West Dunbartonshire Health and Social Care Partnership



Introduction

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

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 <u>www.wdhscp.org.uk</u>.

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/.

Wendy Jack

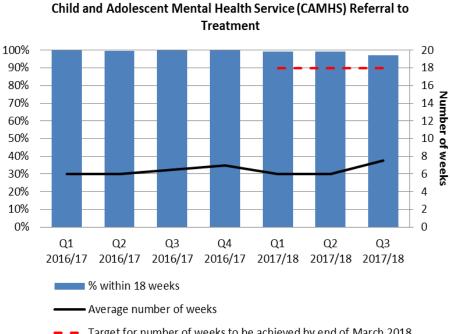
Interim Head of Strategy, Planning & Health Improvement

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

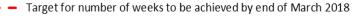
- Mission is to improve the health and wellbeing of West Dunbartonshire.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness;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

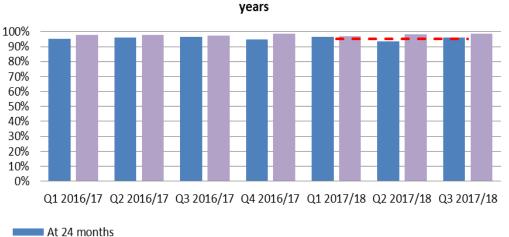
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Supporting Children and Families



87 children and young people were referred to CAMHS in Qtr3 2017/18, an increase of two from the previous quarter. The average time for referral to treatment continues to be well below the 18 week target at 6 weeks.





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

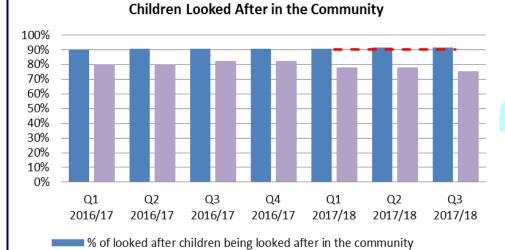
250 children had an MMR immunisation at 24 months (96.2%) and 261 children had an MMR immunisation at 5 years (98.5%) in Qtr3 2017/18. There have been 1,566 immunisations during April to December 2018.

At 24 month

At 5 years

- Target for immunisations at 24 months and 5 years to be achieved by end of March 2018

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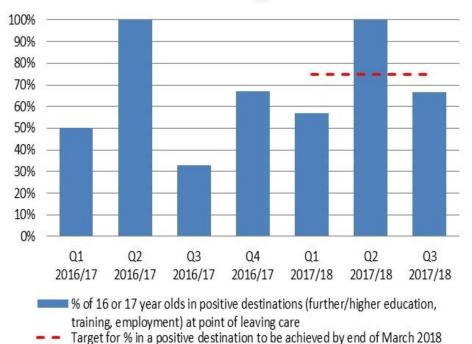


434 of the 475 looked after children were looked after in the community (91.4%) in Qtr3 2017/18.

Of the 8 looked after children who happened to be BME (Black & Minority Ethnic), 6 were looked after in the community (75%) in Qtr3 2017/18.

% of looked after children being looked after in the community who are from BME community (agreed local Equality Indicator)

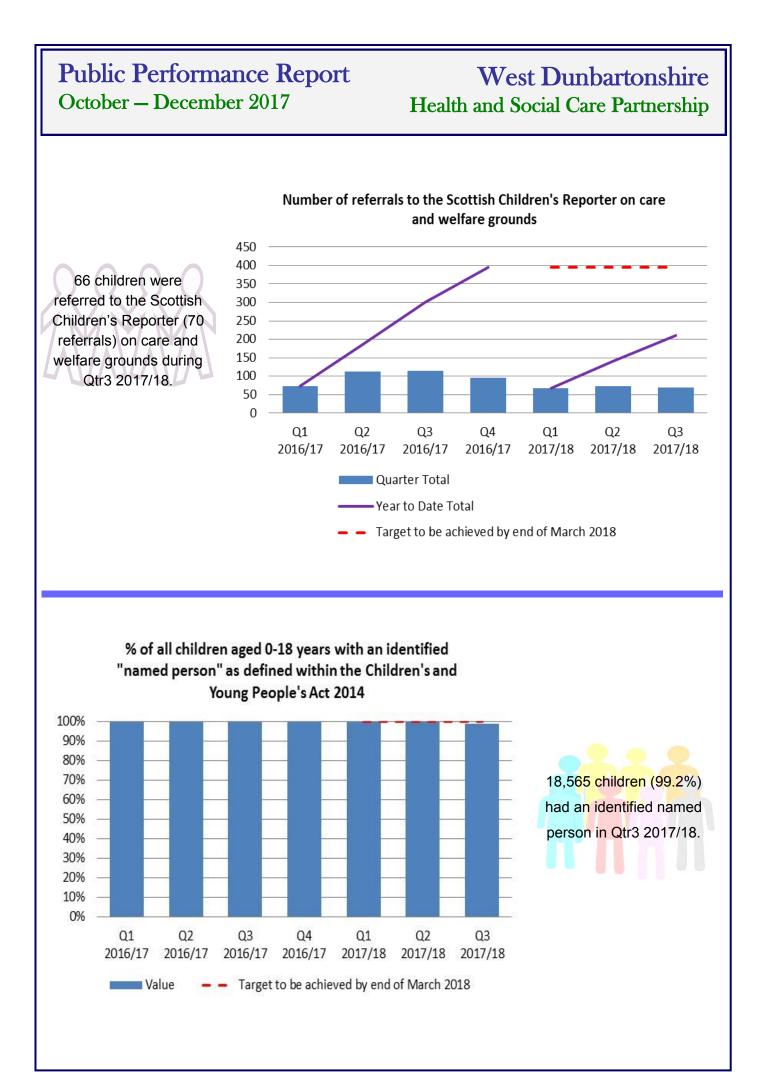
 Target for % of children being looked after in the community to be achieved by end of March 2018



Looked after children entering positive destinations

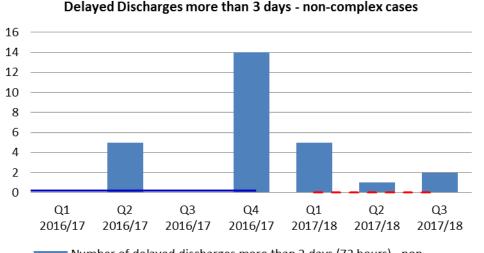
67% of children leaving care in Qtr3 2017/18 entered a positive destination.

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



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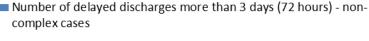
Supporting Older People



The Scottish Government changed the way delayed discharges are counted from 1st July 2016.

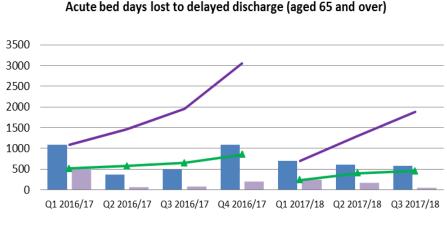
The previous figure for delays of more than 14 days has been included in the chart for context/ comparison.

There were 2 delays of more than 3 days for non-complex cases at the census point in Qtr3



 Target for delayed discharges more than 3 days (72 hours) - noncomplex cases to be achieved by end of March 2018

Number of delayed discharges more than 14 days (non-complex cases)



576 bed days were lost to delayed discharge for people aged 65 and over in Qtr3 2017/18. 53 of these bed days were lost to delayed discharge for Adults with Incapacity (AWI).

Year to date, April to December 2017, a total of 1,876 bed days were lost, which is a reduction of 4% on the 1,954 lost during the same period in 2016/17.

Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

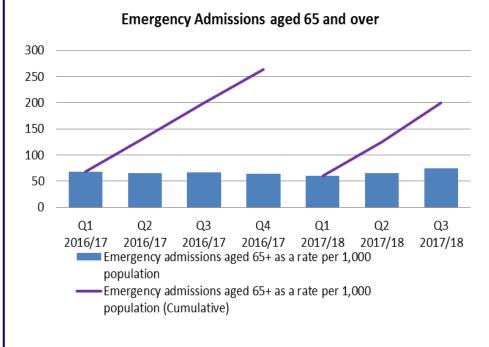
No of acute bed days lost to delayed discharges including AWI

No of acute bed days lost to delayed discharges for Adults with Incapacity

No of acute bed days lost to delayed discharges including AWI (Cumulative)

No of acute bed days lost to delayed discharges for Adults with Incapacity (Cumulative)

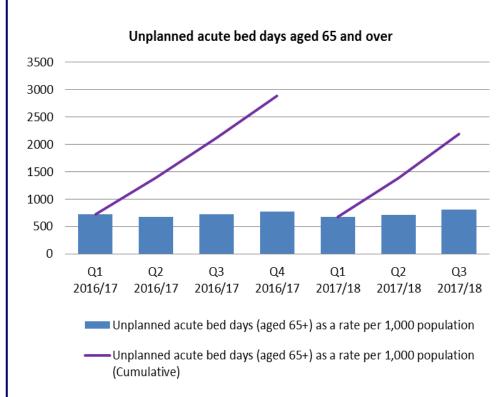
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There were 1,188 emergency admissions of people aged 65 and over in Qtr3 2017/18. Year to date, April to December 2017, there have been a total of 3,181 admissions.

During the same period in 2016/17 there were 3,160 emergency admissions.

Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

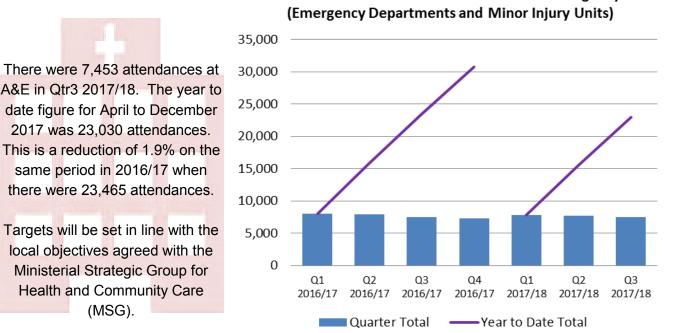


There were 12,778 unplanned acute bed days used by people aged 65 and over in Qtr3 2017/18.

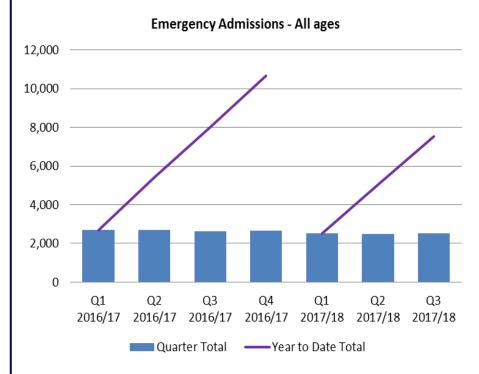
Year to date, April to December 2017, 34,778 bed days were used. This is an increase of 3.6% on the 33,567 unplanned acute bed days used during the same period in 2016/17.

Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care (MSG).

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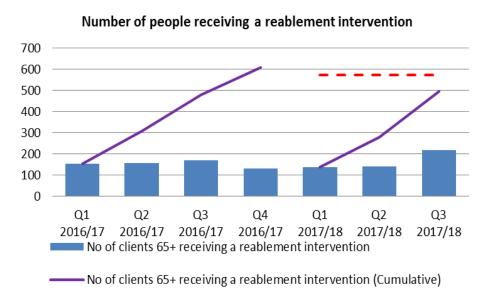
Number of attendances at Accident and Emergency



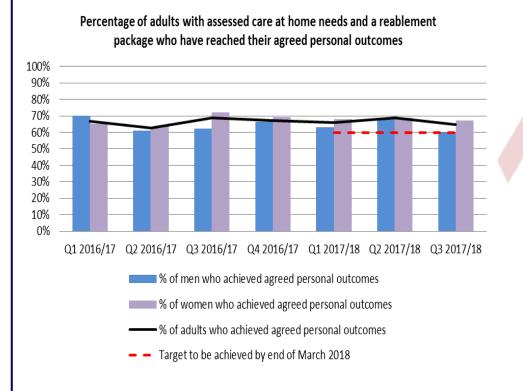
There were 2,519 emergency admissions (all ages) during Qtr3 2017/18. Year to date, April to December 2017 there have been 7,540 emergency admissions. This is a reduction of 5.9% on the 8,012 admissions during the same period 2016/17.

Targets will be set in line with the local objectives agreed with the Ministerial Strategic Group for Health and Community Care

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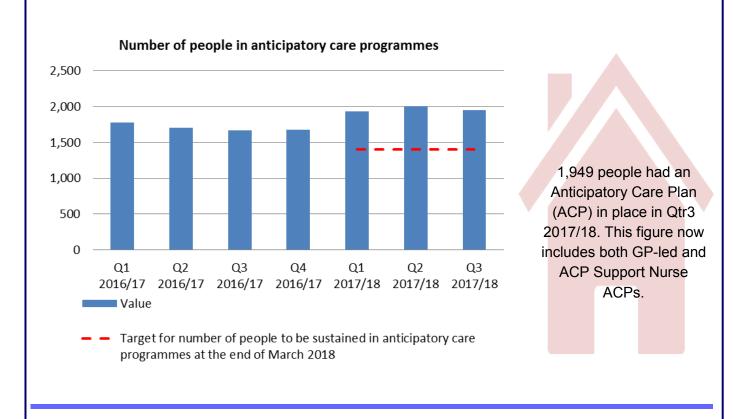


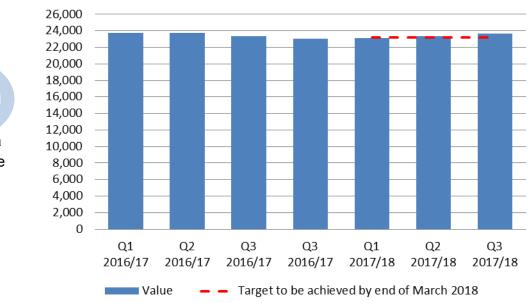
 Target for no of clients 65+ receiving a reablement intervention to be achieved by end of March 2018



141 of the 218 people (64.7%) who received a reablement service achieved their agreed personal outcomes in Qtr3 2017/18: 60% of men and 66.9% of women.

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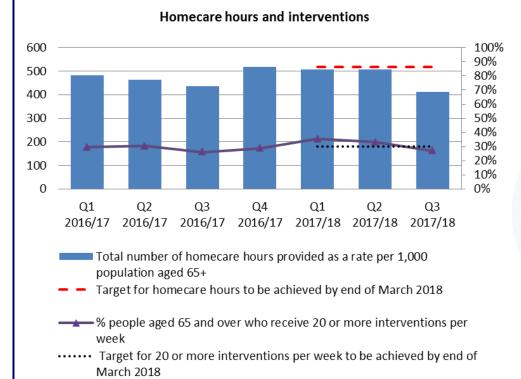




Number of people aged 75+ receiving Telecare - Crude rate per 100,000 population

1,666 people aged 75 and over received a Telecare service at the end of Qtr3 2017/18.

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100% 90% 80% 6,662 hours of homecare per week were provided to 1,231 people aged 65 and over in Qtr3 2017/18. This equates to a rate of 412 hours per 1,000 population.

334 people received 20 or more interventions per week (27.1%) in Qtr3 2017/18.

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

672 people (71.2%) aged 65 and over admitted to hospital twice or more received an assessment of their needs in Qtr3 2017/18.

272 people (28.8%) did not have an assessment.

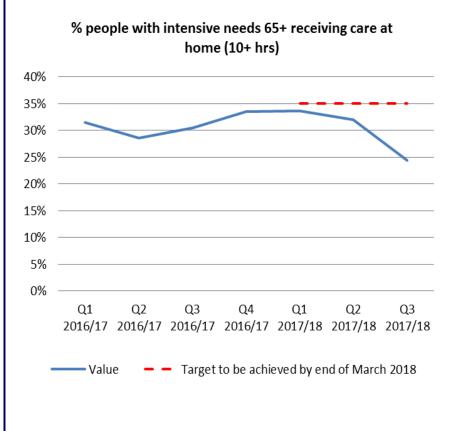
60% 50% 30% 20% 10% 0% Q1 Q2 Q3 Q4 Q1 Q2 Q3 2016/17 2016/17 2016/17 2016/17 2017/18 2017/18 2017/18

% people aged 65+ admitted twice or more as an emergency who have had an assessment

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

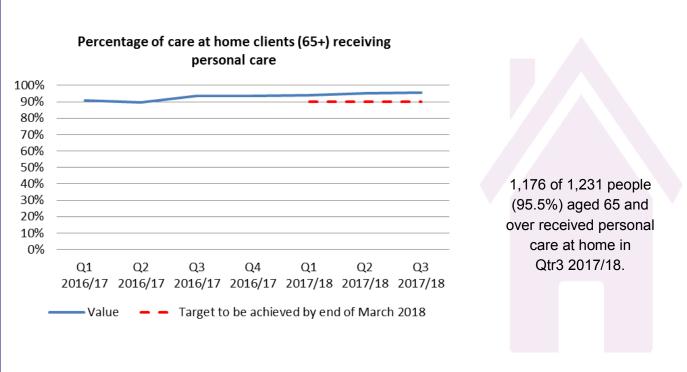
 Target for % people aged 65+ admitted twice or more as an emergency who have not had an assessment to be achieved by end of March 2018

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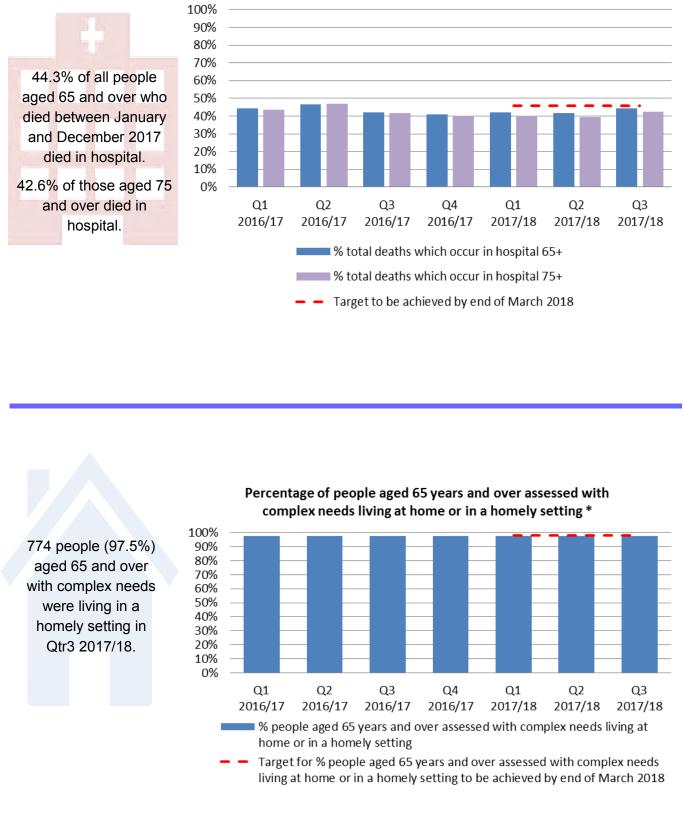
194 people aged 65 and over with intensive needs received 10 or more hours of care at home in Qtr3 2017/18.

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.



*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.

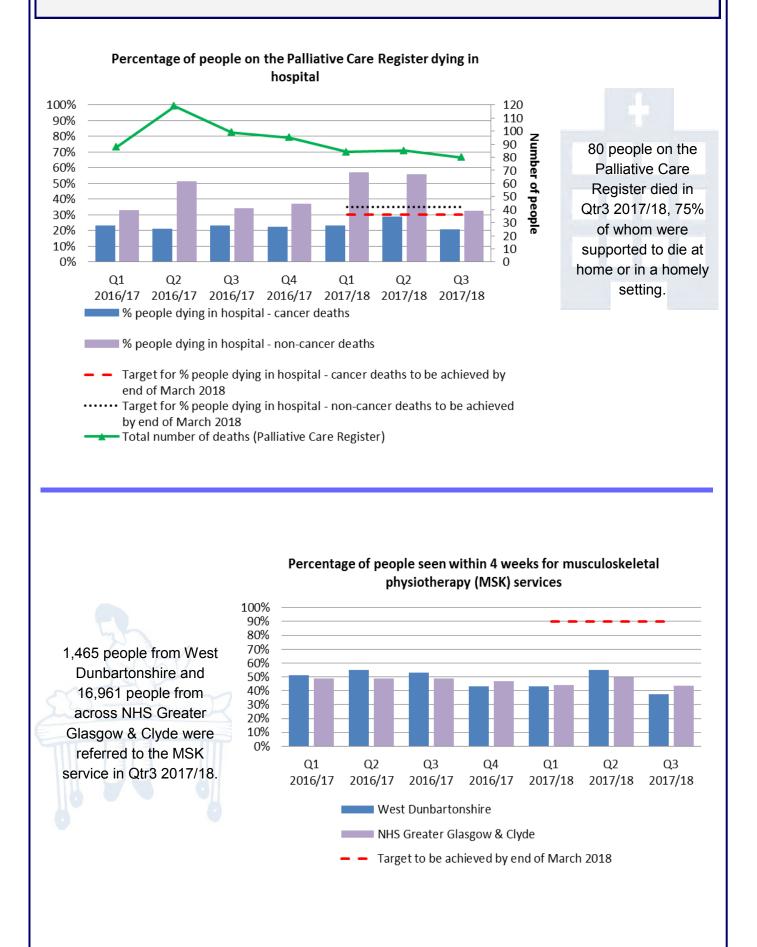
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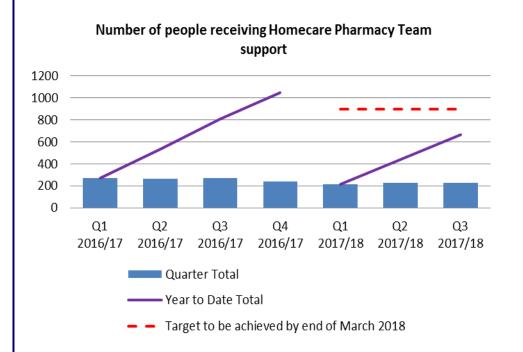
Percentage of total deaths which occur in hospital - Rolling year

*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.

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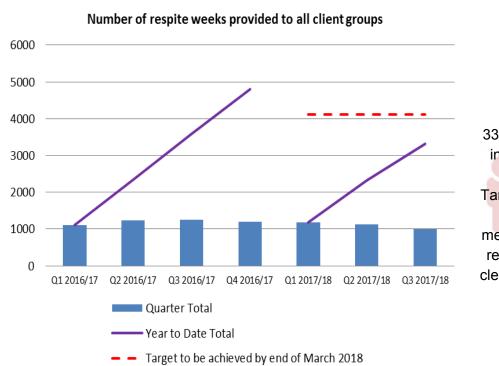
Prescribing cost and compliance with Formulary Preferred List £200.00 100% 90% 80% £150.00 70% 60% £100.00 50% 40% 30% £50.00 20% 10% £0.00 0% Q1 Q2 Q3 Q4 01 Q2 Q3 2016/17 2016/17 2016/17 2016/17 2017/18 2017/18 2017/18 Prescribing cost per weighted patient (£Annualised) Compliance with Formulary Preferred List

 Target for compliance with Formulary Preferred List to be achieved by end of March 2018

Compliance with the Formulary Preferred List was 80.2% in Qtr3 2017/18.

WDHSCP's prescribing cost target is the average cost across NHS Greater Glasgow & Clyde as calculated at the end of March 2018.

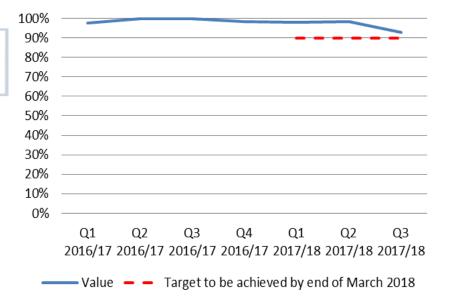
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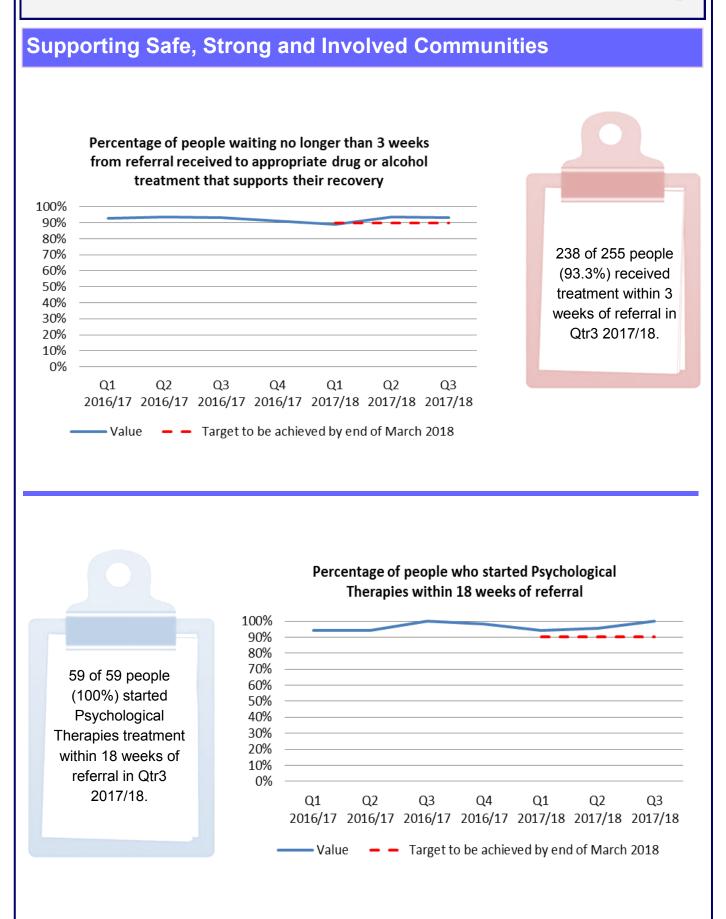
336 people received respite in Qtr 3 2017/18 equating to 998.65 weeks. Targets have been reviewed in light of a revised methodology for inclusion of respite which must now be clearly identified in the cared for person's care plan.

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

38 of the 41 carers (92.7%) asked as part of their Carer Support Plan felt supported to continue in their caring role during Qtr 3 2017/18.



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185 of the 207 (89%) Social Work Reports were

submitted on time in Qtr3

2017/18.

58 of the 67 (87%) new

Community Payback Orders

attended induction within

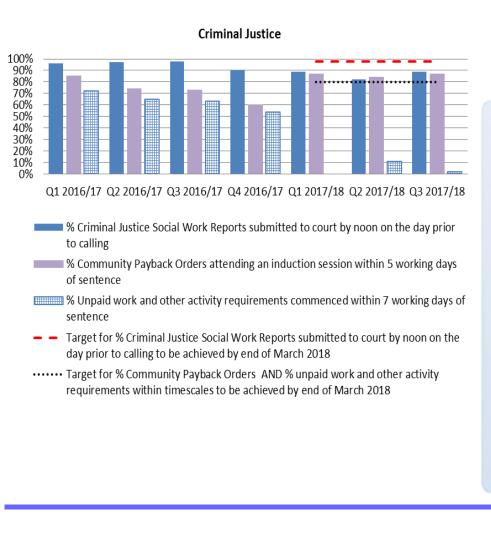
the timescale in Qtr3

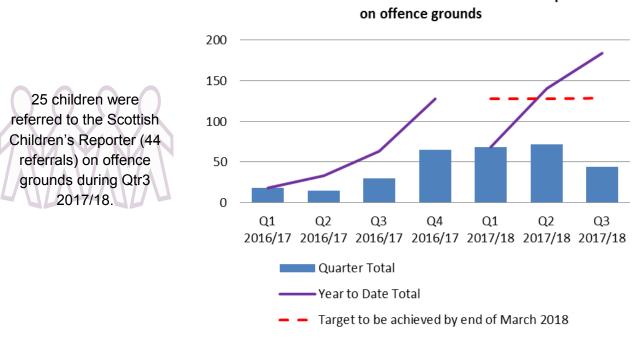
2017/18.

2 of the 87 (2%) of unpaid

work orders were

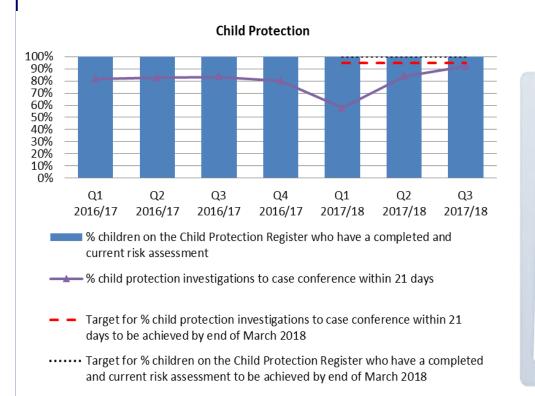
commenced within 7 days in Qtr3 2017/18. Work is underway to address this poor performance.





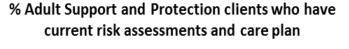
Number of referrals to the Scottish Children's Reporter

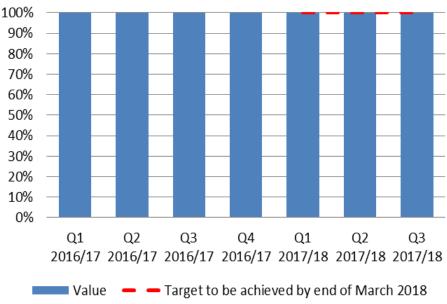
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There were 59 children on the Child Protection Register at the end of Qtr3 2017/18.

59 out of 64 (92.2%) case conferences were carried out within 21 days during Qtr3 2017/18.

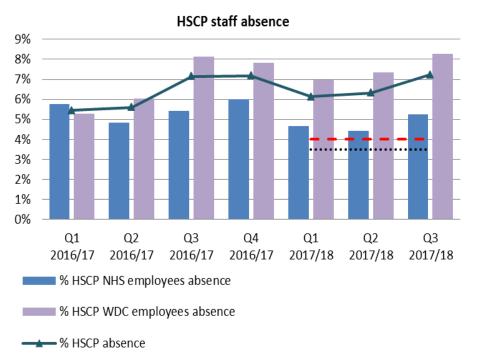




All Adult Support and Protection clients had a current risk assessment and care plan in Qtr3 2017/18.

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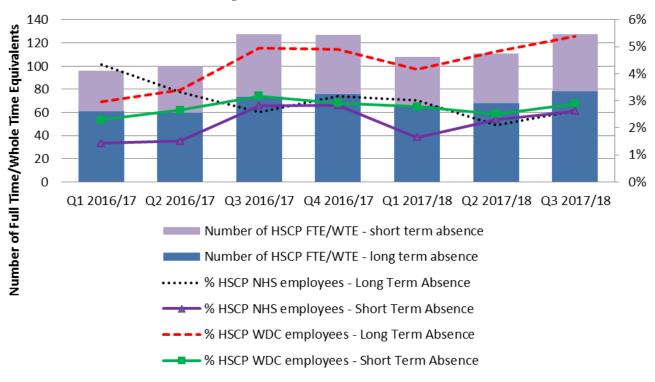
Our Staff



There were 731 NHS employees (610.08 Whole Time Equivalent) and 1,437 WDC employees (1154.69 Full Time Equivalent) working within the HSCP during Qtr3 2017/18.

Overall HSCP absence was 7.23% in Qtr3 2017/18: 8.27% WDC employees and 5.25% NHS employees.

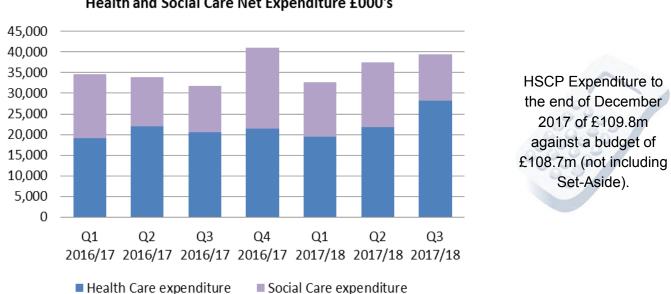
- Target for % HSCP NHS employees absence to be achieved by end of March 2018
- •••••• Target for % HSCP WDC employees absence to be achieved by end of March 2018



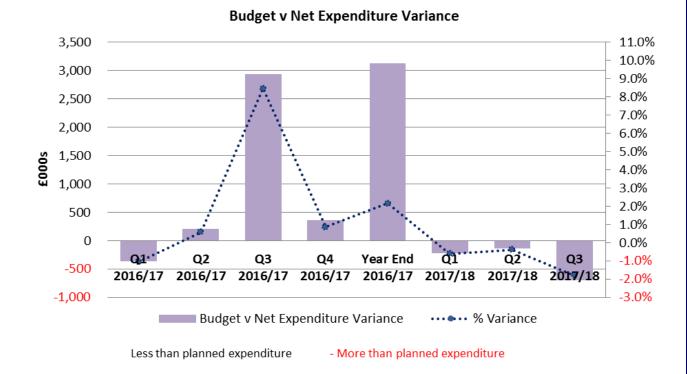
Long term and short term absence

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Our Finance

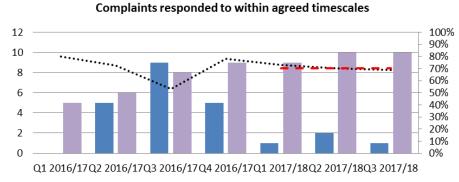


Health and Social Care Net Expenditure £000's



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Complaints



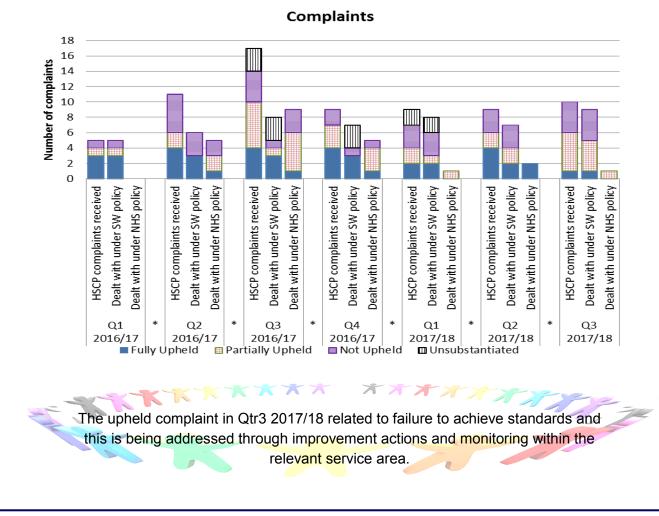
No of complaints received and dealt with under NHS policy

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 2018

10 complaints were dealt with through the Social Work Complaints policy and 1 through the NHS policy in Qtr3 2017/18.

4 complaints were responded to outwith the timescales.



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West Dunbartonshire Health and Social Care Partnership

Awarding Successful Partnership: Age Scotland Awards 2018: Patrick Brooks Award for Best Working Partnership

The Toe-to-Toe Foot care partnership between West Dunbartonshire Community &Volunteering Services (WDCVS), West Dunbartonshire Health and Social Care Partnership and the Podiatry Team at NHS Greater Glasgow and Clyde has been celebrated at the Age Scotland Awards for its impact on vulnerable people in the community.

The partnership developed a volunteer-run nail clipping service for vulnerable local residents; to address the shift of NHS podiatry services only to those with a clinical need.

The service extends traditional provision by:

- providing longer appointment times
- working to recognise and reduce social isolation
- encouraging an active lifestyle
- signposting towards other relevant services
- NHSGGC podiatry trained volunteers
- linking with West College Scotland to offer Podiatry students volunteering and valuable hands on experience

Since its launch in February 2017, the self-sustaining service has benefited over 300 people, offering regular appointments, and has expanded from 2 to 6 trained volunteers, 3 mornings a week.

Over 90% of clients have return for a repeat appointment; citing the personal nature and welcoming atmosphere during appointments.

"Due to my health problems taking care of my feet is vital for maintaining my mobility. I'm very pleased with the service and hope it continues to be available in the future"

NHS podiatry services in Clydebank have seen a reduction in waiting times from 16 - 18 weeks to less than 4 weeks - with emergency cases often seen within 48 hours.

"With non-clinical cases now being seen by toe-to-toe we have seen a huge reduction in demand on NHS Podiatry services. We can better target

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

