



Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership's third 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/.

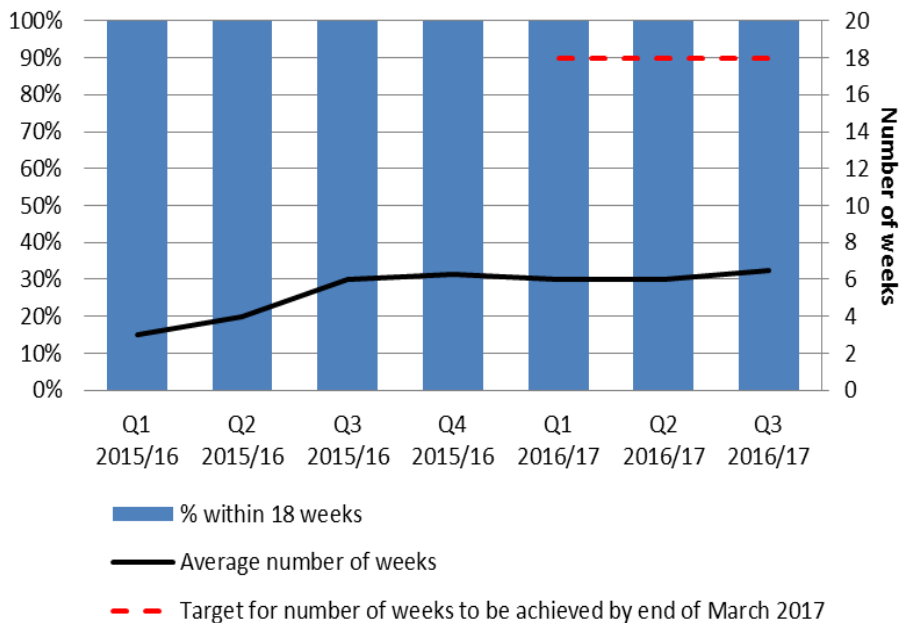
Mr Soumen Sengupta
Head of Strategy, Planning & Health Improvement

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.**

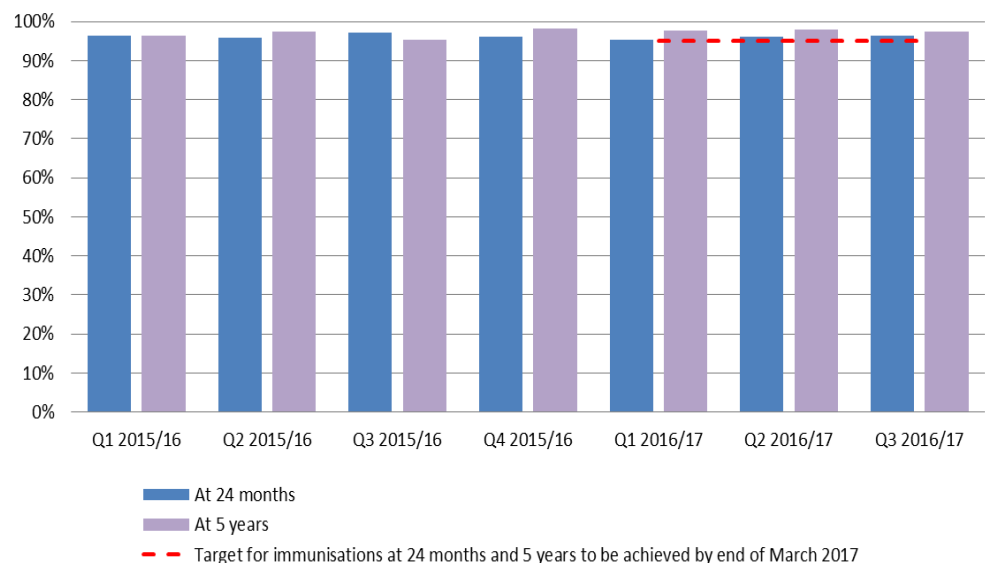
Supporting Children and Families

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



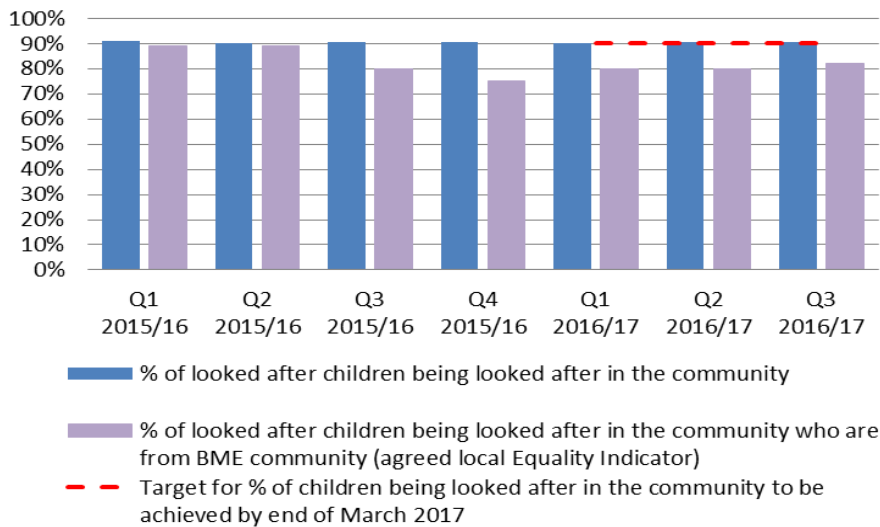
99 children and young people were referred to CAMHS in Qtr3 2016/17. The average time from referral to treatment continues to be well below the 18 week target at 6.5 weeks.

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



213 children had an MMR immunisation at 24 months (96.4%) and 283 children had an MMR immunisation at 5 years (97.3%) in Qtr3 2016/17 meeting the March 2017 target of 95%.

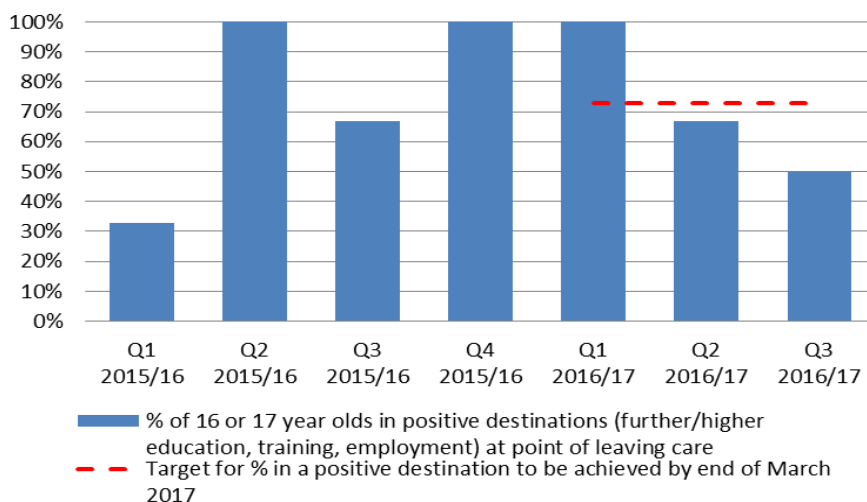
Children Looked After in the Community



366 of the 404 looked after children were looked after in the community (90.6%) in Qtr3 2016/17 continuing to exceed our March 2017 target of 90%.

Of the 11 looked after children who happened to be BME (Black & Minority Ethnic), 9 were looked after in the community (82%) in Qtr3 2016/17.

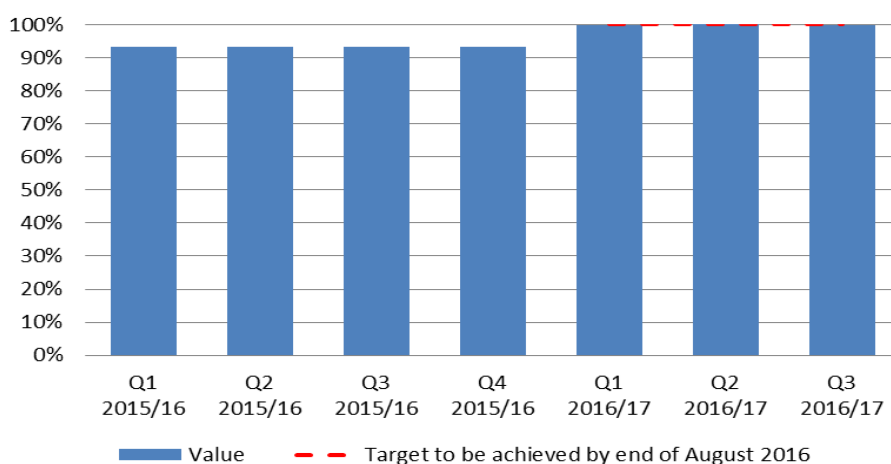
Looked after children entering positive destinations



1 of the 2 children (50%) who left care in Qtr3 2016/17 entered a positive destination.

This indicator relates to a very small number of children and therefore the percentage can fluctuate significantly.

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

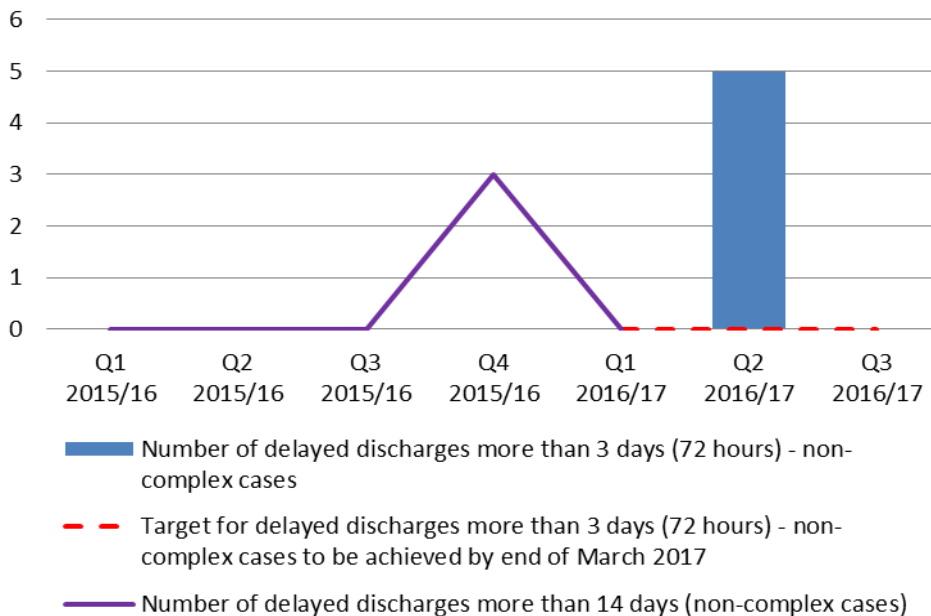


18,702 children (99.8%) had an identified named person against a 2015 mid-year 0 to 18 year old population of 18,734 in Qtr3 2016/17.

It is expected that the March 2017 target of 100% will be achieved as this indicator will be calculated against a more accurate 2016 mid-year population figure from National Records of Scotland (NRS).

Supporting Older People

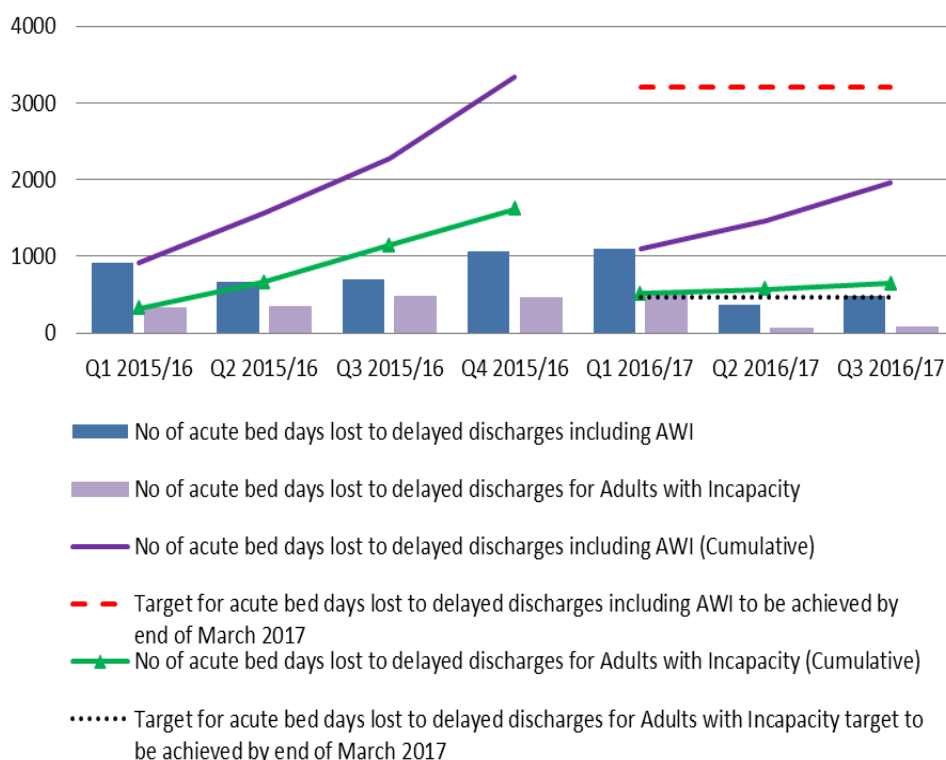
Delayed Discharges



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.

There were 0 delays of more than 3 days for non-complex cases in Qtr3 2016/17 in line with the national target.

Acute bed days lost to delayed discharge (aged 65 and over)

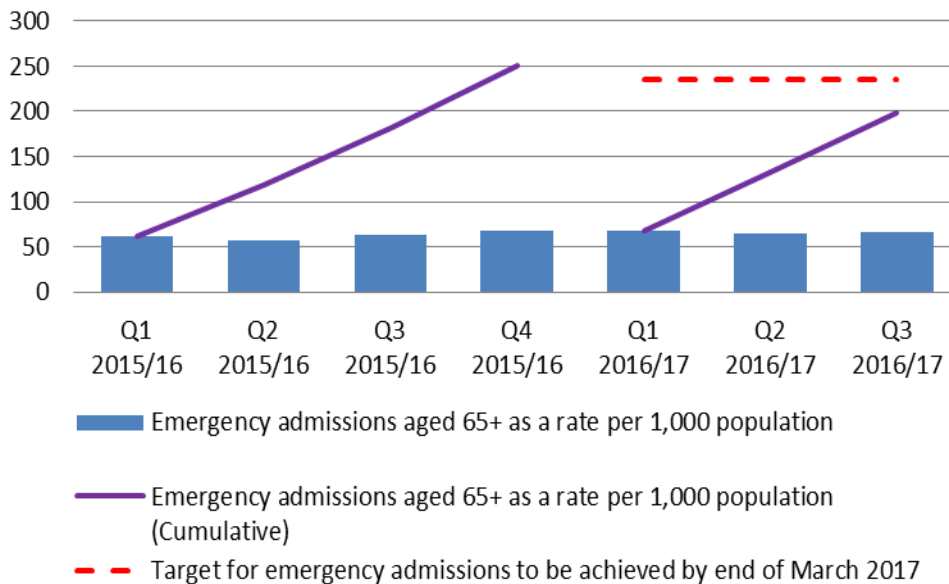


485 bed days were lost to delayed discharge for people aged 65 and over in Qtr3 2016/17. With a year to date total of 1,954, it is likely we will meet our March 2017 target of no more than 3,210 bed days lost.

74 bed days were lost to delayed discharge for Adults with Incapacity (AWI) aged 65 and over in Qtr3 2016/17 making a year to date total of 647.

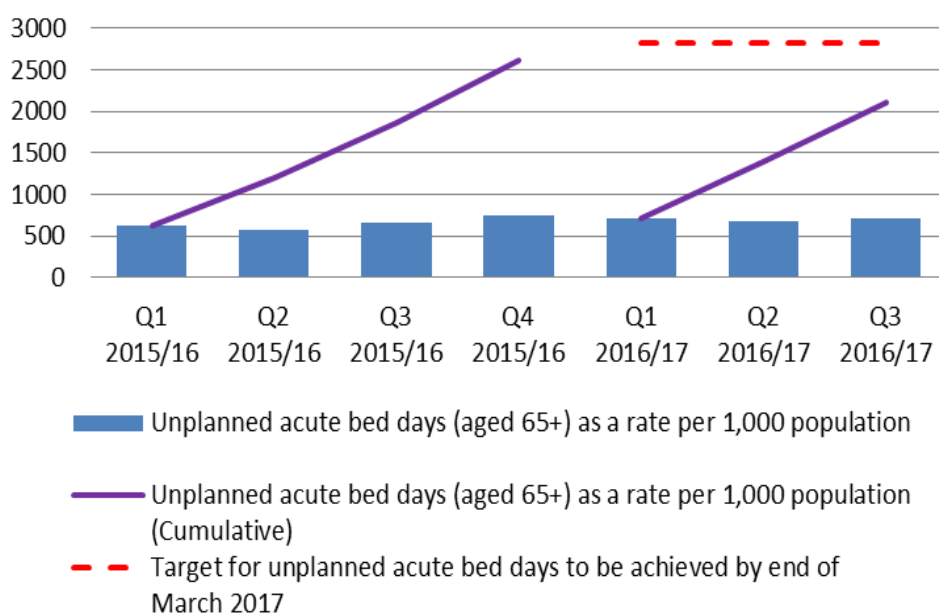
Although performance in Qtrs 2 and 3 has greatly improved we have already exceeded our March 2017 target of 466 bed days lost.

Emergency Admissions aged 65 and over



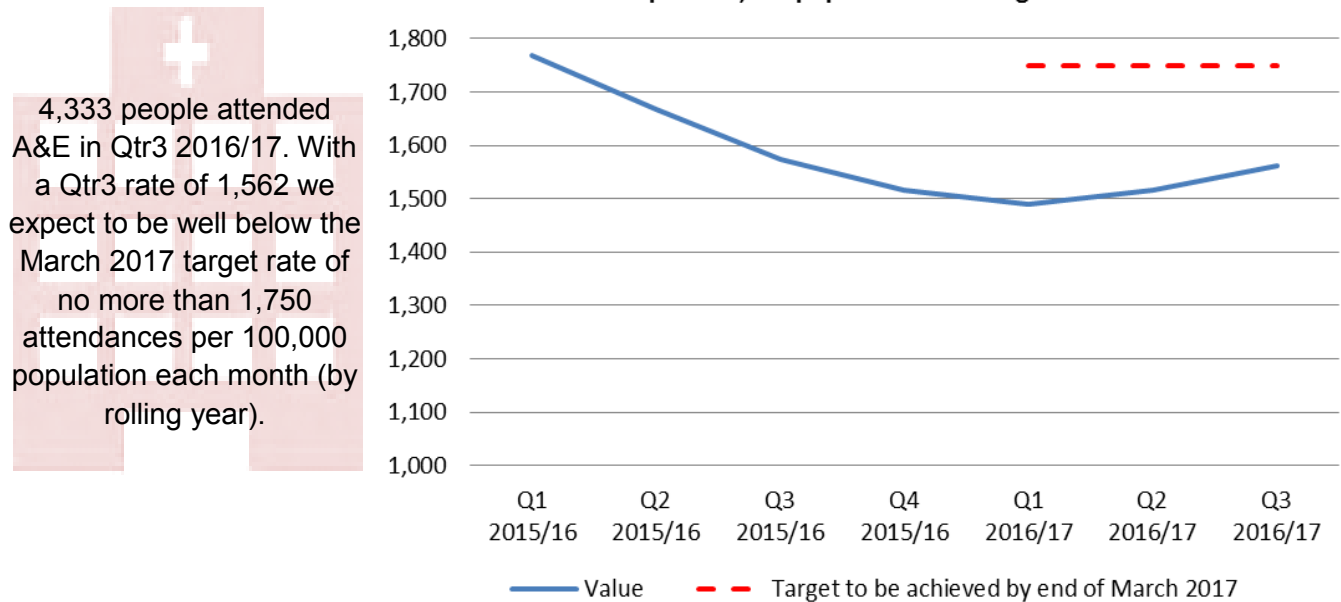
There were 1,052 emergency admissions of people aged 65 and over in Qtr3 2016/17. As our year to date rate is 199 (3,160 admissions), performance would require to improve considerably during Qtr4 to meet our March 2017 target of no more than 236 admissions per 1,000 population which equates to 3,750 admissions.

Unplanned acute bed days aged 65 and over

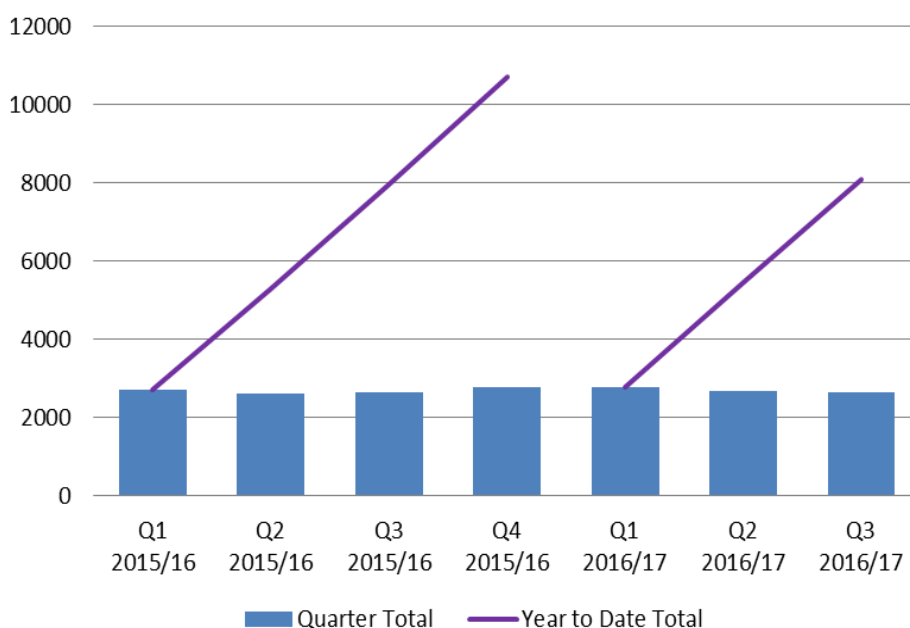


There were 11,419 unplanned acute bed days used by people aged 65 and over in Qtr3 2016/17. As our year to date rate is 2,112, we are likely to be very close to the March 2017 target of no more than 2,831 bed days per 1,000 population.

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



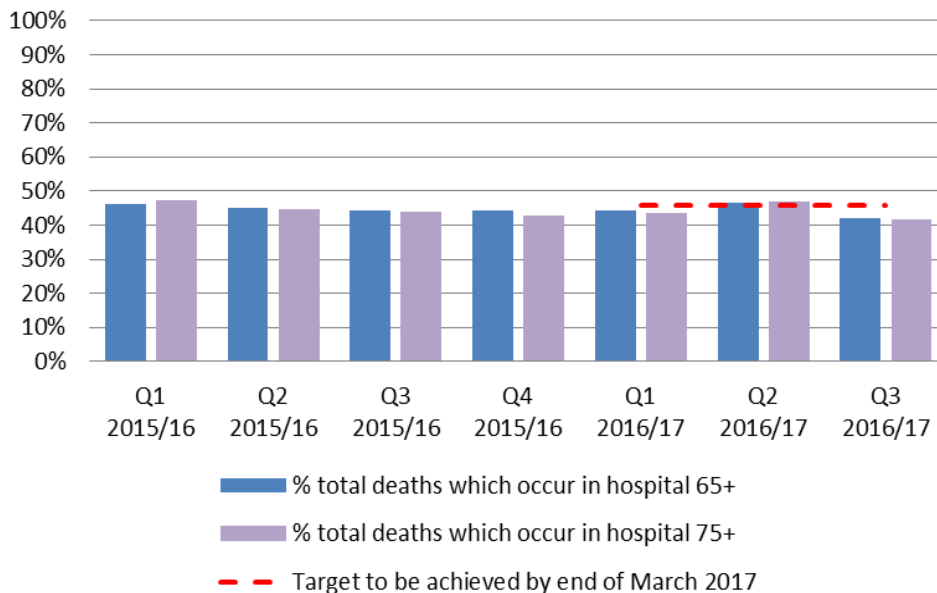
Non-elective inpatient admissions



There were 2,648 non-elective inpatient admissions in Qtr3 2016/17 making a year to date total of 8,096.

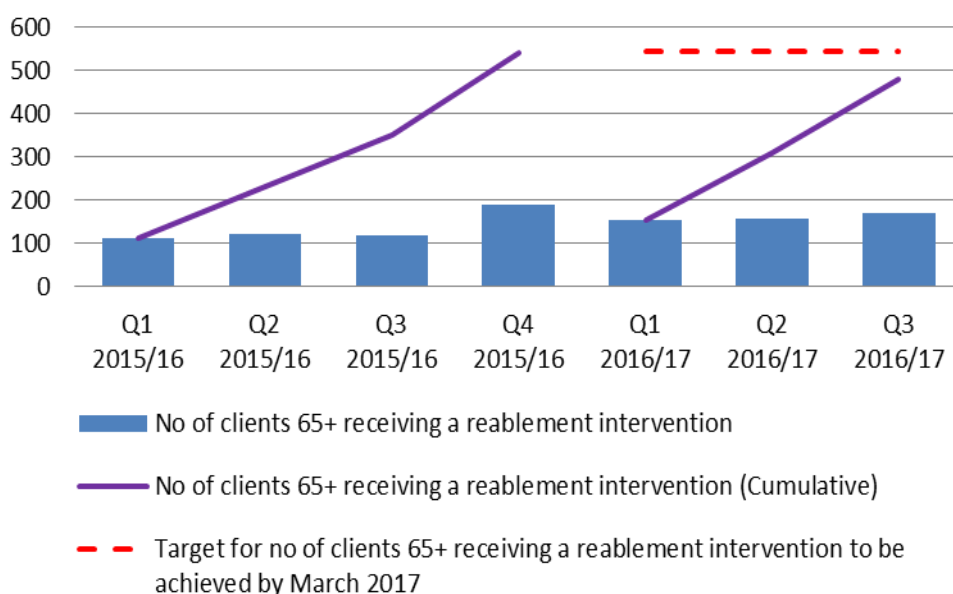
This is a new indicator from NHS GGC and a target has yet to be confirmed.

Percentage of total deaths which occur in hospital



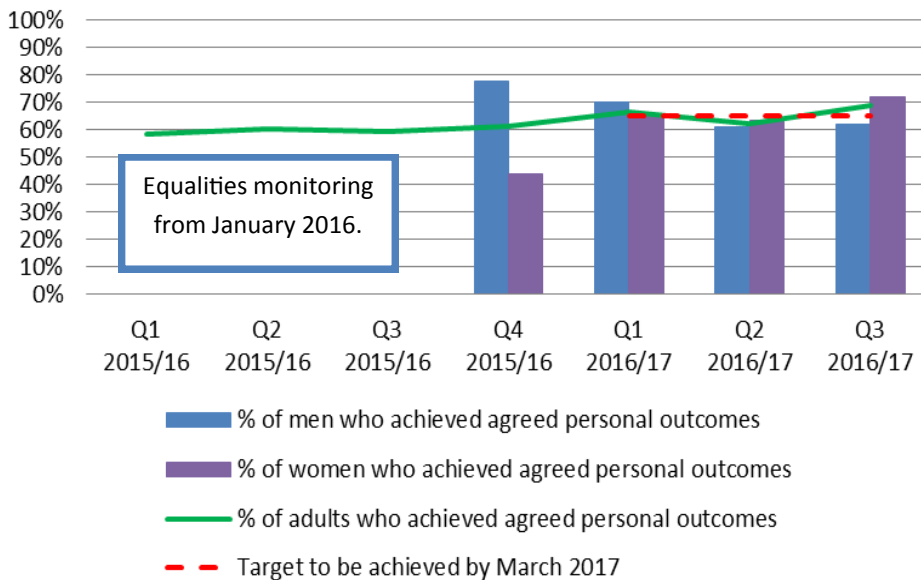
The proportion of people aged 65 and over dying in hospital rather than at home or in a homely setting continues to decrease, and in Qtr3 2016/17 is lower than at any point since April 2015 at 42.2%. We expect to meet the March 2017 target of 45.9%.

Number of people receiving a reablement intervention



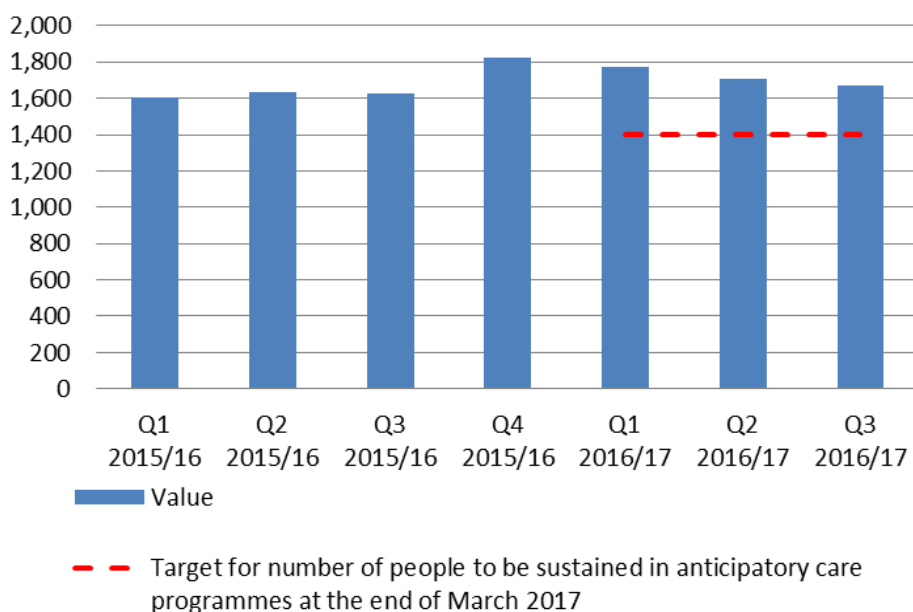
169 people received a reablement service in Qtr3 2016/17 making a year to date total of 479. We expect to provide more reablement interventions in the year than the March 2017 target of 545.

Percentage of adults with assessed care at home needs and a reablement package who have reached their agreed personal outcomes



116 out of 169 people (69%) achieved their agreed personal outcomes through a reablement service in Qtr3 2016/17: 62% of men and 72% of women. The March 2017 target is 65%.

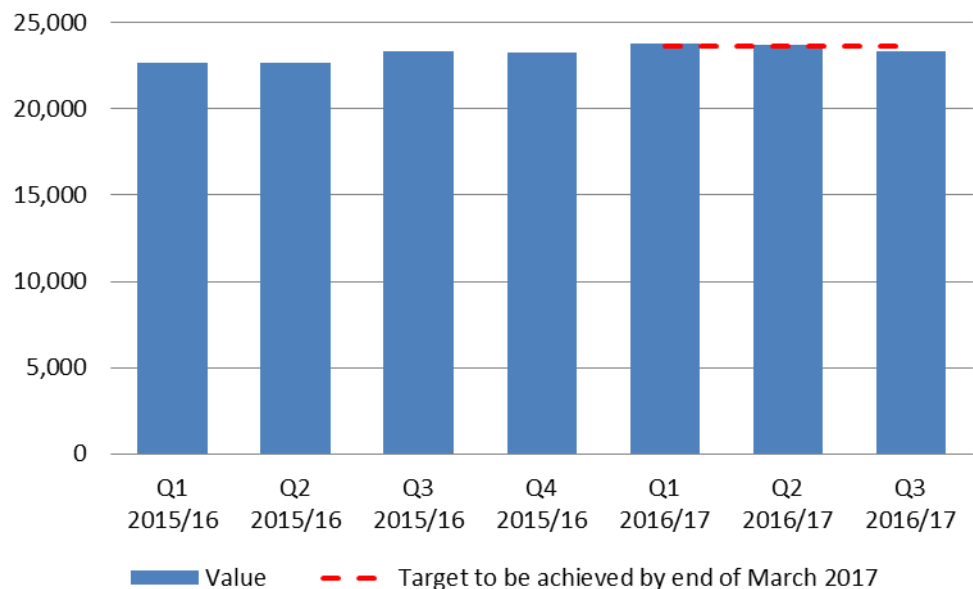
Number of people in anticipatory care programmes



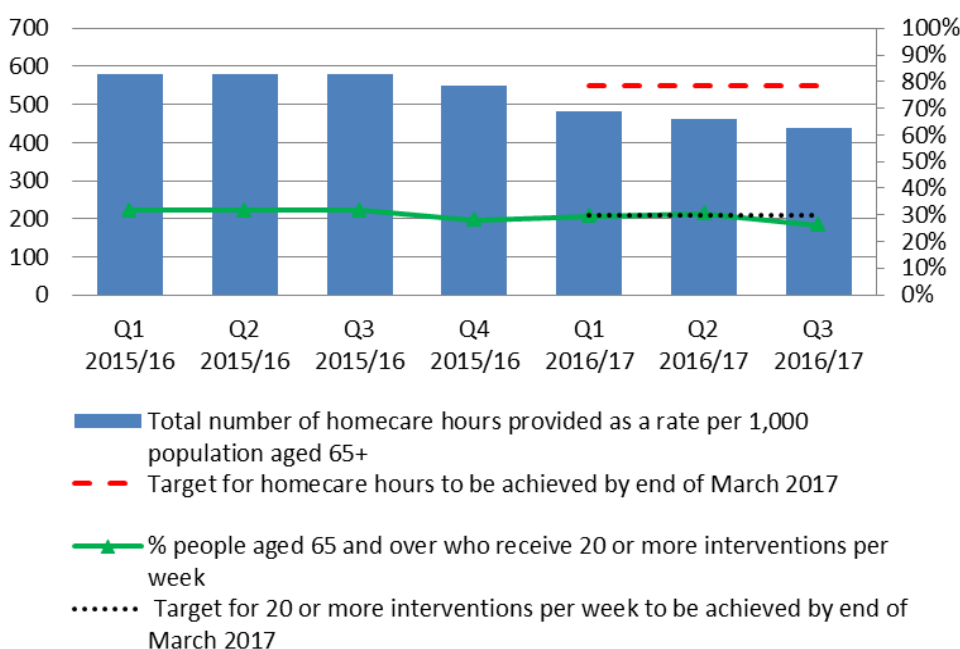
1,669 people had an Anticipatory Care Plan (ACP) in place in Qtr3 2016/17. We expect to sustain the level of ACPs above the March 2017 target of 1,400 throughout 2016/17.

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 Qtr3 2016/17. Performance will require to improve in Qtr4 to meet our March 2017 target of 23,670 per 100,000 population.



Homecare hours and interventions

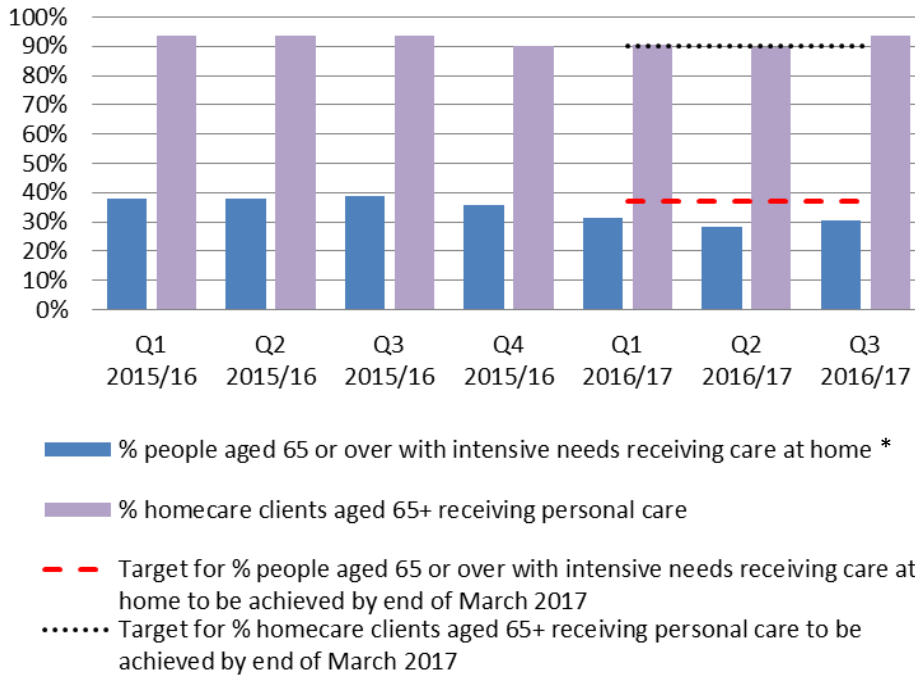


6,940.5 hours of homecare per week were provided to 1,171 people aged 65 and over in Qtr3 2016/17. This equates to a rate of 436.7 hrs per 1,000 population which is below our March 2017 target of 550.

306 people received 20 or more interventions per week (26.1%). This is below the 30% target which is due to be achieved by the end of March 2017.

Work is underway to improve recording compliance rates within the new homecare scheduling system.

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



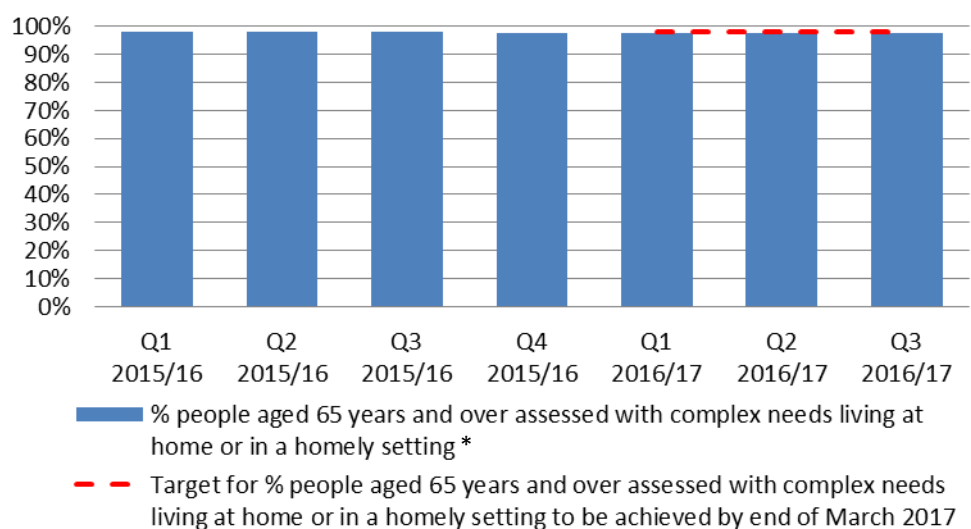
244 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr3 2016/17.

Performance will require to improve considerably to meet the March 2017 target of 37%.

This indicator is published by the Local Government Benchmarking Framework and measures volume rather than appropriate targeting or alternative supports which may augment homecare such as telecare.

1,095 of 1,171 people aged 65 and over received personal care at home in Qtr3 2016/17 exceeding the March 2017 target of 90%.

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

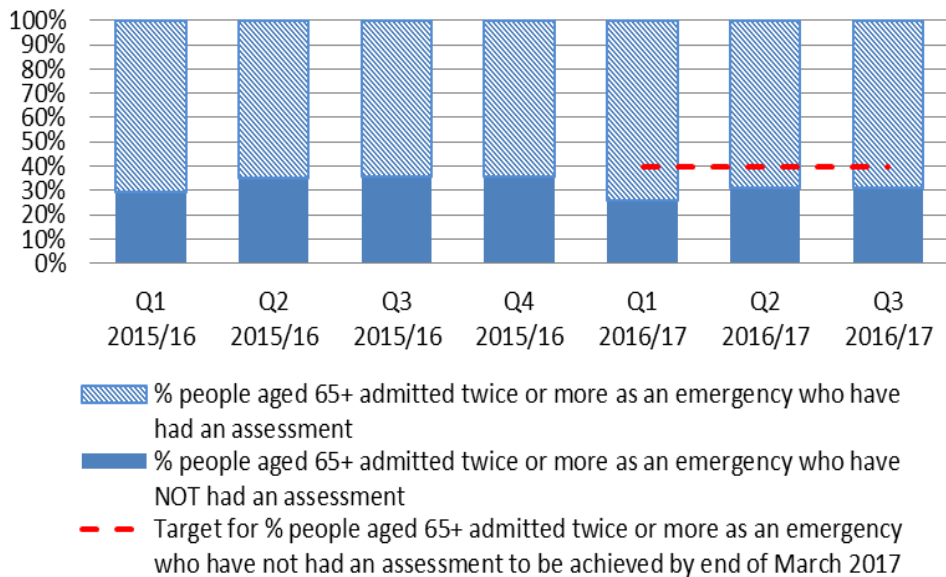


782 people aged 65 and over with complex needs were living in a homely setting in Qtr3 2016/17.

We are very slightly below the March 2017 target of 98% at 97.5%.

*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.

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

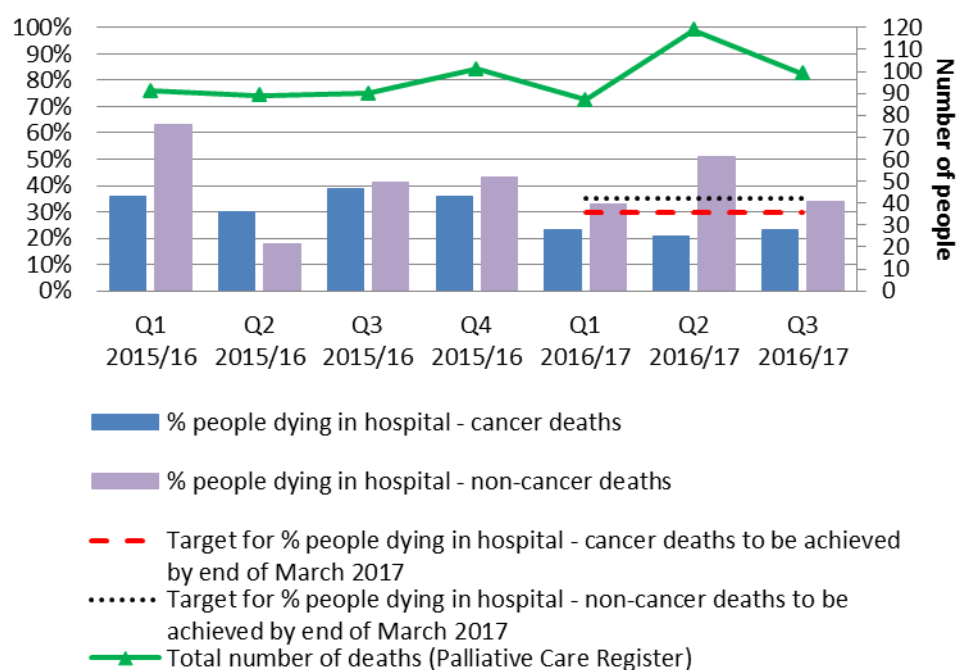


618 people (68.8%) aged 65 and over admitted to hospital twice or more received an assessment of their needs in Qtr 3 2016/17.

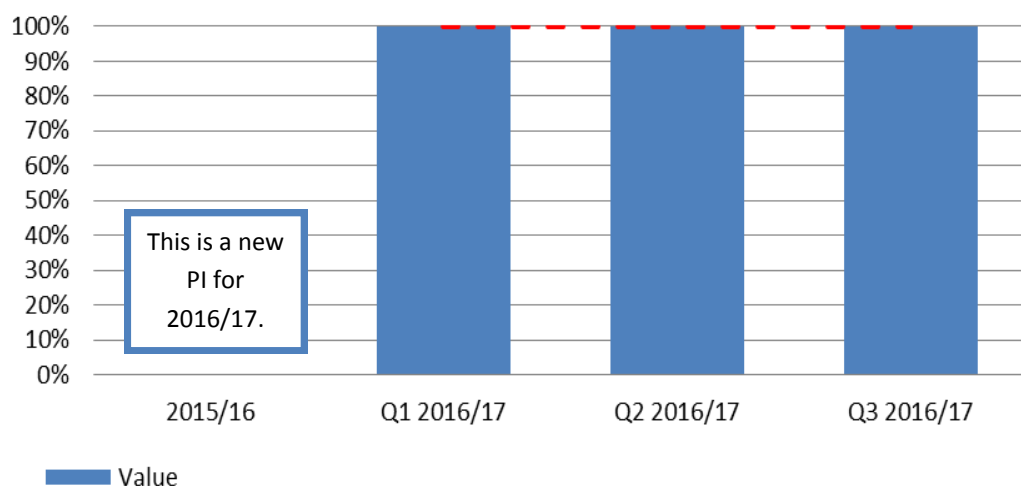
280 people (31.2%) did not have an assessment which is well within our March 2017 target of no more than 40% of people not being assessed.

99 people on the Palliative Care Register died in Qtr3 2016/17, 27 of whom died in hospital: 15 people (23%) due to cancer and 12 people (34%) due to non-cancer conditions. Year to date figures indicate that the 30% target for cancer deaths in hospital should be achieved at March 2017. Performance will require to improve in Qtr4 in relation to non-cancer deaths in hospital to meet the 35% target.

Percentage of people on the Palliative Care Register dying in hospital



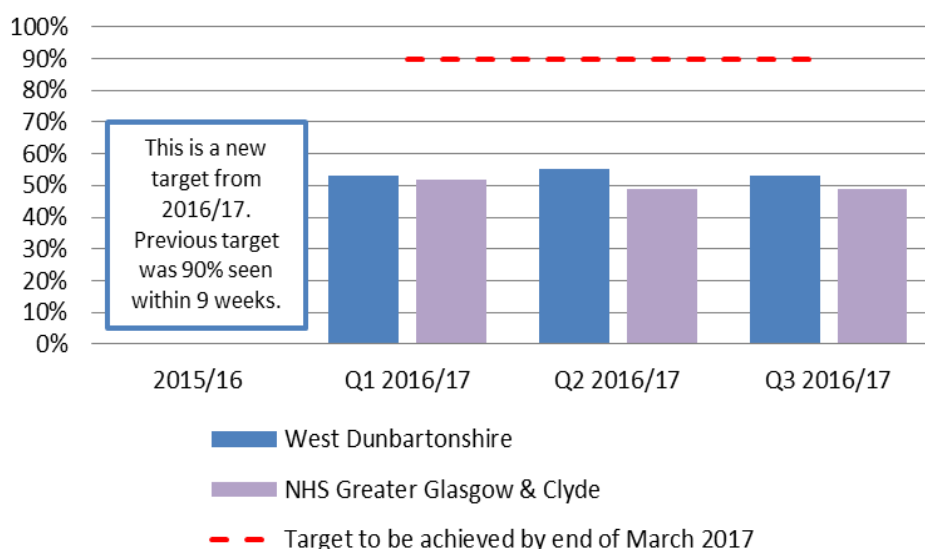
Percentage of people newly diagnosed with dementia who have been offered post-diagnostic support



All 13 people newly diagnosed with dementia were offered post-diagnostic support in Qtr3 2016/17 meeting the 100% target for March 2017.

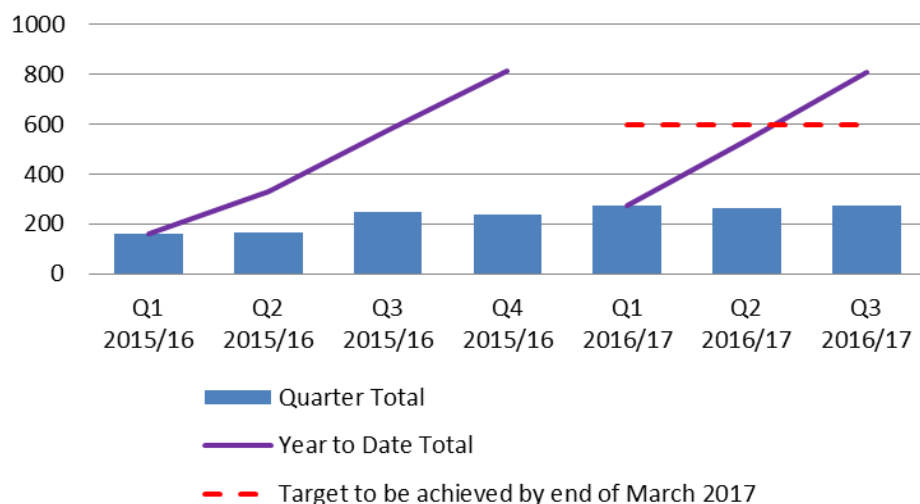
--- Target % of people newly diagnosed with dementia who have been offered a minimum of a year's worth of post-diagnostic support to be achieved by end of March 2017

Percentage of people seen within 4 weeks for musculoskeletal physiotherapy (MSK) services



1,572 people from West Dunbartonshire and 17,655 from across NHS GGC were referred to the MSK service in Qtr3 2016/17. The 90% seen within 4 weeks target is proving to be difficult to achieve across NHS GGC.

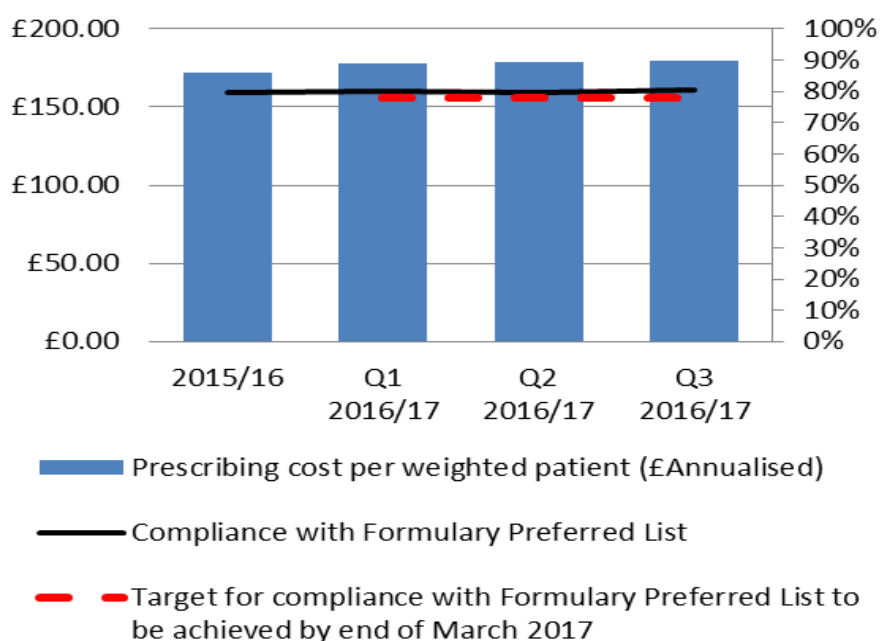
Number of people receiving Homecare Pharmacy Team support



451 people were referred to the Homecare Pharmacy Team in Qtr3 2016/17. 83 people declined the support and 47 people were being supported by other service teams.

808 people have received support during the year to date already exceeding the March 2017 target of 600.

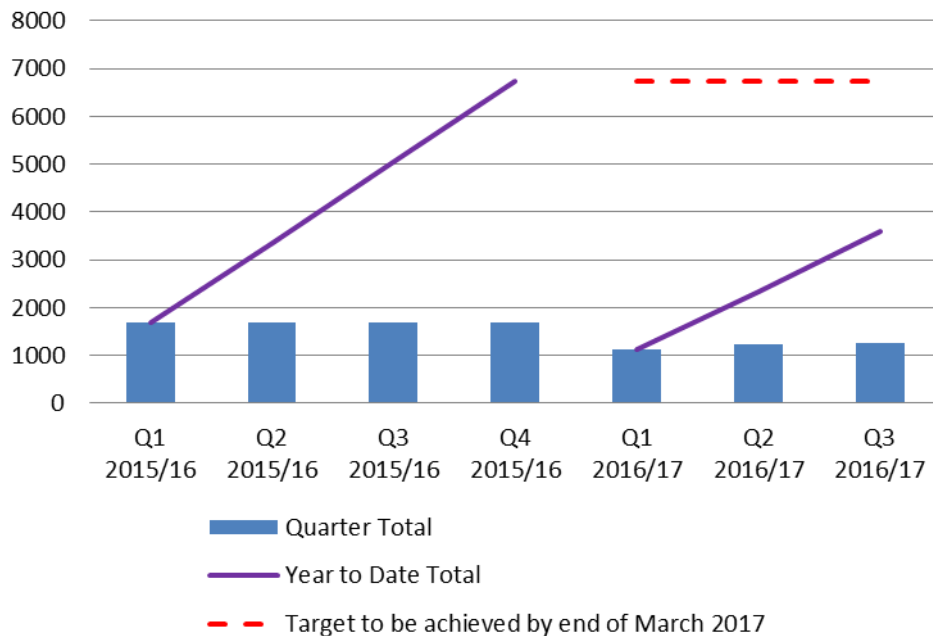
Prescribing cost and compliance with Formulary Preferred List



Compliance with the Formulary Preferred List continues to exceed the March 2017 target of 78% at 80.4% in Qtr 3 2016/17.

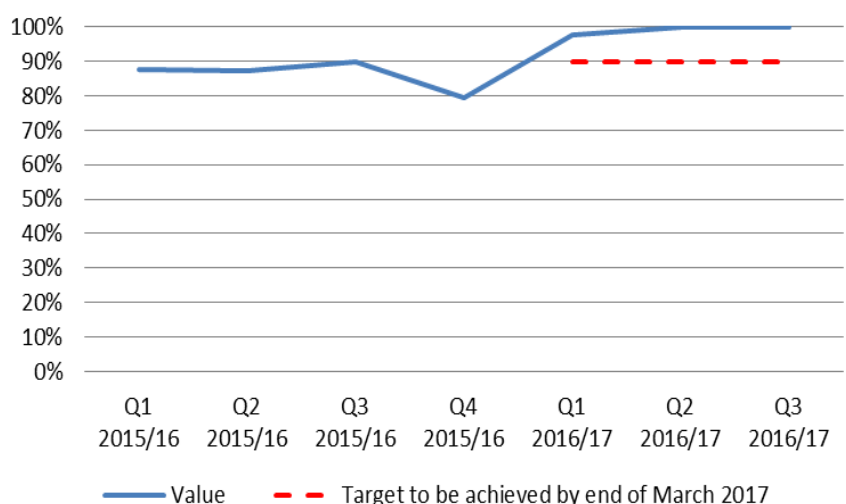
WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2017.

Number of respite weeks provided to all client groups



492 people received respite in Qtr3 2016/17. The year to date total of 3593.1 weeks means that performance would have to improve substantially to meet the March 2017 target of 6,730 weeks. Day Care recorded as being provided for the benefit of the client which may also provide a break for a carer is no longer being counted as respite from April 2016.

Percentage of carers who feel supported to continue in their caring role

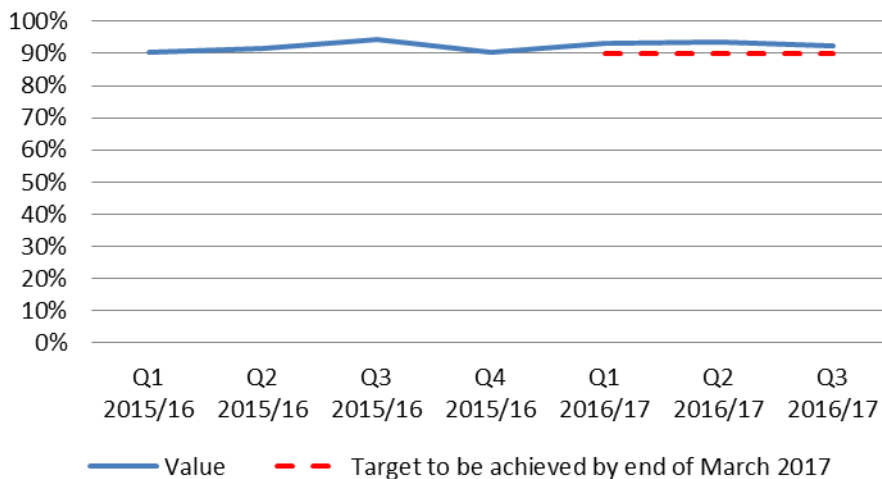


All 47 carers asked felt supported to continue in their caring role during Qtr3 2016/17. * We are continuing to exceed our March 2017 target of 90%.

* Sample data from Carer Support Plans completed during Qtr3 2016/17.

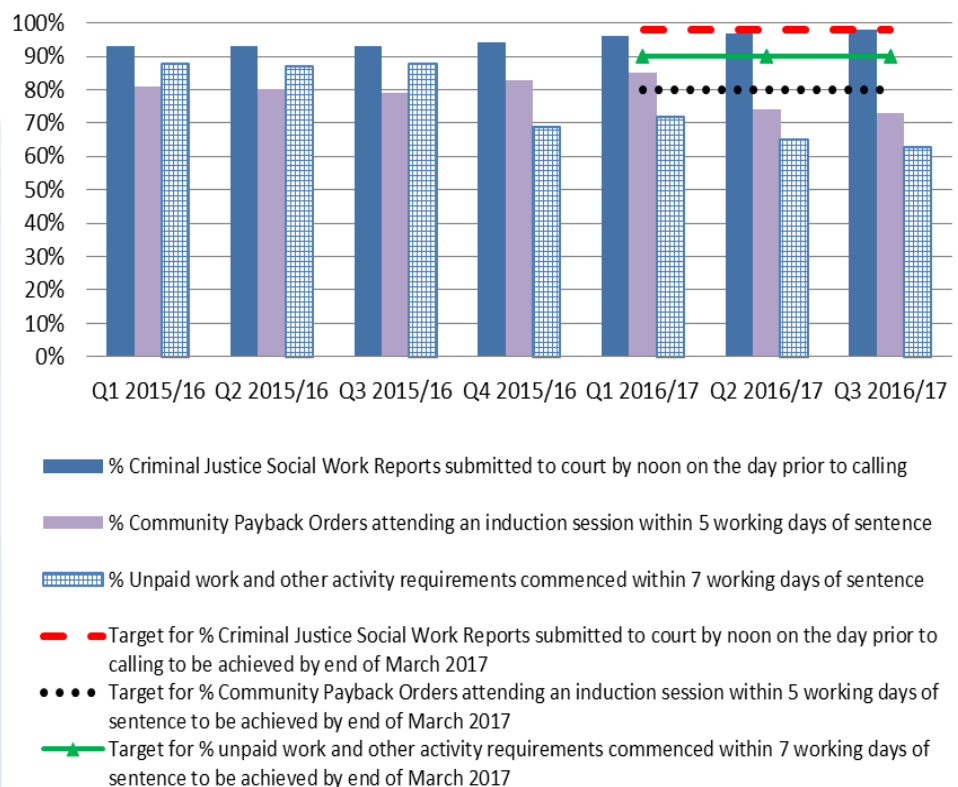
Supporting Safe, Strong and Involved Communities

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



192 of 208 people (92.3%) received treatment within 3 weeks of referral in Qtr3 2016/17. We continue to exceed the March 2017 target of 90%.

Criminal Justice

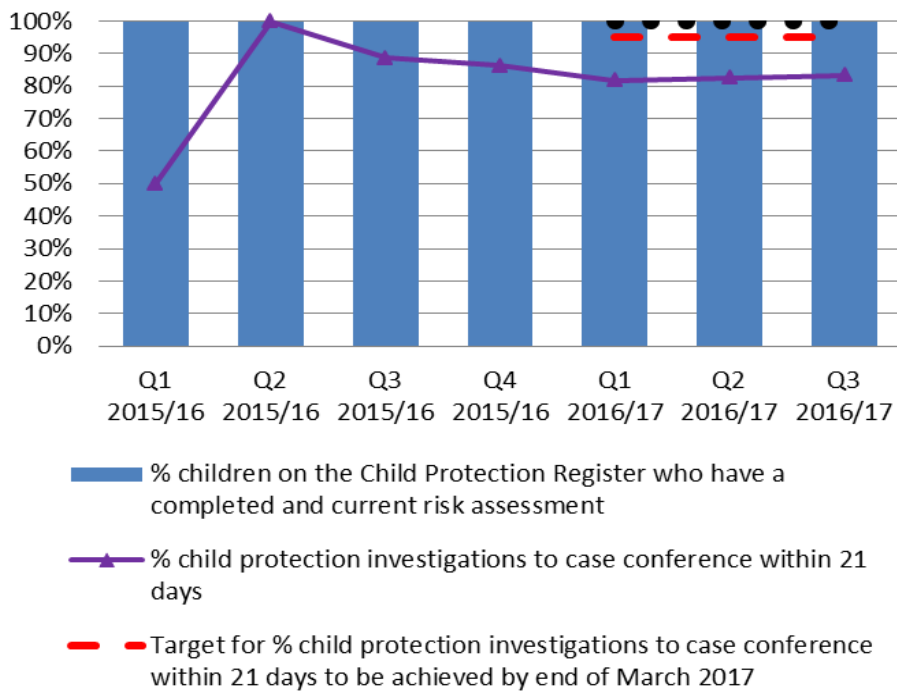


208 of the 213 (98%) Social Work Reports were submitted on time in Qtr3 2016/17.

75 of the 103 (73%) new Community Payback Orders attended induction within the timescale and 99 of the 158 (63%) unpaid work requirements commenced within 7 days in Qtr3 2016/17.

Performance would have to substantially improve to meet the March 2017 targets for Community Payback Orders (80%) and unpaid work requirements (90%).

Child Protection

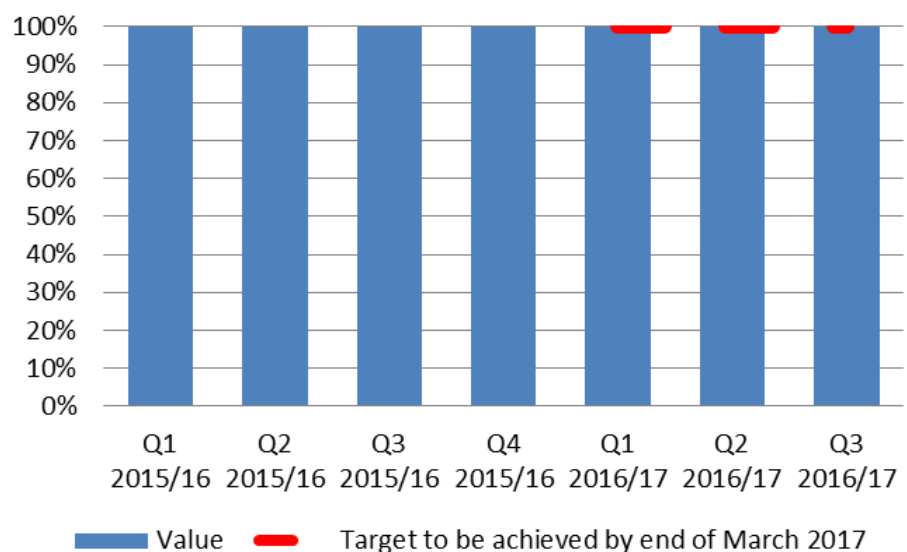


There were 75 children on the Child Protection Register at the end of Qtr3 2016/17.

45 out of 54 (83.3%) case conferences were carried out within 21 days during Qtr3 2016/17 missing our March 2017 target of 95%.

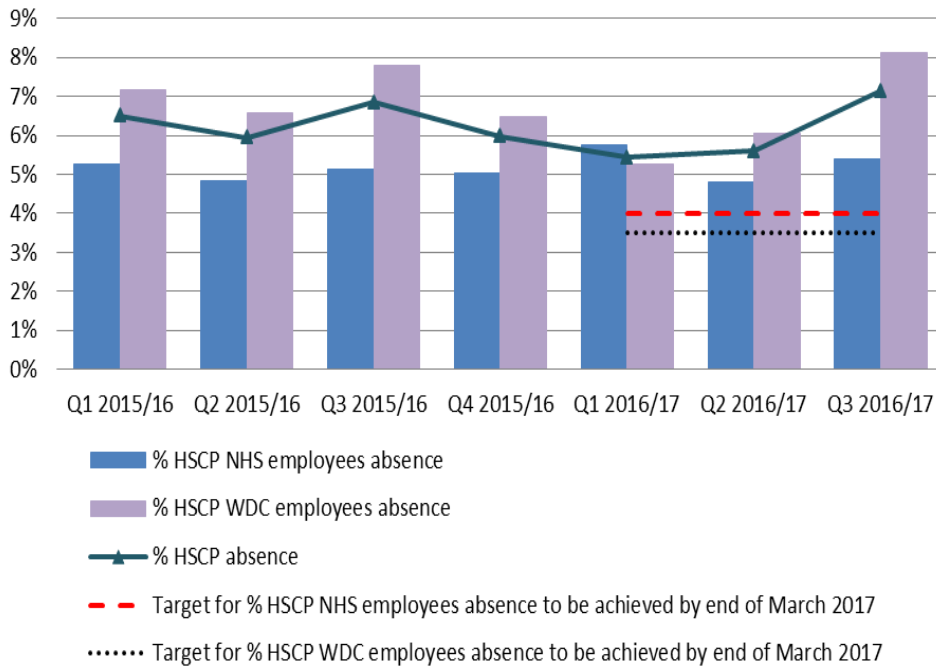
% Adult Support and Protection clients who have current risk assessments and care plan

All 6 Adult Support and Protection clients had a current risk assessment and care plan in Qtr3 2016/17 continuing our 100% performance against the March 2017 target.



Our Staff

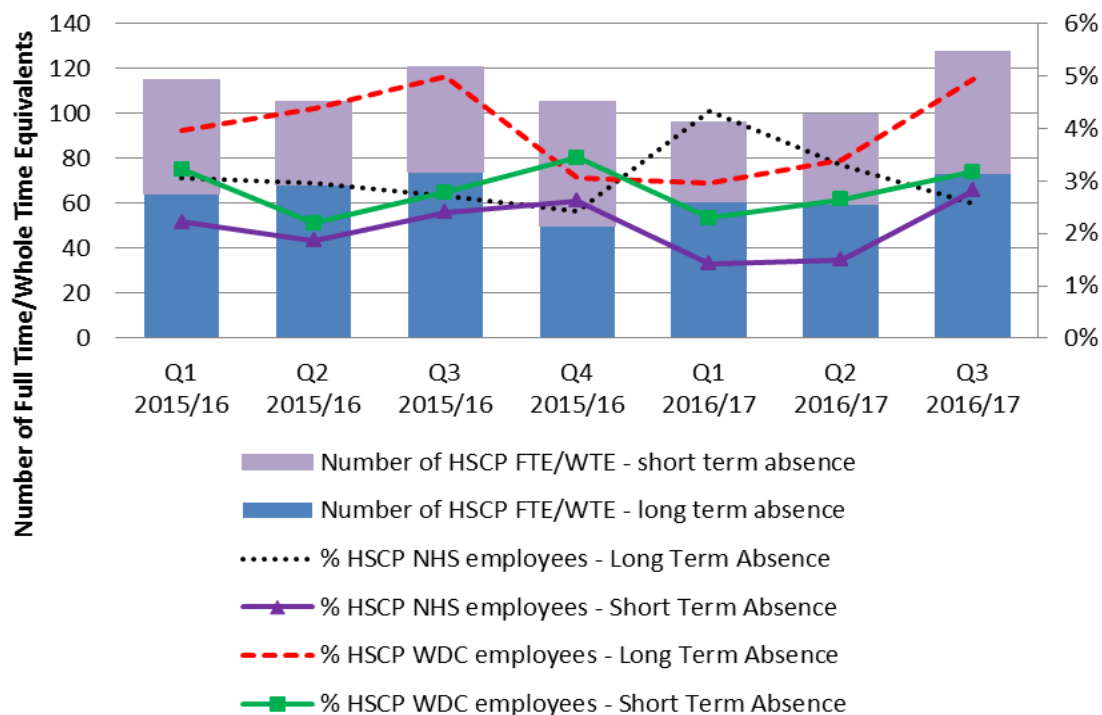
HSCP staff absence



There were 745 NHS employees (627.28 Whole Time Equivalent) and 1,434 WDC employees (1,156.53 Full Time Equivalent) working within the HSCP during Qtr3 2016/17.

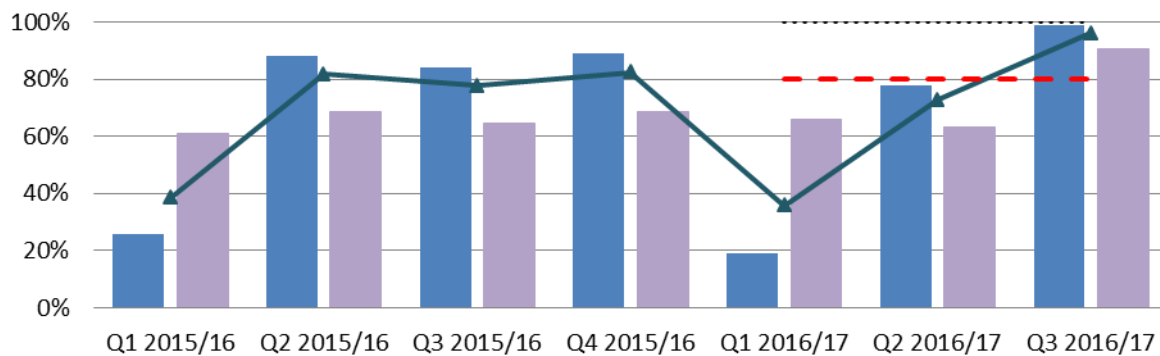
Overall HSCP absence was 7.15% in Qtr3 2016/17: 8.11% WDC employees and 5.39% NHS employees.

Long term and short term absence



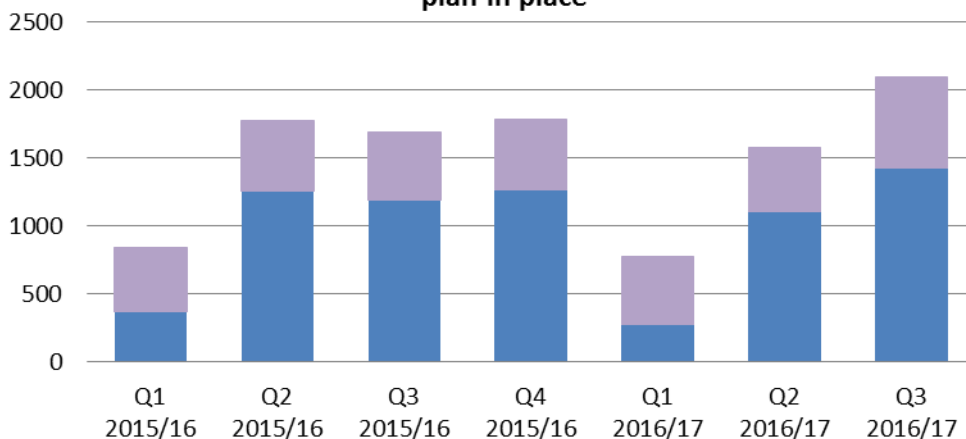
Our Staff

Percentage of HSCP staff with a professional development plan in place



- % HSCP WDC staff who have a new or updated annual Personal Development Plan in place
- % HSCP NHS staff who have an annual e-Knowledge and Skills Framework review/Personal Development Plan in place
- ▲ % HSCP staff with a professional development plan in place
- Target for % HSCP WDC staff who have a new or updated annual Personal Development Plan in place to be achieved by end of March 2017
- - - Target for % HSCP NHS staff who have an annual e-Knowledge and Skills Framework review/Personal Development Plan in place to be achieved by end of March 2017

Number of HSCP staff with a professional development plan in place



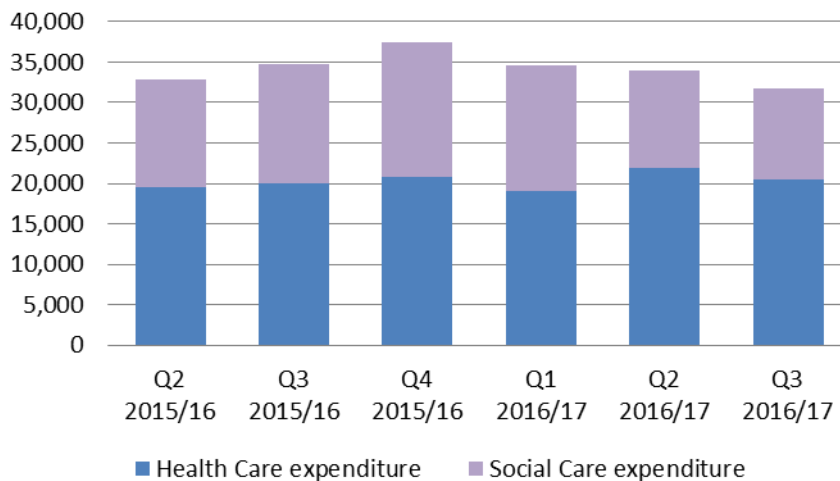
- Number of HSCP NHS staff who have an annual e-Knowledge and Skills Framework review/Personal Development Plan in place
- Number of HSCP WDC staff who have a new or updated annual Personal Development Plan in place

The NHS target for March 2017 of 80% has already been exceeded in Qtr3 2016/17 at 90.56%.

The WDC target for March 2017 of 100% looks achievable at 99% in Qtr3 2016/17.

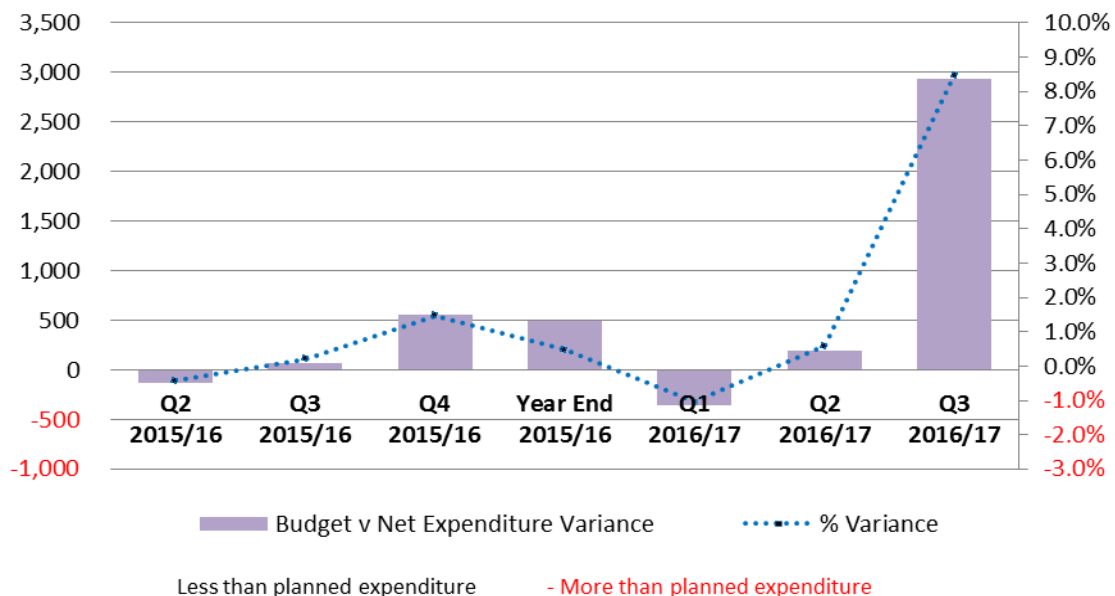
Our Finance

Health and Social Care Net Expenditure £000's



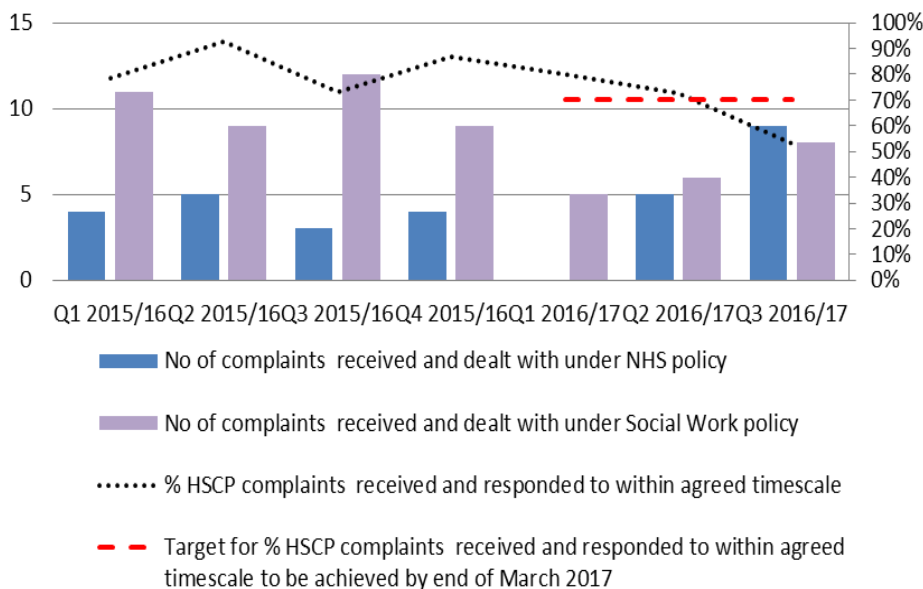
HSCP Expenditure to the end of December 2016 of £100.246m against a budget of £103.019m (not including Set-Aside).

Budget v Net Expenditure Variance



Complaints

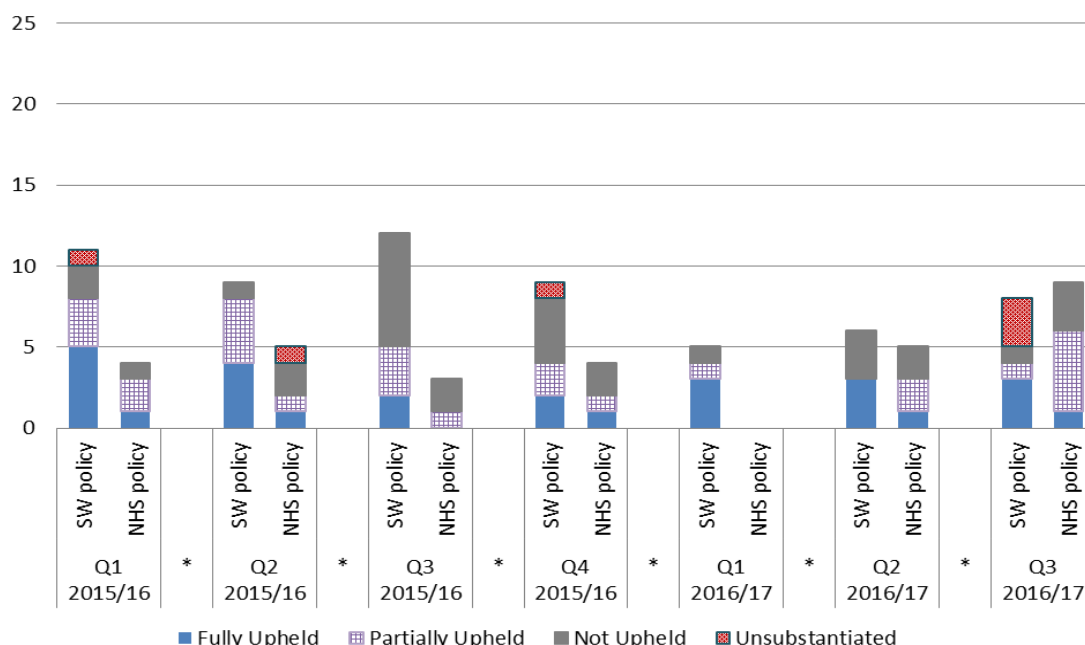
Complaints responded to within agreed timescales



8 complaints were dealt with through the Social Work Complaints policy and 9 through the NHS policy in Qtr3 2016/17.

8 complaints were responded to outwith the timescales. These were between 5 and 43 days late. The longest delay related to a complex complaint which required further review.

Complaint Outcomes



Upheld complaints in Qtr3 2016/17 concerned Employee Attitudes (1), Statutory Responsibilities (1), Communication (1) and Quality of Service (1). Any learning from these complaints is being considered within the relevant service areas.

Service Improvement Linked to Performance: HSCP recognition at national and local awards

The HSCP Care at Home Service was recognised as sector leading in being awarded the Scottish Association of Social Work (SASW) Award for 'Best example of collaboration in an integrated setting' as well as being finalists in the Team of the Year award at the national awards ceremony in March 2017.

The award recognises both the worth of the team itself and its impact as part of the wider integrated health and social care provision for adults and older people in West Dunbartonshire. The dedicated and skilled staff are successful through a combination of their hard work, knowledge and commitment to working in partnership, in supporting people to live as independently as possible and safely within a homely setting as long as possible.



Recognising the impact of our services for both young and old in our community, at the same awards ceremony, the HSCP's Looked after Children's Service were also finalists for the Team of the Year award.

Looked after Children's Services include our Residential Children's Houses, Permanence, Foster Care, Throughcare and Aftercare provision and Alternative to Care service. They were shortlisted in recognition that as individual services and as a whole team, they strive to be sector leading; to maintain a culture with the needs and voices of each individual child at the centre; and with staff motivated to go the extra mile.



West Dunbartonshire Council Employee Recognition Awards

The HSCP has also seen continued success at West Dunbartonshire Council's annual Employee Recognition Awards.

Day Care Officer Karen McNab was awarded the Council's Community's Award, recognising her outstanding commitment to the health and wellbeing of the older people in her care.

The HSCP's Day Care services can help adults and older people stay active, socialise and provides their carers with a break. Karen leads Langcraigs Day Care's fundraising ventures with money raised used to stage live entertainment, support outings and purchase activities which are recreational, educational and therapeutic for people using Day Care services.



This success was added to at the awards with commendations for Wendy Jack (Team Leader of the Year award category) and the Community Paediatric Speech and Language Team (Team of the Year award category).

For more information on our services and their performance please visit
<http://www.wdhscp.org.uk/about-us/public-reporting/>