

West Dunbartonshire Health and Social Care Partnership Performance Report 2020/21: Quarter 1 April-June 2020

Due to timing issues and service priorities during the current COVID-19 pandemic, both within the HSCP and externally, some data is not yet available.

All targets are also currently under review for 2020/21 and will be confirmed in the Quarter 2 July – September 2020 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	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late Sept 20	95%	Not yet available	Not yet available	92.2%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late Sept 20	95%	Not yet available	Not yet available	97.6%	
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	63.3%	95%			64.7%	
5	Number of referrals to the Scottish Children's Reporter on care and welfare grounds	106	N/A			78	
6	Number of referrals to the Scottish Children's Reporter on offence grounds	34	N/A			39	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	7	0			11	
8	Number of bed days lost to delayed discharge 18+ All reasons	1,621	860			1,638	

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	893	N/A			559	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,210	596			1,208	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	727	N/A			405	
12	Number of emergency admissions 18+	Not yet available	2,156	Not yet available	Not yet available	2,255	
13	Number of emergency admissions aged 65+	Not yet available	979	Not yet available	Not yet available	1,119	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	58.5	Not yet available	Not yet available	66.9	
15	Number of unscheduled bed days 18+	Not yet available	15,851	Not yet available	Not yet available	17,914	
16	Unplanned acute bed days (aged 65+)	Not yet available	11,076	Not yet available	Not yet available	12,195	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	662	Not yet available	Not yet available	728.9	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	5,587	Not yet available	Not yet available	5,461	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.9%	25%			29%	
20	Number of clients receiving Home Care Pharmacy Team support	293	233			273	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	5%	90%			21%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	93%	90%			95%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late Sept 20	90%	Not yet available	Not yet available	99.6%	
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	2,026	N/A			2,110	

Access

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
26	Number of people receiving homecare - All ages	1,303	N/A			1,247	

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of weekly hours of homecare - All ages	9,826	N/A		↑	9,141	
28	Total number of homecare hours provided as a rate per 1,000 population aged 65+	494.6	570		↑	461.3	
29	Percentage of people aged 65 and over who receive 20 or more interventions per week	35.1%	35%		↑	33.1%	
30	Percentage of homecare clients aged 65+ receiving personal care	97.3%	95%		↑	96.5%	
31	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	19,532	20,945		↓	20,000	
32	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	Not yet available	30%	Not yet available	Not yet available	20.5%	
33	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	Not yet available	32%	Not yet available	Not yet available	31.9%	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72%	98%		↑	69%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	0%	80%		↓	80%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	0%	80%		↓	56%	

Resilience

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
37	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	27.3%	90%		↓	40.5%	
38	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	27	18		↓	21	
39	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	59.6%	90%		↑	43.6%	

Assets

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
40	Prescribing cost per weighted patient	Not yet available	Average across NHS GGC at March 2021	Not yet available	Not yet available	£165.07	

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	78.58%	

Inequalities

Ref	Performance Indicator	Q1 2020/21				Q4 2019/20	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
42	Balance of Care for looked after children: % of children being looked after in the Community	90.6%	90%			91%	
43	Percentage of looked after children being looked after in the community who are from BME communities	75%	N/A			73.68%	
44	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	No children left care in this quarter	75%			100%	

All of the indicators and services above will have been affected by the current Coronavirus (COVID-19) pandemic in some form or another: whether through staff sickness absence; staff and service users shielding; targeting of services at those with critical and urgent needs; and services being paused or reduced due to staff being redeployed to other service areas to help deliver vital support during this initial peak of the pandemic.

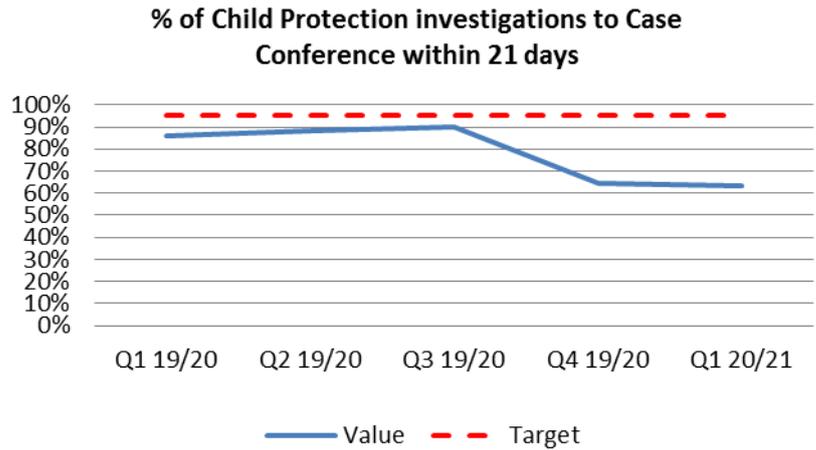
While this report will go on to provide detailed performance for those indicators with a status of red, and hence performing 15% or more outwith target, it is worthwhile to highlight the considerable work carried out in relation to the pandemic during this timeframe.

Pieces of Personal Protective Equipment (PPE) supplied to independent sector social care providers, independent care homes and unpaid carers and personal assistants April - June 2020	334,852
Number of people on the Shielding List called by HSCP staff to check on their welfare, advise of support available and offer a referral to the Crisis Support Team for additional support April - June 2020	3,147
Number of vulnerable children with multi-agency plans contacted by social work, health, education services or third sector in last week of June 2020	1,013
% of children on the Child Protection Register seen face to face in the last two weeks of June 2020	91%
Number of young care leavers contacted by Throughcare staff in the last two weeks	62

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April - June 2020

Performance Area: Child Protection Case Conferences

Quarter	Value	Target
Q1 2019/20	85.7%	95%
Q2 2019/20	88.6%	95%
Q3 2019/20	90.0%	95%
Q4 2019/20	64.7%	95%
Q1 2020/21	63.3%	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:

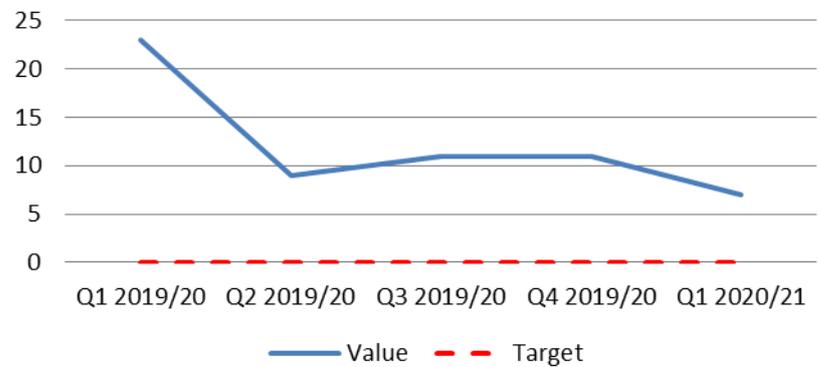
Exceptions are now being tracked to allow specific reporting against individual cases, tracking themes and areas for improvement.

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

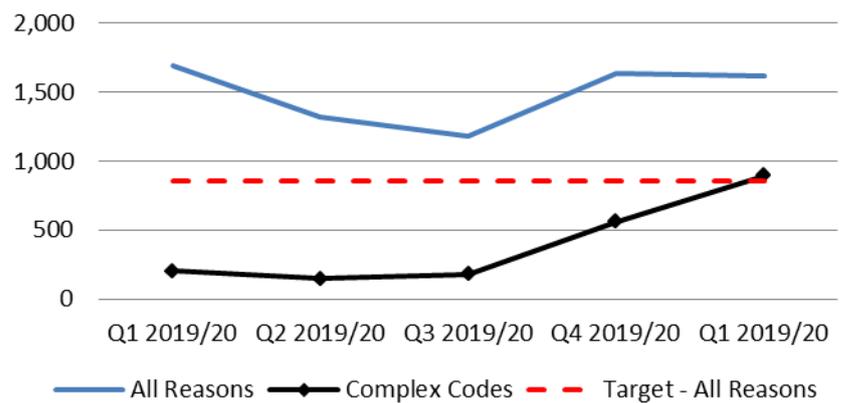
Quarter	Value	Target
Q1 2019/20	23	0
Q2 2019/20	9	0
Q3 2019/20	11	0
Q4 2019/20	11	0
Q1 2020/21	7	0

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



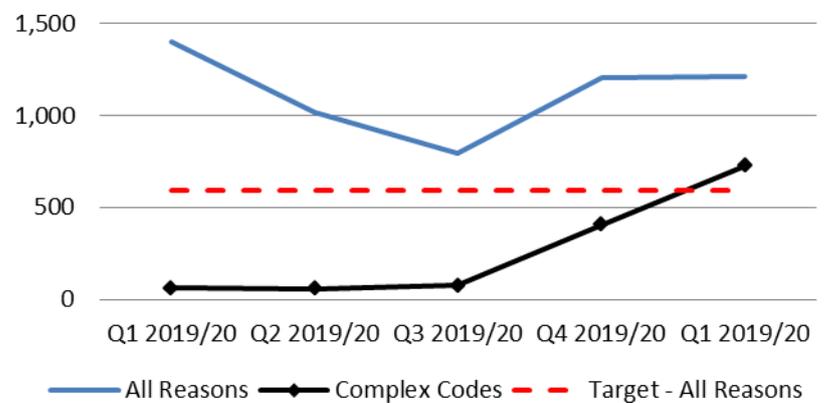
Quarter	All Reasons	Complex Codes
Q1 19/20	1696	201
Q2 19/20	1320	148
Q3 19/20	1185	180
Q4 19/20	1638	559
Q1 19/20	1621	893

Bed Days Lost to Delayed Discharge 18+



Quarter	All Reasons	Complex Codes
Q1 19/20	1401	60
Q2 19/20	1015	56
Q3 19/20	793	76
Q4 19/20	1208	405
Q1 20/21	1210	727

Bed Days Lost to Delayed Discharge 65+



Key Points:

Closure of the Scottish Court on March 2020 due to the Coronavirus (COVID-19) pandemic has resulted in lengthy delays with complex cases where Guardianship applications are underway. This is unlikely to be resolved in the near future with significant backlogs expected once the courts reopen.

Improvement Actions:

Hospital In-reach to begin early assessment and monitor progress towards fitness for discharge.

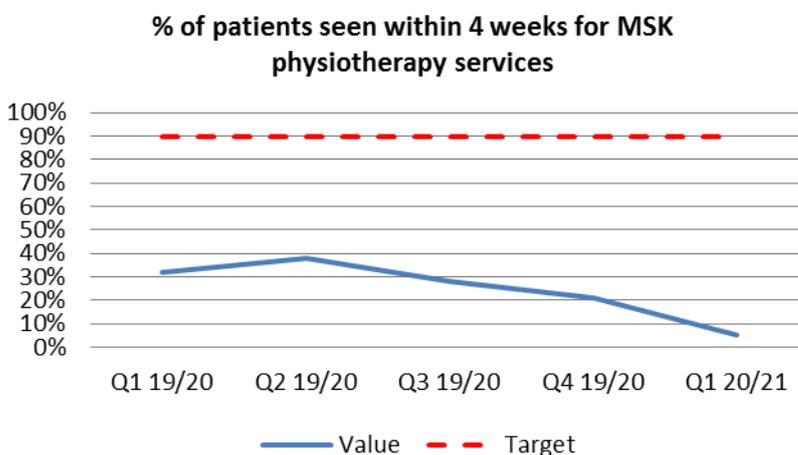
On-going review of the use of Section 13za of the Social Work (Scotland) Act throughout the guardianship process, as this can lead to much quicker progress.

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: Musculoskeletal Physiotherapy (MSK) Waiting Times

Quarter	Value	Target
Q1 19/20	32%	90%
Q2 19/20	38%	90%
Q3 19/20	28%	90%
Q4 19/20	21%	90%
Q1 20/21	5%	90%



Key Points:

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.

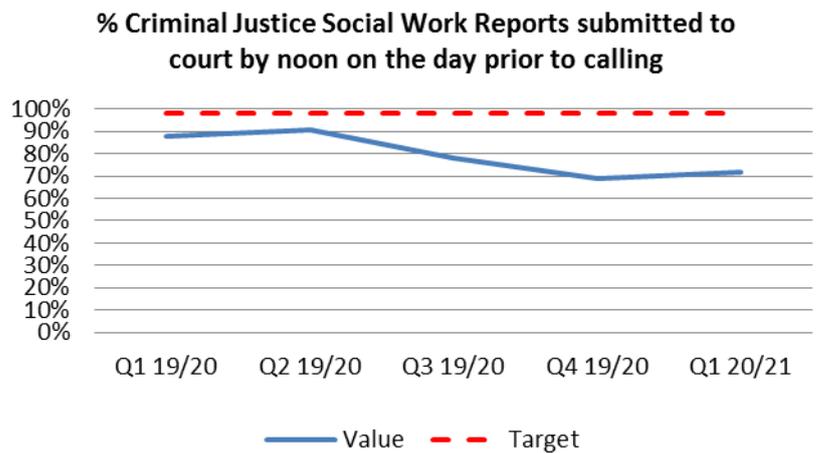
Enhanced Supported self management resources are being developed to facilitate improved patient agency.

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

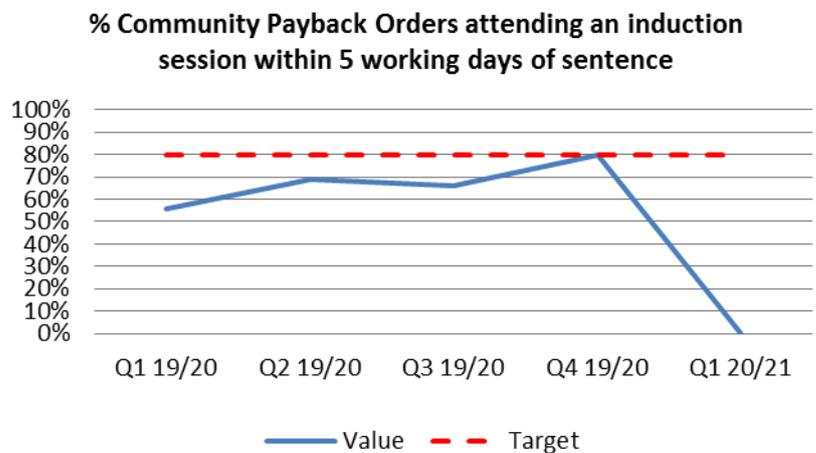
The recruitment process is progressing for vacancies.

Performance Area: Criminal Justice Social Work

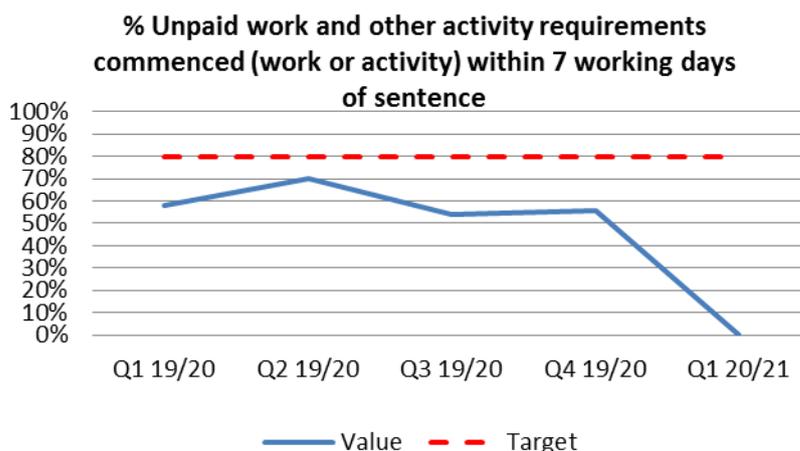
Quarter	Value	Target
Q1 19/20	88%	98%
Q2 19/20	91%	98%
Q3 19/20	78%	98%
Q4 19/20	69%	98%
Q1 20/21	72%	98%



Quarter	Value	Target
Q1 19/20	56%	80%
Q2 19/20	69%	80%
Q3 19/20	66%	80%
Q4 19/20	80%	80%
Q1 20/21	0%	80%



Quarter	Value	Target
Q1 19/20	58%	80%
Q2 19/20	70%	80%
Q3 19/20	54%	80%
Q4 19/20	56%	80%
Q1 20/21	0%	80%



Key Points:

There were only 2 Community Payback Orders during April to June 2020. Both of these contained unpaid work requirements. Induction and commencement were unable to happen in both of these cases due to the pandemic.

Improvement Actions:

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

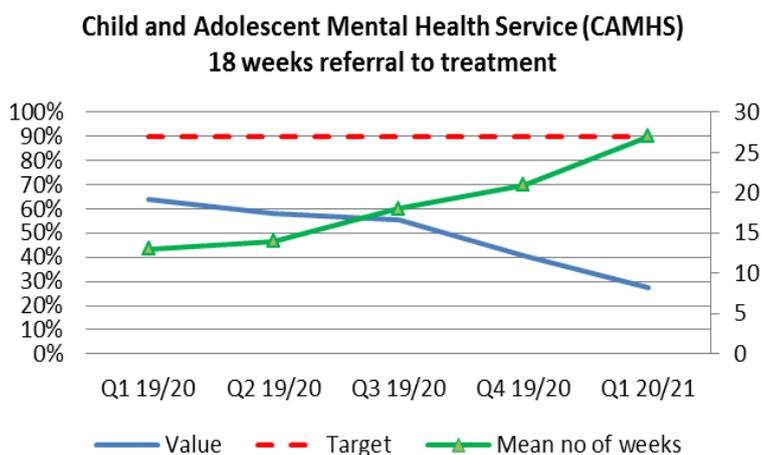
A scoping exercise is being undertaken to determine the re-alignment of caseloads to further increase capacity for completion of reports.

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	Mean no of weeks
Q1 19/20	64.0%	90%	13
Q2 19/20	58.0%	90%	14
Q3 19/20	55.7%	90%	18
Q4 19/20	40.5%	90%	21
Q1 20/21	27.3%	90%	27



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.

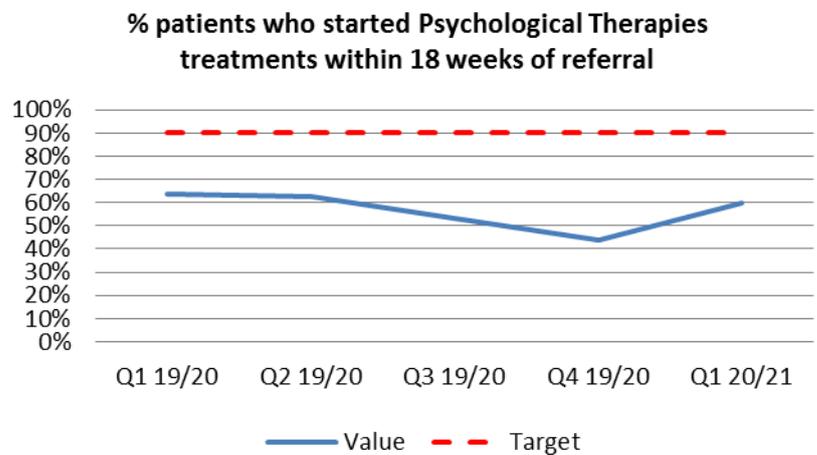
Analysing the demand for CAMHS and availability to meet this.

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 19/20	63.6%	90%
Q2 19/20	62.8%	90%
Q3 19/20	53.3%	90%
Q4 19/20	43.6%	90%
Q1 20/21	59.6%	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 1: April to June 2020 (Partial data)

