

Chief Officer: Keith Redpath



**WEST DUNBARTONSHIRE**

**CHIEF SOCIAL WORK OFFICER's ANNUAL REPORT 2014- 2015**

1.	Local Authority Overview.....	4
2.	Governance and Delivery.....	4
3.	Integration of Health and Social Care.....	5
4.	Public Protection .....	7
4.1	Public Protection Chief Officers Group (PPCOG).....	7
4.2	Child Protection.....	8
4.3	Adult Support and Protection (ASP) .....	8
4.4	Criminal Justice – the Management of High Risk Offenders.....	10
4.5	Mental Health Officer Service and Public Protection .....	10
5.	Corporate Parenting .....	12
6.	Regulation, Inspection and Quality Assurance .....	14
6.1	Grades and Outcomes .....	14
6.2	MAPPA Thematic Review .....	14
7.	Service Achievements.....	16
7.1	Implementation of Getting It Right For Every Child (GIRFEC) National Practice Model .....	16
7.2	Youth Mentoring Project – National Award .....	16
7.3	The Link Up Service – National Awards .....	16
7.4	Integrated Care for Adults and Older People .....	17
7.5	Vitality.....	17
7.6	Palliative Care District Nursing Team- National Awards .....	18
7.7	Whole Systems Approach (WSA) to Youth Offending .....	18
7.8	Permanency and Adoption.....	19
7.9	Early and Effective Intervention (EEI) Domestic Abuse.....	19
8.	Performance – Planning for Change and Key Challenges .....	20
8.1	Mental Health Officer (MHO) Service.....	20
8.2	Criminal Justice - Women’s Safety and Support Service .....	21
8.3	Community Payback Orders (CPO).....	21
8.4	Community Justice Reform .....	22
8.5	Criminal Justice Funding .....	22
8.6	User and Carer Involvement .....	23
8.7	Children and Young People (Sc) Act 2014 .....	23
8.8	Self Directed Support (Scotland) Act 2013.....	25
8.9	Carer’s (Scotland) Bill 2015.....	27
8.10	Complaints.....	28
8.11	Workforce Development.....	28
8.12	Financial Challenges .....	29

## Appendices

1. Performance and Assurance Reporting Framework (PPCOG)
2. Regulatory Inspection Outcomes
3. HSCP SOLACE Performance Indicators for 2013 to 2014
4. Audit Scotland Statutory Indicators 2013 to 2014.

## **Foreword**

It is my pleasure to provide my third annual Chief Social Work Officer's report in West Dunbartonshire. I would like to acknowledge all the colleagues who have supported me in the provision of relevant material for inclusion in this report.

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Sc) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

The purpose of this annual report is to provide Council with information on the statutory work undertaken on the Council's behalf during the period 1<sup>st</sup> July 2014 to June 2015. This report will be posted on the Council website, the Health and Social Care Partnership website and will be shared with the Chief Social Work Advisor to the Scottish Government.

***Jackie Irvine  
Chief Social Work Officer  
Council Buildings  
Garshake Road  
Dumbarton  
G82 3PU***

## **1. Local Authority Overview**

- 1.1 West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2014 population for West Dunbartonshire is 89,730; a decrease of 0.1 per cent from 89,810 in 2013. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.
- 1.2 In West Dunbartonshire, 17.5% of the population are aged 0-15 which is slightly higher than Scotland which sits at 17%. In the next age group 17.6 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.3 per cent are aged 16 to 29 years. Persons aged 60 and over make up 23.6 per cent of West Dunbartonshire. This is smaller than Scotland where 24.0 per cent are aged 60 and over.
- 1.3 National and local evidence indicates that the population of West Dunbartonshire is ageing due to a combination of factors: that the number of births within the area is dropping; the number of people migrating to other council areas within the 15 – 44 age group is increasing; and the number of deaths registered annually is falling.

## **2. Governance and Delivery**

- 2.1 It is a statutory requirement that every local authority should appoint a professionally qualified Chief Social Work Officer. This requirement was initially set out in the Section 3 of the Social Work (Sc) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The particular qualifications are set down in regulations.
- 2.2 The responsibility of social work services is to promote people's safety, dignity and independence, and to protect communities by reducing offending and managing the risks posed by known offenders. This is done within a framework of statutory duties and powers imposed on the Council. Services are required to meet national standards and to provide best value. They are delivered in partnership with a range of stakeholders, including, most importantly, people who use them.
- 2.3 The role of the Chief Social Work Officer relates to all social work services, whether they be provided by the local authority or purchased from the voluntary or private sector, and irrespective of which department of the Council has the lead role in providing or procuring them.
- 2.4 In addition, there is a small number of duties and decisions, which relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable.

- 2.5 This annual report provides Members with an overview of how the statutory duties of the Chief Social Work Officer (CSWO) have been fulfilled between July 2014 to June 2015 and it provides a summary of highlights and future challenges and developments.
- 2.6 In forming the Community Health and Care Partnership (CHCP) in 2010, with a shadow period prior to this, it was agreed that the Annual Chief Social Work Officer report would be the mechanism for affirming if the construct of the CHCP continued to fulfil the governance and statutory responsibilities for social work services. This continues to be the case in respect of the Health and Social Care Partnership (HSCP).
- 2.7 With the formation of the CHCP in October 2010 reporting has been on an annual basis since then. However given that on the 1<sup>st</sup> of July this year the Health and Social Care Partnership (HSCP) was ratified and the Integrated Joint Board membership and remit agreed reporting on the delivery elements of Social Care will for this report be based on the year up to 1<sup>st</sup> of July 2015.
- 2.8 The next report will then cover the first nine months of the HSCP from 1<sup>st</sup> of July 2015 to the end of March 2016. Thereafter reporting will be on an annual basis as per the financial year.
- 2.9 Future reporting from 1<sup>st</sup> July this year will therefore be included in the overall Health and Social Care Partnership (HSCP) performance report.

### **3. Integration of Health and Social Care**

- 3.1 The Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board. This decision enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that had already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so.
- 3.2 The approved **Integration Scheme for West Dunbartonshire** details the 'body corporate' arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the *West Dunbartonshire Health & Social Care Partnership Board*.

- 3.3 The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to the Integration Joint Board (except for NHS acute hospital services); and through the Chief Officer, who is responsible for the operational management of the Health & Social Care Partnership. These arrangements for integrated service delivery will be conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both organisations can continue to discharge their governance responsibilities.
- 3.4 West Dunbartonshire HSCP, as was the case with the previous construction of the CHCP, has brought together the full complement of service including Children's Social Work and Criminal Justice Services. This is variable across the rest of Scotland and indeed within the Greater Glasgow and Clyde Health Board Area.
- 3.5 In conclusion, as Chief Social Work Officer, I fully support and endorse the work that has been undertaken this past year in establishing a clear construct for the HSCP and in the development of a comprehensive integration scheme which was approved by Scottish Ministers.
- 3.6 In addition it is my professional view that this full complement of services within the HSCP is essential both from a collaborative point of view but also ensures all services are mindful of the contribution they make across the range of public protection requirements which are a statutory function in respect of social work delivery.

## **4. Public Protection**

### **4.1 Public Protection Chief Officers Group (PPCOG)**

The highest priority in social work is to ensure that, in collaboration with partner agencies, people at risk of harm are afforded effective protection. The PPCOG is chaired by Joyce White, Chief Executive of the Council and the PPCOG is responsible for the strategic co-ordination of all public protection services in West Dunbartonshire.

The chairs of both the Child Protection Committee (CPC) and the Adult Protection Committee (APC) report directly to the PPCOG. In the last twelve months we have further embedded our approach to performance and assurance reporting and the scrutiny role of the PPCOG.

The Performance and Assurance Reporting Framework, as attached at **Appendix 1**, was developed in 2013. This report is shared with the CPC and APC however it's main purpose is to allow the PPCOG to review the outcomes and targets on regular basis. Some of the performance indicators such as registration rates do not warrant a target being set, however it is important to note the variations and examine the reasons for this. It is presented to each quarterly meeting of the PPCOG and is accompanied by an analysis report prepared by the Chief Social Work Officer and covers the totality of the public protection agenda.

It is acknowledged that as well as covering the three main areas of public protection; adult protection, child protection and high risk offenders a cross cutting theme for all of these service areas is domestic abuse. With this in mind the PPCOG hosted a staff engagement event in December 2014 on the subject of Domestic Abuse. This covered various aspects of domestic abuse management and intervention and was evaluated very positively by the mixed group of agencies and staff who attended.

With the revision of the Community Planning Partnership (CPP) structures and work streams the role and function of the PPCOG is clearly linked to the CPP strategic map. It is acknowledged that more work is required in raising the general awareness of the role, remit and function of the PPCOG. As such we have developed a specific logo and strap line by way of establishing a clearer 'brand'. We are also undertaking awareness raising exercises to ensure there is an understanding of the role of the PPCOG across each service area in the Council and CPP. And one of these events will be another seminar for elected Members early in 2016 and invitations will be extended to Executive Directors and Heads of Service.

The PPCOG continue to have an annual development event to review their Development Plan and areas for improvement.

## **4.2 Child Protection**

We normally report numbers as at 31 March 2015. This year there were 34 children living in 17 families on the Child Protection Register (CPR) in West Dunbartonshire, compared with 20 children living with 13 families the year before. This represents an increase of 70%. Whilst this appears a significant increase, we monitor the numbers on the CPR over the course of the year in which there is acceptable variation. This variation is evident within Appendix 1 which covers the period of this report (1 June 2014 to 1 July 2015). Over the course of the calendar year 2014 to 2015, a total of 86 children were registered and 71 were de-registered. As compared to June 2014 to July 2015 there were 61 children registered and 90 removed from the CPR.

From analysis over the last two years it is evident that for the vast majority of children who are de-registered they remain at home due to a reduction in the level of risk they are exposed to. We audit a number of cases per year on a multi-agency basis in order to examine both the protective actions taken and the relationship to improved outcomes for children.

The Child Protection Committee (CPC) is chaired by the Chief Social Work Officer. As advised in my previous report, there have been a number of essential changes made to the format and structure of the CPC in recent years. The aim has been to ensure there is membership from across the services that have a role to play in protecting children and ensure that the agenda and content are sufficiently robust that we are able to identify areas for improvement and examine practice implications

The Improvement Action Plan spans three years from 2013 to 2016 with an annual update and review each year. This was first presented to the PPCOG in January 2014. This was reviewed in January 2015 with significant progress noted. We continue to undertake various forms of self evaluation in order to identify areas for further improvement. The CPC annual Improvement Action Plan as revised in January 2015 can be accessed on the CPC website along with various local guidance documents that have been developed or revised within the year.

<http://www.wdcpc.org.uk/>

Attendance and contribution has been very positive since the review of the structure and format of the CPC.

## **4.3 Adult Support and Protection (ASP)**

The Adult Protection Committee (APC) continues to meet on a quarterly basis and has recently extended its membership to include representation from Trading Standards in light of the recent increase in financial harm and scams that have taken place within West Dunbartonshire. As a result of this, much of the draft action plan has centred on tackling financial harm and will link in with a wide range of agencies; such as banks, DWP and OPG to do this effectively.



The two sub-committees which support the Adult Protection Committee have also been refreshed with a revised membership and new objectives for each. The Self Evaluation and Training Sub-committee will be responsible for all matters involving audit, inspection and training requirements. The Practice and Communication Sub-committee will look at ways in which both practice and communication can be improved at a multi-disciplinary level. Both sub-committees will meet on a quarterly basis and the chairperson will attend each committee meeting to raise any issues and offer updates on any work completed.

The Council Officers Forum, which feeds indirectly into each of the sub-committees, continues to meet on a quarterly basis. The forum allows Council Officers the opportunity to meet with the Adult Support and Protection Co-ordinator and discuss issues relating to practice and professional development.

### **Training**

The ASP training agenda for 14/15 is on-going and there continues to be high demand for both the Basic Awareness (level 1) and Detailed Awareness (level 2) courses. Figures for all training courses within the July 14 – June 15 period are as follows:-

- Basic Awareness – 143 attendees
- Detailed Awareness – 20 attendees
- 3 Acts Training – 9 attendees

The training agenda for 15-16 is already in use and features a number of additional courses such as minute taking and a senior practitioner's workshop to ensure that the workforce is equipped with the relevant skills and knowledge throughout all stages of the ASP process. Plans are also underway to stage a financial harm event for professionals with input from partner agencies.

### **Referrals**

The number of adult at risk referrals for the period July 14 – June 2015 has decreased by 16% (80 referrals) in comparison to the same period for 13 – 14. The reason for this is that the vulnerable adult process is now in practice and provides an alternate pathway for Police to submit referrals for individuals that they have concerns about but do not consider to meet the 3 point test under the Act. This has been reflected in the number of vulnerable adults referrals received within the July 14 – June 2015 period. For 14/15 vulnerable adults referrals increased by 64% (130) in comparison to the same period for 13 – 14. The use of the vulnerable adult process has resulted in Police Scotland submitting more appropriate referrals and is an example of effective partnership working and a shared understanding of the thresholds required in order for an Adult to be considered under ASP legislation.

#### **4.4 Criminal Justice – the Management of High Risk Offenders**

Criminal Justice Social Work Services have statutory responsibilities for the assessment and supervision of offenders and a critical role in the assessment and management of offenders who present a high risk of harm to others within the community. Multi-agency Public Protection Arrangements (MAPPA) are the principle means of discharging this responsibility with regard to registered sex offenders and restricted patients (mentally disordered offenders). MAPPA provides a statutory framework for information sharing and joint working with the numerous agencies involved.

The statutory provisions relating to the inclusion of certain categories of serious violent offenders within MAPPA were intended to come into effect in 2015 but following representations regarding the preparation required, implementation this will now take place in 2016. This delay will also permit services to consider and implement recommendations arising from the national joint thematic inspection of MAPPA which took place earlier this year as noted at 8.3 in this report.

The service in West Dunbartonshire has in response to operational need and in conjunction with our partner authorities, developed and implemented local information sharing and planning arrangements with police colleagues in respect of the critical few but most concerning violent offenders. This will enable the service to anticipate the impact of the forthcoming formal changes in terms of organisational priorities and resources.

Delivery of additional responsibilities arising as a result of MAPPA has not been supported by additional funding resources at either a National or local authority level. This presents a challenge in terms of meeting this and other complex operational demands.

#### **4.5 Mental Health Officer Service and Public Protection**

Mental Health Officers in West Dunbartonshire undertake legislative duties in relation to the risk assessment and management of people with mental disorders, including mentally disordered offenders. The principle duties are set out in relevant legislation with additional policy and guidance featuring such as the Multi-Agency Public Protection Arrangements (MAPPA); the Memorandum of Procedure on Restricted Patients (2010); and the Enhanced Care Programme Approach. Mental Health Officers also directly contribute to the formulation of multi-agency formal risk assessment and management plans.

An area of particular demand relates to working with mentally disordered offenders. There has been an increase in the number of referrals from the courts in comparison to previous years, and these often complex cases require considerable MHO input. It is anticipated that the extension of Conditions of Excessive Security appeal provisions to include those individuals in medium secure hospital settings from autumn 2015 will result in greater numbers of patients being discharged into community settings. This will serve to further

enhance the role of the MHO in respect of such cases and is likely to have a broader impact on local resources in terms of care planning and support provision.

All mentally disordered offenders from the West Dunbartonshire area who are subject to statutory measures must have a designated Mental Health Officer. The Mental Health Officer (MHO) Service continues to experience a year-on-year increase in terms of demands on the resource. The volume of civil work generated under the terms of the Mental Health (Care & Treatment) (Scotland) Act 2003 remains largely consistent over time.

Whilst it remains the case that people with mental disorders are significantly more likely to be vulnerable to harm on the part of others, as opposed to presenting a risk to the broader community, it is essential to identify and manage all risk factors, and Mental health Officers are central to this process.

## 5. Corporate Parenting

Corporate Parenting is:

*“The formal and local partnerships needed between local departments and services, and associated agencies, who are responsible for working together to meet the needs of looked after children and young people”*

Looked After Children and Young People; We Can and Must Do Better (2007).

Corporate Parenting has been introduced into legislation through the Children Young People (Scotland) Act 2014 to place ‘corporate parenting’ (the duties of local authorities and other public bodies) on a statutory footing. The Act sets out the various responsibilities of corporate parents, how they should plan, report and collaborate. Clarity is also provided regarding a definition of the role, as defined in Part 9 of the act:

Prior to the introduction of this legislation, West Dunbartonshire Community Planning Partners had been focused on embedding a positive Corporate Parenting ethos across all partners. The success of this approach has been due primarily to the commitment of all partners and by utilising the expertise of organisations such as CELCIS (Centre for Excellence for Looked After Children), Kibble and ‘Who Cares Scotland’.

Despite the positive, proactive approach to Corporate Parenting national statistics show that looked-after young people are more likely to experience difficulties with their mental health, are over represented in the justice and prison services and are at greater risk of both homelessness and unemployment.

The challenge to all of us is to change these statistics. In West Dunbartonshire we are committed to working in partnership to improve both supports and services and eventual outcomes for all our looked after children and young people. It is a key role for all of our Corporate Parents to assist our young people to achieve their aspirations. This is not only a statutory responsibility but an opportunity to improve the future of our most vulnerable young people in West Dunbartonshire.

In preparation for the new Corporate Parenting Responsibilities contained within the legislation West Dunbartonshire Community Planning Partnership hosted a Corporate Parenting Event on the 23<sup>rd</sup> of June 2015. The event was called, *“Creating Unconditional Care”* and was attended by representatives from all organisations with a corporate parenting responsibility.

The event was opened by the Council’s Chief Executive and jointly delivered by CELCIS and Who Cares Scotland (an independent advocacy service for children and young people with experience of care).

The main focal points of the event were:

- ❖ To enable the delegates to hear from our young people regarding their experience of being looked after in West Dunbartonshire.
- ❖ To understand the outcomes experienced by looked-after young people.
- ❖ To provide all corporate parents with an understanding of their role in improving outcomes for our looked-after young people with particular reference to Housing, Employability and Education.
- ❖ To provide an opportunity for reflection on progress to date in relation to corporate parenting with all of our West Dunbartonshire Corporate Parents.

The event was followed by an interactive workshop that both challenged participants to consider their responsibilities to our looked after children and young people; and to refresh West Dunbartonshire's CPP Corporate Parenting Strategy and Action Plan.

The workshop was facilitated by CELCIS on behalf of the Council to provide a "critical friend" role for us, to support reflective and self-evaluation as well as identifying key actions for us moving forward. Delegates were asked to identify creative and robust actions to deliver our future corporate parenting responsibilities and aspirations.

The event enabled us to re-affirm our individual and collective commitment to our looked after young people ensuring that they receive high quality care and are afforded the same opportunities and experiences as children in the general population, in order that they can achieve the same outcomes.

To this end we have worked closely with our third sector partners, and have delivered training on an on-going basis in partnership with Who Cares? Scotland to a range of practitioners within Health, Social Work and Education working with looked after children and young people.

In West Dunbartonshire we recognise that we all have a role to play as Corporate Parents and it is imperative that we continue to raise awareness of this duty, as well as the reasons why this population of children require additional assistance to overcome the difficulties that come with having been looked after.

## **6. Regulation, Inspection and Quality Assurance**

The Care Inspectorate's role is to register care services and to inspect all care and social services with the aim of encouraging and driving improvement in those services where they have detailed either recommendations and or requirements in certain aspects of care. All inspection findings and reports are reported to the HSCP Committee along with details of improvement actions and progress.

We work closely with the Care Inspectorate in discharging our responsibilities to ensure that service provision, both provided and commissioned, are of the highest standard. The Quality Assurance team within the HSCP has a clear role in proactively monitoring the quality of care delivered and ensuring that the response to individual concerns about service delivery are responded to quickly and effectively.

We anticipate that we will be advised of a forthcoming Joint Children's Services inspection and Joint Adult Services Inspection for Older People, both to take place at some point in 2016 and we will receive 12 weeks notification of this. Preparation for these inspections continues and has been reported to the Management Group of the CPP.

### **6.1 Grades and Outcomes**

Our performance in this area across all regulatory services has gone from strength to strength. There has been a strong emphasis and robust approach taken to improving our grades both by the Senior Management Team and the previous CHCP Committee. Clearly the results are due to the diligence and high standards of care offered by our staff and front line managers.

For further details across all inspections and grades, requirements and recommendations please see **Appendix 2** - Regulatory Inspection Outcomes.

### **6.2 MAPPA Thematic Review**

We were subject to a joint thematic inspection of Multi Agency Public Protection Arrangements (MAPPA), undertaken by the Care Inspectorate and Her Majesty's Inspectorate of Constabulary Scotland (HMICS) in June this year. We took part in this through the North Strathclyde Community Justice Authority (NSCJA) which is made up of six local authorities; East Renfrewshire, Renfrewshire, Inverclyde, East Dunbartonshire, Argyll and Bute and West Dunbartonshire. The strategic governance for the MAPPA arrangements across the NSCJA is discharged through the Strategic Oversight Group (SOG) which is currently chaired by the West Dunbartonshire CSWO.

The review team undertook case file reading through examination of key documents, considered the self assessment completed by the SOG, observed a selection of MAPPA review meetings and questioned staff and partners through a series of focus groups. On the final day of the review inspectors attended a meeting of the SOG to cover a

number of areas of work and relevant issues. We are due to receive some verbal feedback in due course and the inspection team are due to publish a national report on this review by November 2015. There were no issues of particular concern raised with us during the review.

## **7. Service Achievements**

### **7.1 Implementation of Getting It Right For Every Child (GIRFEC) National Practice Model**

Significant progress continues to be made in relation to the implementation of GIRFEC. This work is led by a multi-agency group of managers and representation from the third sector and Police Scotland. The legislative requirement for a 'Named Person' for each child is enshrined within the Children and Young People (Sc) Act 2014; however the implementation for this has been put back from August 2015 to August 2016.

Our implementation plan is progressing well and we are starting to write the guidance for staff. The Scottish Government GIRFEC team are also preparing guidance which we both welcome and seek to influence given our operational experience in bringing GIRFEC to West Dunbartonshire.

Further training opportunities are planned around key themes. The benefit in taking this multi-agency approach to developing high quality and effective joint children's services is evident through our daily interaction across agencies and with children and their families.

### **7.2 Youth Mentoring Project – National Award**

The HSCP's Youth Mentoring Project has continued to be recognised following its SSSC Care Accolades award for 'Preventing Offending and Reducing Reoffending' in 2014. The Scottish Mentoring Network awarded the project the national award for Social Care & Justice Project of the Year 2014. The scheme gives young people who need extra help support to achieve their goals and make better decisions about their life.

Adults from the local community work together with young people to change their behaviour and achieve agreed goals. A team of 50 dedicated and trained mentors provide long term individual support to over 60 vulnerable young people across West Dunbartonshire who often have a history of offending and antisocial behaviour and have struggled to accept support from services.

### **7.3 The Link Up Service – National Awards**

'Link Up' partnership between West Dunbartonshire's Council for Voluntary Service (CVS) and the HSCP. It gives older people access to a range of community health, social care and third sector services through a single point of access, ensuring that local residents quickly and effectively make contact with and are referred to the services they need. Developed in response to feedback from older people and their carers, Link Up is delivered by a team of extensively trained volunteers who are regarded as trusted members of their communities, all of whom are themselves aged 55 years and over.



This service has continued to receive much acclaim nationally, including winning the COSLA Excellence Gold Award 2014 in the 'Community Matters' category in addition to the Perfect Partnership in Scottish Charity Awards and being commended in the UK wide MJ Awards 2015 for Innovation in Social Care and finalists in the APSE 2015 Awards. Identified as national good practice, Link Up is working with the Scottish Government to promote good practice through social media and online resources.

Link up has continued to support older people, ensuring a wide variety of help and assistance from the HSCP and third sector partners. Link Up gives older people access to a range of community health, social care and third sector services, ensuring that they are supported to maintain their independence by quickly and effectively making contact with and receiving the services they need.

#### **7.4 Integrated Care for Adults and Older People**

Central to the delivery of West Dunbartonshire HSCP's comprehensive approach within integration is the provision of genuinely person centred care, enhanced when we nurture close relationships between health and social care staff.

This ethos has facilitated innovative approaches in the development of integrated care pathways, resulting in positive, measurable outcomes for patients and carers within West Dunbartonshire.

Now embedded in practice the annual NHS Scotland Event 2015 saw the HSCP's integrated approach to Community Health and Social Care for our older people recognised as demonstrating *'everything that integration is about; person centred, compassionate care for people. It brings together all sectors and agencies [to] provide the best quality of care'*.

#### **7.5 Vitality**

The aim of West Dunbartonshire HSCP's Vitality Plus is to provide high quality and fun interactive classes, specially designed for older people, which would engage and retaining residents and in doing so to increase people's core strength and balance, therefore reducing risk through frailty, improve social networks and opportunities for participation, and encourage people to take responsibility for their own health care and mental well-being by being active and involved.

Highly trained and experienced instructors personalise their sessions and the exercises to suit those older participants and the particular everyday challenges that they experience. Each session aims to help participants carry out daily activities more easily.

Emerging evidence points to increased physical health, including core strength and balance, improved mental wellbeing, individuals to taking more responsibility for their own health care and well-being and participants feeling steadier and more relaxed.

## **7.6 Palliative Care District Nursing Team- National Awards**

Our integrated approach to Palliative Care has received increasing recognition nationally, being awarded a COSLA Excellence Bronze Award 2015 in the 'Tackling Inequalities and Improving Health' category, a commendation in the MJ Awards 2015 for 'Public Health Partnerships' and receiving specific recognition at the NHS Scotland Event 2015.

Our Palliative Care District Nursing team train and support social care staff in the community and staff in all local care homes to care for people with long term conditions and at the end of life. Crucially this gives patients extra choice to be supported in the place most appropriate to them when it comes to the end of their life.

The crux of this initiative is to enable those workers who care for people on a daily basis to continue to provide the best care through changing circumstances. More people approaching end of life are now cared for where they choose to be; and by more skilled and confident staff who understand their palliative care needs.

This has resulted in a 20% reduction in the numbers of patients with palliative care needs being admitted and dying in hospitals, the number of palliative care patients dying in their own residence has risen from 44% in 2008 to 64% in 2013/14 (a 50% improvement).

We see improved palliative care for people in care homes and their own homes, with a more co-ordinated support for care home residents with complex needs, improved post-diagnostic pathways for patients and support for carers.

## **7.7 Whole Systems Approach (WSA) to Youth Offending**

The Whole Systems Approach to address and reduce offending for all Young People under the age of 18, is now established across West Dunbartonshire, incorporating Early and Effective Interventions (EEI) for young people. Scottish Government funding until March 2015 enabled us to ensure that this approach is maintained as part of our core service provision.

Between January 2014 to January 2015, 129 offences (committed by 116 Young People) passed to EEI/WSA to be dealt with, with 32% of all U18 offences in WDC have been dealt with via EEI/WSA.

This early intervention is achieved by aligning this approach with Police Scotland's Concern Management HUB. Supporting those under 18's who enter the adult justice system through providing court support has been the subject of review with WSA protocol now covering this in detail. This protocol has been accepted by management and we are currently involved in the application of this.

## **7.8 Permanency and Adoption**

One of the significant improvement requirements for all Local Authorities across Scotland in the past five years has been the need to make decisions in relation to the long term care needs of children without unnecessary delay. This was evidenced by some research undertaken some years ago by the Scottish Children's Reporters Administration (SCRA) which confirmed what was known anecdotally, that decision making in respect of the future care arrangements for children who could not remain living with their birth families was often delayed and this was impacting poorly on the outcomes for these children.

We have been working with the support of CELCIS (Centre for Excellence for Looked After Children) over the past three years to improve our processes and staff confidence in addressing this requirement and improve our performance.

As a result of concerted efforts in this area we have seen significant progress. In 2014 we placed 15 children in adoptive placements and 5 in permanent fostering. In 2015 we have placed 12 children in adoptive placements and 7 in permanent fostering. This is a total of 39 children over the last two years who have their long term care arrangements and needs met.

## **7.9 Early and Effective Intervention (EEI) Domestic Abuse**

We have for a number of years had an established process in place in relation to reviewing on a multi-agency basis the cases where domestic abuse incidents are reported to the police and children are present in the household. This began with West Dunbartonshire Domestic Abuse Pathway work some ten years ago.

Whilst staff and all partners were committed to this work it was acknowledged following our Child Protection Inspection in 2011 that it was difficult to assess what impact this had on the lives of children and the families involved. Domestic Abuse is a significant issue in relation to public protection within West Dunbartonshire and has accounted for significant referrals to the Reporter for the Children's Hearing system and whilst we are clear that the early sharing of concern has assisted those working with children to provide a safeguard for these children improvements were required. Therefore we undertook a full scale review of this process with a particular focus on being able to collate and account for decision making across all cases with the ability to provide information which is more outcome focused.

This work has been undertaken in a multi-agency basis and has been very timely in respect of the development of the Police Concern Management Hub within the Dumbarton police station approximately eighteen months ago. We now have a system in place which ensures that all involved know what their role is and decisions are recorded to allow for an wider overview of the incidents as well as the decisions and actions taken in each. There is additional development work which is ongoing in respect of accounting for 'outcomes' for individual children.

## **8. Performance – Planning for Change and Key Challenges**

This section covers key aspects of social work performance in key areas. In addition the following performance reports are attached for information as they cover key requirements in respect of social care performance and Appendices 2 and 3 are reported externally. All performance reports as attached illustrate a good range of performance indicators and are in the main very positive reflection of the quality of social care service delivery within West Dunbartonshire's Health and Social Care Partnership.

**Appendix 1:** Performance and Assurance Reporting Framework as developed for the West Dunbartonshire Public Protection Chief Officer's Meeting as previously referred to in section 4.1 of this report.

**Appendix 2:** Regulatory Inspection Outcomes

**Appendix 3:** HSCP SOLACE Performance Indicators for 2013 to 2014

**Appendix 4:** Audit Scotland Statutory Indicators 2013 to 2014.

### **8.1 Mental Health Officer (MHO) Service**

The Mental Health Officer (MHO) Service has continued to operate against a backdrop of an increasing requirement for statutory intervention under the terms of current mental health and incapacity legislation.

In early 2015, and in response to increasing demand on the service, authorisation was granted to create two additional full-time dedicated MHO posts (or *Specialist MHO* posts). This increases the compliment of whole time equivalent Specialist MHOs from six to eight with the Senior MHO undertaking operational management of the service. Of the two new posts one is generic in nature while the second post is weighted significantly to working with older people. Establishment of the latter post reflects the requirement to target resources in the area of hospital discharge, and more generally within the context of an ageing population. It increases the compliment of MHOs with this specific role designation to two. The service continues to benefit from the contribution of 'dual-role' MHOs who undertake limited MHO duties in addition to those associated with their substantive post.

Further legislative changes will be introduced over the course of the next year in the context of the Mental Health (Scotland) Act 2015 receiving Royal Assent on 4<sup>th</sup> August 2015. Included in the new legislation are additional functions for MHOs. Developments in the legislative and national policy framework also prompted the review of existing local policies and protocols. Recent undertakings in this area include: the requirement to update current policy in respect of the supervision of guardians (Adult with Incapacity (Scotland) Act 2000);

introducing robust procedures in respect of care plan interventions under the terms of Section 13ZA (Social Work (Scotland) Act 1968); and refining procedures for facilitating early discharge from hospital for Adults who lack capacity.

The Health and Social Care Partnership and MHO Service continue to support and facilitate the training of social workers within the broader service to become qualified MHOs.

## **8.2 Criminal Justice - Women's Safety and Support Service**

This service supports women affected by domestic violence whose partners/ex partners are being assessed/managed by the service and women offenders affected by gender based violence. This service supports the work of Criminal Justice social workers with perpetrators of domestic violence recognising the primacy of the safety of women and children.

Criminal Justice has for many years run a programme for women offenders reflecting the particular needs and vulnerabilities of this small but not insignificant group. A feature of the programme has been staff working alongside women to determine their specific needs and goals across a range of issues from dealing with anger, conflict in relationships, to substance misuse, health and employment.

We were successful in a bid for short term (one year) funding to support women's services over 2014-15 which enabled the development of initiatives which would otherwise be beyond the capacity of the service to undertake. Further funding was made available for 2015-16 which has permitted the continuance of this service. The group work programme has continued to be highly valued by participants, evidenced by sustained attendance levels and has developed relationships with education and learning providers, substance misuse services, health improvement and many others. The service also provides intensive support for small numbers of very vulnerable women with particularly complex needs.

## **8.3 Community Payback Orders (CPO)**

The principles underpinning CPOs emphasise the benefits to the community in terms of paying back directly through unpaid work and/or other rehabilitative measures within a supervisory framework.

In West Dunbartonshire there are supervision requirements in 59% of the total number of cases. Of the offenders with a CPO with supervision requirements 79% also have unpaid work and other activity requirements. Within the total, the number of new orders involving a supervision requirement, either on its own or with an unpaid work requirement has remained similar in West Dunbartonshire over the period since the implementation of CPO in 2011.

Unpaid work is the most visible element of the work undertaken by Criminal Justice Social Work services. This work is highly valued by recipients of the service and has continued to attract a positive public profile. Over the course of 2014-15 this service received positive

coverage in most of the local press in respect of projects across the West Dunbartonshire and the Criminal Justice Partnership are (West and East Dunbartonshire and Argyll and Bute).

#### **8.4 Community Justice Reform**

The Scottish Government published its response to its consultation, the “Future Model for Community Justice in Scotland” on 15 December 2014.

Community Planning Partnerships (CPPs) are to be central to the new arrangements: the focus will be on delivering community solutions to the issues of reducing re-offending and offender management.

CPPs will have a duty to prepare and publish a local plan to deliver improved outcomes for community justice in their area and to report annually on their assessment as to what has been achieved. The first plan for the shadow year requires to be made available to Scottish Government by January 2016. The Scottish Government will develop a national framework for outcomes, performance and improvement jointly with key partners and stakeholders. It is against this framework that CPPs will be expected to plan and report.

CPPs will assume responsibility under the new model from 1 April 2016 with full responsibility being conferred from 1 April 2017. Community Justice Authorities (CJAs) will be formally disestablished on 31 March 2017. The Community Justice Scotland Bill was published in May 2015 and is presently the subject of consultation to which West Dunbartonshire has contributed.

During the period covered by this report, the Criminal Justice partnership authorities have been working together with their respective CPPs to draw up a transition plan required by the Scottish Government for 2016-17 within the context of a commitment to maintain partnership arrangements, subject to review.

#### **8.5 Criminal Justice Funding**

CJSW funding is ring fenced and is allocated annually largely on the basis of activity levels plus indicators of need expressed in terms of court activity and the number of males (16-25 years) unemployed in the area. The main challenge facing criminal justice service provision is that for a number of years the value of the Community Justice Grant has declined in relation to costs, leading to significant financial and consequent operational pressures. It is widely recognised by a range of bodies including Audit Scotland that the funding formula in use at present is in need of reform. The proxies used to determine need are no longer fit for purpose. In addition the application of the formula within a fixed national budget without account of inflation has led to further and increasing inequity. Within the context of a number of work-streams associated with community justice re-organisation the funding formula is being reviewed. The Criminal Justice Partnership Manager is a member of the group tasked with devising a revised funding formula which secures a stable platform for the delivery of statutory services and creates some capacity for innovation. It is intended that

the revised formula will be applied to the 2017-18 grant allocation. It is intended that local authorities will be given the opportunity to consider the impact of the application of the revised formula in early 2016.

A feature of the new arrangements described above are that the ring fenced funding of Community Justice Services will be allocated directly to local authorities from 2017-2018. At present this is done via Community Justice Authorities. It should be noted that WDC shares a single budget with its partners and has done so since 2002.

## **8.6 User and Carer Involvement**

Following the completion of our comprehensive Community Engagement Review, we are now looking to update our Public Partnership Forum arrangements in line with its recommendations. The intent is to maintain a West Dunbartonshire-wide forum, strengthened with the introduction of a stronger locality “voice” and a renewed emphasis on increasing the representation and diversity of those involved. The Local Engagement Network is to be a re-development of the previous Public Partnership Forum structure and aims to positively further develop community engagement across Health and Social Care in West Dunbartonshire. The model is the result of extensive consultation with existing and potential stakeholders and allows for evolutionary change over time as the HSCP and its locality planning arrangements also develop.

As required by the new legislation, the HSCP will seek to co-produce a local participation and engagement strategy, which will be delivered by 31 March 2016. In developing these arrangements, the HSCP will work with partners and local communities to apply the principles and practices endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement. Through the HSCP’s processes for community engagement we will ensure that we engage and consult with services users and the wider community routinely, building feedback into all of our interactions. The feedback we receive will be fed into our continuous quality improvement processes to shape further planning and delivery of services.

## **8.7 Children and Young People (Sc) Act 2014**

The Children and Young People (Scotland) Bill was introduced to Parliament in April 2013. It was passed on 19 February 2014, and is wide-ranging in its effect. It places several of the key policy aspects of Getting It Right For Every Child (GIRFEC) on a statutory footing, as well as updating and expanding the legal obligations of local authorities and other public bodies in areas such as Aftercare, Continuing Care and Kinship Care.

The challenges of the 2014 Act are multi-faceted and represent a significant new duty on all local authorities that will have financial and operational implications in terms of these new and extended responsibilities.

Through COSLA negotiations we have provided a significant amount of detail in respect of the potential financial impact of the themes within

the Act and have raised our concern about the assumptions being made financially.

### **Aftercare**

The aftercare provisions of the Children and Young People (Scotland) Act 2014 (Part 10) came into force in April 2015. The Act extends eligibility to aftercare services to care leavers aged 21 to 25 years old.

The provisions of the 2014 Act introduced to aftercare services constitute one of the most significant reforms of the looked after children's sector seen in many years. This is primarily due to the increase in the population eligible for aftercare support

### **Continuing Care**

Continuing care provision (Part 11) is a new duty introduced by the 2014 Act and came into force in April 2015. It describes the duty on local authorities to provide care leavers whose final placement was 'away from home', specifically in kinship, foster or residential care with a continuation of this placement, or a similar type of placement for an extended period up until their 22<sup>nd</sup> birthday if they wish to remain. The aim of the provisions is to provide these young people with a more graduated transition of care.

The right to continuing care will be available to new care leavers (those who leave care in or after April 2015) who were born after 1 April 1999 and whose last placement was 'away from home'.

### **GIRFEC**

This policy brings in the statutory duty for every child to have a 'Named Person' (NP) from birth to 18 years of age. This role will be fulfilled by the Health Visiting service within the HSCP for children from 0 to 5 and for school aged children this duty passes to the education service within the Council. Both of these services are known as 'universal' services in respect that they provide a service to all children. GIRFEC also brings in the role of 'Lead Professional' (LP) which would apply if a child requires a specialist service due the nature of their needs and support requirements. In most cases this role will be fulfilled by the statutory social work service within the HSCP and also to other specialist health services such as Child and Adolescent Mental Health Services (CAMHS) among others. The allocated of a LP will be determined on the particular circumstances of the child on a case by case basis.

The duty to provide a Named Person (NP) for every child does not come into effect in the legislation until August 2016. This delay has in the main been due to the preparation and extensive consultation required in order to finalise the guidance and statutory regulations, in advance of full implementation.

### **Kinship Care**

The legislation brings in additional responsibilities in our support of children in kinship placements. There are placements with either friends or extended family members where children are unable to



remain safely in the care of their parents. Where these placements are made by the social work service, usually in an emergency and followed by a robust assessment that satisfies that this is a suitable medium to long term placement, then these are deemed to be 'formal' kinship arrangements. In this respect carers are supported financially on a par with the allowances received by foster carers, minus any child related benefits.

The Act also brings in a requirement to provide legal fees for kinship carers in respect of pursuing a 'kinship order' which secures the child in their care permanently through a court process. There is also a responsibility to provide 'set-up' costs for new placements and obviously like any other child in West Dunbartonshire, to support the child where they have identified additional needs.

## **8.8 Self Directed Support (Scotland) Act 2013**

Following the implementation of the Self Directed Support (Scotland) Act on the 1<sup>st</sup> of April 2014, West Dunbartonshire HSCP has continued to make significant progress in ensuring that the duties relating to the Act are fulfilled and that staff, services and service users are supported through out this process. Progress to date includes the following:

- ❖ Information relating to SDS has been updated and is now available to staff, providers, service users and carers through the creation of a dedicated SDS web-site and Newsletter. A dedicated phone line, and e-mail address, has also been set up to deal with any SDS enquiries.
- ❖ SDS Link Workers are in place in every team across the HSCP. They attended training and development workshops to prepare for the implementation of SDS and will be the SDS point of contact within their service offering information and peer support.
- ❖ A Self Directed Support policy has been created and approved by the West Dunbartonshire HSCP Committee. A Self Directed Support procedural guidance has also been created.
- ❖ A new Single Shareable Assessment has been introduced which incorporates all 4 SDS options.
- ❖ An SDS Project Worker has been employed within Children's Services on a seconded basis until March 2015.
- ❖ The Children with Disabilities Team have been successfully piloting the Children's Individual Resource Framework (IRF) since October 2014 and Carefirst I.R.F training will be rolled out across the teams in October 2015.
- ❖ A Children and Families SDS event took place in August 2015 hosted by Pat Black from the Open University. Pat provided the Children and Families workers with an introduction to SDS, information on outcomes and a time to share stories and

experiences of how SDS is being used in practice in other children and families social work teams.

- ❖ Link workers in all four children and families teams have been identified.
- ❖ Links have been made with children and families colleagues in other local authorities via In Control Scotland Children's events.
- ❖ HSCP staff, continue to have access to a rolling programme of formal and informal training, information and consultation events. Ranging from informal discussions and attendance at staff team meetings, to more, formally organised, workshop training sessions are available to all staff.
- ❖ The development of an Individual Resource Framework (IRF) based on an equivalency model is now complete and has been tested throughout the HSCP. Training dates have been organised through-out October, and are initially open to staff, who complete assessment and review paperwork. Further sessions will be available for other staff on request.
- ❖ A financial system for the Carefirst IT system has been commissioned from OLM and is live on the HSCP's Carefirst system. This system will allow the IRF to be completed as part of the single agency assessment and provide budgetary information and reports.
- ❖ The SDS Team continue to network with other Local Authorities and partnerships via the Social Work Scotland SDS Sub-Group in order to share learning, best practice and progress across the country. This group has regular contact with the Scottish Government SDS Team.
- ❖ The HSCP continue to fund an independent SDS support service via the Carer's of West Dunbartonshire to provide independent on-going information and/or support to both service users and carers.
- ❖ An SDS Action Plan has been developed and is regularly reviewed and updated with progress made.
- ❖ Regular meetings are held by the SDS Steering Group with management representation from each client group within the HSCP

Funding for SDS specific activity is due to end in March 2016. We are currently awaiting further information from Scottish government on any future funding, after this date.

## **8.9 Carer's (Scotland) Bill 2015**

This Bill was introduced to the Scottish Parliament on the 9<sup>th</sup> of March 2015 after a period of consultation. The purpose of the Bill is to ensure better and more consistent support for both adult carers and young carers so that they can continue to care in better health and to have a life alongside caring. There will be better linkages with the assessment process for cared for people and with the services for cared for people. The objective of the Bill is to further the rights of both adult and young carers and this will be done by empowering carers to exercise their rights and by enabling professionals to make this happen.

The Bill makes provision to replace the current carer's assessment with a new Adult Carer Support Plan (ACSP). A duty is placed on the responsible Local Authority (where the carer resides) to prepare an ACSP. There is also provision for the creation of a young carer statement (YCS) for young carers that will recognise the unique needs of children and young people with caring responsibilities. Again a duty is placed on the responsible authority (may be the LA, NHS Health Board or directing authority of a school depending on the circumstances of the young carer) to prepare a YCS.

Scottish Ministers are given powers through the Bill to regulate how adult carers and young carer's needs for support should be identified and the process by which this should be undertaken including review periods for either the ACSP or the YCS

The Bill places a duty on the Local Authority to set out and publish local eligibility criteria by which it must determine whether it is required to provide support to a carer to meet the carers identified needs. The Local Authority must also consult and involve carers before setting the local eligibility criteria and involve them in the design, development and delivery of services.

In addition to the above, the Bill also sets out a number of associated responsibilities for the Local Authority:

- ❖ To prepare A Carers Strategy in conjunction with other key stakeholders and carers themselves;
- ❖ Provide and maintain an information advice service for carers in the area;
- ❖ Prepare and publish a short breaks services statement, setting out details of the national short breaks services available across Scotland;

The Bill therefore contains provisions placing duties primarily on Local Authorities concerning both strategic planning and operational delivery which West Dunbartonshire will need to comply with. This will require a significant amount of preparation in order to ensure that we are well placed to deliver on all of these duties.

The Bill is expected to be enacted (made law) before the end of the current parliamentary session in March 2016. Once it is enacted it is usual for there to be a period before the proposals are implemented. This allows time for the Scottish Government to consult on guidance and regulations to support the new law. This time will be used to understand the new law fully and to ensure resources are in place to meet any duties required of them. The Bill is expected to be implemented about a year after enactment, April/spring 2017.

#### **8.10 Complaints**

In the period 1<sup>st</sup> July 2014 to 30<sup>th</sup> June 2015 the HSCP has received 38 complaints. Of these 27 related to social care services. We monitor our compliance with complaints handling procedures through the Senior Management team on a regular basis. In addition we ensure that individual and organisational learning that is evident from the complaints we receive is extracted and summarised from all complaints that have been considered upheld and partly upheld or justified and part justified. This learning is therefore used to inform area for further improvement.

#### **8.11 Workforce Development**

As at 31<sup>st</sup> March 2015, just short of 1800 whole time equivalent staff were employed within the then CHCP by its two employing authorities. This equates to 1533 social care staff (1179.61 WTE) and 573 health staff (475.67 WTE) in addition there are 185 staff employed through the elements of NHS activity that we host on behalf of the Greater Glasgow and Clyde Health Board.

In 2014 the then CHCPs Senior Management Team identified a number of key priorities for the workforce to be addressed across the short and medium term (i.e. the next 1-5 years). These were:

- To assess the implication of workforce structures which arise from the new HSCP structure.
- The development of a robust out of hours/unscheduled care services.
- Talent Management and Succession Planning within the workforce to mitigate the impact of future skills loss associated with an ageing workforce profile.
- The use of agile technologies to assist the workforce, improve productivity and free up additional capacity from existing resources.
- Building on existing capacity within the volunteer and third sector workforce while ensuring the maintenance of quality and standards of service.
- Creating career pathways to encourage retention among key staff groups (e.g. Occupational Therapy, Community Specialist Nurses).
- Increasing levels of Mental Health Officer Qualification among social care staff.
- Assessing workforce training needs in dementia care and engaging educational partners regarding appropriate mechanisms for provision.
- Improve staff well-being and staff absence management.

Significant progress has been made in a range of these areas with further progress still required over the next 4 years. A significant challenge for the HSCP is the ageing profile of our workforce and the need to ensure we have effective succession planning in place.

With the transition to becoming a Health and Social Care Partnership (HSCP) on the 1<sup>st</sup> of July this year we will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both NHSGGC and the Council. These will be prepared and put in place by 31st March 2016.

Two particular aspects of improvement have been required in the last year and this has been in respect of ensuring that all social care staff have a Performance and Development Plan (PDP) in place and that we address our high level of sickness absence which has been one of the worst in the country.

For both of these aspects, remedial action has been taken to support managers in their completion of both PDP's and adherence to the absence management policy. As a result as of September 2015 87% of social care staff had a PDP in place, which is a considerable improvement on last year, and we are also beginning to see some improvement in our absence rates.

#### **8.12 Financial Challenges**

Social Work Services is very much a demand led service, particularly, but not exclusively in respect of the needs of older people and children. The social care budget within the HSCP remains under pressure, mainly due to increased levels of demand. As we know West Dunbartonshire continues to be one of the most deprived areas in Scotland. As such many of the most vulnerable citizen's require a range of support needs and these can be fairly complex and therefore costly.

The HSCP will continue to plan forward to achieve the required level of in-year savings and deliver a balanced position against budget in the current year. The position is being monitored carefully and all mitigating action is being taken.

In addition to demand as described above, there is also pressure in light of the economic uncertainty in the next few years which has an automatic impact on service delivery and in addition the more vulnerable citizens of West Dunbartonshire are inevitably feeling the effects of austerity measures especially with regards to the reform of the benefits system.

The HSCP as a whole provides significant front line services and support to the communities of West Dunbartonshire. It is important therefore in my role as Chief Social Work Officer, to champion the protection of front line services to vulnerable communities wherever possible above all other back office functions. This applies both within the HSCP but also to the Council as a whole. If we are to improve the life circumstances of some of our most vulnerable children, families and adults in the years to come then we need to prioritise those services that impact directly on the lives of these people.

**Jackie Irvine**  
**Chief Social Work Officer**  
**West Dunbartonshire HSCP**  
**October 2015**