

WEST DUNBARTONSHIRE COUNCIL

Report by the Interim Executive Directors of Social Work and Health

Social Work and Health Improvement Committee: 19 May 2010

Subject: Community Care Services Performance on Service Delivery Timescales

1. Purpose

- 1.1** The purpose of this report is to advise committee of the performance of Social Work and Health regarding timescales for service delivery within Joint Addiction and Mental Health Services.

2. Background

- 2.1** The Scottish Government has issued guidance on National Eligibility Criteria for Free Personal Care for Older People. This guidance requires Local Authorities to report on timescales for delivering those services against categories of need.
- 2.2** A report outlining how the guidance would be implemented in West Dunbartonshire was submitted to the Social Work and Health Improvement Committee on 20 January 2010
- 2.3** The committee agreed the adoption of the criteria and as is current practice in West Dunbartonshire that the criteria be applied to all Community Care Client groups and services.
- 2.4** A report detailing current performance for all Community Care Services was submitted to Committee in March 2010.
- 2.5** After considering the report at Committee requested that a report providing further information as the performance of Mental Health and Addiction Services be brought to Social Work and Health Improvement Committee in May.
- #### **3. Performance Issues**
- 3.1 Joint Mental Health Services**
- 3.1.1** Within West Dunbartonshire services for people with Mental Health issues are delivered jointly by Social Work and the NHS.

- 3.1.2** There are two co-located teams, one in Clydebank and one in Dumbarton. These teams comprise of Social Workers, a Social Work Assistant and a range of Health Professionals.
- 3.1.3** There are slight structural differences at each end of the authority and work is underway to streamline and align processes.
- 3.1.4** Within Social Work and Health all client and performance information is recorded on the Carefirst Information System where as in Health, the main information system used is the Patient Information Management System (PIMS). This means that both systems have to be maintained.
- 3.1.5** In order to facilitate consistent client and performance information it was agreed that key demographic and service delivery information would be entered onto Carefirst and a small network of support staff were established to support this process.
- 3.1.6** Within the teams there have been staffing issues around vacant posts, recruitment and sickness with the problems being more long term in Clydebank team.
- 3.1.7** A more detailed analysis of the data on services delivery timescales indicates that information on timescales had either not been updated or had not been entered onto Carefirst. In addition to recording issues the system architecture and set-up of Carefirst currently doesn't reflect the way in which the service is delivered, particularly in relation to the therapeutic counselling element of the service provided, a business process analysis will be required to be completed to address this. Therefore the performance information presented to Committee on 17 March was not correct.
- 3.1.8** The data has now been collated across the two systems and performance re-assessed. The analysis shows the following timescales:
- Before Care and Support Plan Agreed – 77%; and
 - Less than or equal to 2 weeks – 23%.

3.2 Joint Community Addiction Services

- 3.2.1** Within West Dunbartonshire services to people with addiction or dependence issues are also delivered jointly with the NHS. Additionally the voluntary sector plays a crucial role in service delivery.
- 3.2.2** There are two co-located teams delivering addiction services one in Clydebank and one in Dumbarton. These teams are made up of Social

Workers, Addiction Workers, Social Work Assistants and a range of Health Professionals.

- 3.2.2** The situation with regards to Information Systems is similar to that of Mental Health but with an additional NHS system being utilised. There are therefore three systems in use across addiction services.
- 3.2.3** As in Mental Health a small team of support staff are available to facilitate information recording and sharing.
- 3.2.4** The main issues are again similar to Mental Health in that information on Carefirst has not been kept up to date. Much of this backlog has now been input.
- 3.2.5** Again the way in which the service is delivered is not well mirrored in CareFirst set-up. A review of Business Processes used is therefore required to be completed to address this.
- 3.2.6** In order to complete the performance analysis we used a combination of information from Carefirst and Waiting Times submitted by Addiction Services to the NHS Information Services (ISD).
- 3.2.7** The revised data shows the following timescales for service delivery:
 - Less than or equal to 2 weeks – 85%; and
 - Less than or equal to 3 weeks – 15%.

4. Analysis of Issues

- 4.1** There are a number of factors impacting on performance measurement within services jointly delivered by Social Work and NHS staff.
 - 4.1.1** Information systems

Within the department of Social Work and Health all client information is entered onto Carefirst and is available real time. Within the NHS information is across a range of systems including PIMS, GPASS and spreadsheets to monitor waiting times. This information is submitted to NHS Greater Glasgow and Clyde then to ISD and is available approximately one quarter in arrears. The lack of shared information system makes performance monitoring and reporting within joint teams problematic. The national E-Care programme – which is designed to facilitate information recording and sharing across agencies - is not making the progress required. E-Care should support increasing levels of joint working and allow ease of access to information for performance management purposes.

4.1.2 Key Processes and Definitions

Key processes around referral, allocation and service delivery differ across both jointly delivered services. In some cases these differences are historical and work is underway to standardise them. Also because of the specialist nature of these services the assessment process is in some cases also the method of service delivery, for example Therapeutic Counselling in Mental Health and Motivational Interviewing in Addiction Services.

5. People Issues

- 5.1** If we are to report accurate performance information across jointly delivered services changes to recording procedures are required.

6. Financial Implications

- 6.1** There are no financial implications at present regarding this issue.

7. Risk Analysis

- 7.1** Continuing with a mix of Social Work and NHS performance data is leading to inconsistent reporting of performance and the potential for misleading performance information to be reported to management and elected members.

8. Integrated Impact Assessment (IIA)

- 8.1** No significant issues were identified in a screening for potential equality impact of these reports.

9. Conclusions and Recommendations

- 9.1** This report provides updated performance information on timescales for service delivery within Joint Community Mental Health and Addiction Services. It also describes some of the issues and challenges in recording and reporting on performance within joint delivered services.
- 9.2** Committee is asked to note the amended performance data and that further is being carried out on clarifying the processes within Mental Health and Addiction teams.

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| Appendices: | None |
| Background papers: | Report to Social Work and health Improvement Committee 20 January 2010: “National Standard Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People” Report to Social Work and Health Improvement Committee 17 March 2010: “Community Care Services Performance on Service Delivery Timescales” |
| Wards Affected: | All |