Introduction

Welcome to West Dunbartonshire Health and Social Care Partnership’s first Public Performance Report for 2017/18.

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.
198 children had an MMR immunisation at 24 months (96.6%) and 244 children had an MMR immunisation at 5 years (96.8%) in Qtr1 2017/18.

102 children and young people were referred to CAMHS in Qtr1 2017/18, an increase of 8 on the previous quarter. The average time for referral to treatment continues to be well below the 18 week target at 6 weeks.
389 of the 430 looked after children were looked after in the community (90.5%) in Qtr1 2017/18.

Of the 8 looked after children who happened to be BME (Black & Minority Ethnic), 6 were looked after in the community (75%) in Qtr1 2017/18.

4 of the 7 children (57%) who left care in Qtr1 2017/18 entered a positive destination. This indicator relates to a very small number of children and therefore the percentage can fluctuate significantly.
67 children were referred to the Scottish Children’s Reporter (68 referrals) on care and welfare grounds during Qtr1 2017/18.

18,807 children (100%) had an identified named person in Qtr1 2017/18.
The Scottish Government 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 5 delays of more than 3 days for non-complex cases at the census point in Qtr1 2017/18.

697 bed days were lost to delayed discharge for people aged 65 and over in Qtr1 2017/18. 239 of these bed days were lost to delayed discharge for Adults with Incapacity (AWI).

During the same period in 2016/17, there were 1,095 bed days lost, 516 of which were for AWI.

As part of the Scottish Government’s Unscheduled Care Planning, targets for reductions in unscheduled or unplanned care are being developed by NHS Greater Glasgow and Clyde. Local targets will be set in line with these.
There were 953 emergency admissions of people aged 65 and over in Qtr1 2017/18: a rate of 60 per 1,000 population. During the same period in 2016/17, there were 1,076 emergency admissions: a rate of 68 per 1,000 population. Local targets will be set in line with NHS Greater Glasgow and Clyde’s Unscheduled Care targets.

There were 10,643 unplanned acute bed days used by people aged 65 and over in Qtr1 2017/18: a rate of 670 per 1,000 population. During the same period in 2016/17, there were 11,415 unplanned acute bed days used: a rate of 718 per 1,000 population. Local targets will be set in line with NHS Greater Glasgow and Clyde’s Unscheduled Care targets.
4,594 people attended A&E in Qtr1 2017/18. During the same period in 2016/17, 4,206 people attended A&E. Local targets will be set in line with NHS Greater Glasgow and Clyde’s Unscheduled Care targets.

There were 2,556 non-elective inpatient admissions in Qtr1 2017/18. During the same period in 2016/17, there were 2,776 admissions. Local targets will be set in line with NHS Greater Glasgow and Clyde’s Unscheduled Care targets.
91 of the 138 people (66%) who received a reablement service achieved their agreed personal outcomes in Qtr1 2017/18: 63% of men and 68% of women.
1,932 people had an Anticipatory Care Plan (ACP) in place in Qtr1 2017/18. This figure now includes both GP-led and ACP Support Nurse ACPs.

1,629 people aged 75 and over received a Telecare service at the end of Qtr1 2017/18.
8,197 hours of homecare per week were provided to 1,328 people aged 65 and over in Qtr1 2017/18. This equates to a rate of 506 hours per 1,000 population. 470 people received 20 or more interventions per week (35.4%) in Qtr1 2017/18.

654 people (74.5%) aged 65 and over admitted to hospital twice or more received an assessment of their needs in Qtr1 2017/18. 224 people (25.5%) did not have an assessment.
286 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr1 2017/18.

This indicator is published by the Local Government Benchmarking Framework and measures volume of home care in isolation from other services. People with the most intensive needs receive complex packages of care utilising a range of community supports including home care, meal deliveries, day care, community health input and Telecare. These supports combine to reduce the reliance on traditional high volumes of home care and provide a more targeted response to the person’s needs.

1,247 of 1,328 people (93.9%) aged 65 and over received personal care at home in Qtr1 2017/18.

* 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.
42% of all people aged 65 and over who died in Qtr1 2017/18 died in hospital.

40.1% of those aged 75 and over died in hospital: the lowest percentage since January 2011.

832 people (97.7%) aged 65 and over with complex needs were living in a homely setting in Qtr1 2017/18.

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.
84 people on the Palliative Care Register died in Qtr1 2017/18, 62% of whom were supported to die at home.

1,640 people from West Dunbartonshire and 17,650 from across NHS Greater Glasgow & Clyde were referred to the MSK service in Qtr1 2017/18.
Compliance with the Formulary Preferred List was 81.1% in Qtr1 2017/18. WDHSCP’s prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2018.

423 people were referred to the Homecare Pharmacy Team in Qtr1 2017/18. 97 people declined the support and 92 people were being supported by other service teams.
48 of the 49 carers asked felt supported to continue in their caring role during Qtr1 2017/18. *

* Sample data from Carer Support Plans completed during Qtr1 2017/18.

346 people received respite in Qtr1 2017/18. Targets have been reviewed in light of a revised methodology for inclusion of respite which must now be clearly identified in the cared for person’s care plan.
194 of 216 people (89.8%) received treatment within 3 weeks of referral in Qtr1 2017/18. This figure is likely to increase in subsequent publications as additional waiting times data is gathered by National Services Scotland.

66 of 69 people (95.7%) started Psychological Therapies treatment within 18 weeks of referral in Qtr1 2017/18.
162 of the 183 (89%) Social Work Reports were submitted on time in Qtr 1 2017/18. 98 of the 113 (87%) new Community Payback Orders attended induction within the timescale in Qtr 1 2017/18. 0% of unpaid work orders were commenced within 7 days in Qtr 1 2017/18. Work is underway to understand and address this poor performance. A high volume of new unpaid work orders and 2 vacant posts may have been contributing factors.

32 children were referred to the Scottish Children’s Reporter (68 referrals) on offence grounds during Qtr 1 2017/18.
All 6 Adult Support and Protection clients had a current risk assessment and care plan in Qtr1 2017/18.

There were 60 children on the Child Protection Register at the end of Qtr1 2017/18.

37 out of 64 (57.8%) case conferences were carried out within 21 days during Qtr1 2017/18. Performance is being closely monitored to address any impact of higher registration numbers.
Our Staff

There were 739 NHS employees (617.67 Whole Time Equivalent) and 1,432 WDC employees (1,134 Full Time Equivalent) working within the HSCP during Qtr1 2017/18.

Overall HSCP absence was 6.14% in Qtr1 2017/18: 6.95% WDC employees and 4.65% NHS employees.
Our Finance

HSCP Expenditure to the end of June 2017 of £35.75m against a budget of £35.54m (not including Set-Aside).
Complaints

Both of the upheld complaints in Qtr1 2017/18 concerned Administrative Processes. Any learning from these complaints is being considered within the relevant service areas.

9 complaints were dealt with through the Social Work Complaints policy and 1 through the NHS policy in Qtr1 2017/18.

3 complaints were responded to outwith the timescales. These were between 4 and 8 days late and were due to administrative delays.
Through the success of the SEARCH Project, carers living in West Dunbartonshire affected by alcohol misuse are now better identified, supported, more confident and skilled in their caring role, with improved mental and physical health enabling them to sustain caring for their loved ones. Achieving wider recognition, SEARCH has been shortlisted for the NHSGGC Chairman’s Awards and the national Herald Society Awards. SEARCH was developed after Carers of West Dunbartonshire (CWD) and WDHSCP developed a shared concern that people with alcohol and addiction issues and caring responsibilities were not receiving the support they required: with low numbers of these carers identified, in disparity to the apparent scale of the problem locally. It focuses on two at risk groups of younger adults (18-25 years) who are at risk of using alcohol as a coping mechanism for carer related stress and older adults (65+) emerging as a ‘hidden’ group with alcohol related issues.

CWD and WDHSCP have improved identification and support of these carers through increasing awareness, skills and knowledge regarding alcohol related issues. A CWD SEARCH support worker is co-located with WDHSCP Addictions and Hospital Discharge Teams, targeting supports and resources with bespoke individual and group support, including for those caring for someone affected by alcohol related issues (75%) and those affected themselves. SEARCH has reduced use of alcohol as a coping mechanism and created safer communities through education and support.

Scotland’s new National Health and Social Care Standards were launched in June 2017. Underpinned by five principles of Dignity & Respect, Compassion, Being Included, Responsive Care and Support & Wellbeing; they set out what we should expect when using health, social care or social work services in Scotland. These Standards are very much welcomed by WDHSCP Board, as they reflect and reinforce our own established core values, and the good practice of HSCP services. This was reflected in our second Annual Public Performance Report, which highlights numerous varied areas of good and emerging practice.