



Item No. 8

Meeting Date: Wednesday 5th February 2025

**Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee**

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HSCP Performance Report Q2/3 2024/25

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2/3 of 2024/25 for noting (for Adult Mental Health and Alcohol & Drugs only). The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Adult Services.
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Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance to discuss these areas. Full performance reports are produced quarterly. When the IJB Finance, Audit and Scrutiny Committee meeting dates fall before updated quarterly reports are available, it was agreed that interim performance reports would be produced. These provide the latest data available for those Service Areas being presented at that meeting. This interim report covers Adult Mental Health and Alcohol & Drugs KPIs. It includes updated data for all of the KPIs.
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development.
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	HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the attached performance report; b) Consider the exceptions highlighted in section 4.4; and c) Review and discuss performance with the Strategic Lead for Adult Services.
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Relevance to Integration Joint Board Strategic Plan:	
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.	

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.
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Personnel:	None.
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Carers:	None.
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Provider Organisations:	None.
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Fairer Scotland Compliance:	N/A
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Financial:	None.
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Legal:	None.
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Economic Impact:	None.
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Sustainability:	None.
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Sustainable Procurement and Article 19:	None.
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Risk Implications:	None.
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.

1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2/3 2024/25 (Adult Mental Health and Alcohol & Drugs only). The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Adult Services.

2. Background

- 2.1 These reports are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- Local Health and Social Work Indicators (chosen locally by the Partnership).
 - NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes).
 - National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care

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Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).

- iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda).
- v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.

3.3 Along with the National Integration Indicators, a core set of strategic local indicators from this report are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time. These are noted in Appendix 3.

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The report then provides details of recent performance for all indicators at city and locality levels over the last two years. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement.
- 4.3 Longer term trends are also displayed graphically for all KPIs within the service areas being presented at this meeting (Adult Mental Health and Alcohol & Drugs).

Exceptions

- 4.4 At the time of producing this report, 2 indicators were GREEN (18.2%), 1 was AMBER (9.1%) and 8 RED (72.7%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Adult Mental Health	
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – North East	<u>12</u>
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – South	<u>12</u>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) Stobhill	<u>15</u>

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2. Average Length of Stay (Short Stay Adult Mental Health Beds) <i>Leverndale</i>	15
2. Average Length of Stay (Short Stay Adult Mental Health Beds) <i>Gartnavel</i>	15
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - <i>Leverndale</i>	17
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - <i>Gartnavel</i>	17
4. Total number of Adult and Older People Mental Health Delays	19

Changes in RAG Status

- 4.5 There has been a change in RAG status for **4** indicators since the last report; performance declined for all **4**.

i. Performance Declined

A) GREEN TO RED
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Stobhill
B) AMBER to RED
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral - South
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
C) GREEN to AMBER
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill

5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the attached performance report;
 - b) Consider the exceptions highlighted in section 4.4; and
 - c) Review and discuss performance with the Strategic Lead for Adult Services.

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CORPORATE PERFORMANCE REPORT

**QUARTER 2/3
2024/25**

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1. PERFORMANCE SUMMARY

1. Key to the Report

Outlined below is a key to the classifications used in this report.

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	RED	Performance misses target by 5% or more	▲	Improving
	AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	GREEN	Performance is within 2.49% of target	▼	Worsening
	GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

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2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Adult Mental Health	5 (50%)	2 (20%)	3 (30%)		8 (80%)	1 (10%)	1 (10%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
TOTAL No. and (%)	5 (45.4%)	2 (18.2%)	4 (36.4%)	0 (0%)	8 (72.7%)	1 (9.1%)	2 (18.2%)	0 (0%)

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2b. Performance at a Glance

The table below presents a summary of performance at a city-wide level for the performance measures contained within the body of this Combined Performance Report and shows any changes in RAG status in the last period. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Nov 24	NE 77.6%  NW 88.6%  S 80.4% 	NE ▼ NW ▼ S ▼  to 
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Oct 24	Stob 30.5  Lev 31.5  Gart 35.9 	Stob ▼  to  Lev ▲ Gart ▼
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Oct 24	Stob 98.3%  Lev 100.3%  Gart 99.9% 	Stob ▼  to  Lev ▼ Gart ▼  to 
4. Total number of Adult and Older People Mental Health Delays	20	Oct 24	45 Total 37 (Non-AWI)/ 8 (AWI) 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q2	94% 	▲

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2. ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
Purpose	To monitor the waiting times for people who started a PT treatment within the reporting period. The NHS Psychological Therapies Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This figure is an aggregate of all PTs delivered across all NHS services (i.e. Adult, Older People and Child & Adolescent in both inpatient and community settings for Mental Health Teams, Learning Disabilities Teams, Addiction Teams, Physical Health Services, Forensic Services and Prison Healthcare).
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24
North East	90%	49.4 (R)	60 (R)	58 (R)	45.5 (R)	49 (R)	74.1 (R)	78.7 (R)	77.3 (R)	84.9 (R)	80.5 (R)	77.6 (R)
North West		84.5 (R)	91.7 (G)	91.7 (G)	96.7 (G)	96.7 (G)	100 (G)	93.7 (G)	94.4 (G)	93.8 (G)	92.4 (G)	88.6 (G)
South		81.7 (R)	85.5 (R)	82.9 (R)	89.1 (G)	93 (G)	78.4 (R)	81.6 (R)	82.3 (R)	87.5 (A)	88.9 (G)	80.4 (R)

Performance Trend

Performance has remained RED in the North East since September and declined. The South moved from AMBER to RED over this period, while the North West also declined but remained GREEN.

Issues Affecting Performance

There was a Board wide, and therefore a Glasgow City HSCP, focus on delivering PT within the national 90% PT within 18 weeks LDP Standard addressing and eliminating long waits, especially those of 53+ weeks.

The capacity to deliver PTs is hugely influenced by operational matters including staff turnover, internal moves, vacancies, arranged and unexpected leave. The pressure on the available capacity to continue to meet demand can compound these factors, further contributing to lengthening the waiting times. Recruitment, when possible, has at times resulted in no applicants, or no appropriate applicants, reflecting the national lack of available clinically trained professionals.

Levels of demand vary across the full range of assessment and treatment waiting times. These require mitigation to prevent adverse effects on the waiting time standard.

There are waiting list initiatives focusing on starting PT treatment for patients assessed as suitable for a PT treatment and are waiting the longest.

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These initiatives, with positive actions, such as group-based interventions to start a cohort of people who have waited for more than 18 weeks, rather than individual appointments, can result in a short-term reduction of the proportion of people starting a PT treatment within the Standard.

In most cases, whilst all PTs commencing will stop the “waiting time” clock, PT treatment protocols outline a number of appointments, over a period of time, to complete the full course of a PT treatment. In NHSGGC, this number is typically between 4-8 PT treatment appointments. Many highly specialist interventions routinely take between 16-20 appointments. Some PT treatments require an appointment every week for a year or more. Some PT protocols have specific criteria in order to commence the intervention (i.e. cohort size)

The care process is dynamic. There are continual incoming referrals requiring assessment. Anyone assessed as suitable for a PT is added to the numbers still waiting to start.

Some people wait longer due to clinical, social, or personal reasons that prevent remote engagement and require an in-person face-to-face approach.

Actions to Improve Performance

The Trauma service appoint people who are waiting 53+ weeks to start treatment, using any pooled resources available from across the MH services. The Trauma service continue to source appropriate venues with space for face-to-face interventions between clinicians & patients with translators in attendance.

Services have continued to pool any available capacity between teams, across HSCP locality & care group boundaries.

Peripatetic psychology team are utilised by pooling this additional resource to teams with very long waits or a higher number of waits that are not able to be managed by existing capacity.

Digital alternatives to face-to-face approaches (i.e., Anytime Anywhere or Near Me) are used.

Telephone contact is maintained with patients who are waiting to start their treatment. In addition, information is provided on coping strategies and a contact should their condition deteriorate.

When the resource is available, the Board wide PT Group team co-facilitate digital-based group PTs with CMHT colleagues.

The digital platform (SilverCloud) offers a wider range of interventions requiring additional clinical supervision.

Heads of Service and Professional Leads routinely monitor team performance to assess the impact of their actions and support decision-making.

The timescales for approval to recruit have been assertively followed up. Where recruitment to some posts has resulted in no applicants, alternatives to create capacity to support existing teams and staff are being generated where required.

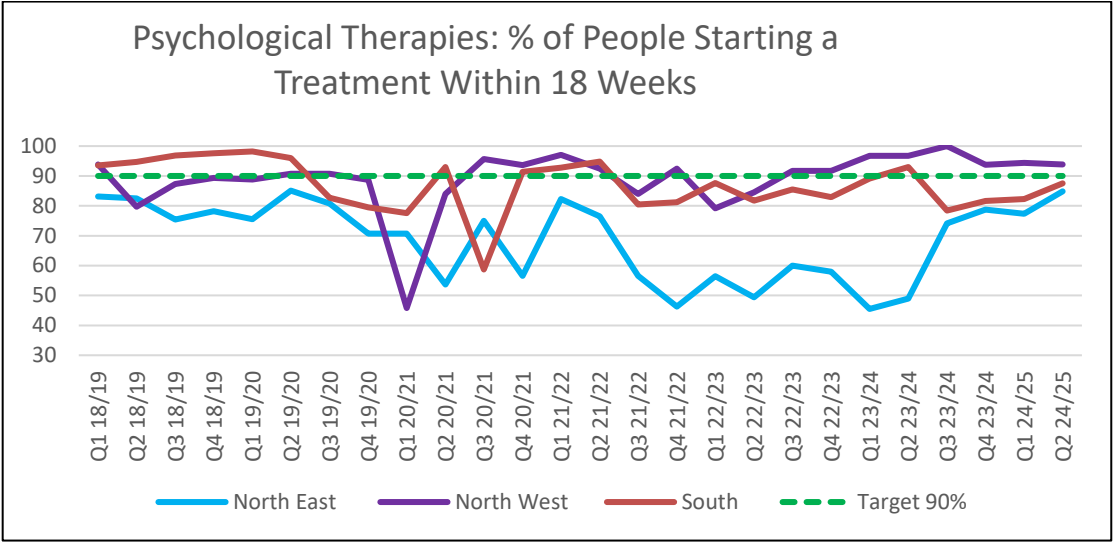
Timescales for Improvement

- Achieving the 90% national Psychological Therapies 18 weeks waiting time Standard
- Appointing people waiting 53+ weeks will continue into 2025.
- Appointing people waiting 36+ weeks into 2025.

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Longer Term Trend



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Target/Ref	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
Purpose	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2022/23			2023/24				2024/25		
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24
Stobhill	28 days	37.3 (R)	26.4 (G)	32.6 (R)	28.9 (A)	25.5 (G)	34.2 (R)	27.5 (G)	24.3 (G)	22.1 (G)	30.5 (R)
Leverndale		37.4 (R)	39.8 (R)	33.2 (R)	33.5 (R)	43.2 (R)	35.4 (R)	39.9 (R)	32.3 (R)	39.2 (R)	31.5 (R)
Gartnavel		33.0 (R)	26.3 (G)	28.9 (A)	35.1 (R)	27.8 (G)	40.7 (R)	34.8 (R)	41 (R)	34.9 (R)	35.9 (R)

Performance Trend

During October, performance was above the 28 day target in all 3 hospital sites. Performance remained RED in Leverndale and Gartnavel while Stobhill moved from GREEN to RED between September and October.

Issues Affecting Performance

To date during Q3, Inpatient wards pauses and closures to admissions across the system of inpatient mental health provision remained an impact. Despite this added pressure and fluctuations in the numbers of discharges on each of the three Glasgow City sites, performance in the quarter so far is within the recent norms for the same three sites overall. The average number of people with stays of over 6 months continues statistically within the usual range, although this maintains high pressure on inpatient ward daily operation. Staffing remains an on-going key pressure on the delivery of care plans to optimise treatment and discharge. The current variation around the average length of stay is equally not significant statistically. Elsewhere the entirety of the NHSGGC system of adult short-stay inpatient care has seen a maintained temporary reduction of 6 beds, equivalent to a 2.1% drop in capacity.

Actions to Improve Performance

There is an ongoing operational review of boarders and options to further improve bed management and discharge co-ordination continue. Operational responses prioritise maintaining safe care. Clinical leadership continues to be more operationally applied to support reducing the variance, including for observation, being used across wards and hospital sites. It is anticipated there will be a reduction in adult short-stay beds average length of stay in the remainder of the quarter. An operational bed management approach will try to utilise this to return adults people from older people services where appropriate clinically.

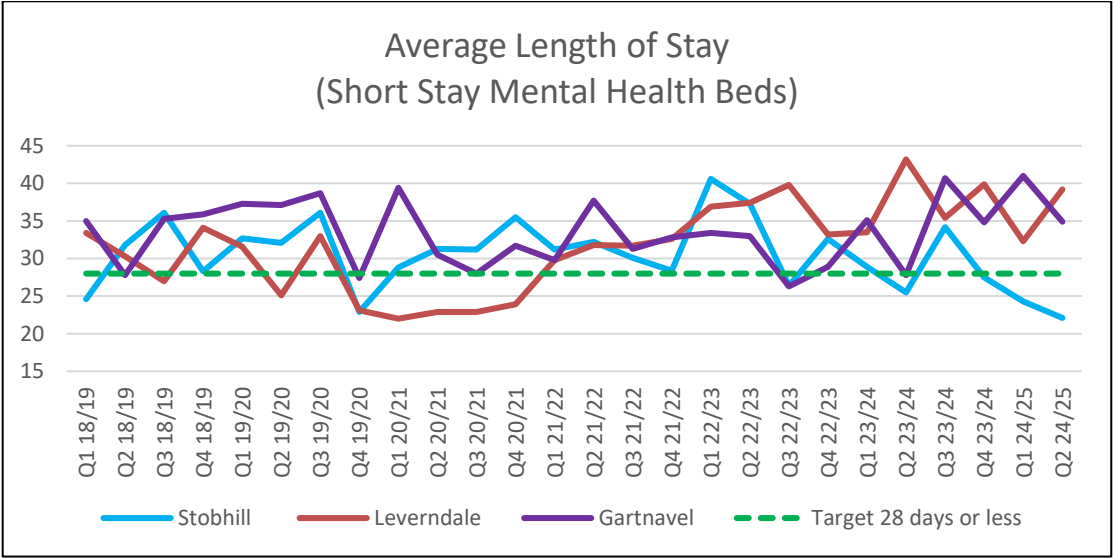
Timescales for Improvement

Daily operational contingency is reviewed and applied to the fluid situation and location of pressure. A further management of inpatient movement into an anticipated end of quarter reduction in adult bed use will be initiated from January 2025. The pressured position is expected to continue during 2024-25. Phased movement towards the adult acute admission bed strategy endpoint remains planned to progress towards the end of strategy implementation.

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Longer Term Trend



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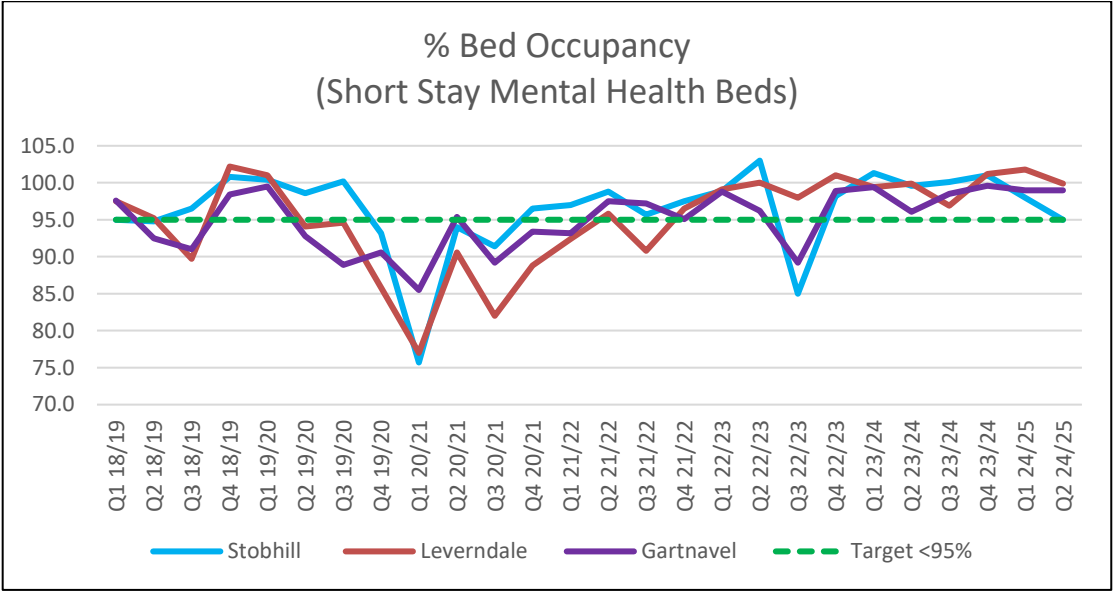
Target/Ref	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Aug 24	Sep 24	Oct 24
Stobhill	<95%	103 (R)	85 (G)	98.2 (A)	101.3 (R)	99.6 (A)	100.1 (R)	101 (R)	98 (A)	102 (R)	95 (G)	98.3 (A)
Leverndale		100 (R)	98 (A)	101 (R)	99.4 (A)	99.9 (R)	96.9 (G)	101.2 (R)	101.8 (R)	101.2 (R)	99.9 (R)	100.3 (R)
Gartnavel		96.2 (G)	89.2 (G)	98.9 (A)	99.4 (A)	96.1 (G)	98.5 (A)	99.6 (A)	99 (A)	99.5 (A)	99 (A)	99.9 (R)

Performance Trend
Between September and October, performance moved from GREEN to AMBER in Stobhill and from AMBER to RED in Gartnavel; performance remained RED in Leverndale.
Issues Affecting Performance
To date during Q3, boarders to an external Health Board remain minimal. On-going planned ward movement to support anti-ligature work continues to impact on the sites. Wards outwith Glasgow City reduced bed numbers and moved to Glasgow located sites remains a factor. Taking this into account and the overall position for the quarter so far adult acute beds occupancy remains too high. Overall, service ability to admit those who require inpatient care continued to be maintained whilst pressure remained constant. The practice of transferring to other sites/types of mental health bed wards people whose condition is stable remains an option of last resort to facilitate a new admission. This practice remains anticipated for 2024 2025. Despite the decrease of 6 beds (2.11% reduction) occupancy for the way the system of care is working is anticipated to remain above the target across the wider system of adult acute psychiatric beds. Community vacancy improvement is yet to provide assistance in reducing pressure on inpatient admissions. A reduction in occupancy is anticipated by the end of the quarter. An audit of the discharges during this period will be considered to inform ways to further improve current practice.
Actions to Improve Performance
The use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care remains an option of last resort. The range of discharge work for people discharged at the end of the quarter will be examined to identify future options to improve services and reduce overall occupancy. Reducing vacancies during 24/25 in community and inpatient services remains a significant on-going operational issue whilst recognising the imperative to contribute to delivering financial planning requirements.
Timescales for Improvement
The discharge work and team service and reducing prolonged lengths of stay remain requirements throughout 2024-25.
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Longer Term Trend



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Indicator	4. Total number of Adult and Older People Mental Health Delays
Purpose	To monitor the extent to which Adult and Older People Mental Health patients are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown relate to patients within Mental Health beds coded as general psychiatry and psychiatry of old age and it excludes Forensic Mental Health and Learning Disability. Source of data is the monthly Health Board Delayed Discharges Mental Health Census Summary.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 1)
HSCP Leads	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Adults and Older People

Locality	Target	2022/23			2023/24			2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24
N. East		11	6	10	5	5	9	9	20	14	15
N. West		9	10	10	4	4	3	11	7	11	12
South		9	12	13	10	12	13	11	16	15	10
City		1	0	0	0	0	0	2	0	0	0
Sub-Total (Included Codes)		30	28	33	19	21	25	33	43	40	37
N. East		1	1	3	0	2	3	4	3	3	3
N. West		0	0	2	2	1	4	5	2	2	2
South		1	1	4	4	4	2	3	1	2	3
City		0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		2	2	9	6	7	9	12	6	7	8
All Delays	20	32 (R)	30 (R)	42 (R)	25 (R)	28 (R)	34 (R)	45 (R)	49 (R)	47 (R)	45 (R)

The above figures include Adults and Older People. A breakdown of these totals is shown for these care groups below.

Adults

Locality	2022/23			2023/24			2024/25			
	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24
North East	3	4	6	2	2	4	4	7	1	6
North West	5	6	8	3	2	2	7	6	7	6
South	3	4	8	5	3	7	3	6	7	6
City	0	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	11	14	22	10	7	13	14	19	15	18
North East	1	0	1	0	1	2	2	1	2	2
North West	0	0	1	1	0	3	4	2	2	2
South	0	0	0	0	0	0	3	1	0	0
City	0	0	0	0	0	0	0	0	0	0

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Sub-Total (Complex Codes)	1	0	2	1	1	5	9	4	4	4	
All Delays	12	14	24	11	8	18	23	23	19	22	

Older People

Locality	2022/23			2023/24				2024/25			
	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	
North East	8	2	4	3	3	5	5	13	13	9	
North West	4	4	2	1	2	1	4	1	4	6	
South	6	8	5	5	9	6	8	10	8	4	
City	1	0	0	0	0	0	2	0	0	0	
Sub-Total (Included Codes)	19	14	11	9	14	12	19	24	25	19	
North East	0	1	2	0	1	1	2	2	1	1	
North West	0	0	1	1	1	1	1	0	0	0	
South	1	1	4	4	4	2	0	0	2	3	
City	0	0	0	0	0	0	0	0	0	0	
Sub-Total (Complex Codes)	1	2	7	5	6	4	3	2	3	4	
All Delays	20	16	18	14	20	16	22	26	28	23	

Performance Trend

Performance remains RED although there has been a small decrease overall between September and October (-2). Within this, adult delays increased (+3) while older people delays decreased (-5).

Issues Affecting Performance

Overall delays have decreased slightly for this period. There continues to be issues with placements for complex patients and legal/AWI issues.

Patients with complex needs continue to require ongoing inpatient care and other options continue to be explored.

Actions to Improve Performance

The discharge teams are under review, and it is anticipated that a report will be presented early 2025 outlining the appropriate skills mix and management that the teams require going forward.

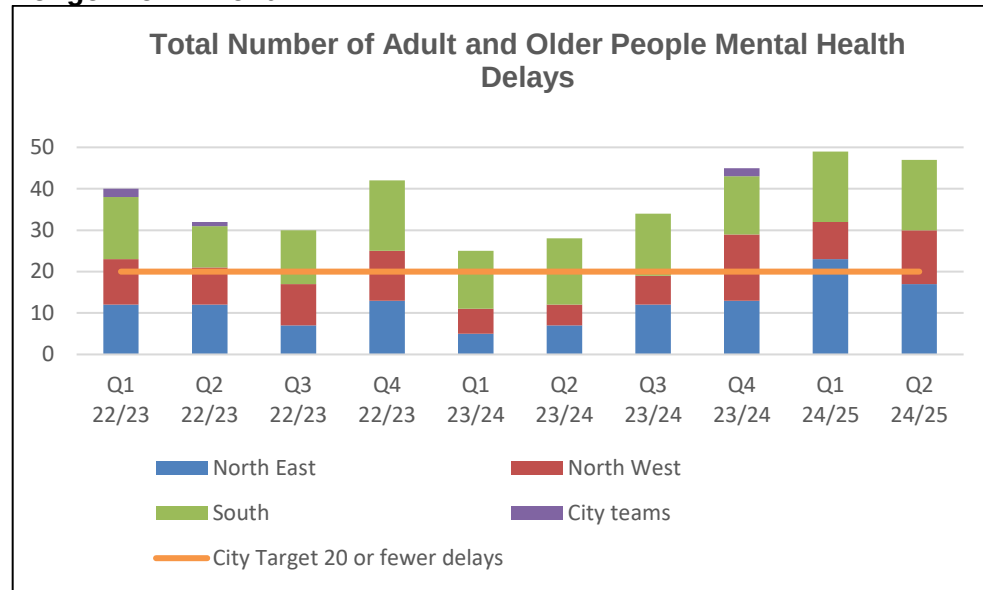
Regular meetings continue with commissioning and service managers to develop and progress further placements to allow throughput of patients ready for discharge from hospital.

Timescales for Improvement

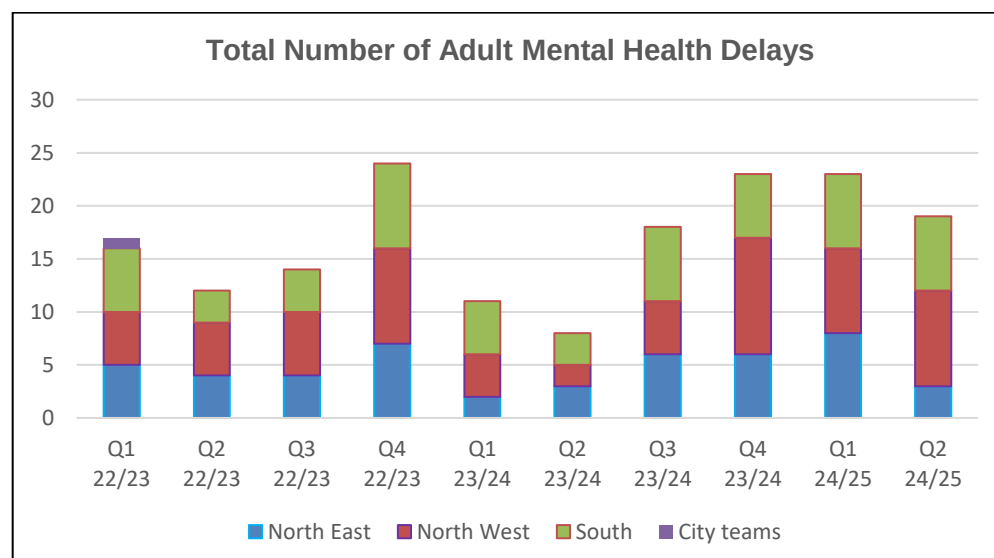
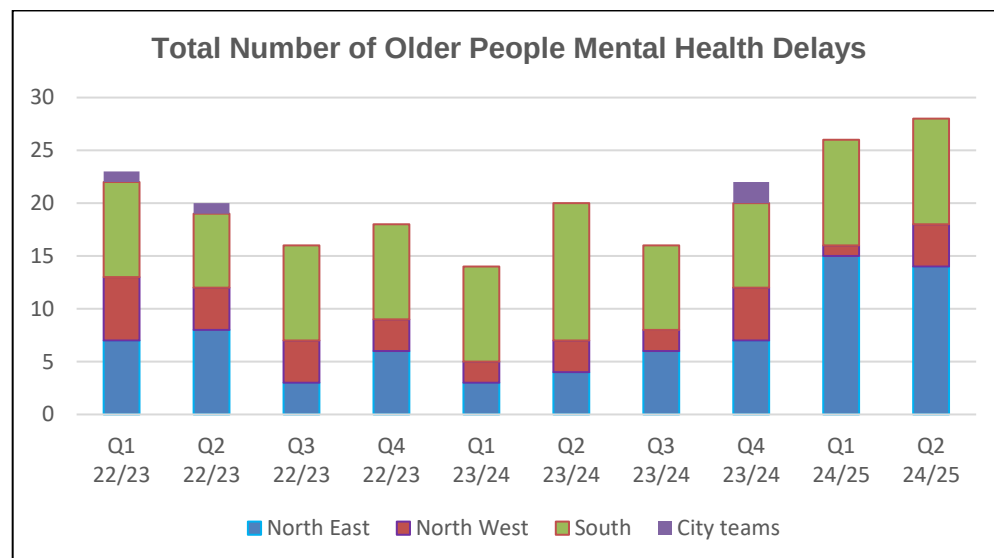
Performance improvement will be sought in 2024/25 financial year factoring the financial challenges being forecast.

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Longer Term Trend



The charts below provide a breakdown of the above.

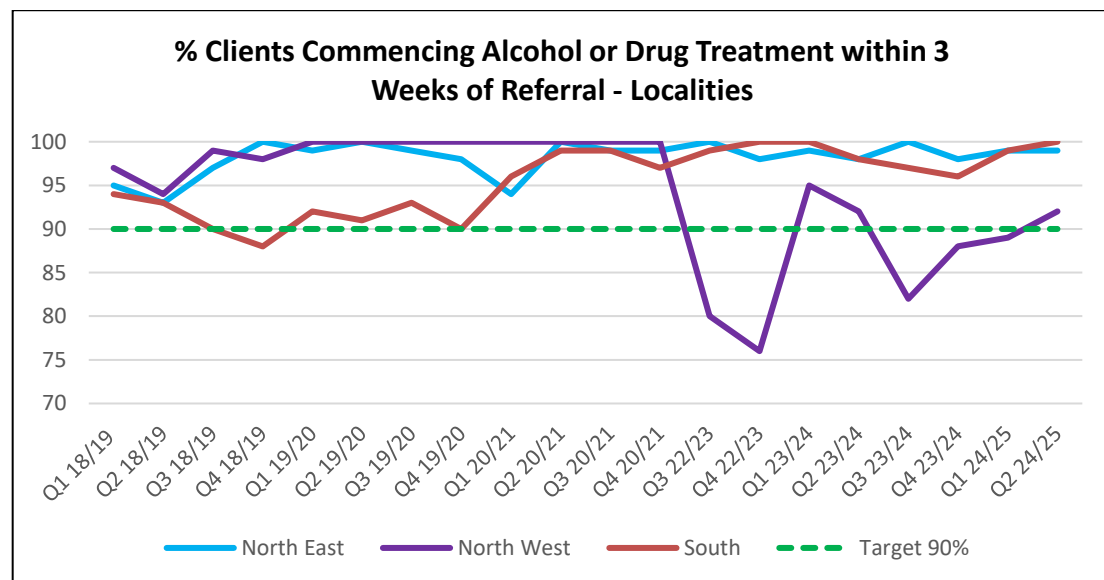
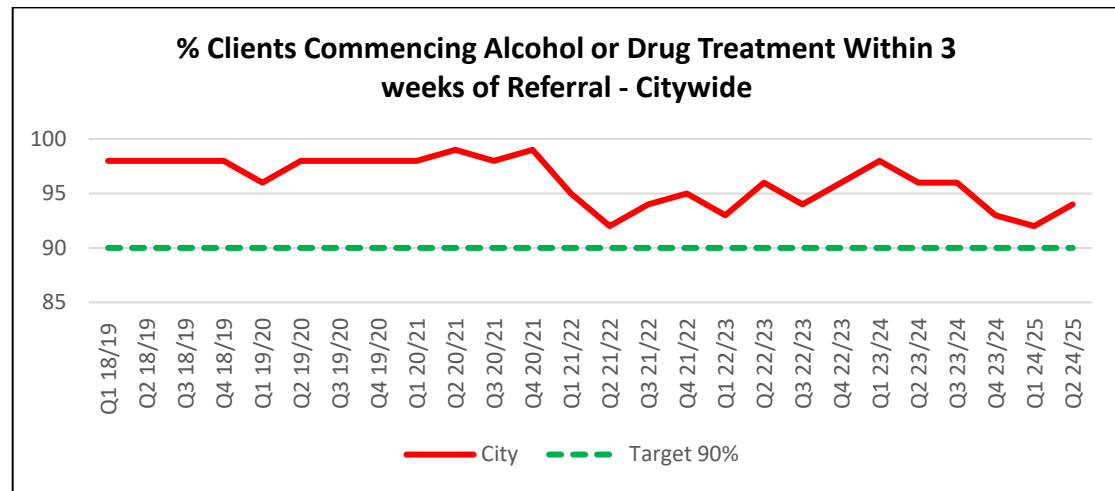


3. ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	In 2011, the Scottish Government set a National Standard that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug and/or alcohol treatment that supports their recovery. This KPI monitors performance in relation to this standard. The figure reported includes the following services: the 3 ADRS teams, CNS (HAT), Drug Court, 218 and all Purchased Services.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	22/23				23/24				24/25	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	90%	93% (G)	96% (G)	94% (G)	96% (G)	98% (G)	96% (G)	96% (G)	93% (G)	92% (G)	94% (G)
North East ADRS		Locality information was unavailable for this indicator during these quarters.		100% (G)	98% (G)	99% (G)	98% (G)	100% (G)	98% (G)	99% (G)	99% (G)
North West ADRS				80% (R)	76% (R)	95% (G)	92% (G)	82% (R)	88% (G)	89% (G)	92% (G)
South ADRS				99% (G)	100% (G)	100% (G)	98% (G)	97% (G)	96% (G)	99% (G)	100% (G)
Performance Trend											
This indicator is reported one quarter in arrears.											
All localities exceeded the 90% target during Q2 (GREEN).											
Back to Summary											

Longer Term Trend



N.B. Locality data was unavailable between Q1 21/22 and Q2 22/23 and so these quarters have been removed from the graph above.

APPENDIX 1 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

- Priority 1 Prevention, early intervention, and well-being
- Priority 2 Supporting greater self-determination and informed choice
- Priority 3 Supporting people in their communities
- Priority 4 Strengthening communities to reduce harm
- Priority 5 A healthy, valued and supported workforce
- Priority 6 Building a sustainable future

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 5	Health and social care services contribute to reducing health inequalities
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
Outcome 7	People using health and social care services are safe from harm
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services

APPENDIX 3 – APR KPIs

The following core set of KPIs from our full quarterly reports are included in the HSCP's Annual Performance Report and are used to show trends over time, along with the National Integration Indicators.

1. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP
2. Number of Clustered Supported living tenancies offered
3. Percentage of service users who receive a reablement service following referral for a home care service
4. Number of Telecare referrals received by Reason for Referral
5. Total number of Adult Mental Health delays (Adults and Older People)
6. Intermediate Care: % Users Transferred Home
7. New Accident and Emergency Attendances (18+)
8. Number of Emergency Admissions (18+) (MSG Indicator)
9. Number of Unscheduled Hospital Bed Days (Acute and Mental Health) (MSG Indicator)
10. Total number of Acute Delays
11. Total number of Bed Days Lost to Delays (All delays and all reasons 18+) (MSG Indicator)
12. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement
13. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks

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14. % of young people currently receiving an aftercare service who are known to be in employment, education or training
15. Number of out of authority placements (children)
16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months + 5 years)
17. Psychological Therapies: % of people who started treatment within 18 weeks of referral
18. % of clients commencing alcohol or drug treatment within 3 weeks of referral
19. Number of households reassessed as homeless or threatened with homelessness within 12 months.
20. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence
21. Percentage with a Case Management Plan within 20 days (CPOs; DTTOs; Throughcare Licences)
22. Alcohol Brief Intervention Delivery
23. Smoking Quit Rates at 3 months from the 40% most deprived areas
24. Women smoking in pregnancy (general population + most deprived quintile)
25. Exclusive Breastfeeding at 6-8 weeks (general population + most deprived quintile)
26. NHS Sickness Absence rate (%)
27. Social Work Sickness Absence Rate (%)

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