

April - June
2019

Our vision: Improving lives with the people of West Dunbartonshire

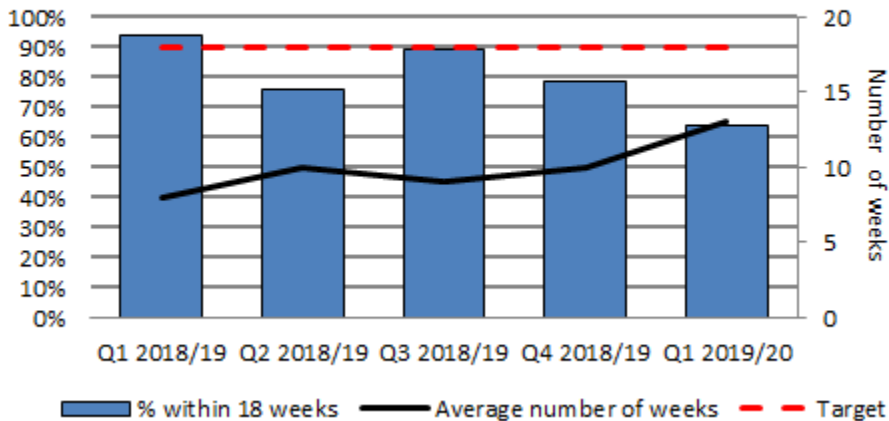
Welcome to West Dunbartonshire Health and Social Care Partnership's first Public Performance Report for 2019/20.



Pictured: HSCP Staff Awards

Supporting Children and Families

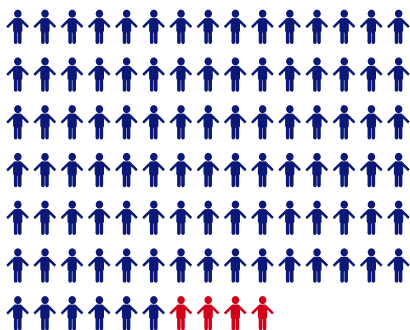
Child and Adolescent Mental Health Service (CAMHS) Referral to Treatment



- 112 referrals
- 64% started treatment within 18 weeks
- Average wait 13 weeks

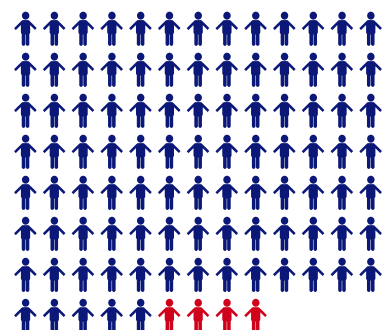
The proportion of children and young people receiving treatment within 18 weeks has seen a drop from 78.5% in March 2019 to 64% in June 2019 and the average waiting time has increased from 10 to 13 weeks, well within the 18 week target timescale. However, the longest wait has risen from 32 weeks at March to 43 weeks in June. The prioritisation of the increasing number of urgent referrals has resulted in some children and young people with less urgent needs experiencing longer waits.

95.9% of children had an MMR at 24 months.

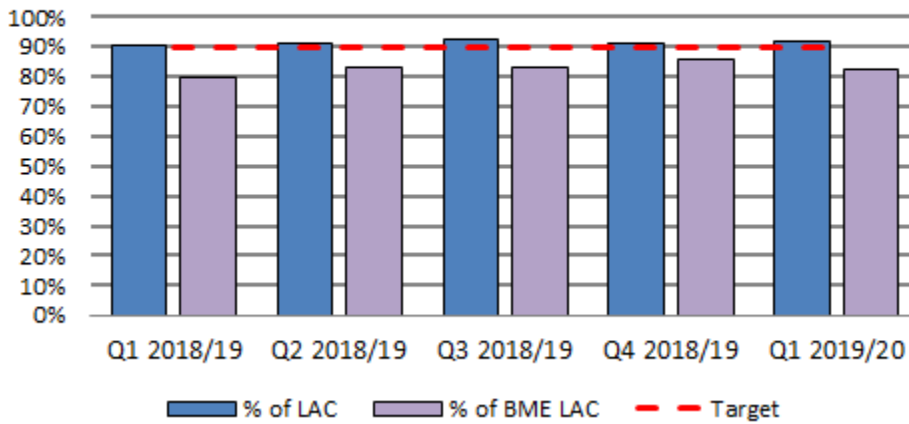


Target 95%

96.2% of children had an MMR at 5 years.

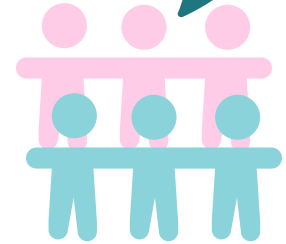


Percentage of looked after children looked after in the community

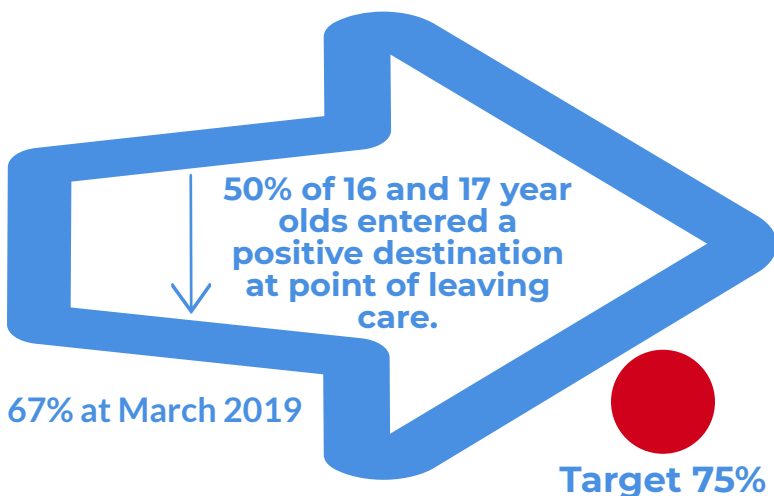


513 looked after children

Increase of 21 on March 2019 figure: 492



470 of the 513 looked after children (91.6%) are being looked after in the community. 14 of the 17 looked after children (82.4%) who were from Black Minority Ethnic (BME) communities were looked after in the community. As part of our local Equalities Indicators we continue to monitor that the number of Black Minority Ethnic (BME) children who are looked after are being looked after within the community in a similar proportion. As the number of BME looked after children within West Dunbartonshire is very low, small changes may mean percentages fluctuate more significantly. Our data continues to show similar trends for BME children as the total looked after children population.



83 referrals Jan - Mar 2019

Supporting Older People

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; attendances at accident and emergency (A&E); and shifting the balance of care from hospital to community settings. In light of the integration of health and social care services significant improvements in ways of working and efficiencies are expected.

Due to data completeness issues at Health Board level, the HSCP was unable to report financial year performance in our annual Public Performance Report 2018/19. We are pleased to be able to now present this data below along with the latest available data.

Number of emergency admissions - all ages

10,313	↑	10,646	↑	10,107
2017/18		2018/19		2018/19 MSG Target

Number of emergency admissions - 65+

4,643	↑	4,734	↑	3,734
2017/18		2018/19		2018/19 Target

Number of unplanned acute bed days - all ages

75,352	↓	74,600	↑	65,308
2017/18		2018/19		2018/19 MSG Target

Number of unplanned acute bed days - 65+

51,784	↓	50,441	↑	40,260
2017/18		2018/19		2018/19 Target

Number of acute bed days lost to delayed discharge - 18+

3,439	↑	3,512	↓	4,639
2017/18		2018/19		2018/19 MSG Target

Number of acute bed days lost to delayed discharge - 65+

2,291	↑	2,502	↓	3,211
2017/18		2018/19		2018/19 Target

Number of acute bed days lost to delayed discharge adults with incapacity - 18+

1,127	↓	766	↓	2,492
2017/18		2018/19		2018/19 MSG Target

Number of acute bed days lost to delayed discharge adults with incapacity - 65+

461	↓	387	↓	1,552
2017/18		2018/19		2018/19 Target

Number of attendances at Accident and Emergency

30,463	↑	32,818	↑	28,333
2017/18		2018/19		2018/19 MSG Target

Number of emergency admissions - 18+

816
April
2018

↓

751
April
2019

↑

719
April 2019
MSG Target

Number of emergency admissions - 65+

413
April
2018

↓

366
April
2019

↑

326
April 2019
Target

Number of unplanned acute bed days - 18+

6,457
April
2018

↓

5,737
April
2019

↑

5,284
April 2019
MSG Target

Number of unplanned acute bed days - 65+

4,226
April
2018

↓

3,898
April
2019

↑

3,692
April 2019
Target

Number of attendances at Accident and Emergency - 18+

6,461
Qtr 1
2018/19

↑

6,486
Qtr 1
2019/20

↑

5,587
Qtr1
2019/20
MSG Target

Number of acute bed days lost to delayed discharge - 18+

879
Qtr1
2018/19

↑

1,696
Qtr1
2019/20

↑

860
Qtr1
2019/20
MSG Target

Number of acute bed days lost to delayed discharge - 65+

674
Qtr1
2018/19

↑

1,401
Qtr1
2019/20

↑

595
Qtr1
2019/20
Target

Number of acute bed days lost to delayed discharge adults with incapacity - 18+

200
Qtr1
2018/19

↑

201
Qtr1
2019/20

↓

584
Qtr1
2019/20
Target

Number of acute bed days lost to delayed discharge adults with incapacity - 65+

134
April
2018

↓

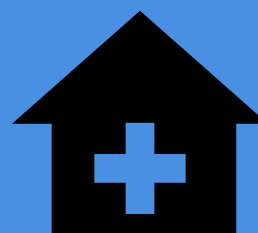
60
April
2019

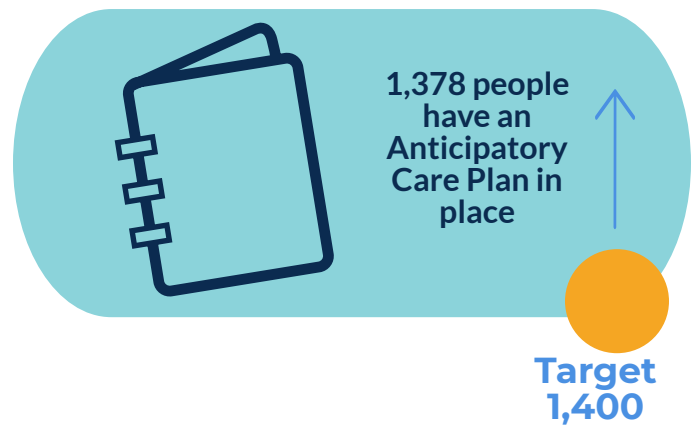
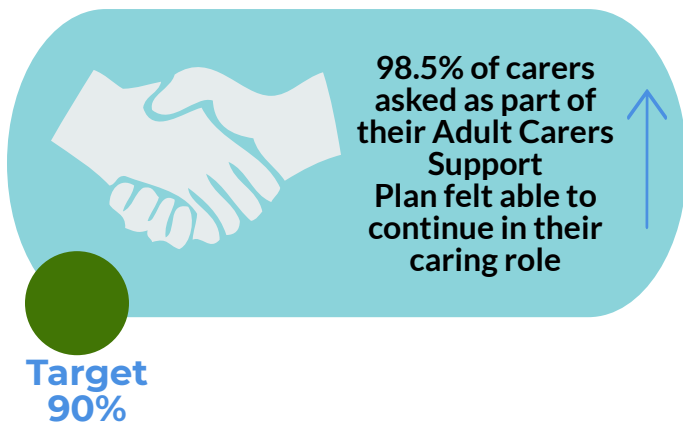
↓

288
Qtr1
2019/20
Target

23 Delayed Discharges of 3
days or more at June 2019
census point (non-complex)

10 at March 2019 census
point

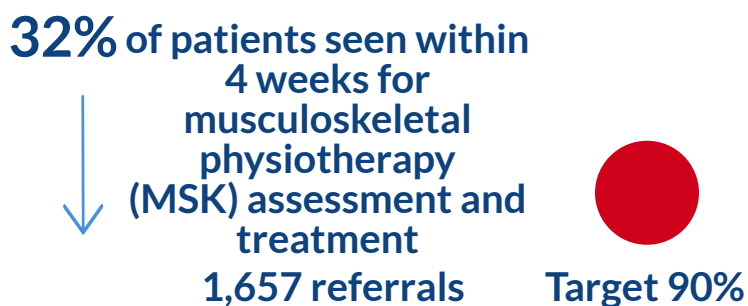
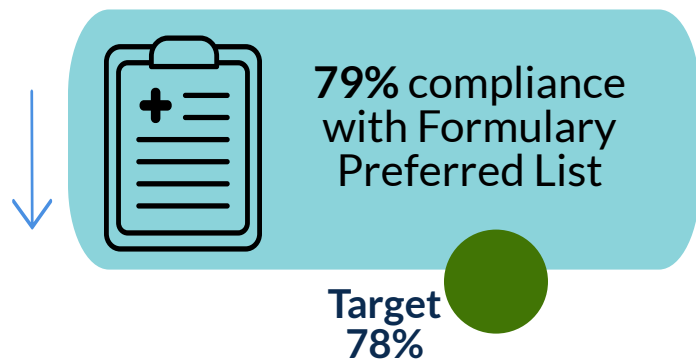
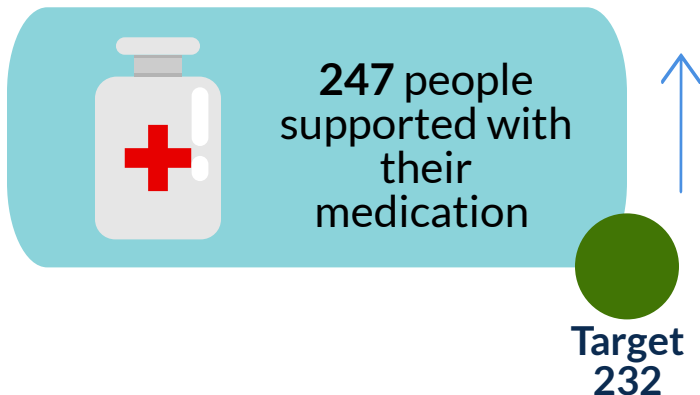
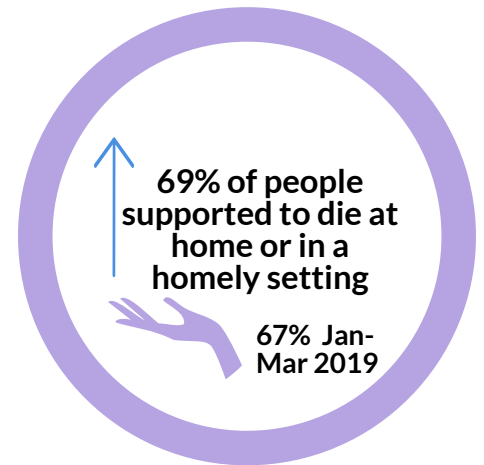
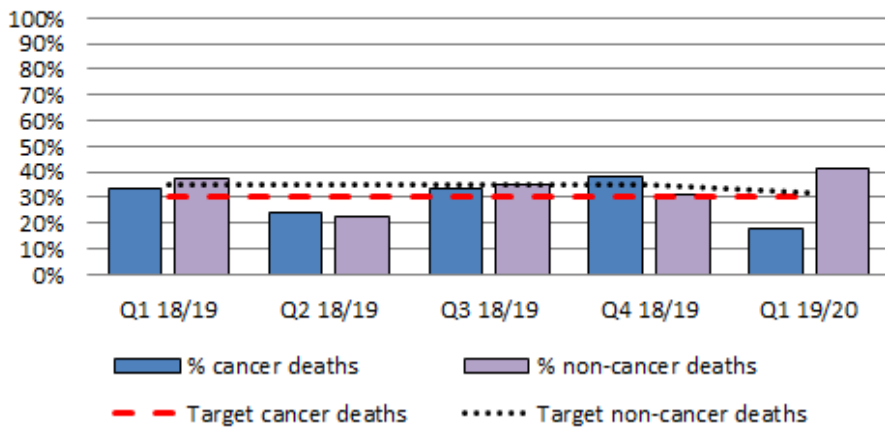




74% of people aged 65 and over with 2 or more emergency admissions in the last year have had an assessment of their needs

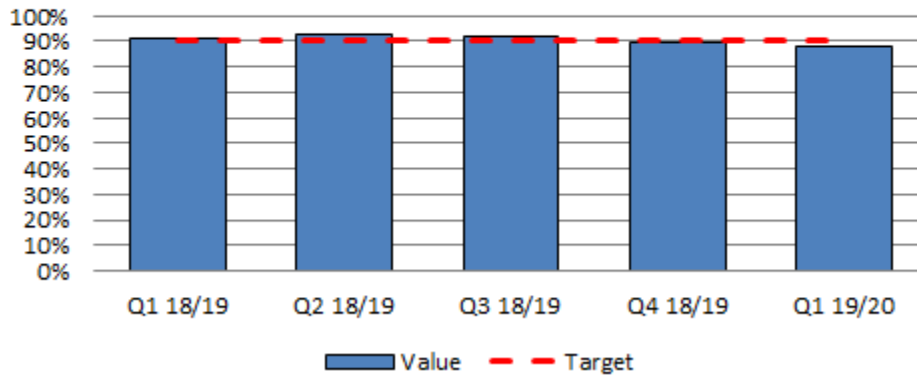
Target 75%

Percentage of people on the Palliative Care Register dying in hospital



Supporting Safe, Strong and Involved Communities

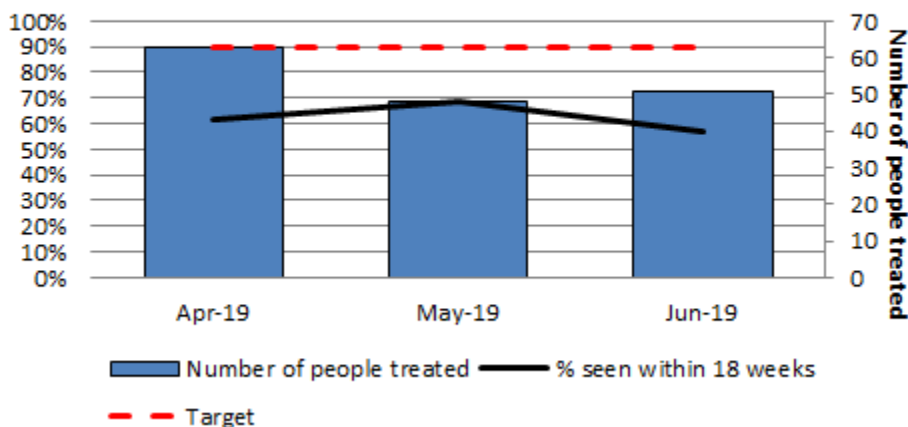
% people waiting no longer than 3 weeks from referral to appropriate drug or alcohol treatment that supports their recovery



227 referrals received

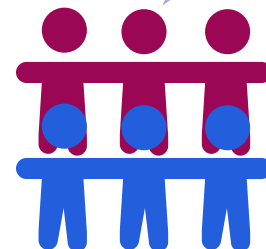
199 people
(87.7%) started
treatment within 3
weeks

% of people who began Psychological Therapies treatment within 18 weeks of referral

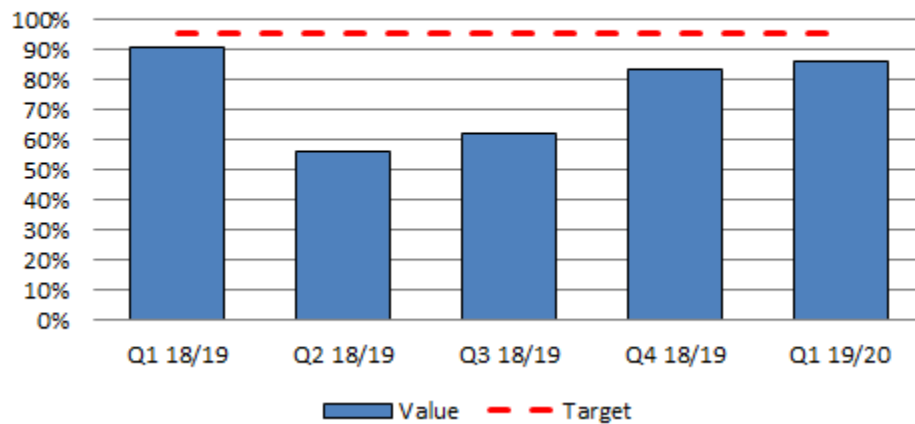


162 patients began
treatment April - June
2019

101 patients seen within
18 weeks



% of Child Protection Case Conferences within 21 days



- 54 children on the Child Protection Register
- 54 Child Protection referrals
- 18 of 21 case conferences within 21 days (86%)

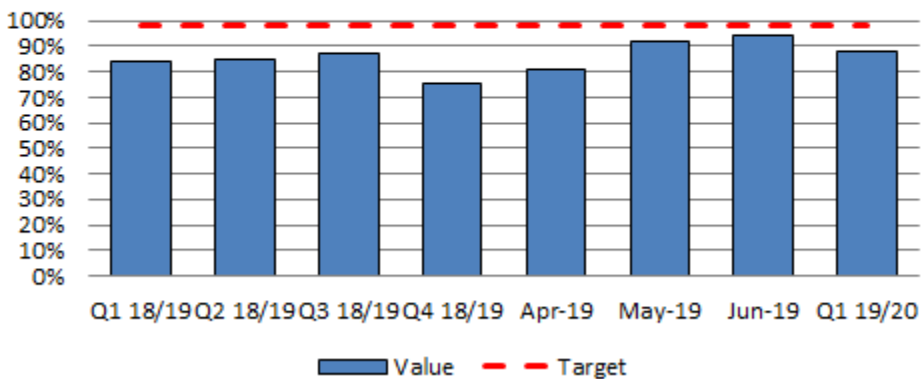


All children on the Child Protection Register have a current risk assessment and care plan

All Adult Support and Protection clients have a current risk assessment and care plan

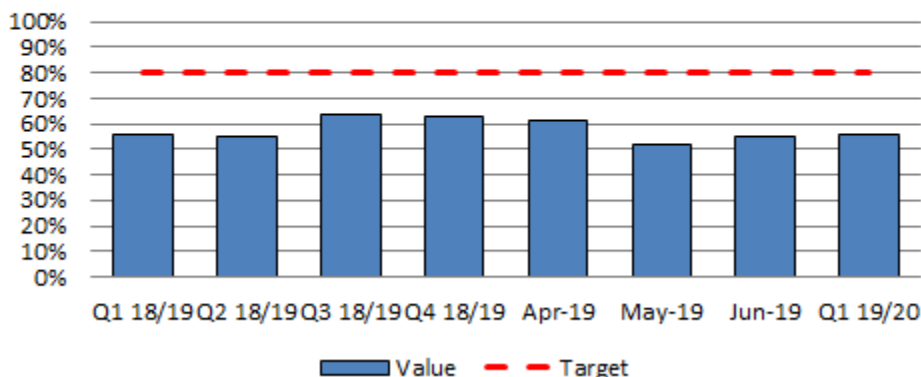
44 referrals to the Scottish Children's Reporter on offence grounds

% of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling



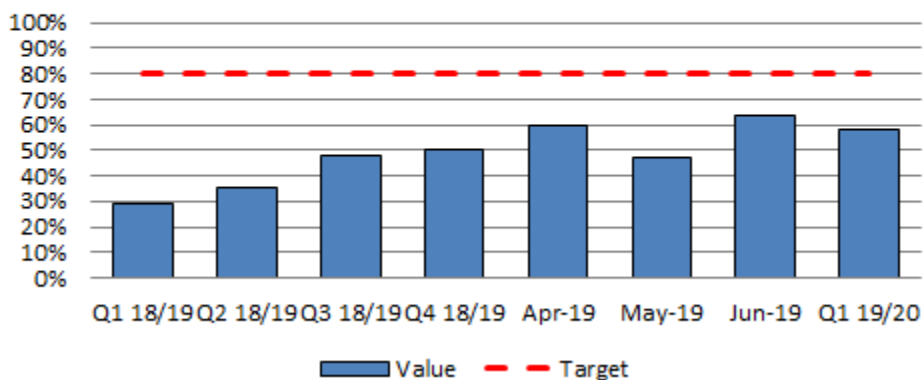
159 of 180 (88%) reports submitted on time

% of Community Payback Orders attending an induction session within 5 working days of sentence



56 of 100 (56%) inductions attended on time

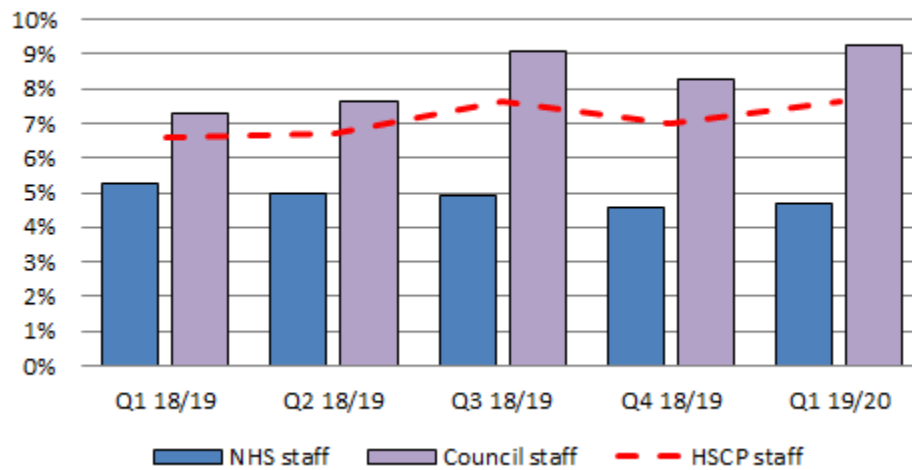
% of Unpaid work and other activity requirements commenced within 7 working days of sentence



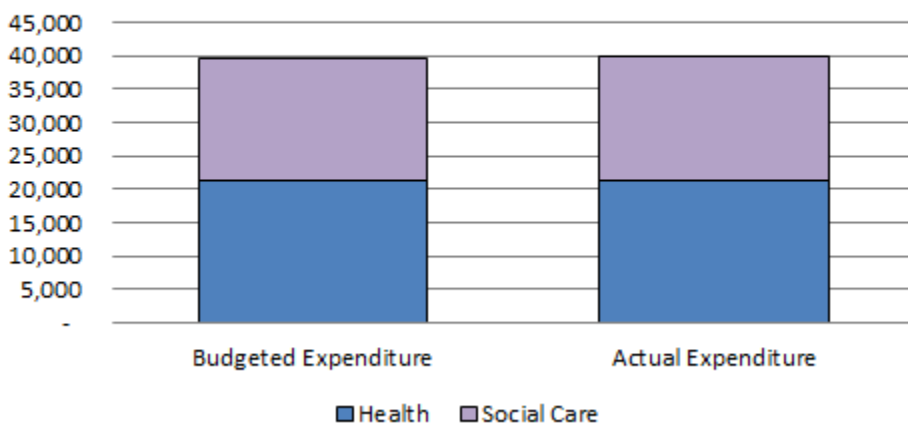
50 of 86 (58%) unpaid work requirements commenced on time

Our Organisation

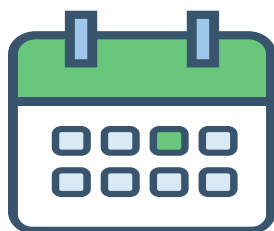
Full Time Equivalent Staff Absence



Health and Social Care Net Expenditure £000s - Year to Date



**£235,000
overspend at June
2019**



**27% of complaints
responded to within 20
working days**



Learning Disability Bowel Screening Project

West Dunbartonshire HSCP's Learning Disability Bowel Screening Project has been shortlisted for a COSLA Bronze Excellence Award in the Tackling Inequalities and Improving Health category.

The project was established to tackle a major health inequality facing one of Scotland's most vulnerable high risk groups with the aim of improving the bowel screening uptake rates for those individuals identified with a learning disability.

National and Health Board level data highlights that screening rates among people with a learning disability are well below the nationally identified target rate of 60%. Due to the fact that the National Bowel Screening Service provides information directly to the individual and their GP, the HSCP did not know the full extent of local inequalities within our learning disability population. Work was undertaken with the National Bowel Screening Service to provide live updated data to the Learning Disability Team on the current cancer screening status of those individuals known to its service: individuals eligible to access the National Bowel Screening Service but who had not completed a bowel screening kit or had made the choice to decline this service.

The project also wanted to trial a number of reasonable adjustment interventions that have been shown to be effective but are realistic, scalable and sustainable.

Over the life of the project staff were able to track the cancer screening status of 100% of those individuals involved within the project. This allowed staff within both the Learning Disabilities Team and staff from the Third Sector support agencies to instigate a 'call to action' and provide a reasonable adjustment intervention (personalised letter, face to face health check and direct support to complete screening test kit) that resulted in screening test kit completion or a recording of informed decline to access this service.

For those individuals who were part of our baseline group and received our basic evidence-based intervention, 30% did go on to complete a screening test kit or made an informed decline to access this service. Of the individuals who were offered a reasonable adjustment, 70% went on to complete a screening test kit or make an informed decline to access this service.

Our ability to get up-to-date data from the National Bowel Screening has allowed us to track and identify when reasonable adjustment interventions have been successful. The continual use of data also provided partners with feedback that allowed continuous monitoring and changes in levels of support when required. It also acted as a positive motivator that reinforced partner involvement; they could see the difference working in partnership had on the increasing screening uptake rates of individuals.

Bowel Cancer UK and Cancer Research UK provided bespoke training that emphasised the importance of data collection and the role of the individual staff member in supporting an informed screening choice linked to a reasonable adjustment intervention. Our evidence review showed clearly that staff all along the screening pathway, need to understand their role in reducing inequalities barriers and have the confidence and skills to make reasonable adjustments in their local processes and procedures to support an informed screening consent. Both charities have gone on to share this updated training with other agencies and organisations.

The Learning Disabilities Team is reviewing and updating its data recording systems, to support the development of a range of 'flags' that will support staff to identify and support services users to complete a screening. This learning will be shared with our HSCP colleagues in our Mental Health and Addictions Teams.

One of the project's major innovations focuses on changes to our service contract with Third Sector agencies, with specific screening standards being built into future commissioned services. These standards will require commissioned services to collect and 'flag' screening status data and then make reasonable adjustments, where appropriate to support screening activity with the individuals they support.

This project has succeeded in demonstrating that by following a whole systems approach, you can support vulnerable, high risk individuals to overcome many of the current barriers they face in engaging with a national bowel screening service.

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