

West Dunbartonshire Health and Social Care Partnership
Performance Report 2024/25: Quarter 3 October to December 2024

This report will outline the Health and Social Care Partnership's performance against the priorities set out in our Strategic Plan 2023-2026: Improving Lives Together.

Local targets for unscheduled care emergency admissions, unscheduled bed days and attendances at Accident and Emergency (A&E) 2024/25 are still under review and 2023/24 targets have been retained in the interim.

Key Highlights/Challenges

Favourable movement in the overall financial position between the period 6 projections of a £4.286m overspend and the current projection of a £3.277m overspend highlighting the ongoing positive impact of recovery planning measures.

The Senior Management Team focussed on minimising the projected overspend where possible through a range of actions including reviews of individual care packages across a range of services, ongoing vacancy management and no discretionary spend unless authorised by the Chief Officer.

More than 90% of looked after children and young people being looked after within a community setting.

All children and young people receiving Child and Adolescent Mental Health Services treatment within 18 weeks of referral and an average wait of 3 weeks.

Process put in place to address gaps in recording in relation to Adult Support and Protection paperwork.

The number of people receiving Telecare/Community Alarm service has returned to September 2023 levels after a dip in April to June 2024.

While higher than in the previous quarter, July to September 2024, we have sustained improvement in the number of bed days lost to delayed discharges for people aged 65 and over during critical winter months.

High levels of staff absence across both WDC and NHS employees.

Strategic Plan Performance Indicators

Due to timing issues some data is not yet available and it should also be noted that Unscheduled Care data, i.e. hospital data, is subject to change historically.

PI Status		Target Type		Short Term Trends	
	Alert	N	National Target		Improving*
	Warning	L	Local Target		No Change
	OK	M	Monitoring only – no target set		Getting Worse*
	Unknown				
	Data Only				

*Where an indicator is Data Only with no target set, the up and down arrows denote whether the number or percentage is increasing (up) or decreasing (down).

Caring Communities

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
1	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	89.6%	95%	L			88.7%	93.5%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	91.7%	95%	L			95.2%	93.5%	
3	Number of Adult Carer Support Plans completed	48	N/A	M			65	48	
4	Balance of Care for looked after children: % of children being looked after in the Community	90.9%	90%	N			90.3%	88.7%	
5	Number of Looked After Children	472	N/A	M			475	494	
6	Number of Looked After children looked after in a residential setting	43	N/A	M			46	56	
7	Number of Looked After children looked after at home with parents	82	N/A	M			80	67	
8	Number of Looked After children looked after by foster carers	118	N/A	M			118	123	
9	Number of Looked After children looked after in other community settings	229	N/A	M			231	248	
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%	N			100%	100%	

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
11	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	3	18	L			3	3	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	Not yet available	90%	N	Not yet available	Not yet available	57%	70.4%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published March 2025	90%	N	Not yet available	Not yet available	97.8%	99%	

Safe and Thriving Communities

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
14	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	N			100%	100%	
15	Percentage of child protection investigations to case conference within 28 days	New recording processes in relation to Child Protection have resulted in an issue with dates meaning we are unable to accurately capture timescales for contact to case conference. We have therefore temporarily paused reporting of this performance indicator. Implementation of our new Duty system should address this issue.							
16	Number of Child Protection investigations	91	N/A	M			91	60	
17	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	55	N/A	M			54	44	
18	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	Not yet available	N/A	M		Not yet available	57	130	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A	M		Not yet available	29	50	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	46.7%	100%	N			47.4%	67%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	Published February 2025	0	N	Not yet available	Not yet available	13	15	
22	Number of bed days lost to delayed discharge 18+ All reasons	Not yet available	2,850	L	Not yet available	Not yet available	2,327	3,157	

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	Not yet available	1,441	L	Not yet available	Not yet available	702	1,043	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,854	2,335	L			1,724	2,476	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	787	982	L			410	852	
26	Number of clients receiving Home Care Pharmacy Team support	291	312	L			298	272	
27	Number of people receiving Telecare/Community Alarm service - All ages	1,885	1,869	L			1,851	1,880	
28	Number of people receiving homecare - All ages	1,204	N/A	M			1,237	1,415	
29	Number of weekly hours of homecare - All ages	8,705	N/A	M			9,143	10,251	
30	Percentage of people who receive 20 or more interventions per week	46.9%	40%	L			46.3%	40.4%	
31	Percentage of homecare clients receiving personal care	99.7%	99%	L			99.7%	99.5%	
32	Number of people receiving reablement homecare	53	N/A	M			61	37	
33	Number of hours of reablement homecare	143	N/A	M			184	124	

Equal Communities

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	78.7%	98%	N			62.7%	67.9%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	67.7%	80%	N			71.2%	74.4%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	16.9%	80%	N			52.1%	49.2%	
37	Percentage of children from BME communities who are looked after that are being looked after in the community	78.5%	90%	L			91.3%	87.1%	

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
38	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	No children in age range left care	80%	L	N/A	N/A	100%	N/A	
39	Percentage of people under 65 consenting to a referral for benefits maximisation at point of assessment/review	30%	N/A	L			27%	18%	
40	Percentage of people aged 65 and over consenting to a referral for benefits maximisation at point of assessment/review	19%	N/A	L			10%	7%	
41	Percentage of females consenting to a referral for benefits maximisation at point of assessment/review	14%	N/A	L			14%	6%	
42	Percentage of males consenting to a referral for benefits maximisation at point of assessment/review	30%	N/A	L			16%	18%	

Healthy Communities

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
43	Number of emergency admissions 18+	Not yet available	1,989	L	Not yet available	Not yet available	Not yet available	2,308	
44	Number of emergency admissions aged 65+	Not yet available	1,066	L	Not yet available	Not yet available	Not yet available	1,240	
45	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	60	L	Not yet available	Not yet available	Not yet available	69.6	
46	Number of unscheduled bed days 18+	Not yet available	20,094	L	Not yet available	Not yet available	Not yet available	22,738	
47	Unscheduled acute bed days (aged 65+)	Not yet available	14,565	L	Not yet available	Not yet available	Not yet available	16,869	
48	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	817	L	Not yet available	Not yet available	Not yet available	947.1	
49	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	L	Not yet available	Not yet available	6,269	5,869	
50	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	33%	90%	N			40%	40%	
51	Prescribing cost per weighted patient (Annualised)	Not yet available	£187.73	L	Not yet available	Not yet available	£192.24	£195.60	
52	Compliance with Formulary Preferred List	Not yet available	78%	N	Not yet available	Not yet available	74.54%	73.75%	

Financial Update

The HSCP Board meeting on 28th January 2025 considered the following financial papers:

- 2024/25 Financial Performance Report as at Period 9 (31st December 2024)
- 2025/26 Annual Budget Setting Update (Revenue Estimates)

The financial performance report provided an update on the position to 31st December 2024 and a projection to 31st March 2025 based on Quarter 3 activity and performance.

The financial projection based on Quarter 3 data reported an overspend of £3.277m (1.58%) after net application of earmarked reserves of £2.437m are accounted for. While there continues to be financial pressures in relation to older people, ongoing demand for supporting children and young people (in both community placements and other residential accommodation) and prescribing, the favourable movement in the overall position between the period 6 projections of a £4.286m overspend and the current projection of £3.277m highlights the ongoing positive impact of recovery planning measures.

The Senior Management Team has been focussed on minimising the projected overspend where possible, through a range of actions including reviews of individual care packages across a range of services, ongoing vacancy management and no discretionary spend unless authorised by the Chief Officer. While the anticipated financial benefit arising from these recovery measures is encouraging, work is ongoing with the aim of addressing the remaining pressures to minimise the impact on overall reserves.

The annual budget setting update provided an update on the current budget gap and financial pressures for 2025/26 as detailed in the table below.

The HSCP's Chief Officer and Chief Financial Officer continue to meet with both NHS Greater Glasgow and Clyde and West Dunbartonshire Council Chief Executives to consider the forecast outturn for 2024/25 and estimated budget gap for 2025/26.

Work continues to develop and enhance a range of savings options for 2025/26 by the Senior Management Team and options to close the gap will be presented to the HSCP Board at the budget meeting on 24th March 2025.

Absence

West Dunbartonshire Council and NHS Greater Glasgow and Clyde report staff absence for West Dunbartonshire HSCP staff in different ways: WDC by Full Time Equivalent (FTE) lost per FTE employee each quarter and NHS by the percentage of rostered hours lost to staff absence.

WDC HSCP staff absence continued to increase during October to December 2024 to 6.78 days which was 0.58 days higher than in the same period in 2023.

Nationally, West Dunbartonshire Council (all non-teaching staff) absence is published by the Improvement Service through the Local Government Benchmarking Framework. Latest figures are for 2023/24 where WDC had a higher number of Full Time Equivalent (FTE) days lost per employee at 15.06 than the Scotland figure of 13.89 but had improved slightly on the previous year's figure of 15.32 and had moved from 27th lowest (or 6th highest) in Scotland to 24th lowest (9th highest).

	WDC	Scotland	Ranking 1 - lowest to 32 - highest FTE days lost per employee
2020/21	8.38	9.58	8
2021/22	13.28	12.17	23
2022/23	15.32	13.21	27
2023/24	15.06	13.89	24

NHS HSCP staff absence is reported monthly. Absence rates saw a significant rise from October to December 2024 to 8.08% and were higher than in December 2023.

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October to December 2024

Performance Area: Adult Support and Protection

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	46.7%	100%	N			47.4%	67%	

Quarter	Value	Target
Q1 23/24	61.0%	100%
Q2 23/24	55.0%	100%
Q3 23/24	67.0%	100%
Q4 23/24	63.6%	100%
Q1 24/25	63.0%	100%
Q2 24/25	47.4%	100%
Q3 24/25	46.7%	100%

Key Points:

7 of the 15 adults discussed at an Adult Support and Protection Initial Case Conference between October and December 2024 had the appropriate assessments and plans recorded on CareFirst.

Improvement Actions:

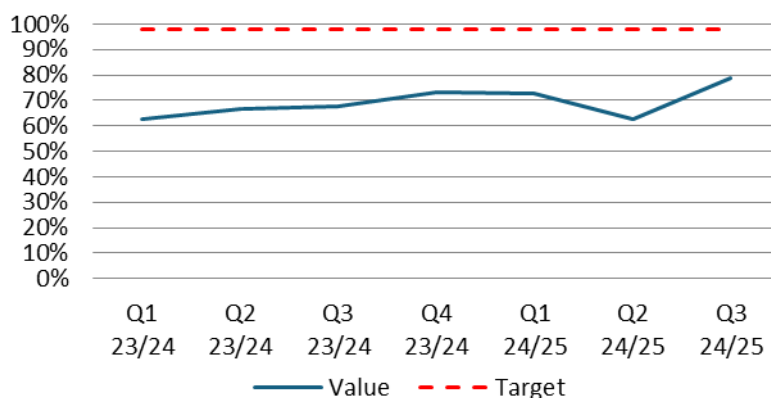
Processes have been put in place to highlight recording gaps and to prompt workers to complete the relevant assessments and plans. The effectiveness of this process will be monitored through this report.

Performance Area: Criminal Justice Social Work

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	78.7%	98%	N			62.7%	67.9%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	67.7%	80%	N			71.2%	74.4%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	16.9%	80%	N			52.1%	49.2%	

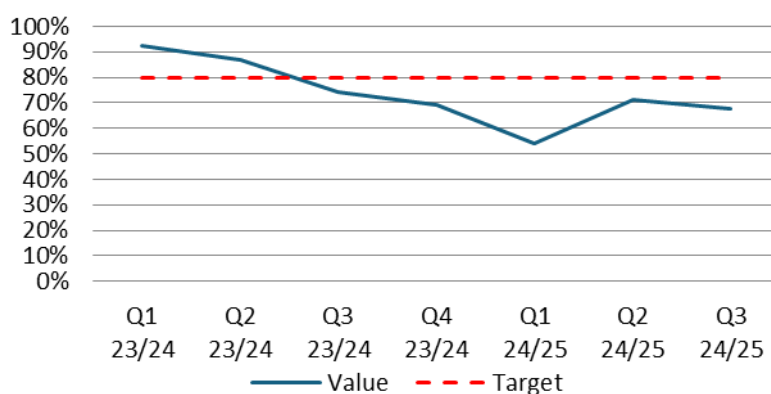
Quarter	Value	Target
Q1 23/24	62.7%	98%
Q2 23/24	66.9%	98%
Q3 23/24	67.9%	98%
Q4 23/24	73.4%	98%
Q1 24/25	72.8%	98%
Q2 24/25	62.7%	98%
Q3 24/25	78.7%	98%

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



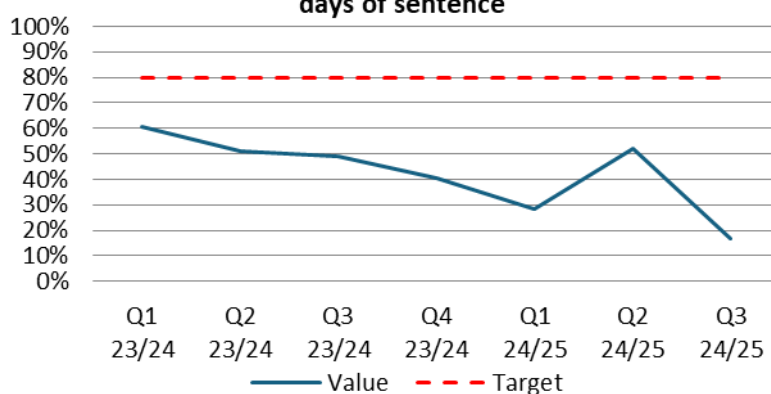
Quarter	Value	Target
Q1 23/24	92.3%	80%
Q2 23/24	86.8%	80%
Q3 23/24	74.4%	80%
Q4 23/24	69.0%	80%
Q1 24/25	54.0%	80%
Q2 24/25	71.2%	80%
Q3 24/25	67.7%	80%

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



Quarter	Value	Target
Q1 23/24	60.6%	80%
Q2 23/24	51.1%	80%
Q3 23/24	49.2%	80%
Q4 23/24	40.4%	80%
Q1 24/25	28.4%	80%
Q2 24/25	52.1%	80%
Q3 24/25	16.9%	80%

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



Key Points:




There were requests for 207 Justice Social Work Reports to Courts between October and December 2024 and 78.7% of these reports were completed on time: an improvement on the 62.7% in the previous quarter and 49.2% in the same period in 2023. For every report not completed a letter is sent to Court outlining the rationale for the requested report not having been sent.

The number of Community Payback Orders imposed in Quarter 3 was 96 with 65 of these having an unpaid work requirement. Of the 96 imposed orders, 67.7% of individuals attended an induction session within 5 working days of sentence. Service users attending work placements within 7 days fell from 52.1% to 16.9%. Every service user made subject to a statutory Community Payback Order at Dumbarton Sheriff Court is seen within 24 hours of the Court imposing the order.

Improvement Actions:

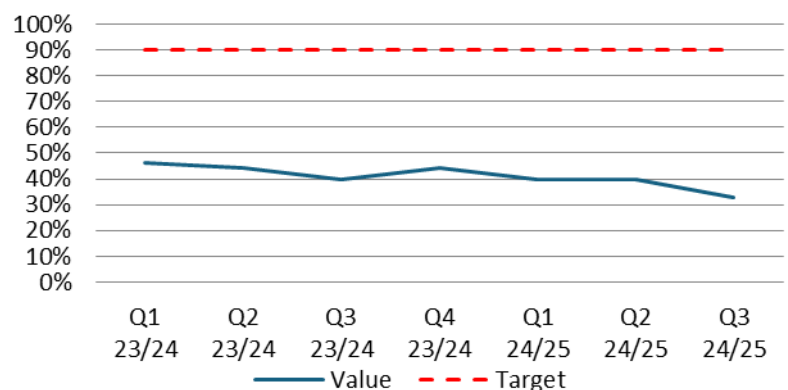
Recruitment to a vacant qualified Social Worker post has been completed and will support court services and the preparation of reports to Court.

Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q3 2024/25					Q2 2024/25	Q3 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
50	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHS CP	33%	90%	N			40%	40%	

% of patients seen within 4 weeks for MSK physiotherapy services

Quarter	Value	Target
Q1 23/24	46%	90%
Q2 23/24	44%	90%
Q3 23/24	40%	90%
Q4 23/24	44%	90%
Q1 24/25	40%	90%
Q2 24/25	40%	90%
Q3 24/25	33%	90%



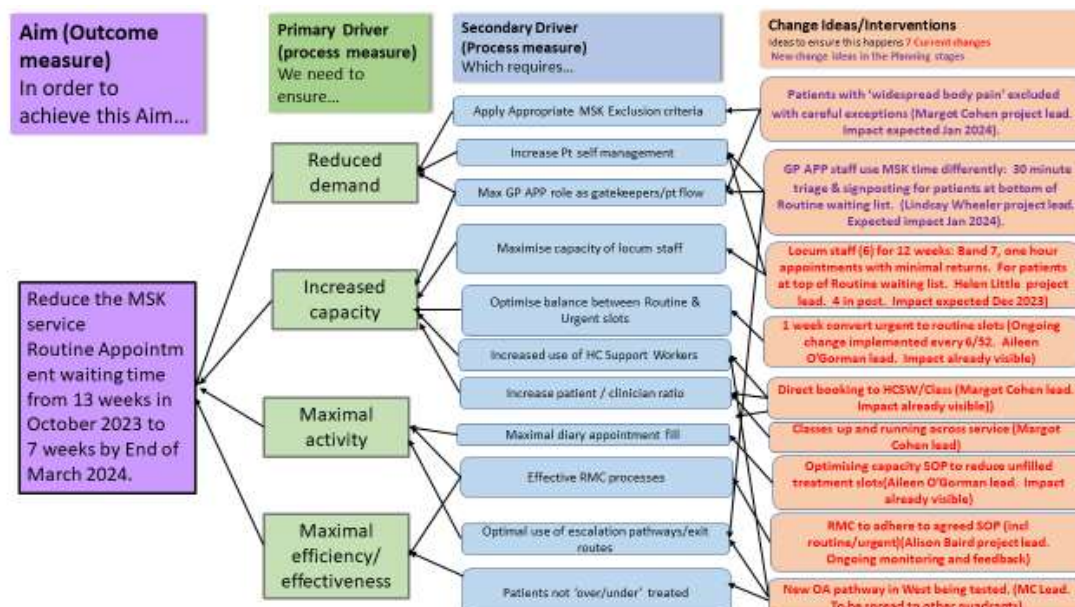
Key Points:

Demand for MSK service provision continues to rise and in Quarter 3 demand was exceptionally high in October.

Any urgent appointments not utilised are converted to routine appointments and offered to those who have waited longest. Until the maximum wait for a routine appointment reduces the percentage of patients seen within 4 weeks will vary minimally as this figure will relate to the proportion of urgent referrals which is reasonably consistent.

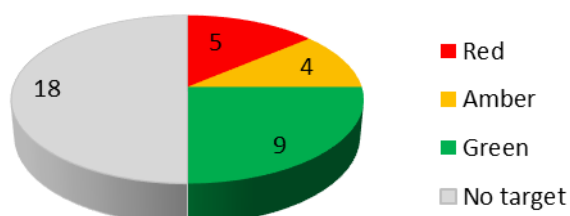
Improvement Actions:

Waiting times remains a priority project within the service and the increase in demand across Greater Glasgow and Clyde has meant that some of the impact of the waiting times work has not been realised as the maximum wait for service has remained relatively static. The driver diagram below illustrates the ongoing tests of change within the service.

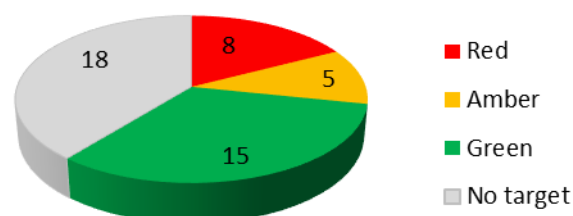


Summary of Strategic Plan Key Performance Indicators

**Quarter 3: October to December 2024
(Partial Data)**



**Quarter 2: July to September 2024
(Partial Data)**



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October – December 2024

Within the Model Complaints Handling Procedure developed by the Scottish Public Services Ombudsman (SPSO) is a requirement to report performance in relation to complaints internally on a quarterly basis and publicly on an annual basis in line with the SPSO's Model Complaints Handling Reporting Framework. As part of our commitment to best practice, openness and transparency we will include this framework within our Quarterly Performance Report going forward.

These indicators are set by the SPSO and should provide opportunities for benchmarking and identifying good practice and areas for improvement on a local and national basis.

During October to December 2024 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

Service Area	Lessons Learned/Actions Taken
Community Health and Care Services	Review of internal communication pathways when social work staff are involved in planning complex discharges that require Care at Home, both HSCP and external.

SPSO Indicator	Measure	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	54	63	40	57	73	83	67
	Number of complaints direct to Stage 2	16	15	19	26	27	10	17
	Total number of complaints	70	78	59	83	100	93	84
3	% closed within timescale - Stage 1	Not available*						
	% closed within timescale - direct to Stage 2	31%	40%	47%	46%	55%	40%	65%
	% closed within timescale - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A	50%	NA
4	Average response time - Stage 1	Not available*						
	Average response time - direct to Stage 2	24	20	18	25	23	21	17
	Average response time - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A	31	NA

*The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is in early development stages.

Indicator 5: Outcomes of Complaints

Stage 3 – Quarter 3 2024/25

Outcome	Q1 23/24			Q2 23/24			Q3 23/24			Q4 23/24		
	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total	NHS GGC	WDC*	% of total
Fully Upheld			0%		1	7%		3	18%	1	1	8%
Partially Upheld	1	6	44%		2	13%		1	6%	1	1	8%
Not Upheld	4	5	56%	4	8	80%	4	9	76%	10	10	83%
Unsubstantiated			0%			0%			0%	0	0	0%
Total	5	11		4	11		4	13		12	12	

*2 ongoing at time of reporting

	Q1 24/25			Q2 24/25			Q3 24/25		
Outcome	NHS GGC	WDC*	% of total	NHS GGC	WDC*	% of total	NHS GGC	WDC*	% of total
Fully Upheld	0	3	12%	0	0	0%	0	1	8%
Partially Upheld	2	5	27%	0	5	45%	0	1	8%
Not Upheld	10	6	62%	3	3	55%	10	1	85%
Unsubstantiated	0	0	0%	0	0	0%	0	0	0%
Total	12	14		3	8		10	3	

* 1 ongoing at time of reporting

* 1 ongoing

*3 ongoing & consent not received for 1 complaint

Themes of Stage 2 Complaints 2024/25

