
Our vision: Improving lives with the people of West Dunbartonshire

Pictured: HSCP Staff Awards
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.

96.2% of children had an MMR at 5 years.
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.

50% of 16 and 17 year olds entered a positive destination at point of leaving care.

67% at March 2019

Target 75%

66 referrals to the Scottish Children's Reporter on Care and Welfare Grounds

83 referrals Jan - Mar 2019
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.

<table>
<thead>
<tr>
<th>Metric</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2018/19 MSG Target</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of emergency admissions - all ages</td>
<td>10,313</td>
<td>10,646</td>
<td>10,107</td>
<td></td>
</tr>
<tr>
<td>Number of emergency admissions - 65+</td>
<td>4,643</td>
<td>4,734</td>
<td>3,734</td>
<td></td>
</tr>
<tr>
<td>Number of unplanned acute bed days - all ages</td>
<td>75,352</td>
<td>74,600</td>
<td>65,308</td>
<td></td>
</tr>
<tr>
<td>Number of unplanned acute bed days - 65+</td>
<td>51,784</td>
<td>50,441</td>
<td>40,260</td>
<td></td>
</tr>
<tr>
<td>Number of acute bed days lost to delayed discharge - 18+</td>
<td>3,439</td>
<td>3,512</td>
<td>4,639</td>
<td></td>
</tr>
<tr>
<td>Number of acute bed days lost to delayed discharge adults with incapacity - 18+</td>
<td>1,127</td>
<td>766</td>
<td>2,492</td>
<td></td>
</tr>
<tr>
<td>Number of acute bed days lost to delayed discharge adults with incapacity - 65+</td>
<td>461</td>
<td>387</td>
<td>1,552</td>
<td></td>
</tr>
<tr>
<td>Number of attendances at Accident and Emergency</td>
<td>30,463</td>
<td>32,818</td>
<td>28,333</td>
<td></td>
</tr>
</tbody>
</table>

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Number of emergency admissions - 18+

- April 2018: 816
- April 2019: 751
- MSG Target: 719

Number of unplanned acute bed days - 18+

- April 2018: 6,457
- April 2019: 5,737
- MSG Target: 5,284

Number of attendances at Accident and Emergency - 18+

- Qtr 1 2018/19: 6,461
- Qtr 1 2019/20: 6,486
- MSG Target: 5,587

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

- Qtr 1 2018/19: 879
- Qtr 1 2019/20: 1,696
- MSG Target: 860

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

- Qtr 1 2018/19: 200
- Qtr 1 2019/20: 201
- MSG Target: 584

Number of emergency admissions - 65+

- April 2018: 413
- April 2019: 366
- MSG Target: 326

Number of unplanned acute bed days - 65+

- April 2018: 4,226
- April 2019: 3,898
- MSG Target: 3,692

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

- Qtr 1 2018/19: 674
- Qtr 1 2019/20: 1,401
- MSG Target: 595

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

- April 2018: 134
- April 2019: 60
- MSG Target: 288

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

10 at March 2019 census point
1,378 people have an Anticipatory Care Plan in place

6 hours of home care per week - 6 more than March 2019

1,447 people receiving home care - 2 less than March 2019

97.3% receiving personal care

2,111 people have a Community Alarm/Telecare

36.9% receiving 20 or more visits per week

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

98.5% of carers asked as part of their Adult Carers Support Plan felt able to continue in their caring role

Target 90%

Target 1,400

Target 95%

Target 90%

Target 35%

Target 75%
7% of Patients Dying in Hospital (Palliative Care Register)

- **£167.56** prescribing cost per weighted patient

- **247** people supported with their medication

- **Target 232**

- **32%** of patients seen within 4 weeks for musculoskeletal physiotherapy (MSK) assessment and treatment

- **1,657 referrals**

- **79%** compliance with Formulary Preferred List

- **Target 78%**

- **69%** of people supported to die at home or in a homely setting

- **67%** Jan-Mar 2019

- **Target 90%**
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
- 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
159 of 180 (88%) reports submitted on time.

56 of 100 (56%) inductions attended on time.

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

Full Time Equivalent Staff Absence

- Q1 18/19: NHS staff 6%, Council staff 7%, HSCP staff 8%
- Q2 18/19: NHS staff 5%, Council staff 7%, HSCP staff 8%
- Q3 18/19: NHS staff 5%, Council staff 7%, HSCP staff 9%
- Q4 18/19: NHS staff 4%, Council staff 6%, HSCP staff 9%
- Q1 19/20: NHS staff 4%, Council staff 6%, HSCP staff 9%

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

- Budgeted Expenditure: £30,000
- Actual Expenditure: £35,000

£235,000 overspend at June 2019

15 complaints received
- 2 NHS policy
- 13 SW policy

27% of complaints responded to within 20 working days
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/