

**West Dunbartonshire**  
**Health & Social Care Partnership**

**CLINICAL AND CARE GOVERNANCE FORUM**

**CLYDEBANK TOWN HALL: Wednesday 15 March 2017, 09.30 - 12.30**

**PROGRAMME**

09.30	Registration and Networking
10.00	Welcome and Introduction Keith Redpath, Chief Officer
10.10	<b>Our Journey with Telecare</b> Presentation: Alex Wrens, Care at Home Services Q&A Session
11.00	Tea Break
11.10	<b>Joint Children's Services Inspection of WDCPP - Outcomes and Reflections</b> Presentation: Jackie Irvine, Head of Children's Health, Care and Criminal Justice & Soumen Sengupta, Head of Strategy Planning and Health Improvement Q&A Session
12.00	Networking Lunch
12.30	Close

## Joint Inspection of Services for Children and Young People in West Dunbartonshire

Jackie Irvine  
Chief Social Work Officer

Soumen Sengupta  
Head of Strategy, Planning & Health Improvement

March 2017

The joint inspection of services for children and young people in the West Dunbartonshire Community Planning area took place between 29 August and 14 October 2016. This inspection looked at the difference services – across Community Planning Partners - are making to the lives of children, young people and families.

There were several phases to the inspection including some offsite scoping of key documents and evidence that had been submitted by ourselves.

The inspectors read 96 case records of the most vulnerable children and young people.

They undertook 79 focus Groups with staff; and met with 103 children and young people as well as 39 parents and carers.

The inspection report was published on 28th February 2017:

<http://www.careinspectorate.com/images/documents/3704/West%20Dunbartonshire%20services%20for%20children%20and%20young%20people%20joint%20inspection%20report%20Feb%202017.pdf>

<b><i>How well are the lives of children and young people improving?</i></b>	
Improvements in the wellbeing of children and young people	<b>Good</b>
Impact on children and young people	<b>Very Good</b>
Impact on families	<b>Good</b>
<b><i>How well are partners working together to improve the lives of children, young people and families?</i></b>	
Providing help and support at an early stage	<b>Very Good</b>
Assessing and responding to risks and needs	<b>Adequate</b>
Planning for individual children	<b>Adequate</b>
Planning and improving services	<b>Good</b>
Participation of children, young people, families and other stakeholders	<b>Very Good</b>
<b><i>How good is the leadership and direction of services for children and young people?</i></b>	
Leadership of improvement and change	<b>Good</b>

Indicator/ Report on services for children and young people	Date of Inspection Report	Providing help and support at an early stage	Impact on children and young people	Impact on families	Assessing & responding to risks and needs	Planning for individual children	Planning and improving services	Participation of children, young people, families and other stakeholders	Leadership of improvement and change	Improving the well-being of children and young people
Positive Negative										
City of Edinburgh	29/04/13	Good	Good	n/a	Good	Good	Good	Very good	Good	Good
Orkney	20/05/13	Good	Very good	n/a	Adequate	Adequate	Weak	Adequate	Adequate	Good
Argyll and Bute	18/09/13	Very good	Good	n/a	Adequate	Adequate	Adequate	Good	Good	Good
North Ayrshire	28/10/13	Good	Very good	n/a	Adequate	Good	Very good	Very good	Good	Very good
East Dunbartonshire	13/01/14	Good	Very good	Very good	Good	Good	Adequate	Good	Good	Good
Midlothian	13/01/14	Good	Good	Good	Adequate	Adequate	Adequate	Very good	Adequate	Adequate
Highland	04/04/14	Very good	Very good	Good	Good	Very good	Very good	Very good	Very good	Very good
East Lothian	10/04/14	Very good	Very good	Very good	Good	Good	Weak	Adequate	Adequate	Adequate
Dumfries and Galloway	16/04/14	Adequate	Adequate	Adequate	Unsatisfactory	Adequate	Weak	Adequate	Weak	Weak
Clackmannanshire	30/05/14	Good	Good	Adequate	Weak	Adequate	Adequate	Good	Adequate	Adequate
Stirling	30/05/14	Good	Good	Adequate	Weak	Adequate	Adequate	Good	Adequate	Good
East Renfrewshire	01/09/14	Very good	Very good	Excellent	Good	Good	Excellent	Very good	Excellent	Very good
South Lanarkshire	23/2/15	Adequate	Good	Good	Adequate	Adequate	Adequate	Very good	Good	Good
Aberdeen City	4/03/15	Good	Good	Good	Good	Good	Adequate	Good	Adequate	Adequate
North Lanarkshire	01/06/15	Very good	Very good	Very good	Good	Good	Good	Very Good	Very Good	Very Good
Shetland	31/7/15	Adequate	Good	Good	Weak	Good	Adequate	Good	Good	Good
Aberdeenshire	8/10/15	Good	Very good	Good	Good	Good	Weak	Adequate	Adequate	Good
Renfrewshire	11/12/15	Very good	Very good	Very good	Adequate	Good	Good	Very Good	Very Good	Very Good
Outer Hebrides	19/1/16	Adequate	Good	Good	Good	Good	Weak	Adequate	Weak	Adequate
Dundee	8/3/16	Adequate	Good	Adequate	Good	Adequate	Weak	Good	Adequate	Adequate
Fife	22/3/16	Good	Good	Very good	Good	Adequate	Good	Very Good	Very Good	Good
Falkirk	9/6/16	Good	Good	Good	Good	Adequate	Adequate	Good	Adequate	Adequate
Scottish Borders	28/6/16	Good	Good	Good	Adequate	Adequate	Adequate	Very Good	Adequate	Good
South Ayrshire	4/10/16	Adequate	Good	Good	Good	Good	Weak	Adequate	Weak	Adequate
Angus	28/11/16	Good	Good	Good	Adequate	Adequate	Good	Good	Good	Very Good
Moray	16/2/17	Adequate	Adequate	Adequate	Weak	Adequate	Weak	Adequate	Weak	Weak
West Dunbartonshire	28/2/17	Very Good	Very Good	Good	Adequate	Adequate	Good	Very Good	Good	Good

The inspectors identified a number of particular strengths which were making a positive difference to the lives of children and young people:

*The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation;*

*Highly committed staff groups across the partnership demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning;*

*Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development;*

*There was an evident commitment to early intervention and prevention with very effective help and support processes;*

*A coherent shared vision was in place and modelled by a mature partnership.*

The inspection team also identified 3 examples of Good Practice;

*Effective change management –Seasons for Growth*

*Leadership by young people for young people – Y Sort It*

*Commitment to equality and inclusion – Highly Dependent Learners*

In respect of areas for improvement, the inspection team concluded that;

*Partners had demonstrated a commitment to continuous improvement and reflective practice and we are confident that partners are well placed to incorporate the opportunities for further improvement highlighted during this inspection within their ongoing activities. In doing so, the community planning partnership should take action to:*

*Demonstrate the difference investments in early intervention and prevention are making for all children and young people through measurement of robust data and progress across strategic plans.*

*Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse and local trends in use of kinship care.*

*Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.*



## REFLECTIONS

### **Single point of inspection coordination**

Having a dedicated inspection coordinator was essential both internally and for the Care Inspectorate, supported by the delegation of specific tasks across partners and being clear about role allocation.

Joint inspection is a convoluted process with overly burdensome bureaucracy from the Joint Inspection Team and a significant number of Community Planning partners involved. This worked well provided everyone was disciplined about it.

### **Time Commitment**

Do not underestimate the time it takes across all services to gather, collate, quality assure, revisit, prioritise and adapt evidence.

We built in significant time prior to the inspection being announced, through inspection preparation meetings, starting evidence collation and a draft narrative and engaging staff. How well this worked was very dependent on the degree to which everyone involved “owned” their role in the process – specifically the evidence and self-evaluation.

## **REFLECTIONS**

### **Importance of the Case File Reading**

The credibility of the evidence and self-evaluation narrative rests on the case file audit activity. The weighting of Case File Reading on the inspection findings should not be underestimated. In the children's inspection, case file findings largely mirrored those of our internal case file audit. We should therefore not be surprised by the outcomes.

### **Understand the audience**

Inspectors have varied experience and knowledge of current practice, specifically with regard to integrated health and social care. We should not assume that this includes a working understanding of services. We should expect this in future inspections and it should be anticipated in older people/ adult inspection.

### **Transparent quality assurance**

By being clear internally about our weaknesses at an early stage – mapping of current business and service improvement next to inspection expectations- we can address gaps prior to the evidence being submitted. This also applies with regard to internal case file auditing (single and multi-agency).

Overall the result of the inspection was positive for West Dunbartonshire, recognising the considerable good practice across partners and highlighting valuable areas of learning.

The inspectors commented at various points about the commitment, enthusiasm and positive contribution made by staff and all partners.

This is to the credit of all staff across the children's services partnership, both in terms of their dedication to children, young people and families and in relation to the time and enthusiasm they committed to the inspection process.



Services for children  
and young people in  
West Dunbartonshire  
February 2017  
Report of a joint inspection

# Our Journey with Telecare

Alex Wrens

Care at Home Co-ordinator

## History:

- 1990 Strathclyde Regional Council invested in Telecare.
- 2006 Telecare funding from Scottish Government to West Dunbartonshire Council and Community Health Partnership - expand number of users of Telecare and Community Alarms.
- 2015 Technology Enabled Care Scottish Government funding to Health and Social Health Care Partnership.



## Purpose:

- To support vulnerable people at home using a range of technology:
  - Safety and reassurance to individuals
  - Safety and reassurance to families and carers
  - Low interventionist approach to delivery of support and care in individual's home
  - Monitoring over a period of time e.g. activities during the night

## Current population:

- 1,500 current clients of Care at Home
- 2,400 current clients using Telecare
- Unsustainable to continue to work as we currently work due to demographics of our population
  - Increasing number of older people with long term conditions and complex needs
  - Increasing number of adults and younger people with complex needs living in our communities.

## Current Telecare approach links to:

- Promoting Independence
- Assessment and Reablement
- Planning for Effective Hospital Discharge
- West Dunbartonshire Falls Collaborative
- Reassessment and Review to avoid dependency



## Promoting Independence:

- By the adoption of modern technology, we can provide sensors and alarms tailored for the individual, for use inside and outside the home.
- Allowing greater self management, with more focus on person-centred and community delivered care.

## Assessment and Re-ablement:

- By using a range of sensors an accurate picture can be obtained of a persons movements and needs. This information in conjunction with clinical input can provide a more robust care package for the individual.
- By providing Telecare equipment we can reduce the need for on going help and support whilst allowing the individual to regain/increase their confidence in living independently.

## Planning for Effective Hospital Discharge:

- By providing a bespoke Telecare package supported by the home care team, we ensure that the hospital discharge is as effective as possible.
- The Telecare package offers reassurance and peace of mind to the individual, their carers and family.

## West Dunbartonshire Falls Collaborative:

- The basic community alarm can be used to raise the alarm in the case of falls.
- Individuals can be assisted with the use of specialist portable equipment used by the response team.
- Information collated during the visit is recorded and processed to the Fall's Team.
- If appropriate a Falls Alarm can be issued.

## Reassessment and Review to avoid dependency:

- By using technology it is possible to obtain accurate personalised reports and data that can be used to assist in assessments and reviews, providing better outcomes for the individual.
- Offering flexible solutions which offer choice and control that can be tailored to the individuals needs.



## Data:

- 49 installations
- 40 withdrawals
- 13,000 calls to the Control Room

650 calls requiring a response:

- 100+ falls
- 150+ personal care
- 17 smoke alarm activations

## Case Study: Diagnosis - Epilepsy

- Use of equipment to support an adult with epilepsy
- Enable to manage his own condition
- Promote freedom and independence

Alarm usage = 20 requests for assistance in 12 months,  
only 1 false alarm

## Challenges:

- Clients needs increased and more call outs
- Greater demands on the service
- The advances in technology
- Public attitude – wants versus needs, risk aversion



## Future of Telecare:

- Significant advances in technology will mean that increasingly only one familiar device or platform will carry out multiple functions as opposed to using multiple and specialist devices.
- Community perception that this is a good and effective service
- Embedded as part of Care at Home Service
- Detailed data and information about call outs and activities of individuals – performance management



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Health & Social Care Partnership

Demonstrator Flat:

Manse Gardens Sheltered Housing Complex

Balloch

G83 8BU

To visit and see the equipment in use please contact:

Phone: 0141 951 6240

Email: [shelteredhousing.admin@west-dunbarton.gov.uk](mailto:shelteredhousing.admin@west-dunbarton.gov.uk)



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Questions?

Thank you