




























































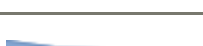


























## West Dunbartonshire Health and Social Care Partnership Performance Report 2019/20: Quarter 3 October – December 2019







PI Status		Long Term Trends		Short Term Trends	
	Alert		Improving		Improving
	Warning		No Change		No Change
	OK		Getting Worse		Getting Worse
	Unknown				
	Data Only				

### Early Intervention

Ref	Performance Indicator	Q3 2019/20				Q2 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	88.1%	95%			94.4%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	98.6%	95%			98.2%	
3	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	
4	Percentage of child protection investigations to case conference within 21 days	90%	95%			88.57%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	64	N/A			61	
6	Number of referrals to the Scottish Children's Reporter on offence grounds	45	N/A			47	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	11	0			9	
8	Number of bed days lost to delayed discharge 18+ All reasons	1,185	860			1,320	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	180	N/A			148	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	793	596			1,015	

Ref	Performance Indicator	Q3 2019/20				Q2 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	76	N/A			56	
12	Number of emergency admissions 18+	2,462	2,156			2,519	
13	Number of emergency admissions aged 65+	1,273	979			1,197	
14	Emergency admissions aged 65+ as a rate per 1,000 population	76.1	58.5			71.5	
15	Number of unscheduled acute bed days 18+	17,516	15,850			17,623	
16	Unplanned acute bed days (aged 65+)	12,004	11,077			11,980	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	717.5	662			716	
18	Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	8,324	5,587			8,571	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	22.6%	25%			26%	
20	Number of clients receiving Home Care Pharmacy Team support	245	233			257	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	28%	90%			38%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	94%	90%			98.5%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	97.5%	90%			96.8%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	2,121	N/A			2,111	

## Access

Ref	Performance Indicator	Q3 2019/20				Q2 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
26	Number of people receiving homecare - All ages	1,522	N/A			1,439	
27	Number of weekly hours of homecare - All ages	11,096	N/A			10,708	

Ref	Performance Indicator	Q3 2019/20				Q2 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
28	Total number of homecare hours provided as a rate per 1,000 population aged 65+	568.2	570			566.4	
29	Percentage of people aged 65 and over who receive 20 or more interventions per week	37%	35%			36.9%	
30	Percentage of homecare clients aged 65+ receiving personal care	97.4%	95%			97.1%	
31	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	32.7%	30%			16.7%	
32	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	33.8%	32%			38.2%	
33	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	78%	98%			91%	
34	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	66%	80%			69%	
35	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	54%	80%			70%	










## Resilience

Ref	Performance Indicator	Q3 2019/20				Q2 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
36	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	55.7%	90%			58%	
37	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	18	18			14	
38	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	53.3%	90%			62.8%	

## Assets












Ref	Performance Indicator	Q3 2019/20				Q2 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
39	Prescribing cost per weighted patient	£162.69	Annual average across NHSGGC	To follow		£163.13	
40	Compliance with Formulary Preferred List	78.7%	78%			79%	

## Inequalities































Ref	Performance Indicator	Q3 2019/20				Q2 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
41	Balance of Care for looked after children: % of children being looked after in the Community	91.4%	90%			92.4%	
42	Percentage of looked after children being looked after in the community who are from BME communities	72.22%	N/A			80%	
43	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%			50%	

## West Dunbartonshire Health and Social Care Partnership Performance Report 2019/20: Quarter 4 January – March 2020

Due to timing issues and service priorities during the current COVID-19 pandemic we are presenting partial Quarter 4 data ahead of the 2019/20 Annual Performance Report

PI Status		Long Term Trends		Short Term Trends	
	Alert		Improving		Improving
	Warning		No Change		No Change
	OK		Getting Worse		Getting Worse
	Unknown				
	Data Only				

### Early Intervention










Ref	Performance Indicator	Q4 2019/20				Q3 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
3	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	
4	Percentage of child protection investigations to case conference within 21 days	64.7%	95%			90%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	78	N/A			64	
6	Number of referrals to the Scottish Children's Reporter on offence grounds	39	N/A			45	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	11	0			11	
8	Number of bed days lost to delayed discharge 18+ All reasons	1,638	860			1,185	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	559	N/A			180	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,208	596			793	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	405	N/A			76	
18	Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	7,026	5,587			8,324	

Ref	Performance Indicator	Q4 2019/20				Q3 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
20	Number of clients receiving Home Care Pharmacy Team support	273	233			245	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	21%	90%			28%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	95%	90%			94%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	2,110	N/A			2,121	






## Access

Ref	Performance Indicator	Q4 2019/20				Q3 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
26	Number of people receiving homecare - All ages	1,247	N/A			1,522	
27	Number of weekly hours of homecare - All ages	9,141	N/A			11,096	
28	Total number of homecare hours provided as a rate per 1,000 population aged 65+	461.3	570			568.2	
29	Percentage of people aged 65 and over who receive 20 or more interventions per week	33.1%	35%			37%	
30	Percentage of homecare clients aged 65+ receiving personal care	96.5%	95%			97.4%	
31	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	32.7%	30%			16.7%	
32	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	33.8%	32%			38.2%	
33	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	69%	98%			78%	
34	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80%	80%			66%	
35	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	56%	80%			54%	










## Resilience

Ref	Performance Indicator	Q4 2019/20				Q3 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
36	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	40.5%	90%			55.7%	
37	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	21	18			18	
38	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	43.6%	90%			53.3%	

## Assets

Ref	Performance Indicator	Q4 2019/20				Q3 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
39	Prescribing cost per weighted patient	£165.07	Annual average across NHS GGC	To follow		£162.69	
40	Compliance with Formulary Preferred List	78.58%	78%			78.7%	

## Inequalities

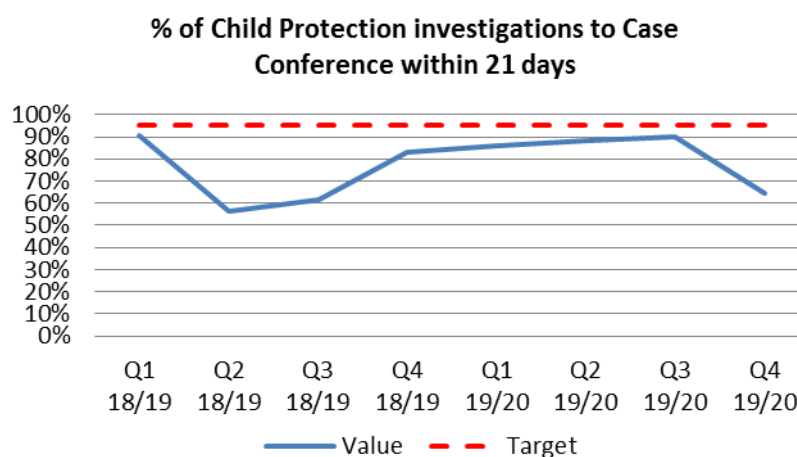
Ref	Performance Indicator	Q4 2019/20				Q3 2019/20	Trend
		Value	Target	Status	Short Trend	Value	
41	Balance of Care for looked after children: % of children being looked after in the Community	91%	90%			91.4%	
42	Percentage of looked after children being looked after in the community who are from BME communities	73.68%	N/A			72.22%	
43	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%			100%	

## West Dunbartonshire Health and Social Care Partnership

### Exceptions Reporting: Quarters 3 and 4, October 2019 – March 2020

#### Performance Area: Child Protection Case Conferences

Quarter	Value	Target
Q1 18/19	90.50%	95%
Q2 18/19	56.25%	95%
Q3 18/19	61.76%	95%
Q4 18/19	83.33%	95%
Q1 19/20	85.71%	95%
Q2 19/20	88.57%	95%
Q3 19/20	90.00%	95%
Q4 19/20	64.70%	95%



#### Key Points:

Performance in this area can fluctuate around the conclusion of police investigations to allow an Initial Case Conference (ICC) to take place with all of the required information.

In addition there is a system aspect where duplication of an approved CP1 for siblings associated with the child being considered at ICC may be duplicated and signed off after the ICC thus looking like a delay against some children where there is none. Similarly, pre birth decisions to move to an ICC post birth may (due to the date of actual birth of the child) be well outwith timescales for this reason.

#### Improvement Actions:

Exceptions will now be tracked to allow specific reporting against individual cases, tracking themes and areas for improvement.

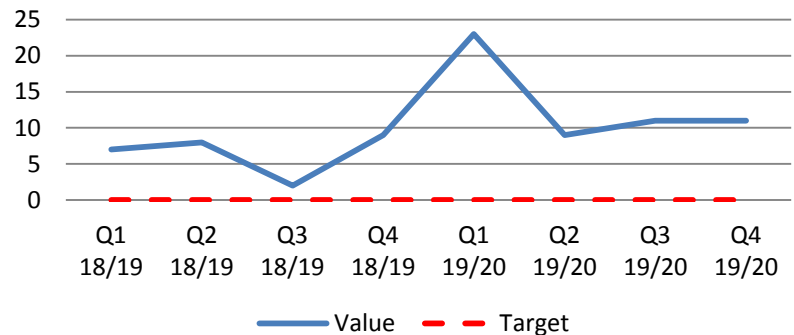
Cases are now routinely placed in service managers' diaries at the point of investigation meaning that if no ICC is required it can be removed with timescales being met in most cases, however exceptions will always apply.



## Performance Area: Delayed Discharge

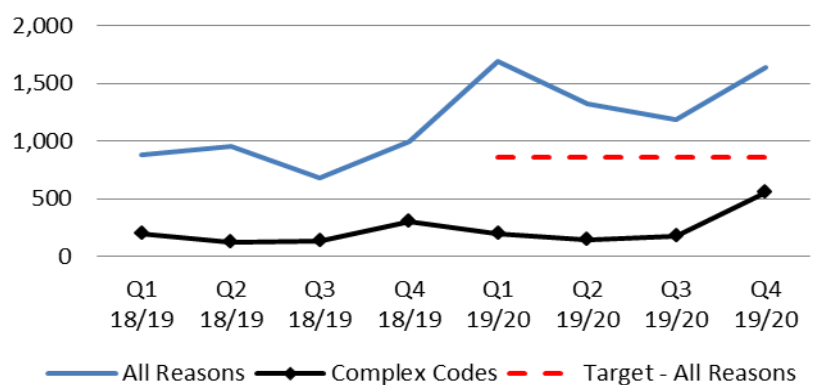
Quarter	Value	Target
Q1 2018/19	7	0
Q2 2018/19	8	0
Q3 2018/19	2	0
Q4 2018/19	9	0
Q1 2019/20	23	0
Q2 2019/20	9	0
Q3 2019/20	11	0
Q4 2019/20	11	0

Number of delayed discharges over 3 days (72 hours) non-complex cases



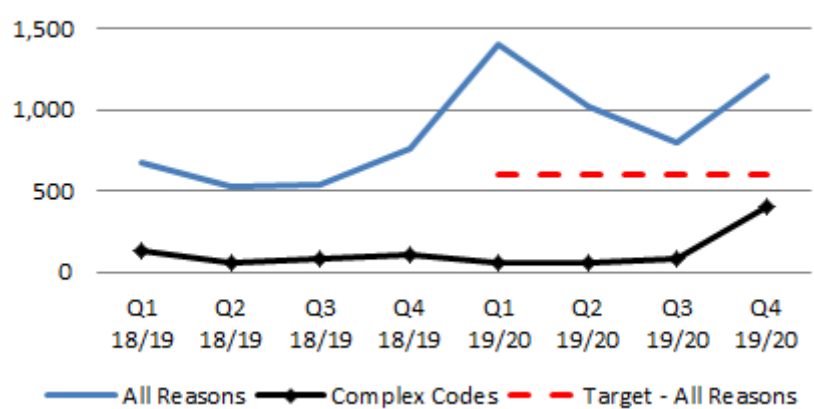
Quarter	All Reasons	Complex Codes
Q1 18/19	879	200
Q2 18/19	952	125
Q3 18/19	682	137
Q4 18/19	999	304
Q1 19/20	1696	201
Q2 19/20	1320	148
Q3 19/20	1185	180
Q4 19/20	1638	559

Bed Days Lost to Delayed Discharge 18+



Quarter	All Reasons	Complex Codes
Q1 18/19	674	134
Q2 18/19	525	59
Q3 18/19	544	81
Q4 18/19	759	113
Q1 19/20	1401	60
Q2 19/20	1015	56
Q3 19/20	793	76
Q4 19/20	1208	405

Bed Days Lost to Delayed Discharge 65+



**Key Points:**

Numbers of delayed discharges have remained consistent over Quarter 4 and reflect the large number of Adults with Incapacity (AWI) cases being progressed. In addition to this, two very complex housing cases impacted significantly on the bed days lost to delayed discharge.

**Improvement Actions:**

Early identification of cases where adults lack capacity, and early social work allocation to start the guardianship process sooner and further upstream, prior to a patient being medically fit for discharge from hospital. The good practice guides highlight that the guardianship process from application to powers being granted should be 10-12 weeks. A recent audit has identified that most delays sit with the courts.

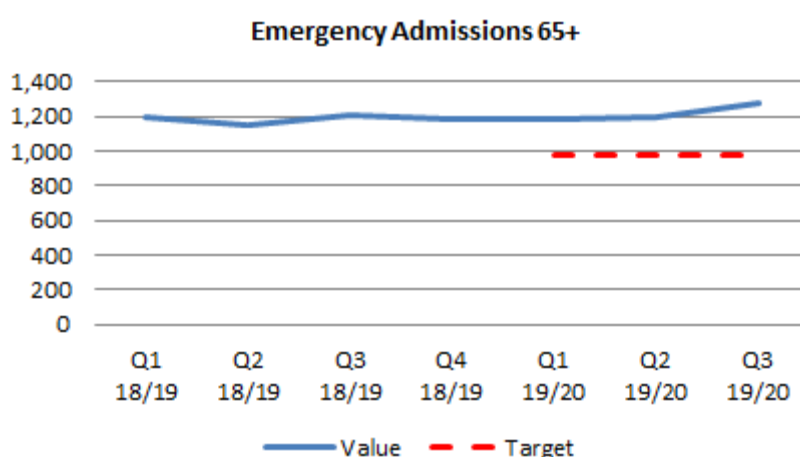
On-going review of the use of Section 13za of the Social Work (Scotland) Act throughout the guardianship process, as this can lead to much quicker progress.

Development of a hoarding policy alongside housing and mental health is underway with the aim of providing early assessor input to ensure the condition of an individual's home is of a habitable standard to return to.

Development of a Housing/Homelessness policy with housing colleagues to ensure those who cannot return to previous accommodation are picked up sooner, reducing the time spent in hospital awaiting more appropriate housing.

**Performance Area: Emergency Admissions to Hospital**

Quarter	Value	Target
Q1 18/19	1192	
Q2 18/19	1144	
Q3 18/19	1212	
Q4 18/19	1186	
Q1 19/20	1180	979
Q2 19/20	1197	979
Q3 19/20	1273	979

**Key Points:**

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.

Emergency admissions for people aged 65 and over have increased by almost 3% during April to December 2019 on the same period in 2018. Data for January to March 2020 is not yet available due to data completeness issues at Health Board level.

### Improvement Actions:

Continue to develop the Focussed Intervention Team (FIT) with a view to 7 day access. This is a rapid response team based in the community with a primary focus of preventing and avoiding admission to hospital where possible. This is achieved by visiting and assessing the person referred in their home or homely setting within 2 hours for those with an immediate need, and within 24 hours for those whose presenting situation requires rapid but not urgent intervention.

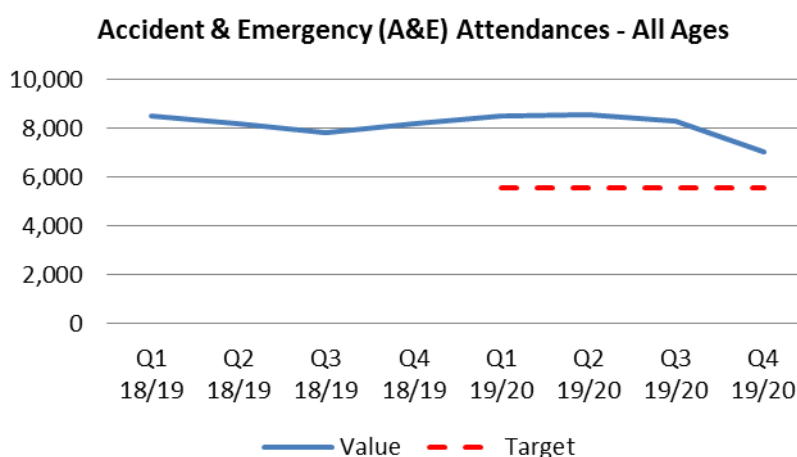
Launched in August 2019 the team accept referrals from all GP Practices and care homes across West Dunbartonshire as well as other HSCP Community teams, and from front door services at the Queen Elizabeth and Vale of Leven Hospitals. Between 19th August 2019 and 10th June 2020 FIT received 737 referrals. These were all referrals that previously would have required further GP Practice input, input from other HSCP teams, or possibly admission to hospital.

Work towards opening referrals to FIT to the Royal Alexandra Hospital is ongoing.

Continue to work closely with Scottish Ambulance Service to encourage appropriate referrals from ambulance crews.

### Performance Area: Attendances at Accident and Emergency (A&E)

Quarter	Value	Target
Q1 18/19	8541	
Q2 18/19	8214	
Q3 18/19	7844	
Q4 18/19	8219	
Q1 19/20	8497	5587
Q2 19/20	8571	5587
Q3 19/20	8324	5587
Q4 19/20	7026	5587



### Key Points:

Unnecessary attendances at Accident and Emergency (A&E) are part of the MSG's focus to reduce unscheduled care. During 2018/19 there were over 1.5 million A&E attendances across Scotland. During April to December 2019 there were 793 more attendances than in the same period in 2018, however the impact of the COVID-19 pandemic can clearly be seen in the January to March figures with a drop of 15% in 2020 and the total attendances for 2019/20 was 400 less than in 2018/19.

### Improvement Actions:

The Vulnerable Adults Multi-Agency Forum (VAMAF) meets weekly and examines relevant presentations to services and repeat attenders at Emergency Departments. Following discussion, a lead agency is then agreed and tasked with following up the assertive outreach to that person. A track is kept of their engagement/progress and their cases is reviewed four weeks after initial presentation to assess the need for further input of required. If a case is of particular concern, the lead agency will organise a multi-agency case discussion and agree care plan/risk management and review schedule. This group, which includes Mental Health, Addictions, Learning Disabilities, Police, Adult Care and Public Protection staff, was formed following a request from the Safer Delivery and Improvement Group and as part of the Greater Glasgow & Clyde multi- agency Distress Collaborative. It also complements other HSCP work on the MSG targets around unscheduled care.

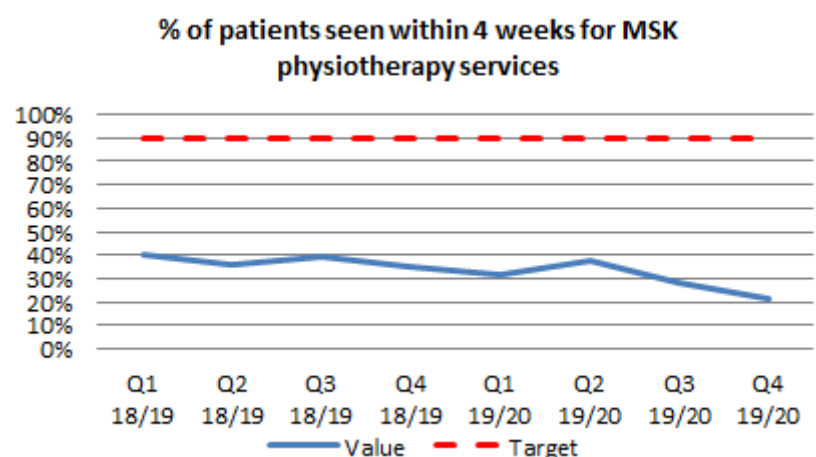
Work is being carried out with the Scottish Ambulance Service (SAS) to increase awareness of our Focussed Intervention Team and their role in preventing A&E attendance and admission. Training has been delivered at ambulance stations, catching crews between responses and tying in with other SAS in-house training delivery.

The Hope Café in Clydebank was opened in December 2019 as part of our response to the significant number of people with mental health and/or addiction problems being among those with the highest levels of attendance. Unfortunately the COVID-19 pandemic resulted in the temporary closure of the service.

Continued monthly analysis of Frequent Attender data.

### Performance Area: Musculoskeletal Physiotherapy (MSK) Waiting Times

Quarter	Value	Target
Q1 18/19	40%	90%
Q2 18/19	36%	90%
Q3 18/19	39%	90%
Q4 18/19	35%	90%
Q1 19/20	32%	90%
Q2 19/20	38%	90%
Q3 19/20	28%	90%
Q4 19/20	21%	90%



### Key Points:

Referrals during April 2019 to December 2019 were 3.6% higher than in the same period in 2018. During 2019 the expansion of Advanced Practitioner posts in Orthopaedics, Emergency Department and within GP practices led to an unprecedented level of vacancy especially of the senior clinician roles within the MSK Physiotherapy Service. This was replicated nationally.

The waiting list in October to December 2019 was artificially elevated by the Referral Management Centre changing processes in December relating to opt-in letters sent to patients and a delay in removing patients from the waiting list. This was rectified early in Quarter 4: all urgent referrals were seen within target.

The current pandemic response has resulted in the deployment of MSK staff to support colleagues in Acute sites and all routine appointments were cancelled Mid-March resulting in a large number returning to the waiting list.

#### Improvement Actions:

A Waiting times project was commenced in January 2020 to explore innovative approaches to the waiting list using Quality Improvement methodology. Unfortunately the 3 month timeframe for the project limited the approaches explored and the current emergency footing limited the project developing further.

Remobilisation plans are in development for the service but capacity is greatly reduced due to current service restrictions.

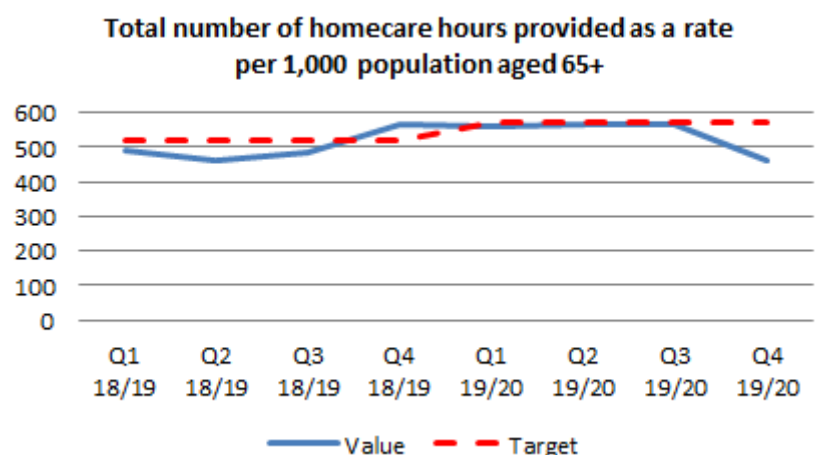
Enhanced Supported self management resources are being developed to facilitate improved patient agency.

Waiting list revalidation process is in development and NHS Near Me and telephone consultations are being evaluated to support waiting times management.

The recruitment process is progressing for vacancies.

#### Performance Area: Homecare

Quarter	Value	Target
Q1 18/19	490.3	518
Q2 18/19	463.4	518
Q3 18/19	482.6	518
Q4 18/19	566.5	518
Q1 19/20	557.3	570
Q2 19/20	566.4	570
Q3 19/20	568.2	570
Q4 19/20	461.3	570



#### Key Points:

The number of targeted hours of homecare and the numbers of people receiving homecare had been steadily increasing until the current COVID-19 pandemic.

As part of the HSCP's initial response to the pandemic the Care at Home Service identified all those who required critical and urgent care. Less essential tasks were put on hold which resulted in a reduction of

hours delivered. Where possible, family members were asked to provide some of the care for their loved one to enable Care at Home to focus on those whose needs were critical and could not be met elsewhere. In addition to family support, volunteers provided basic practical support e.g. shopping and meal deliveries to clients, and over 160 clients opted to receive wellbeing calls over this period, in order to identify if their needs changed over time.

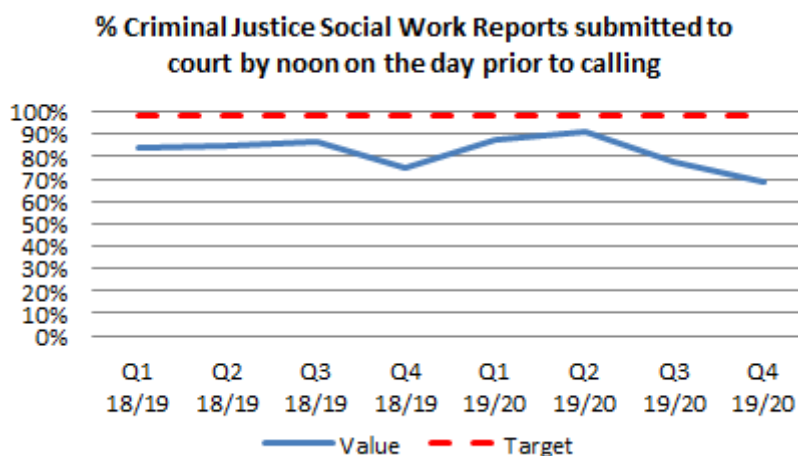
### Improvement Actions:

Due to the nature of the COVID-19 pandemic the Care at Home Service is continually adapting its response in line with the current Government guidance, levels of need and staffing/absence levels due to illness, shielding or self-isolation.

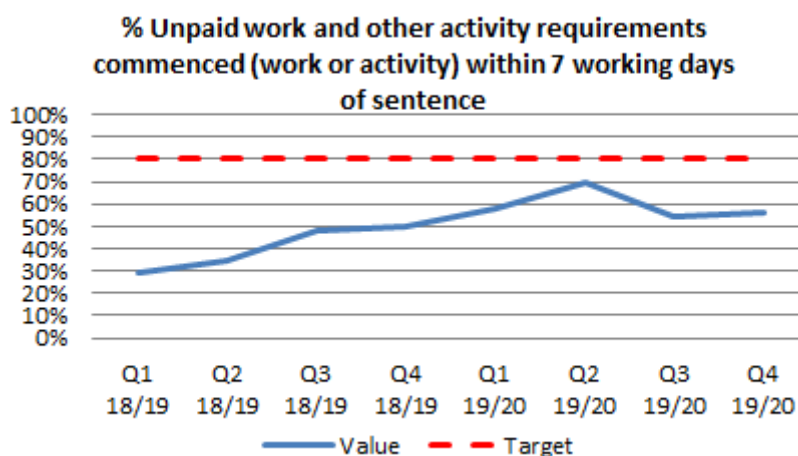
During this current phase of easing of the lockdown, we are looking at ways to increase service levels as staff absence declines however the unpredictable nature of the virus means that we will be sensitive to all changes and developments and react quickly and appropriately.

## Performance Area: Criminal Justice Social Work

Quarter	Value	Target
Q1 18/19	84%	98%
Q2 18/19	85%	98%
Q3 18/19	87%	98%
Q4 18/19	75%	98%
Q1 19/20	88%	98%
Q2 19/20	91%	98%
Q3 19/20	78%	98%
Q4 19/20	69%	98%



Quarter	Value	Target
Q1 18/19	29%	80%
Q2 18/19	35%	80%
Q3 18/19	48%	80%
Q4 18/19	50%	80%
Q1 19/20	58%	80%
Q2 19/20	70%	80%
Q3 19/20	54%	80%
Q4 19/20	56%	80%



**Key Points:**

The increasing numbers of Criminal Justice Social Work Reports required has been a significant factor in meeting timescales. Staff absence in February and March increased pressure on the service and a social worker was re-allocated to full-time court report writing, while others were asked to prioritise court reports.

Although performance in relation to Unpaid Work Orders commencing within timescale has dipped during October 2019 to March 2020, the trend is still improving on the poor performance at the beginning of 2018/19.

**Improvement Actions:**

Designated Social Worker for Criminal Justice Social Work Reports has returned to full time work, increasing capacity for report writing.

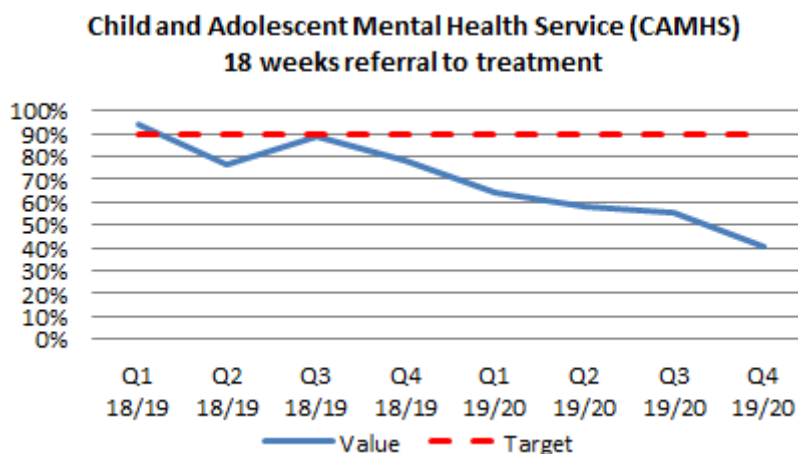
A scoping exercise is being undertaken to determine the re-alignment of caseloads to further increase capacity for completion of reports.

Management action has been taken to ensure staffing complement does not drop below 50% during peak times for leave.

A change in recording practice of duplicate Unpaid Work Orders has been made.

**Performance Area: Child and Adolescent Mental Health Services (CAMHS)**

Quarter	Value	Target
Q1 18/19	94.2%	90%
Q2 18/19	76.1%	90%
Q3 18/19	89.1%	90%
Q4 18/19	78.5%	90%
Q1 19/20	64.0%	90%
Q2 19/20	58.0%	90%
Q3 19/20	55.7%	90%
Q4 19/20	40.5%	90%

**Key Points:**

Accepted referrals for CAMHS increased by 22.3% between 2018 and 2019. In addition to this increased demand, significant staffing difficulties due to recruitment, retention and long term sickness absence have impacted on the service's ability to meet timescales. In September 2019, due to staffing levels, there were 130 open cases without a case manager. As a result, urgent new referrals and high risk open cases were prioritised.

In August 2019, new funding from the Scottish Government allowed us to recruit a full time band 5 nurse and 3 sessions Child and Adolescent Therapists. The HSCP also funded a temporary Band 5 nurse. This staffing has allowed the service to minimise the risks by prioritising urgent and high risk cases however, due to other core staff absences, it has resulted in waiting times for routine cases becoming longer over an extended period of time.

### Improvement Actions:

CAMHS leadership have launched an Operational Working Group where West Dunbartonshire CAMHS are represented. A large range of strategic projects are underway designed to improve efficiency of the patient flow and effectiveness of service delivery. The following improvement actions are in progress to address the demands on the service:

Regular updates with CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the COVID-19 Pandemic.

Waiting lists are being analysed to identify cohorts of patients and match these to clinical skill i.e. children awaiting treatment for anxiety.

Brief intervention and online Cognitive Behavioural Therapies are being developed. Attend Anywhere has been implemented across Greater Glasgow and Clyde CAMHS teams and drop in clinics are being considered. Solutions for virtual group clinics are also being sought to increase numbers of children seen.

Planning within HSCP with integrated planning partners to utilise Scottish Government funding for community mental health and wellbeing supports.

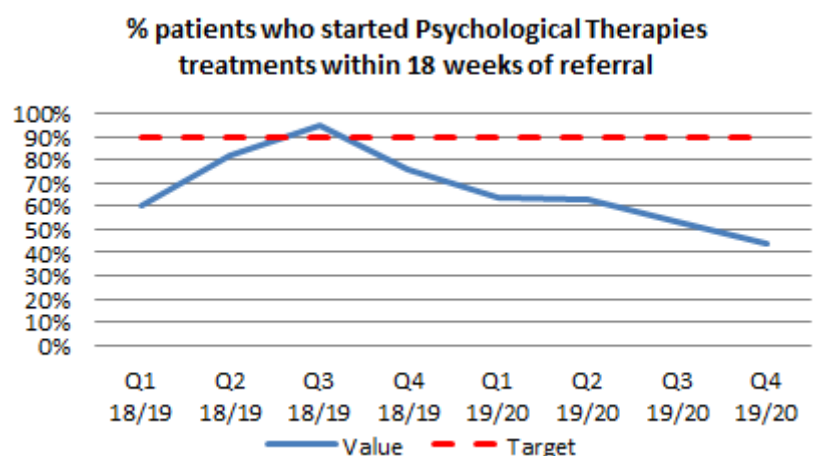
Analysing the demand for CAMHS and availability to meet this.

Development of integrated care pathway for Neuro Development referrals.

Increase the time available for clinicians to provide help and treatment at first contact.

## Psychological Therapies

Quarter	Value	Target
Q1 18/19	59.9%	90%
Q2 18/19	82.2%	90%
Q3 18/19	94.7%	90%
Q4 18/19	75.9%	90%
Q1 19/20	63.6%	90%
Q2 19/20	62.8%	90%
Q3 19/20	53.3%	90%
Q4 19/20	43.6%	90%





**Key Points:**

Reduction in available practitioners through vacancy and absence has had a negative impact with the number of patients waiting rising. Primary Care Mental Health Team returned to full treatment capacity in December 2019, the lag effect of working through assessments should show positive upward future trend.

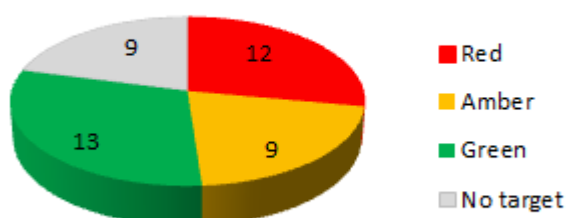
**Improvement Actions:**

Increase the number of psychologists across West Dunbartonshire, Helensburgh and Lomond by reconfiguring vacant Mental Health Practitioner (MHP) posts. This will support increased numbers of patients being seen within Adult Community Mental Health Teams that will help offset any change in staffing numbers due to absence loss. This requires Argyll and Bute HSCP agreement due to MHP being part funded by them. In progress.

Rollout of Wellbeing Mental Health Nurse service across all GP practices. Currently in 3 practices. End of rollout April 2021.

## Summary of Indicators

Quarter 3: October to December 2019



Quarter 4: January to March 2020  
(Partial data)

