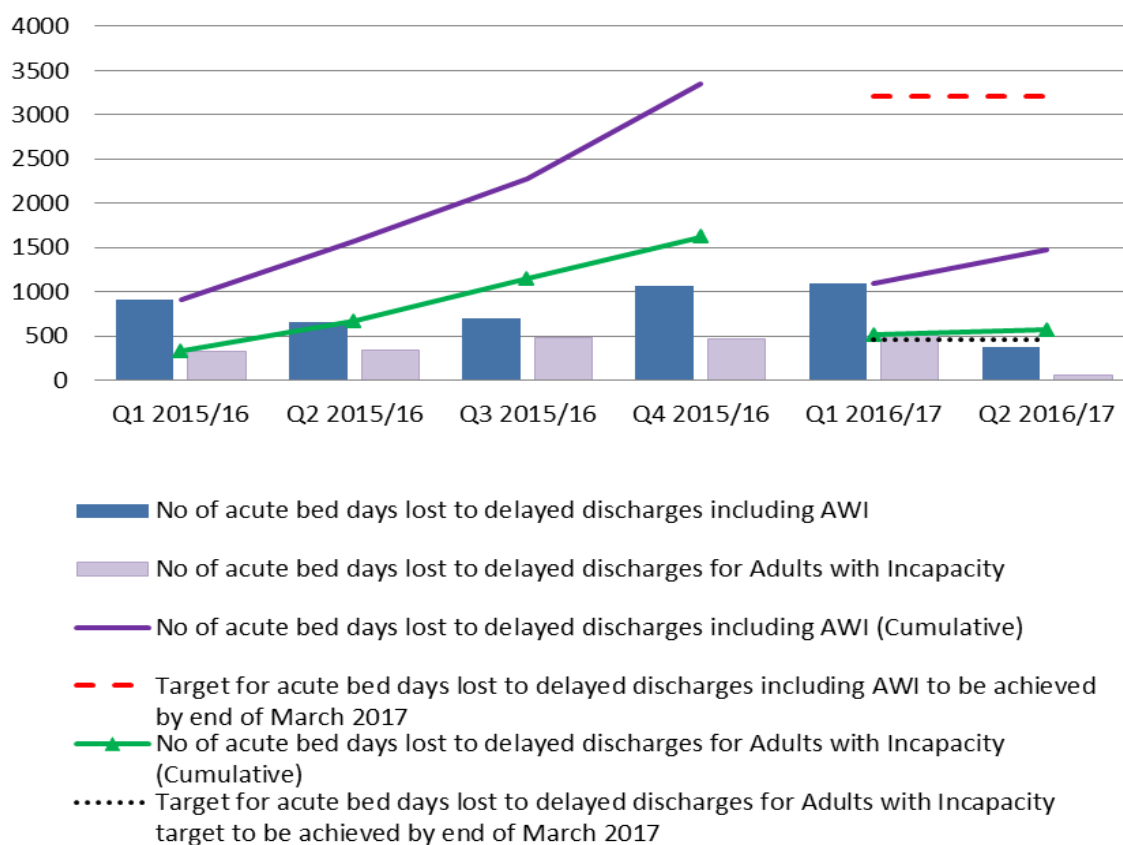
## Supporting Older People

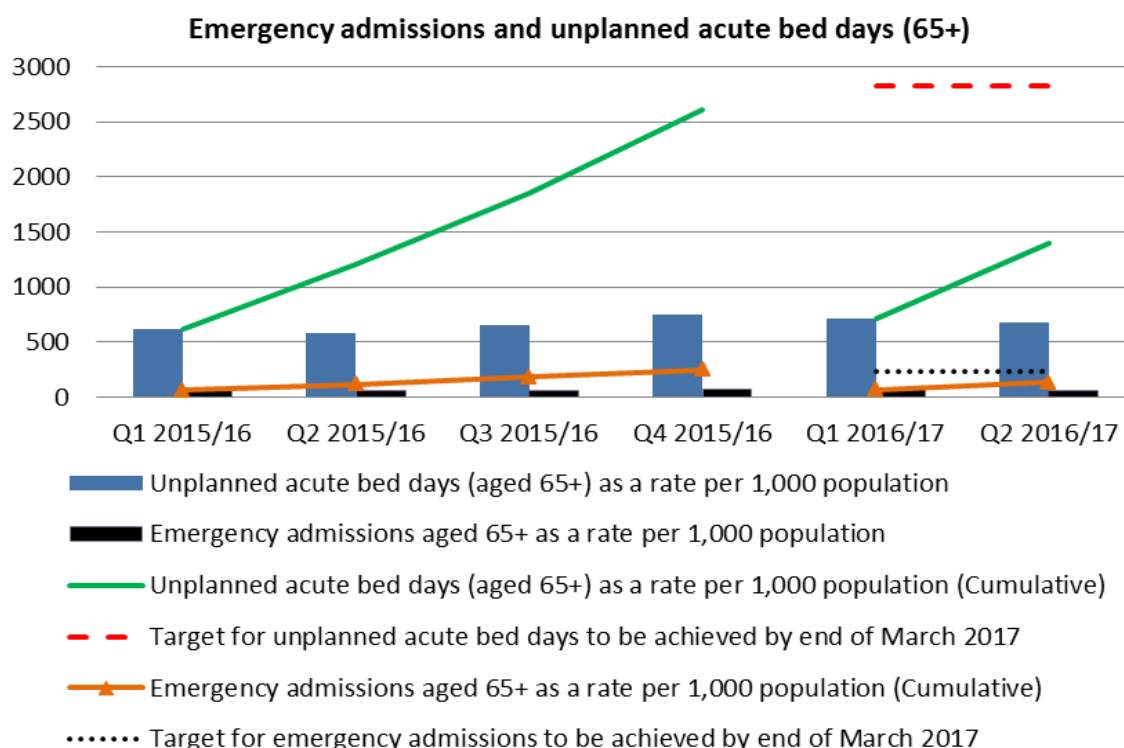
Delayed Discharges



The Scottish Government have changed the way delayed discharges are counted from 1st July 2016. The previous figure for delays of more than 14 days has been included in the chart for context/ comparison.

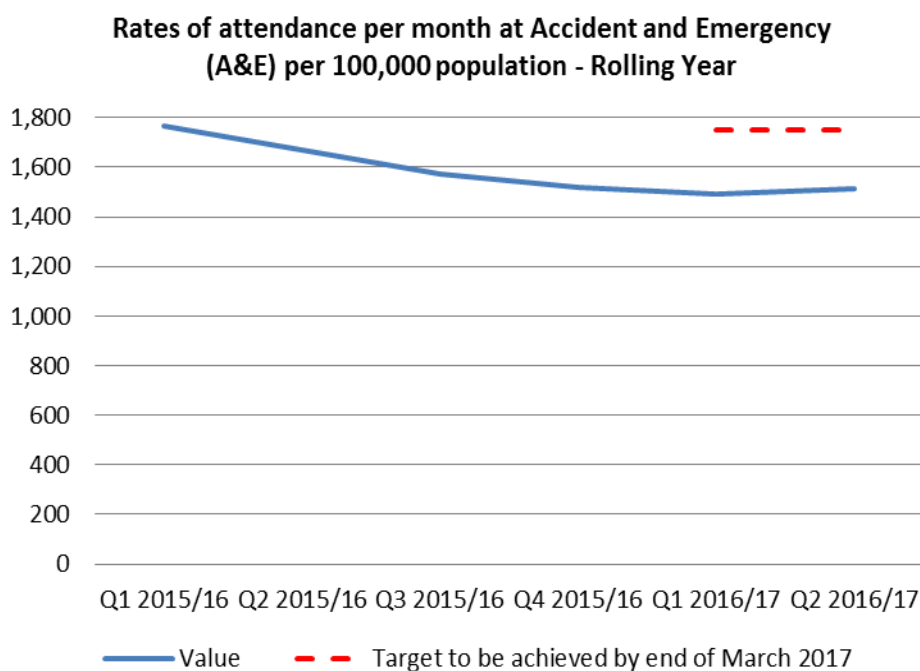
Acute bed days lost to delayed discharge



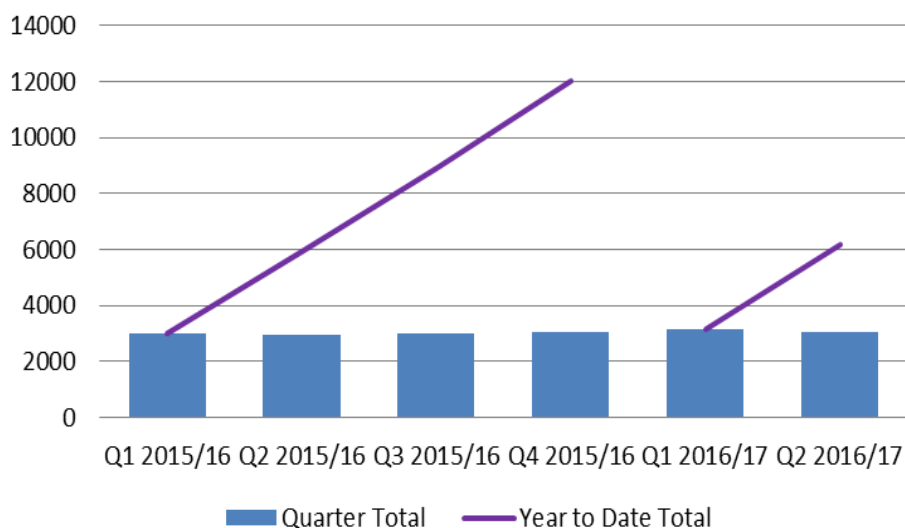


There were 1,032 emergency admissions and 10,733 unplanned bed days used by people aged 65 and over in Qtr2 2016/17.

4,204 people attended A&E in Qtr2 2016/17.



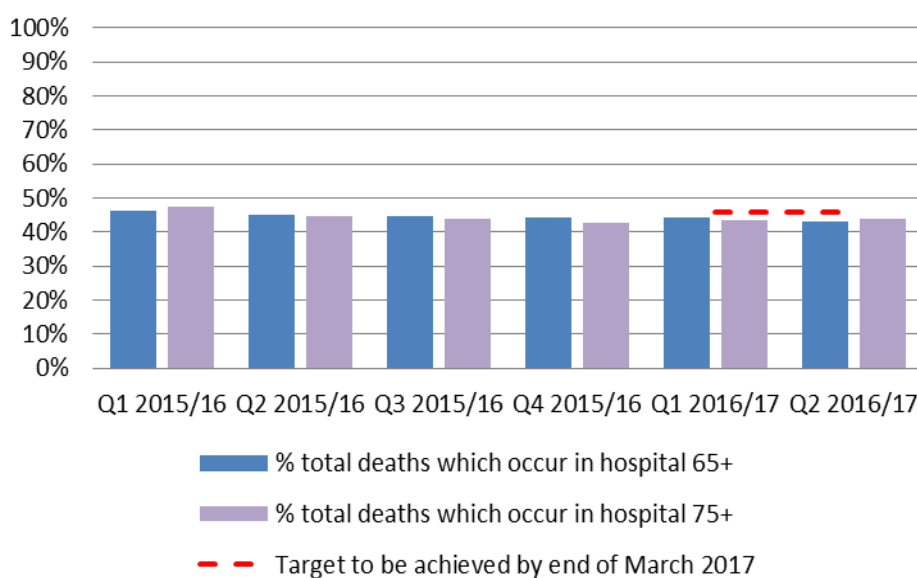
### Non-elective inpatient admissions



This is a new indicator in line with NHSGGC's replacement of the number of non-elective inpatient episodes/spells (rolling year). The target for 2016/17 is to be confirmed.

### Percentage of total deaths which occur in hospital

The proportion of people aged 65 and over dying in hospital rather than at home or in a homely setting continues to be lower in Qtr2 2016/17 than at any point since April 2015.



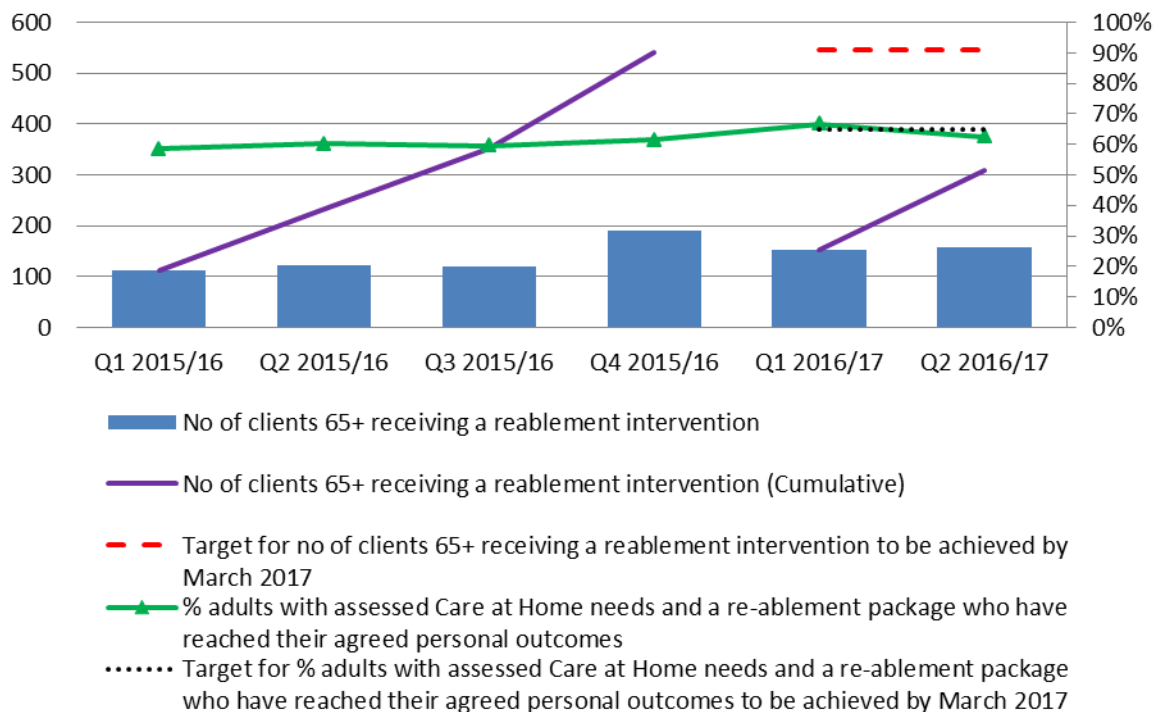
# Public Performance Report

## July–September 2016

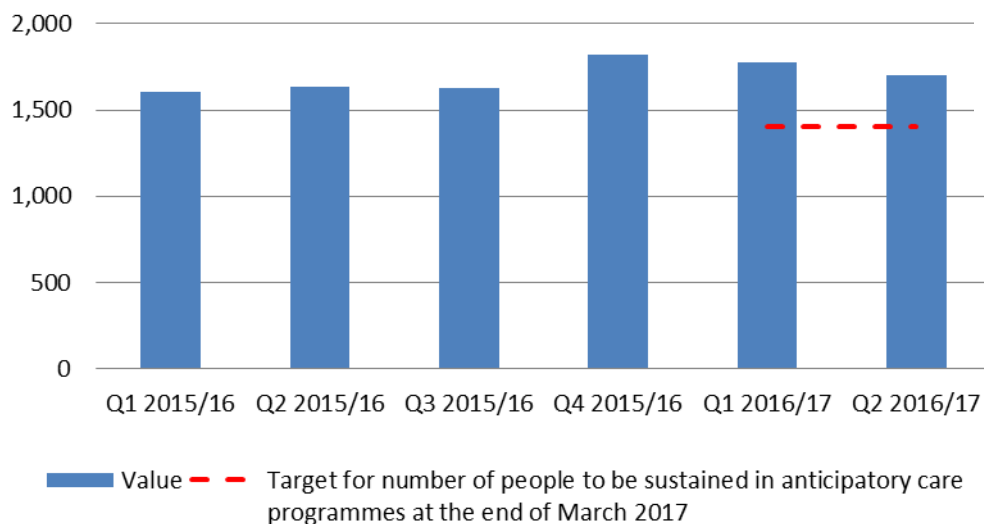
# West Dunbartonshire

## Health and Social Care Partnership

### Reablement



### Number of people in anticipatory care programmes



98 out of 157 people achieved their agreed personal outcomes through a reablement service in Qtr2 2016/17.



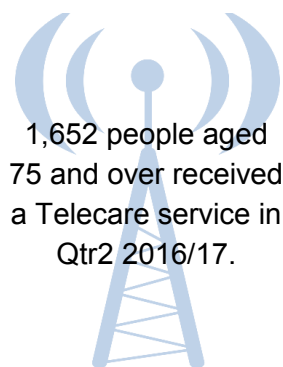
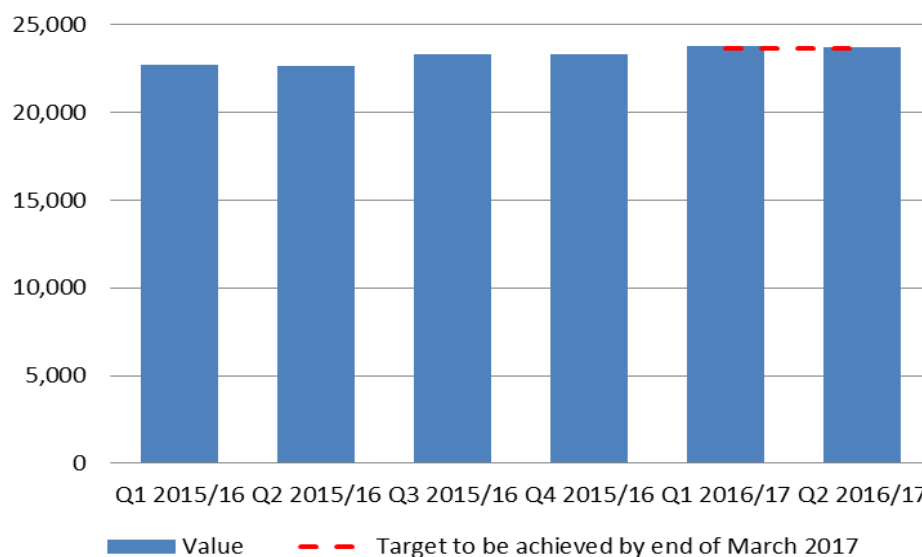
# Public Performance Report

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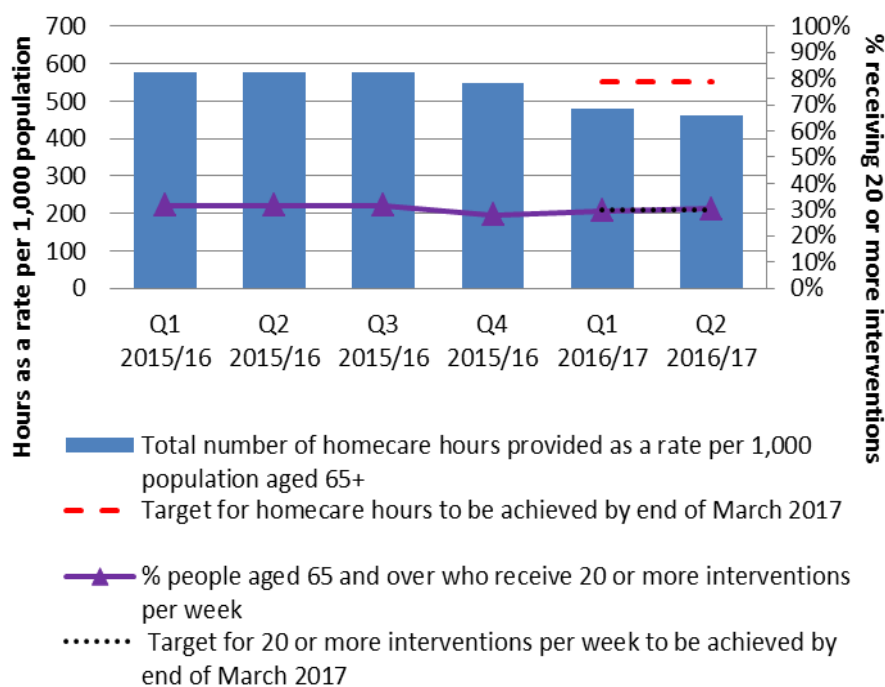
## Health and Social Care Partnership

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



1,652 people aged 75 and over received a Telecare service in Qtr2 2016/17.

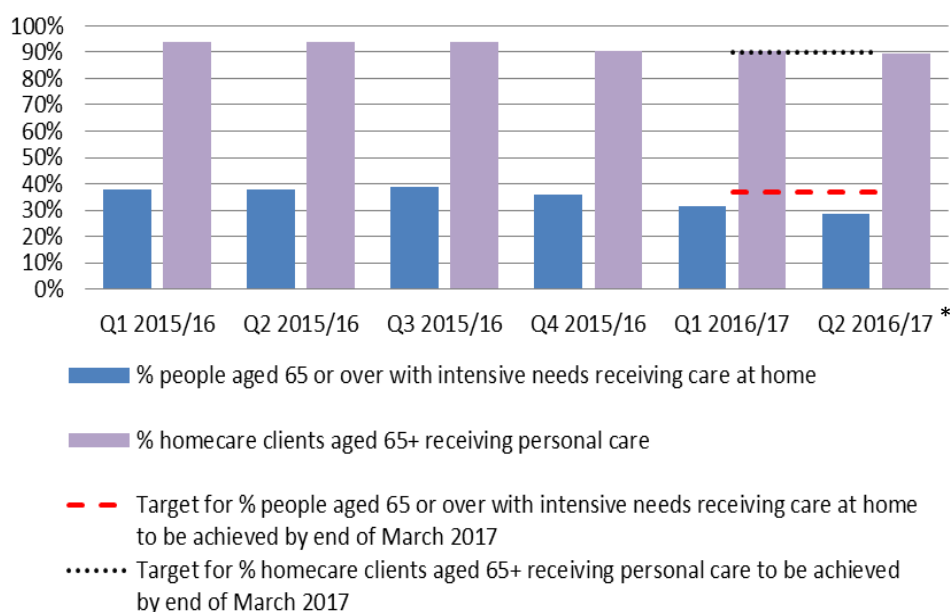
Homecare hours and interventions



7,355.5 hours of homecare per week were provided to people aged 65 and over and 384 out of 1,263 people received 20 or more homecare interventions per week in Qtr2 2016/17.



**% people with intensive needs 65+ receiving care at home (10+ hrs)/ % of all care at home clients receiving personal care**

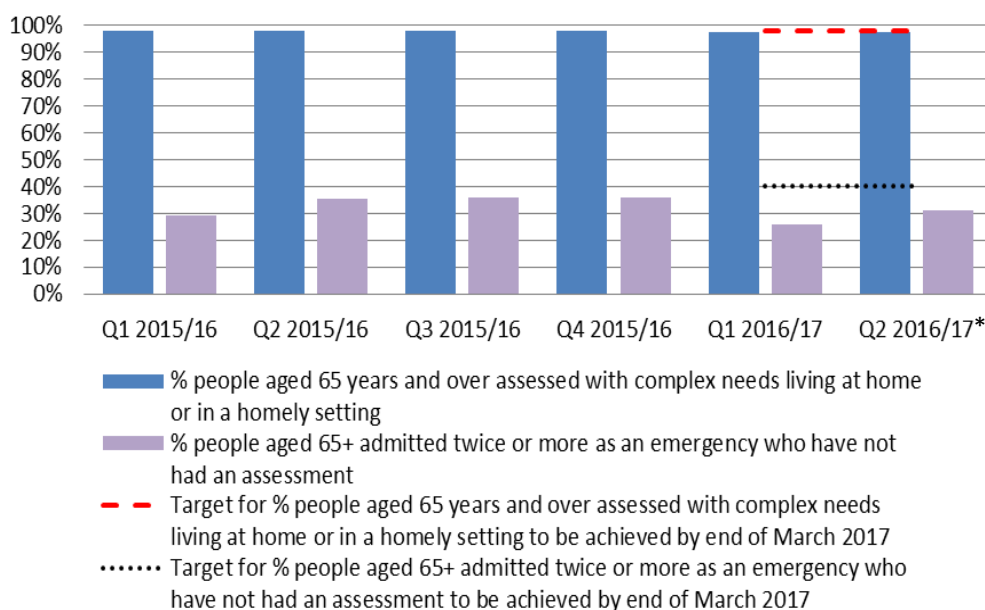


226 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr2 2016/17.

1,132 out of 1,263 people aged 65 and over received personal care at home in Qtr2 2016/17.

773 people aged 65 and over with complex needs were living in a homely setting in Qtr2 2016/17. 291 people aged 65 and over admitted to hospital twice or more did not have an assessment while 640 received an assessment in Qtr2 2016/17.

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



\*A change in the 2015/16 guidance for the collection of Continuing Care data will affect comparability with previous figures. Scottish Government are currently examining options to resolve this and this may result in an update to the data presented here.

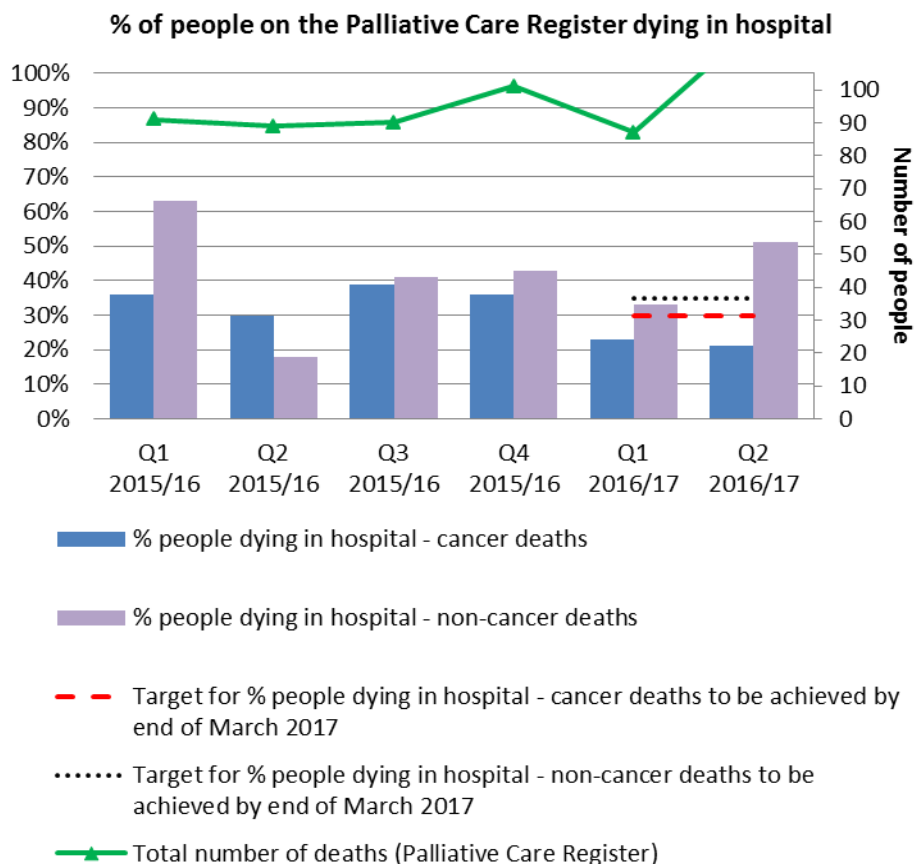
# Public Performance Report

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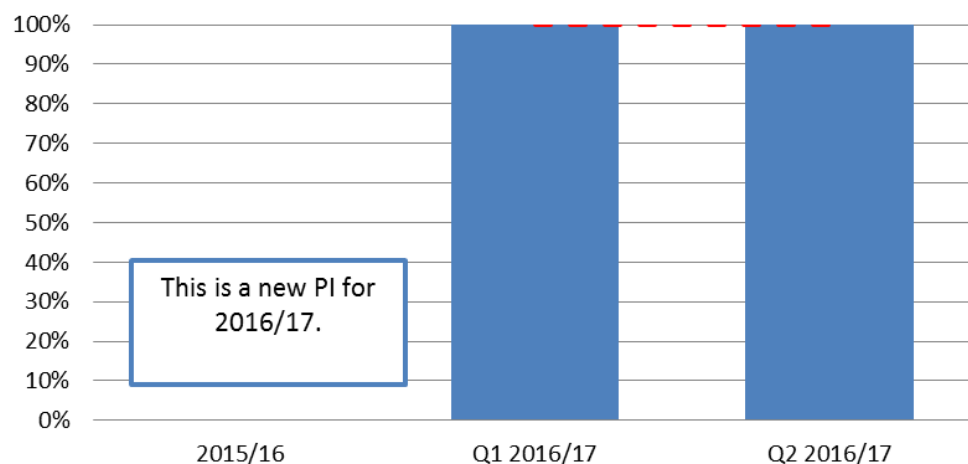
# West Dunbartonshire

## Health and Social Care Partnership

119 people on the Palliative Care Register died in Qtr2 2016/17, 37 of whom died in hospital: 17 people due to cancer and 20 people due to non-cancer conditions.



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



This is a new PI for 2016/17.

All 12 people newly diagnosed with dementia were offered post-diagnostic support in Qtr2 2016/17.

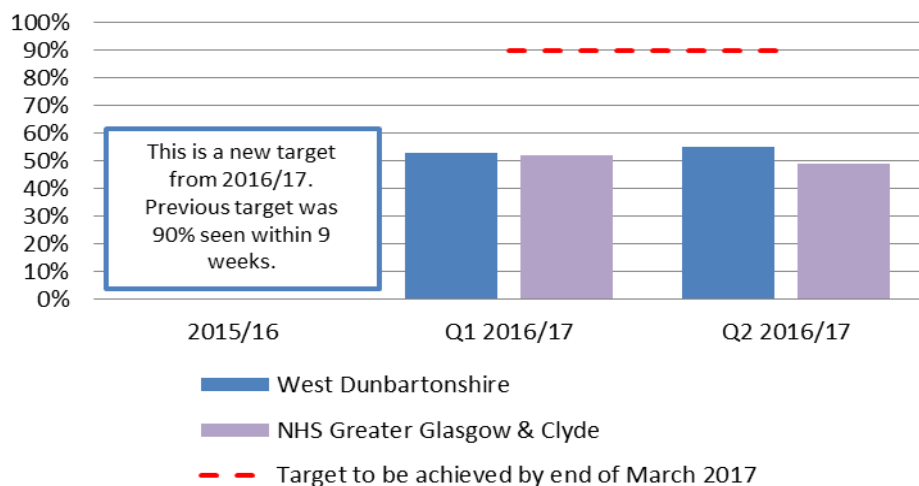
# Public Performance Report

## July–September 2016

# West Dunbartonshire

## Health and Social Care Partnership

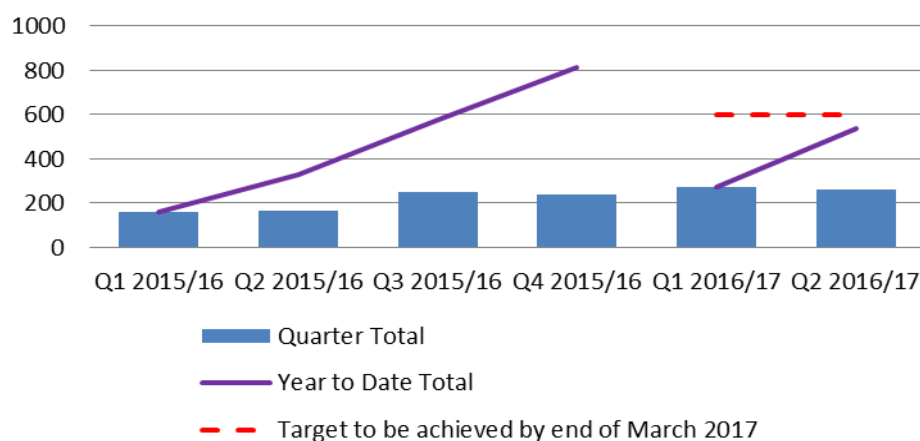
### % people seen within 4 weeks for musculoskeletal physiotherapy (MSK) services



1,966 people from West Dunbartonshire and 19,526 from across NHS GGC were referred to the MSK service in Qtr2 2016/17.

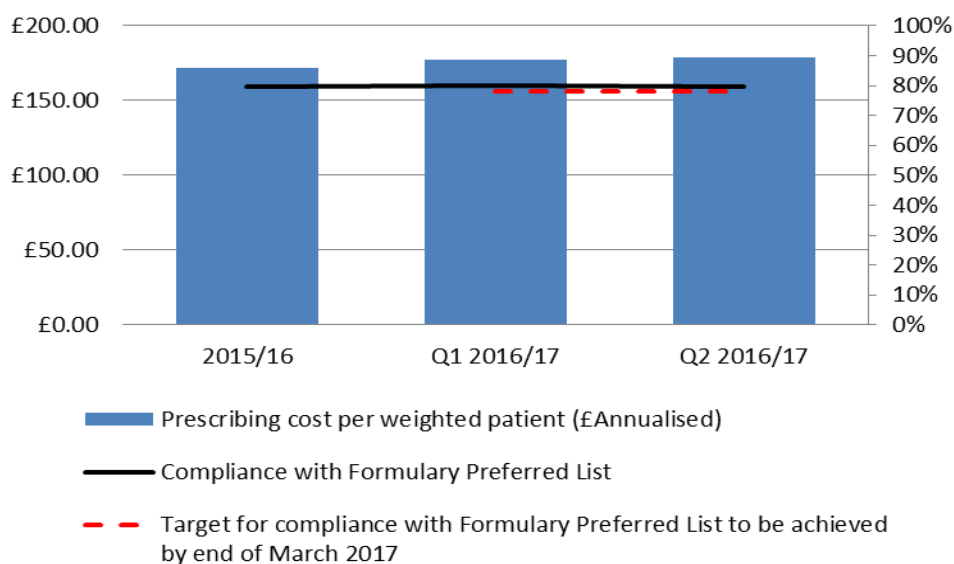
### Number of people receiving Homecare Pharmacy Team support

441 people were referred to the Homecare Pharmacy Team in Qtr2 2016/17. 85 people declined the support and 64 people were being supported by other service teams.

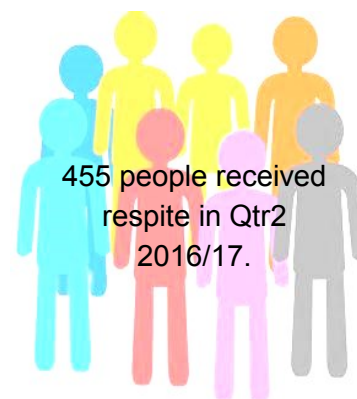
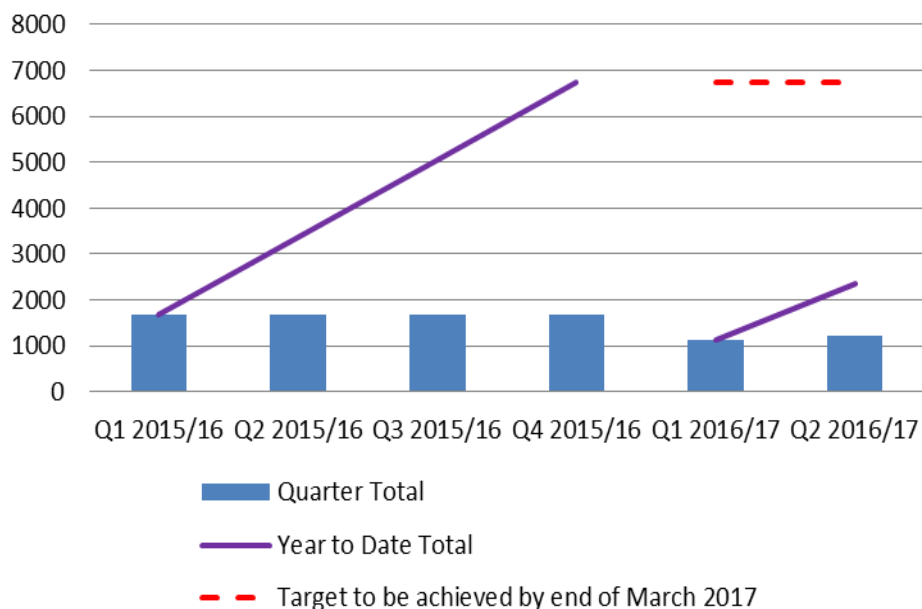


### Prescribing cost and compliance with Formulary Preferred List

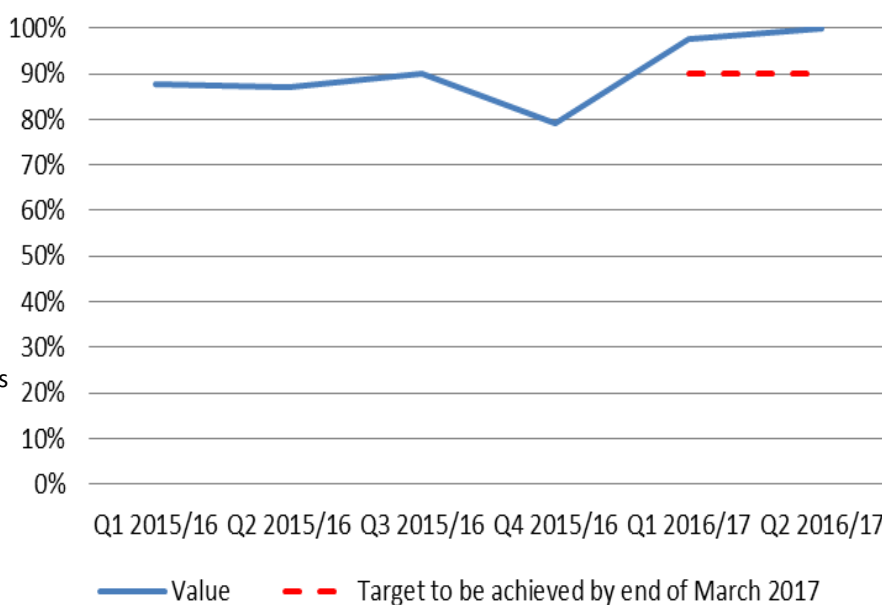
WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2017.



Number of respite weeks provided to all client groups



% carers who feel supported to continue in their caring role

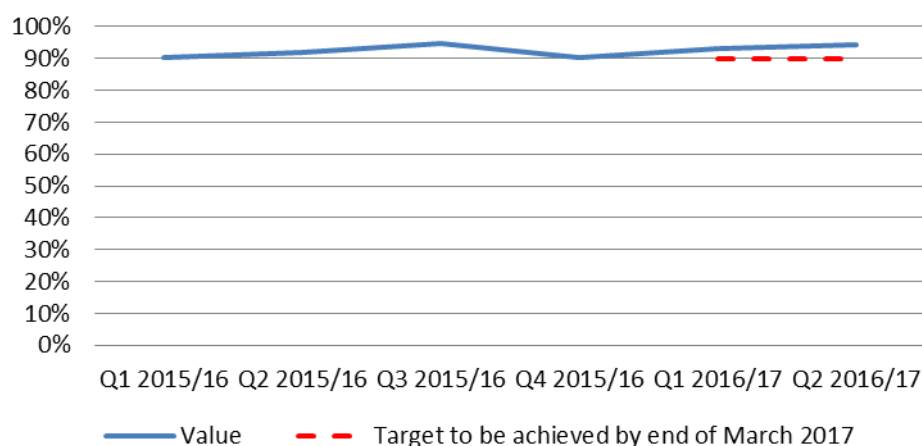


All 48 carers asked felt supported to continue in their caring role during Qtr2 2016/17. \*

\* Sample data from Carer Support Plans completed during Qtr2 2016/17.

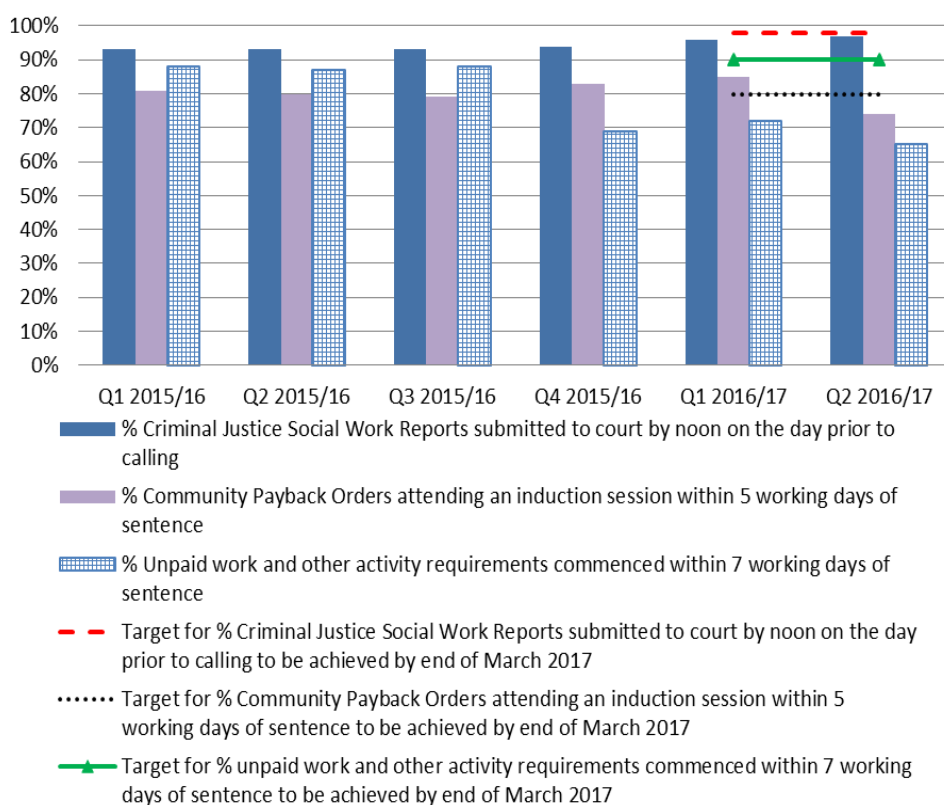
## Supporting Safe, Strong and Involved Communities

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



231 out of 245 people received treatment within 3 weeks of referral in Qtr2 2016/17.

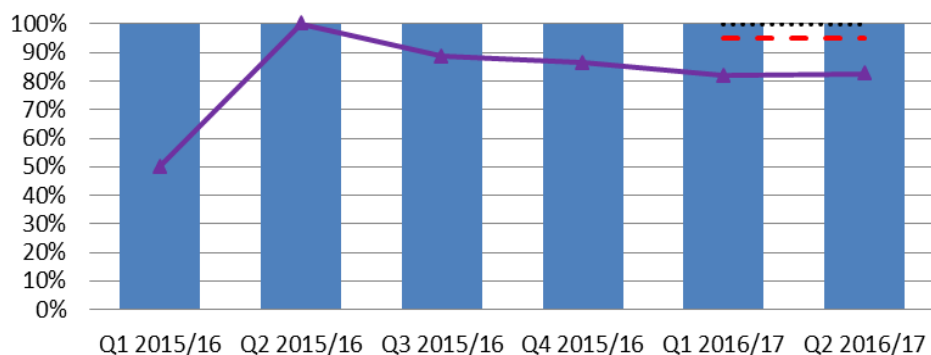
### Criminal Justice



210 of the 216 Social Work Reports were submitted on time in Qtr2 2016/17.

75 of the 101 new Community Payback Orders attended induction within the timescale and 88 of the 135 unpaid work requirements commenced within 7 days in Qtr2 2016/17.

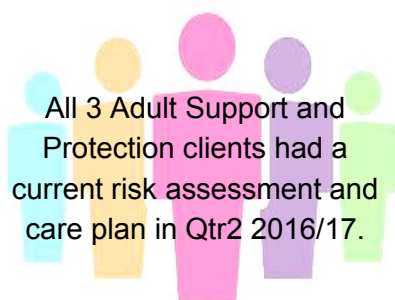
### Child Protection



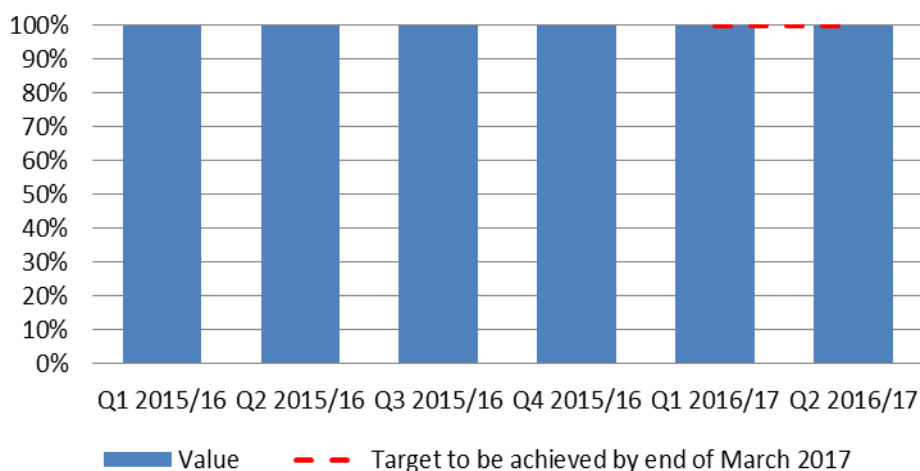
- % children on the Child Protection Register who have a completed and current risk assessment
- ▲ % child protection investigations to case conference within 21 days
- - - Target for % child protection investigations to case conference within 21 days to be achieved by end of March 2017
- ..... Target for % children on the Child Protection Register who have a completed and current risk assessment to be achieved by end of March 2017

There were 53 children on the Child Protection Register at the end of Qtr2 2016/17.  
38 out of 46 case conferences were carried out within 21 days during Qtr2 2016/17.

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



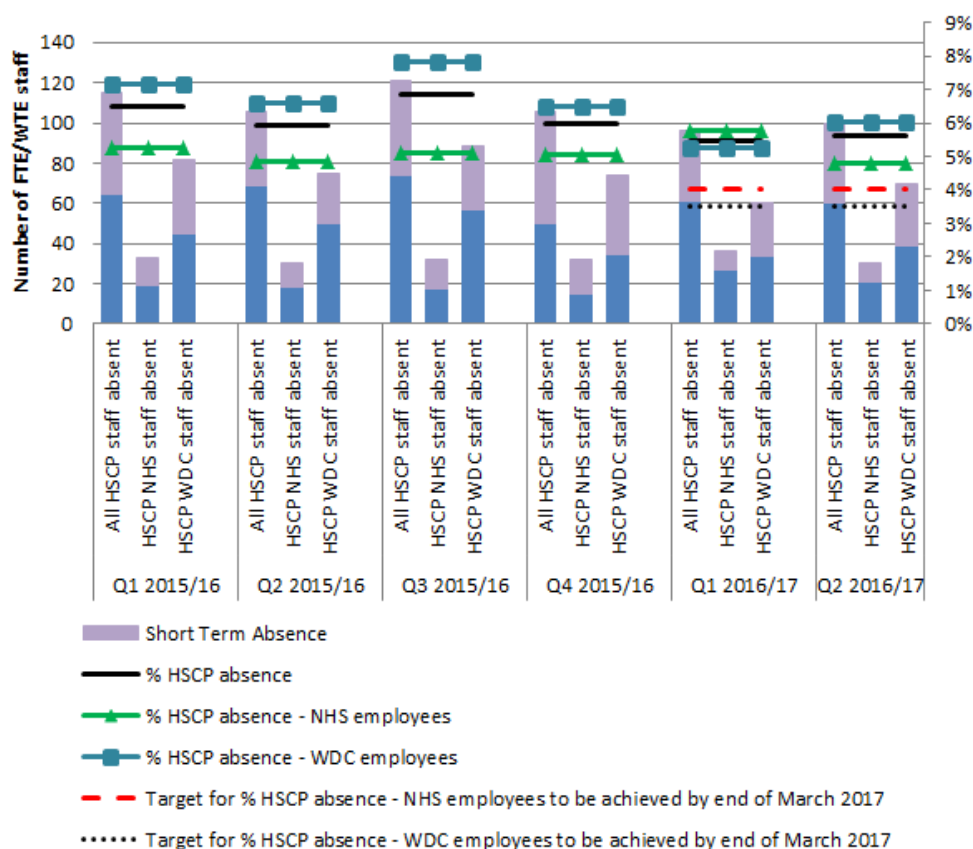
All 3 Adult Support and Protection clients had a current risk assessment and care plan in Qtr2 2016/17.



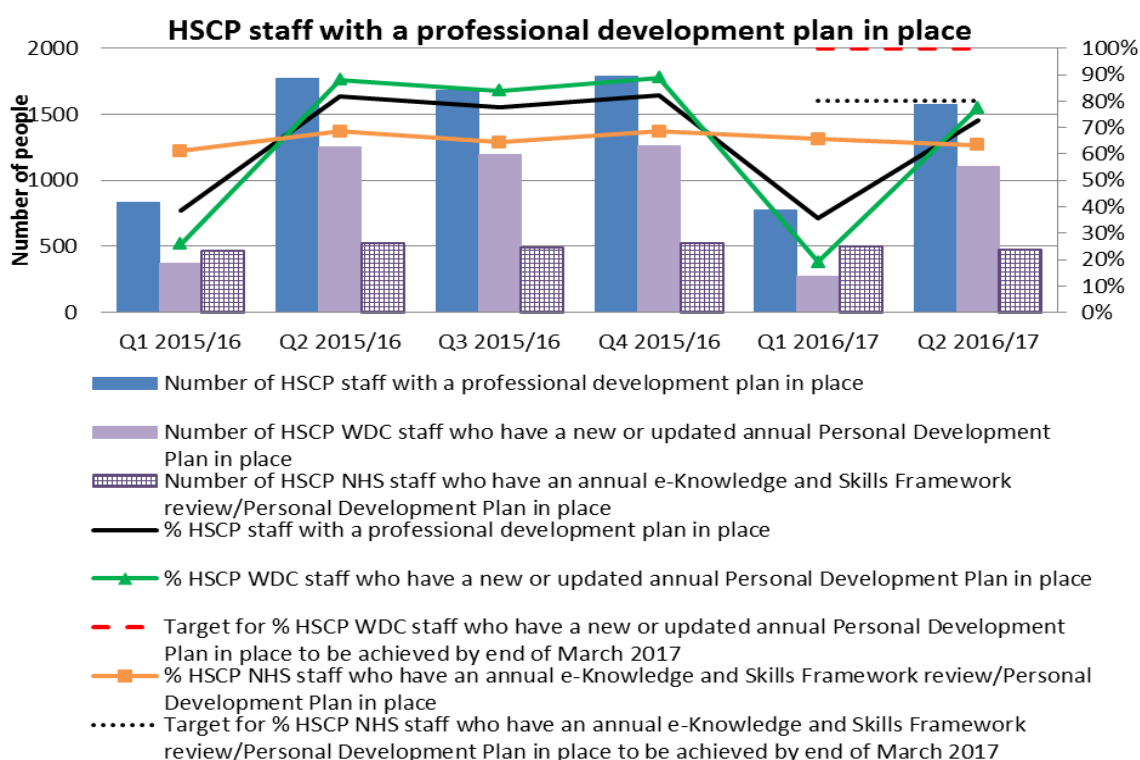


## Our Staff

HSCP Staff Absence



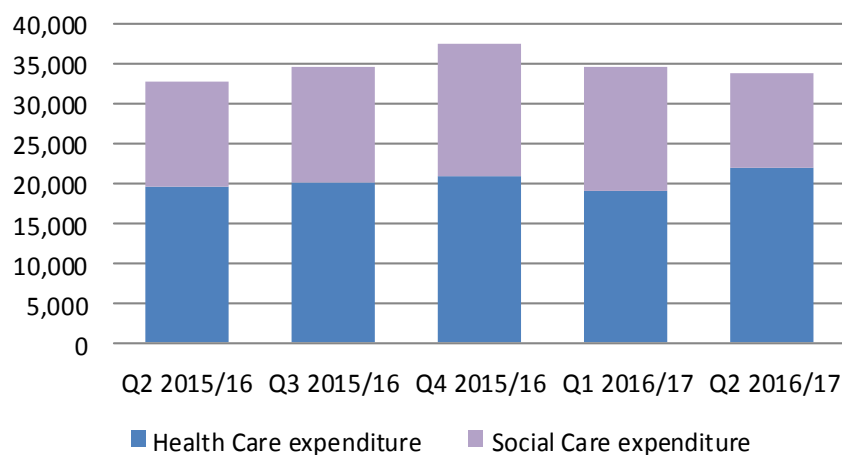
There were 749 NHS employees (629.4 Whole Time Equivalent) and 1,422 WDC employees (1,152.57 Full Time Equivalent) working within the HSCP during Qtr2 2016/17.





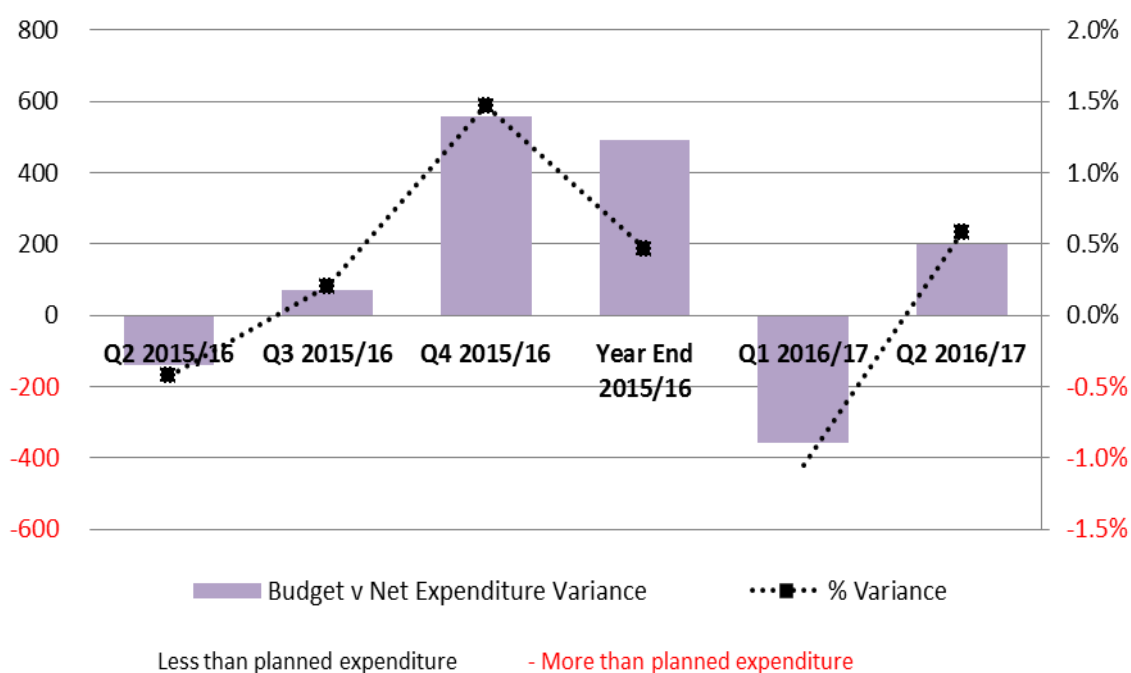
## Our Finance

Health and Social Care Net Expenditure £000's



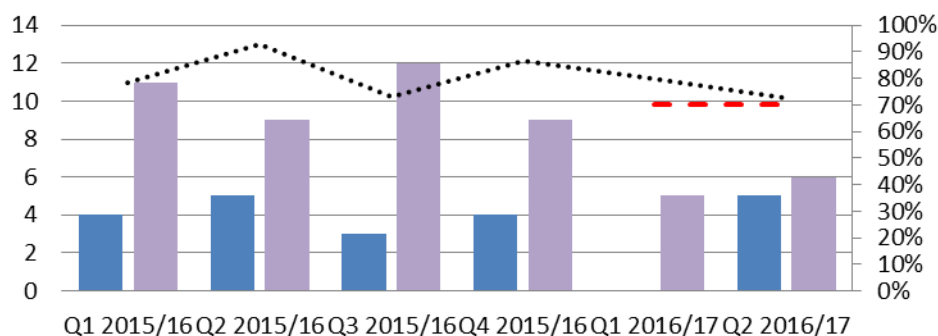
HSCP Expenditure to the end of September 2016 of £68.535m against a budget of £68.375m (not including Set-Aside).

Budget v Net Expenditure Variance



## Complaints

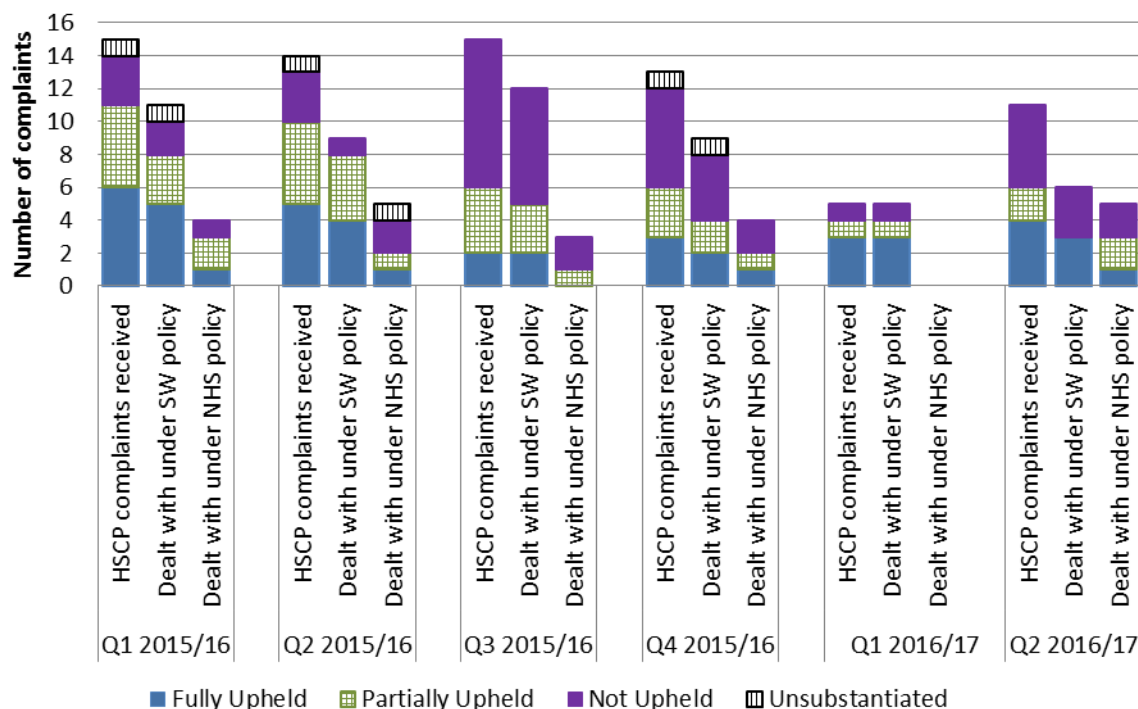
Complaints responded to within agreed timescales



5 complaints were dealt with through the Social Work Complaints policy and 6 through the NHS policy in Qtr2 2016/17. The 3 complaints which were responded to outwith the timescales were between 5 and 9 days late.

- 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 Qtr2 2016/17 concerned Employee Attitudes (2), Learning/ Training Opportunities (1) and Quality of Service (1). Any learning from these complaints is being considered within the relevant service areas.

## Service Improvement Linked to Performance

### **Community Hospital Discharge Team**

The HSCP's Community Hospital Discharge Team were nationally recognised as finalists in the Integrated Care for Older People category at the Scottish Health Awards 2016.

Through the Community Hospital Discharge Team, the HSCP brings together key services into one integrated team, including Occupational Therapy, Physiotherapy, District Nursing, Speech and Language Therapy and Social Care. Close links to Care at Home Pharmacy and Home Care services mean that people receive a joined up service across our entire HSCP provision.

The Scottish Health Awards recognised that in West Dunbartonshire, through timely and integrated planning, people's lives were made easier and more comfortable, enabling them to live as independently as possible. The Team maximise opportunities for recovery at home, identifying the need for ongoing support and ensuring timely transfer to appropriate services.



Pictured left to right: Kirsteen MacLennan, Integrated Operations Manager, Hospital Discharge & Adult Care; Clare Gallagher, Health Team Leader, Hospital Discharge; Marc Beekman, Social Worker, Hospital Discharge

### **Case Study: 'Boots On' – Work Connect**

Work Connect, based in Levensgrove Park, is a specialist HSCP supported employment service for people with mental health issues, addictions and learning disability. In partnership with Greenspace, it gives disabled or vulnerable people the safe space, tools and support to improve their quality of life through opportunities to learn and apply their skills and creativity.

Initially a horticulture project, it now includes arts exhibitions and classes, catering, and social activities, often led by service users. These activities provide practical skills, often used as a non-medical option alongside existing health and care treatment, and support to improve health and well-being.

The 'Boots On' film project, one of the initiatives, demonstrates the impact of focusing on positive person centred outcomes. Developed and created by the people supporting and supported by Work Connect, it reflects the skills and interests of attendees and the project's flexibility in developing personal projects that work toward individuals' personal outcomes. Participants report it has improved mental health and physical health, and increased confidence across its whole team of participants and in doing so records its own success. Collectively they have created evidence of the positive person centred outcomes of the project.

The project was visited by the Minister for Employability and Training (Jamie Hepburn, MSP) due to it being recognised as a strong example of how, by thinking out-of-the-box, capacity and resources in two separate public sector services can be combined to improve outcomes for individuals who might otherwise struggle to access support.

**For more information on our services and their performance please visit**

**<http://www.wdhscp.org.uk/about-us/public-reporting/>**