



**WEST DUNBARTONSHIRE  
CHIEF SOCIAL WORK OFFICER'S  
ANNUAL REPORT 2015/2016**

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The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Chief Social Work Officer Annual Report; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Electronic copies of this Chief Social Work Officer's Annual Report are available at [www.wdhscp.org.uk](http://www.wdhscp.org.uk)

## Foreword

It is my pleasure to provide my fourth 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 Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of the new integration authorities, health boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. 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 Chief Social Work Officer 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 West Dunbartonshire Health & Social Care Partnership 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 report is to provide Council and other key stakeholders – most notably the new West Dunbartonshire Health and Social Care Partnership Board (WD HSCP) with information on the statutory work undertaken on the Council's behalf during the period 1<sup>st</sup> July 2015 to 31<sup>st</sup> March 2016. This report will be posted on the Council website and the West Dunbartonshire Health & Social Care Partnership website; and will also be shared with the Chief Social Work Advisor to the Scottish Government.

Demands for and expectations on social and also health care is growing. The economic uncertainty of the times also presents challenges for service planning delivery and more importantly, our more vulnerable citizens of West Dunbartonshire who are inevitably feeling the effects of austerity measures especially with regards to the reform of the benefits system.

West Dunbartonshire Health & Social Care Partnership 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 West Dunbartonshire Health & Social Care Partnership 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 Council  
April 2016*

## **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% from 89,810 in 2013. The population of West Dunbartonshire accounts for 1.7% 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% of the population are aged 16 to 29 years. This is smaller than Scotland where 18.3% are aged 16 to 29 years. Persons aged 60 and over make up 23.6% of West Dunbartonshire. This is smaller than Scotland where 24.0% 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 Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc (Scotland) Act 1994. The particular qualifications are set down in regulations. A recent review has taken place in respect of the National Guidance for Chief Social Work Officers and will be published shortly.
- 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 are 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 Work 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 an overview of how the statutory duties of the Chief Social Work Officer (CSWO) have been fulfilled between 1<sup>st</sup> July 2015 to 31<sup>st</sup> March 2016 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 2015 the Integration Joint Board for West Dunbartonshire (WD HSCP Board) was established and then agreed its first Strategic Plan, the agreed reporting on the delivery elements of Social Care will for this report be based on the first 9 months of the HSCP (i.e. from 1<sup>st</sup> of July 2015 to 31<sup>st</sup> March 2016); and so corresponds with the period covered by the first HSCP Annual Performance Report.
- 2.8 Future reporting will be on a financial calendar year basis from April to March.

### **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. West Dunbartonshire was well placed in making this transition given the significant integration already realised under the Community Health and Care Partnership (CHCP), established in October 2010.

- 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.
- 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 WD 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 The WD HSCP Strategic Plan describes the priorities for the WD HSCP Board; and sets out clearly the agreed outcomes and priorities for action, resource allocation and spend against the national health and well-being indicators.
- 3.6 As Chief Social Work Officer, I fully support and endorse the work that has been undertaken in establishing the governance arrangements for the WD HSCP Board; a clear integrated management construct for the HSCP; and in developing and then delivering upon the WD HSCP Strategic Plan.
- 3.7 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 and because it ensures that 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. It is responsible for the strategic co-ordination of all public protection services in West Dunbartonshire.

The Performance and Assurance Reporting Framework (Appendix 1) was developed in 2013. This report is shared with the Child Protection Committee (CPC) and Adult Protection Committee (APC). Its main purpose is to allow the PPCOG to review the outcomes and targets on a regular basis. It continues to be presented to each quarterly meeting of the PPCOG and is accompanied by an analysis report prepared by the Chief Social Work Officer. The targets set within this report were reviewed by the PPCOG in April 2016; and in acknowledgement of progress made, some of the targets are being adjusted to ensure there is continued improvement.

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. Between 1st April 2015 and the 2<sup>nd</sup> February 2016 Police Scotland investigated 877 incidents of domestic abuse where there were children in the household. There were 1747 children associated with these incidents. For some families there was more than one incident reported throughout this period.

Police Scotland statistics on domestic abuse reveal that whilst the prevalence of incidents has reduced slightly over the past three years from 2012/13 to 2014/15, West Dunbartonshire experiences higher incidents than some of our near comparator Local Authority areas. The number of overall incidents reported to the police in the year 2014/15 was 1220 of these 768 related to families with children.

The PPCOG have a Development Plan in place and one issue which has been addressed in a number of different ways has been the need to raise awareness of the role and function of the PPCOG.

Several awareness raising sessions have been held for elected members, Strategic Officers, Heads of Service from across the Council and members of the WD HSCP Board. In addition an article on the role and function featured in the Council's TALK magazine.

#### 4.2 Child Protection

We continue to have a continued focus in domestic abuse and the CPC are arranging a further development session for staff and managers across the public protection partnership, to take place in August 2016.

As at the 31<sup>st</sup> of March 2016 there were 28 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 34 children the year before. This represents a reduction of 17% from last year. We monitor the numbers of children on the CPR and the variance over the course of the year. This variation is evident within the Performance, Assurance and Reporting Framework (PARF) attached at Appendix 1 which covers the period of this report (1 July 2015 to 31 March 2016). We regularly review the prevalence and variation in order to ensure that our practice is robust and to inform the PPCOG of the likely reasons for the variance.

In addition we review the period of time children remain on the CPR, as this provides a good indication of whether decision making is appropriate.

From analysis over the year it is starkly evident that the reason for registration is predominantly due to 'neglect' and this reflects the national picture. It is welcomed therefore that 'neglect' features as one of the main work streams within the recent announcement of the Scottish Government's Child Protection Improvement Framework.

We continue to audit a number of child protection 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. In 2015 we initiated an audit of the cases that are referred to the multi-agency Domestic Abuse screening and decision making forum. Again the aim of this is to ensure we are taking appropriate decisions and that our intervention results in improved outcomes for children.

One area of particular importance both nationally and locally is the management of Child Sexual Exploitation (CSE). A recent national awareness raising campaign has highlighted the concerns and the risks posed to children and young people.

In West Dunbartonshire we have a CSE Strategy group with good representation from our colleagues across education services, Police Scotland and the third sector. The objective of this group is to ensure we develop opportunities to raise awareness and understanding of this risk, both amongst professionals, children and young people and parents and carers. The main focus has been on providing training for staff and sustaining this training through the development of local trainers.

In addition we have engaged with young people directly to involve them in the development of our local approaches. Colleagues in Council Education Services and the HSCP Health Improvement Team are developing inputs for the school curriculum; and we have been successful through Police Scotland in being part of a national pilot within two of the secondary schools. The aim of the latter (which is at a very early stage) is to develop older pupils in providing mentoring and support to the younger pupils entering the school.

The CPC 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 and will be reviewed again in June 2016. We continue to undertake various forms of self evaluation in order to identify areas for further improvement. The CPC Annual Improvement Action Plan was revised in January 2015 and can be accessed on the CPC website along with various local guidance documents; [www.wdcpc.org.uk](http://www.wdcpc.org.uk)

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

The APC continues to meet on a quarterly basis; and attendees include a representative from Police Scotland, Council Trading Standards, Care Inspectorate, Office of the Public Guardian (OPG), Mental Welfare Commission, Advocacy Services and Scottish Care, as well as health and social care professionals from the HSCP. We have also recently extended membership to include the Scottish Fire and Rescue Service.

Since July 2015 there have been two internal case file audits completed and a multi-agency audit scheduled for week commencing 23<sup>rd</sup> May 2016. As a result of the two internal audits that have taken place there have been a number of changes to the way adult protection referrals are recorded on the CareFirst system.

This is to allow further analysis of the intervention that has taken place and to evidence the 3 point test.

The ASP training plan for 15/16 is on-going and there have been new courses added to the programme, including lunchtime seminars arranged for GPs. A new training course which focuses on legislation is scheduled to take place late summer 2016 and will be delivered in partnership with Council Legal Services and a representative from the HSCP Mental Health Services. Figures for training courses for period 01/07/2015 – 31/03/2016 are as follows:-

- Level 1 – 148 attendees
- Level 1 refresher – 43 attendees
- Level 2 – 74 attendees
- ASP Minute Taking – 23 attendees
- Briefing Session – 12 attendees
- Seniors' Training – 7 attendees
- Council Officer Refresher – 38 attendees

The national and local adult protection campaign took place in late February 2016. New posters and leaflets were distributed to agencies across West Dunbartonshire and local newspapers featured an article based on the "See Something, Say Something campaign". The Corporate Communications team supported a Twitter and Facebook campaign; and screensavers across the Council incorporated the imagery used on the posters.

A Management Forum has been established to discuss various practice issues and to promote continuity in the practice of ASP. A work plan will be developed as part of the wider action plan.

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 ASP Co-ordinator and discuss issues relating to practice and professional development.

The number of adult at risk referrals for period July 15 – March 2016 is 344. Police Scotland submitted 49% (167) of referrals within this period and continues to be the highest referrer on both a local and national basis since the Act came into force in 2008. In comparison to the same period for 14-15 there has been a 16% (48) increase in the number of referrals that have been received. A possible reason may be the introduction of a new adult protection referral co-ordinator having joined the Concern Management Hub with Police Scotland, however further research would be needed to confirm this.

There were a total of 405 vulnerable adult referrals submitted for July 2015 – March 2016. Vulnerable Adult referrals are all submitted by Police Scotland. Such referrals provide an alternative pathway for the Police to submit referrals for individuals that they have concerns about but have screened as not meeting the ASP three point test. There has been an increase of 35% from last year in respect of vulnerable adult referrals. It is believed that recent advertising campaigns and greater police awareness may be the reason for the increase.

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

As of April 2016, Multi Agency Public Protection Arrangements (MAPPA) applies to offenders subject to statutory supervision in the community who are assessed by Criminal Justice Social Workers as meeting certain Risk of Serious Harm (RoSH) criteria. The critical issue is to determine through a RoSH assessment the factors which indicate imminence of further offending and hence of serious harm. This is a new category of high risk offender, and will be in addition to the management of Registered Sex Offenders in the community.

The number of offenders meeting the RoSH criteria is anticipated to be small. However, there are significant implications in terms of the training of professional social workers, front line managers and MAPPA Chairs in the application, analysis and interpretation of assessments. There are also new demands on HSCP Criminal Justice Social Work in relation to the use of and input into ViSOR, a national Home Office database used by Police Scotland in the preparation of more complex risk management and contingency plans. There have been challenges in respect of the availability of the national training for ViSOR usage and this has been raised several times with the Justice Division. These changes and increased demand to use ViSOR has and will continue to place a pressure on our professional social workers within a context in which there is no national additional resource to support what are in principle welcome and constructive developments.

## 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 so as 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, including how they should plan, report and collaborate. Clarity is also provided regarding a definitive 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.

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.

Following the successful Community Planning Partnership (CPP) event of the 23<sup>rd</sup> of June 2015 - *Creating Unconditional Care* - the local West Dunbartonshire CPP Corporate Parenting Strategy and Action Plan was refreshed and presented to the Community Planning Management Group (CPMG) for approval on the 2<sup>nd</sup> of September 2015.

We await the guidance to accompany the Corporate Parenting section within the Children & Young Person's (Scotland) Act 2014, which was due for release some months ago. In any event a further iteration and progress report will be presented to the CPMG in June of this year.

Recent developments have included establishing a Corporate Parenting Board, with the involvement of young people, which would act as a sounding board for children and young people to convey the issues that most affect them in their journey through life as a looked after child or young person.

The aim of this is to improve communication with corporate parents, represented in the main on the CPMG; and develop a true understanding of how various corporate parents can intervene in a helpful and constructive way.

In West Dunbartonshire we recognise that we all have a role to play as Corporate Parents. 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 WD HSCP Board's Audit Committee along with details of improvement actions and progress (the reports of which are publicly available on the WD HSCP website).

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. Staff within the HSCP have 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.

Audit Scotland's Local Scrutiny Plan has confirmed that the Joint Inspection of Services for Children and Young People will take place some point between July and December this year, 2016. At the time of writing this Annual Report we had been still to receive our 12 week notification. However work is well under way on preparing for this, under the direction of a multi-agency preparation group, chaired by myself, that has been in place for the past two years. The main role of this group has been to develop our ongoing programme of self-evaluation. Now that the window for the Joint Inspection has been confirmed as relatively imminent, the group will now focus on the practical arrangements and submissions required by the Inspection Team.

We anticipate that the Joint Inspection of Services for Older People in West Dunbartonshire will take place at some point in 2017/18.

## Outcome Grades

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 by the Senior Management Team of the HSCP and through the scrutiny of the HSCP Board's Audit Committee. Whilst performance overall is reassuring, there can be no place for complacency; and there are a few areas where further improvement is still required.

For further details across all inspections, grades, requirements and recommendations carried out between 1<sup>st</sup> July 2015 and March 2016 please see Appendix 2 - Regulatory Inspection Outcomes. There are some inspections that have taken place in this period that at the time of writing this report their outcomes had not been finalised nor published (so these have not been included to avoid confusion).

## 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 of 2015. 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 at that time was chaired by myself. The chair of this group rotates on an annual base and is now held by an officer from Renfrewshire.

The outcome of the thematic review within the NSCJA was provided in November 2015 by the review team. The feedback was extremely positive and some key areas of good practice within NSCJA were highlighted within the national report which covered the whole of Scotland.

The national report contained ten recommendations related to issues to be taken forward principally by the Scottish Government in association with partners. There are 17 areas for development to be progressed by each MAPPA Strategic Oversight Group (SOG). Within the NSCJA this is being taken forward by the SOG and the MAPPA Operational Group (noting that some of these areas for development have already been addressed).



## 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, with representation from the Third Sector and Police Scotland. The legislative requirement for a 'Named Person' for each child is enshrined within the Children & Young People (Scotland) Act 2014; implementation for this aspect of the Act comes into place on the 31<sup>st</sup> of August 2016.

Pilots and early implementation are underway in the following areas of change:

- i) Transition of Named Person from Health Visitor to Primary School.

Standard Operating Procedures (SOP) are in draft for this key transition, taking the learning from the early pilot and information exchange discussions. The draft process has been streamlined to ensure that children who have a Health Plan Indicator (HPI) of 'core' have basic information shared; and those who have an HPI of additional (high or low) have the Well Being Assessment and chronology shared, with a transition discussion between outgoing and incoming Named Persons considered for the more complex cases.

- ii) Information sharing between GPs and Education Named Persons around 'well being' and the role of the GP.

This national pilot is proving successful in the authority; and the learning from our local context was covered in the recent national masterclass event for Council Lead Officers from across Scotland.

This pilot has highlighted the value of building supporting relationships between GPs and education professionals, as the Named Person Service can lead to better information sharing between two services that already identify and support vulnerable families. The learning from this pilot will inform our local guidance and practice.

### iii) Request for Assistance Early Implementation

The scope of this early implementation has been agreed between agencies and is now underway. Requests for Assistance (RfA) from Named Persons (NP) are currently being received by HSCP Social Work Children and Family Duty staff from secondary schools. The evaluation of this change will take place prior to the summer break.

The newly established process sees RfA being submitted to targeted services e.g. HSCP Child and Adolescent Mental Health Services (CAMHS) and Functional Family Therapy (FFT). There is also a requirement for the 'receiving service' to provide a more formal response to the NP to advise if they accept the RfA; and if not, provide an explanation for why not. This approach further supports the need for agencies to work as part of the Team around the Child; considering the need for a Lead Professional; and supporting the Named Person and family in achieving the best outcomes for the child.

### iv) Measuring Outcomes

Staff in the HSCP Looked After Children Team are trialling a tool utilised to measure whether outcomes for children are improving in relation to the child's plan and the child's view. Early indications are that this is proving to be a useful and easy tool to use and we are now considering the roll out of this approach. A key aspect of the positive feedback has been the impact this 'tool' has had on developing even more constructive conversations with children about their circumstances and whether outcomes have improved in line with their care plan.

### v) Training

One hundred and eight staff from a range of adult services and other services undertook awareness training about GIRFEC and the Children & Young People (Scotland) Act 2014 during March 2016. The feedback reflected an improvement in their knowledge and understanding of both subjects.

In addition a number of sessions have been undertaken with the HSCP's two multi-stakeholder Locality Groups (Alexandria/Dumbarton and Clydebank). This has included: workshops, direct training and the use of case study examples to explore roles and responsibilities as they relate to wellbeing and GIRFEC.

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 Implementation of Children and Young People (Scotland) Act 2014

The Children & Young People (Scotland) Act 2014 contains several work streams and key policy changes that concern the provision of Children's Services. In addition to the implementation of GIRFEC, as outlined above, the Act updates and expands the legal obligations of local authorities and other public bodies in areas such as: Corporate Parenting; Complaints; Children's Rights; Aftercare; Continuing Care; and Kinship Care.

The HSCP and key partners through the Community Planning Children and Families Delivery and Improvement Group (DIG) have effectively managed the new requirements from the Act.

## 7.3 Kinship Care

Following a series of negotiations across Local Authority areas with the support of COSLA and the Scottish Government, additional funding was made available by the Government and the Council to provide Kinship Care placements with the appropriate level of financial support. This was a protracted process but has been resolved successfully and we are now in a position to provide Kinship care placements with the equivalency of Fostering allowances.

The West Dunbartonshire Kinship Policy is available via the Council and HSCP websites.

## 7.4 Youth Mentoring Project – National Award

The HSCP's Youth Mentoring Project has continued to be recognised following the various national awards outlined in the previous CSWO Annual Report of 2014 to 2015. The Project was awarded the Justice Project of the Year at the Scottish Mentoring Awards in November 2015. At the same awards ceremony one of our mentors, Ronnie Reardon, was awarded the Exceptional Contribution Award for 2015. The scheme gives young people who need extra help support to achieve their goals and make better decisions about their life.

In addition to the HSCP's Youth Mentoring Project, Y Sort It were successful in an application to the Life Changes Trust to develop further opportunities for mentoring by training and supporting local young people to develop mentoring skills.

This development is being taken forward with the support of staff and managers from the Youth Mentoring Service.

## 7.5 Integrated Care for Adults and Older People

Within adults and older people services, we are committed to supporting people to live as independently as possible and safely at home for longer. With an ageing population with increasing life expectancy, some of our oldest residents are more likely to experience ill health and disability; as a result we need to ensure our health and social care services meet their needs.

Through our integrated Health and Social Care teams, person centred approach and shared information systems; we have achieved key aims, including:

- A reduction in emergency admissions to hospital across the population
- avoided delay in hospital discharge
- supported more people at the end of life to die where they choose
- reduced unnecessary admission to hospital in people over 65 years

Some developments and improvements of particular note are as follows:

### Integrated Care Fund Plan

In April 2015 the Scottish Government confirmed requirements for a new Integrated Care Fund. The fund builds on the work of the Change Fund for Older People and seeks the development of further work for people of all ages with long term conditions and multi-morbidity. The local HSCP led CPP Integrated Care Fund Plan has adopted those key work streams undertaken as part of the preceding Older People Change Fund programme which had been identified as being directly transferable to a broader age group that (like older people) demonstrate high levels of health and social care need as a result of multi-morbidity and inequalities. The actions reflect a collective commitment to:

- Optimal outcomes for individual service users.
- A client-centred approach appropriate to individual needs through an emphasis on informed self-care, co-production and personalisation of services.
- Effective and safe services that draw upon the best available evidence and local feedback from service users.
- Equalities-sensitive practice.
- Acceptability of service provision informed through constructive engagement with local stakeholders – including staff, community groups and elected representatives.
- Affordable and efficient services that continue to be reflective of the relative demands across the West Dunbartonshire population as a whole.

This has included the development of a market facilitation consortium model of commissioning across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities. The approach provides third and independent sector partners, alongside procurement specialists, access to the same information and data used within statutory services; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. Partners across sectors are then working in an innovative and collaborative approach which as a result is responsive, flexible and accountable to local people within their own localities. This approach ensures that the partnership, as a whole, effectively uses the Integrated Care Fund alongside other funding streams available to the HSCP and wider partners; and that the HSCP has strong relationships in place to collectively respond to changing circumstances. For example, Red Cross House in Irvine closed in March 2016. This had a significant impact on the opportunities for respite and long term placements for adults under 65 across Scotland. Within West Dunbartonshire, we have been working to identify more local opportunities by further engaging with third sector partners in this endeavour.

### Bobath

The HSCP's Adult Care Team and Bobath Scotland worked jointly to deliver a short-term pilot project. The project was funded by the Scottish Government and ran between January and the end of March 2016. It aimed to facilitate specialist input to the care pathway of adults in West Dunbartonshire who have Cerebral Palsy. Multi-disciplinary staff from both the HSCP and Bobath engaged in the assessments of 18 individuals within West Dunbartonshire, utilising the Bobath Concept - a way of assessing how a person moves as a basis for deciding what strategies/physical handling could make daily activities easier.

The pilot was successful, with many individuals being further assessed for aids and adaptations; and some receiving ongoing rehabilitation within the Bobath Centre.

Bobath are currently in the process of submitting an application to the Scottish Government, in the hope of extending their partnership with the HSCP's Adult Care Team. The lessons from this are anticipated to inform national approaches to the support of adults with cerebral palsy.

iii) Specialist Rehabilitation Team

The HSCP's Adult Care Team continue to engage with partners across the NHSGGC area to establish and embed rehabilitation models which serve to promote individual's skills and independence in activities of daily living. This involves recognising the specialisms of third sector agencies and working in partnership to ensure that service user's needs are supported in a timely manner, whilst also enhancing the knowledge of HSCP staff in numerous presenting conditions.

iv) Transitions into Adult Care

Work is ongoing to enhance transitions from HSCP Children's Services into the HSCP Adult Care Team, and other Adult Services. Discussions related to transition will begin at aged 14 years – with care managers from Adult Care partnering Child Care workers in the assessment for Adult Care supports, thereby promoting a smoother transition between services for residents of West Dunbartonshire.

v) Palliative Care

Our integrated approach to Palliative Care has received increasing recognition nationally over the last two years. In addition to previously recognised success, the programme has recently been awarded the Scottish Health and Social Care award at the Herald Society Awards.

In recognition of this progress our Palliative Care team are developing a workshop at the forthcoming Social Work Scotland Conference in June this year.

We continue to improve 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.

The HSCP's Prescribing Team are an essential part of this palliative care programme. Pamela McIntyre, the HSCP's lead Pharmacist was recently awarded the Leading and Managing for Quality Award at the Scottish Health Awards.

## 7.6 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 years, is now well established across West Dunbartonshire, incorporating Early and Effective interventions (EEI) for young people.

Scottish Government funding finished on the 31<sup>st</sup> March 2016. Going forward we have retained particular aspects of the co-ordinator's duties within a youth services officer's remit. This will allow us to continue to build on the positive working relationships with Scottish Children's Reporters Administration (SCRA), the Procurator Fiscal's Office and local Police Scotland colleagues. The wider whole systems work (direct interventions with young people) has been absorbed into the youth services team.

Between January 2015 to January 2016, of the 470 offences committed, 207 were passed to EEI/WSA to be dealt with. Of these 43% of all offences committed by those under the age of 18 were dealt with via EEI/WSA. This is an increase of 11% from last year.

Between March 2014 and March 2016, 37 of the offences being dealt with directly by the Procurator Fiscal were diverted to the Early and Effective Intervention of the Whole Systems Approach (EEI/WSA). These cases were then provided with direct support and intervention from a range of options: All 4 Youth, Includem, SACRO, HSCP or managed through a police warning.

Of the 37 referrals received, 76% successfully completed this intervention; and there was a 24% rate of non-engagement or cases identified as being unsuitable for the support available. The types of offence ranged from: possession of a Class B drug namely cannabis (35%); and breach of the peace (23%). The gender split was 81% male and 19% female.

This early intervention is achieved by aligning this approach with Police Scotland's Concern Management HUB. We have a protocol in place that allows us to support those under 18s who enter the adult justice system through providing court support. The HSCP Youth Services Team liaise with criminal justice colleagues to complete Social Enquiry Reports (SERs) for 16 and 17 year old where appropriate and in line with good practice.

## 7.7 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 research undertaken by SCRA which confirmed 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 that 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 our continued 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 placed 12 children in adoptive placements and 7 in permanent fostering.

This resulted in a total of 39 children over a two year period who have had their long term care arrangements and needs met.

We have continued to build on the already improved permanence planning for children. Between January 2016 to March 2016 we have matched one child with an adoptive family; one child with a permanent fostering family; and ratified 10 permanence plans for children who are currently with temporary foster families.

The figures clearly indicate that permanence planning for children remains a priority within the HSCP, with evidence of clarity of planning and determination to minimise drift for our looked after children.



## 7.8 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.

We have continued to further develop and refine our processes around the management of domestic abuse on a multi-agency basis. This process is led by the multi-agency Early and Effective Intervention Strategy Group.

We have appointed a Multi-Agency Domestic Abuse Coordinator from within our existing social work resource. This post will link directly and coordinate the processes and information sharing within the Multi Agency Risk Assessment Conferences (MARAC) and the Multi Agency Tasking and Coordinating group (MATAC), led by Police Scotland.

We have established a clearer performance reporting and management process and undertake routine auditing of the cases already progressed to ensure that this approach is effective in improving outcomes for children and families.

A key aspect of this work is the close multi-agency working and communication on a local level. As evidenced within Section 4.1 of this report, unfortunately domestic abuse continues to be a significant factor for the communities of West Dunbartonshire. As such the Child Protection Committee is holding a further multi-agency event in August 2016 to appraise staff of developments and inform practice.

## 7.9 Transition from Children to Adult Services

The multi-agency Transitions Advisory Group (TAG) is developing guidance to manage the smooth transition arrangements for children with additional support needs from children's services to adult services, where this is required.

The aim is to ensure this transition is made on a 'needs led' basis and that the appropriate adult service is identified with the care plan being adjusted accordingly. For some children who do not require the support of the HSCP's Children with Disabilities team as they are supported appropriately within education, this transition process is essential as their needs change when they transition into adulthood.

## 7.10 Organisational Recognition

At the March 2016 WDC Employee Recognition Awards, the following HSCP initiatives, teams and staff were recognised in five out of the seven categories as follows:

- Employee of the Year; Ronnie Reardon, Youth Mentoring Service.
- Team of the Year; Alternatives to Care.
- Team Leader of the Year; Mary Angela McKenna, Community Adult Team.
- Outstanding Achievement; Hospital Discharge Team.
- Young Ambassador of the Year – Sean Macadam, Dumbarton Day Centre.

At the November 2015 *NHSGGC Celebrating Success Staff Awards*, the HSCP's local and integrated Care at Home Pharmacy initiative represented by; Pamela McIntyre, Lynne Meldrum and Richard Heard, won the Health Board-wide Improving Health category. At that event, the HSCP also commended the following local initiatives, teams and staff:

- The Young People in Mind Team, represented by Brendan Kelly, Louise Grant, Emma Marshall, Karen Ferguson and Janice Murphy.
- Angela Sprott for her leadership of our Acquired Brain Injury Team.
- The Work Connect Initiative, represented by Ingram Wilson and Lorraine Davin.
- Heather Irving for her work enabling local quality improvement.
- Our Community Older People's Team, represented by Mary-Angela McKenna, Caroline Thomson, Linda Young, Helen Faye and Hazel Kelly.

## 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 3 and 4 are reported externally. All performance reports are attached and illustrate a good range of performance indicators. These provide in the main a 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-Related Local Government Benchmarking Framework Indicators for 2014 to 2015.

**Appendix 4:** WD HSCP Key Performance Indicators 2015 - 2016

## 8.1 Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services. The HSCP has refreshed local process to ensure robust oversight and management of clinical and care governance.

The Scottish Government's Clinical and Care Governance Framework states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. The national framework directly informed the development of the Clinical and Care Governance sections of the approved Integration Scheme for West Dunbartonshire. In the last year we have reviewed our Clinical and Care Governance arrangements and enhanced the involvement and understanding of a wider range of staff and managers through the creation of a Clinical and Care Governance Forum which will meet quarterly to share practice around improving practice and service delivery as well as mitigating against potential risks.

In committing to improving quality, efficiency and effectiveness of our services, the Clinical and Care Governance Framework for the HSCP focuses on ensuring that the care we provide is person-centred, safe, and clinically and cost effective. We will continue, through self-assessment and self-evaluation, and performance and service review, to analyse our long term outcomes and define our success by showing a clear direction of travel and progress across our improvement agenda, as highlighted in recent Audit Scotland reports.

This includes responding to the review of the National Care Standards led by the Care Inspectorate and Health care Improvement Scotland, which aims to develop more integrated standards and provide a more effective and relevant model of scrutiny fit for the future.

## 8.2 Mental Health Officer (MHO) Service

The HSCP's Mental Health Officer (MHO) Service has been significantly augmented with the addition of two full-time, dedicated MHO posts which were successfully filled, with two experienced MHOs joining the service in July 2015.

One of the posts created has a specific remit for statutory service provision in respect of Older People, in recognition of the developing demography in West Dunbartonshire (as throughout the country); and in response to increasing resource demands in this area of service provision. There are now two MHOs specialising in this service area, and, in addition to enhancing the overall MHO resource, they are also deployed with a view to providing direct support to relevant service partners such as the hospital discharge team. One qualified social worker is undertaking the MHO training programme, while a further two members of staff have been supported in applying to join the 2016/2017 programme.

As a result of the additional posts and ongoing resource alignment, it has also been possible to effectively eliminate the requirement for a waiting list in respect of Adults with Incapacity (Scotland) Act 2000 referrals. Protocols and practices have been developed to support more efficient and effective supervision arrangements under the terms of the 2000 Act, and in response to changes such as the introduction of new regulations surrounding the supervision of private guardians.

An area of practice that continues to place significant demands on the resource is the provision of services for mentally disordered offenders. The extension of regulations in respect of appeals against excessive security to include those people in medium secure hospital environments (introduced in November 2015) will have the consequence of increasing the number of people moving towards community discharge. As such, there will be a requirement to develop robust care plans for people who often have complex needs, whilst assessing and managing risk effectively. This is a significant undertaking for the MHO service working in collaboration with key partners.

### 8.3 Information Governance

The Council, the Health Board and the other local authorities within the Health Board area have a well established Joint Information & Health Systems Group to develop, review and maintain an Information Sharing Protocol. The Protocol describes how the parties will exchange information with each other particularly information relating to identifiable living people, known legally as personal data. The purpose of the Protocol is to explain why the partner organisations want to exchange information with each other; and to put in place a framework which will allow this information to be exchanged in ways which respect the rights of the people the information is about, while recognising the circumstances in which staff must share personal data to protect others without the consent of the individual. The Protocol complies with the laws regulating this, most notably the Data Protection Act 1998.

As part of addressing a data breach in 2014, the HSCP has continued, along with the Council, to deliver training and briefing sessions to all staff in order to prevent any further breaches of data and ensure that all staff at all levels are fully aware of their duties in respect of keeping sensitive information secure; appropriate sharing of information with other professionals to improve the care of individuals/families; and complying with the robust policies that are in place.

### 8.4 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.

There has been an increase of 48% in the number of new CPOs received by the HSCP's Criminal Justice Social Work Team across the last year, principally from Dumbarton Sheriff Court. It should be noted that this occurs within the context of increases in demand in other areas of criminal justice activity and a very challenging financial landscape (see below).

### 8.5 Criminal Justice Funding

The Funding for the Criminal Justice Service is ring fenced and transferred via the North Strathclyde Community Justice Authority (NSCJA) to the six respective Local Authorities. For a number of years the value of the Criminal 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 funding of Criminal Justice services in relation to West Dunbartonshire and its partners has declined in value over a number of years resulting in increasing pressure on capacity particularly over the present period of significant growth in demand. Legislative and policy change has placed additional duties and added complexity to the role of Criminal Justice particularly in relation to the risk assessment and supervision of high risk offenders.

A revised formula has been devised in consultation with local authorities. It continues to take account of activity levels but also addresses the social and economic costs of crime in an authority area. It is intended that the revised formula will be applied to the 2017-18 grant allocation. Local authorities will be provided with an indication of how this will affect their allocation at some point in 2016.

The ring fenced funding of Criminal 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 West Dunbartonshire has shared a single budget with its partners, Argyll and Bute and East Dunbartonshire, since 2002. Work is being undertaken in anticipation of the new arrangements.

## 8.6 Community Justice Reform

With effect from April 2016 responsibility for local strategic planning and delivery of community justice will transfer from the eight Community Justice Authorities (CJA) to Community Planning Partnerships (CPP). 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 new arrangements rely on CPPs being the vehicle to bring partner organisations together to plan and deliver community justice outcomes. Criminal Justice Social Work remains accountable to and subject to the governance arrangements within the WD HSCP Board. The legislation underpinning this change is the Community Justice (Scotland) Act 2016.

During the period covered by this report, the Criminal Justice Social Work Partnership authorities have pooled the resource made available to support transition and appointed a Transitions Officer. A joint transition plan was submitted to the Scottish Government in January 2016.

Work is being undertaken, co-ordinated and supported by the Transitions Officer, with statutory partners in consultation with relevant third sector organisations to develop the strategic relationships necessary to plan and deliver community justice performance improvement and outcome plans. In parallel we are reviewing the long standing criminal justice social work partnership arrangements.

## 8.7 Stakeholder Engagement and Locality Developments

As committed to within the West Dunbartonshire Integration Scheme, the HSCP consulted upon and co-produced a local participation and engagement strategy that sets out the principles that do and will underpin its ways-of-working with key stakeholder groups (including service users, carers and local communities). The strategy reflects and reinforces good practice endorsed by the Scottish Health Council and articulated within the National Standards for Community Engagement; and seeks to increase diversity of participation in line with the expectations of Equalities Act 2010 and extend the representativeness of engagement in line with the Community Empowerment Act 2015.

We continue to develop locality planning within our Partnership, supporting professionals and communities within our two confirmed localities; Clydebank and Alexandria/Dumbarton in order to shape service delivery and planning. This includes working with General Practices with regards to the new GP contract and their development of clinical quality clusters. The on-going development of local engagement networks dovetails locality work streams with opportunities for the wider community to feed directly into the strategic planning process across the whole of West Dunbartonshire.

## 8.8 Carer's (Scotland) Act 2016

This Act Received Royal Assent on 9 March 2016. It intends to ensure better and more consistent support for both adult carers (745,000 approx identified in Scotland) and young carers (44,000 approx identified in Scotland) so that they can continue to care in better health and to have a life alongside caring.

In implementing the Act we are working with carers, young carers and their third sector representatives to ensure they are and feel supported to continue in their caring role.

## 8.9 Complaints

In the period 1<sup>st</sup> July 2015 to 31<sup>st</sup> March 2016 the HSCP has received 43 complaints. Of these 31 related to social care services. We monitor our compliance with complaints handling procedures through the HSCP 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.

## 8.10 Financial Challenges

Health and social care services are very much demand-led, particularly, but not exclusively in respect of the needs of older people and children. 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.

As required by legislation, the WD HSCP Board has made arrangements for the proper administration of its financial affairs and appointed an officer with the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is Chief Financial Officer.

The HSCP social care budget remains under pressure, mainly due to the increased level of demands for services. The HSCP is planning forward to achieve the required level of in-year savings and deliver a balanced position against budget for the current financial year. The position will be monitored carefully over the financial year. The Chief Officer continues to manage and review the budget across all service areas in conjunction with the senior management team.

## 8.11 Conclusion

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**  
**April 2016**

# Performance and Assurance Reporting Framework Public Protection Chief Officers Group July 2015 – March 2016



## Key Performance Targets

### 1. Child Protection

Child Protection									
Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016				
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend
HSCP/CP/001 Percentage of child protection investigations to case conference within 21 days	87.7%	100%	88.6%	86.4%	91.3%	95%			
HSCP/CP/002 Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	100%	100%	100%			
HSCP/CP/025 Number of current multi-agency staff trained in child protection in financial year	416	335	525	525	525	580			

### 2. Adult Support and Protection

Adults at Risk - Referrals									
Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016				
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend
HSCP/ASP/005 Percentage of Adults at Risk enquiries completed within 5 working days from point of referral	74%	83%	82%	89%	85%	100%			

## Adults at Risk - Investigations

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016				
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend
HSCP/ASP/009 Percentage of Adults at Risk Investigations started within 8 working days from point of referral	71%	83%	80%	93%	86%	70%			
HSCP/ASP/010 Percentage of Adults at Risk Case Conferences held within 28 working days from point of referral	77%	100%	50%	100%	86%	75%			
HSCP/ASP/011 Percentage of Adult Support and Protection clients aged 16 to 18 who have current risk assessment and care plan	100%	100%	66%	100%	100%	100%			

## 3. Criminal Justice

### Registered Sex Offenders and Restricted Patients

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016				
	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend
HSCP/CJ/006 Percentage of Level 2 MAPPA cases reviewed no less than once every twelve weeks	82%	100%	100%	100%	100%	85%			
HSCP/CJ/014 Percentage of Referrals for Level 2 meeting must be held within 20 days of receipt of referral by the MAPPA coordinator or their administrator	100%	N/A	100%	N/A	100%	100%			
HSCP/CJ/004 Percentage of Level 3 MAPPA cases reviewed no less than once every six weeks	<b>No level 3 MAPPA cases between July 2014 and March 2016</b>					90%	N/A	N/A	N/A

# Monitoring Indicators

## 1. Child Protection

### Child Protection

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016
	Value	Value	Value	Value	Value
HSCP/CP/003 Number of Child Protection referrals	174	41	63	46	150
HSCP/CP/004 Number of Child Protection investigations	201	41	55	52	148
HSCP/CP/005 Number of children investigated	192	41	53	51	145
HSCP/CP/006 Number of children investigated - Male	105	22	24	21	67
HSCP/CP/007 Number of children investigated - Female	87	19	29	28	76
HSCP/CP/008 Number of children involved in pre-birth case discussions but not progressing to pre-birth conference	3	1	0	0	1
HSCP/CP/009 Number of children involved in pre-birth case conference	13	2	7	1	10
HSCP/CP/010 Number of children registered pre-birth (as distinct from live child registration)	1	0	2	0	2
HSCP/CP/011 Number of Child Protection investigations resulting in a case conference	119	17	43	23	83
HSCP/CP/012 Number of children on the Child Protection Register at year end	12	20	30	28	28
HSCP/CP/013 Number of children on the Child Protection Register - Male (At Quarter End)	9	13	14	16	16
HSCP/CP/014 Number of children on the Child Protection Register - Female (At Quarter End)	2	7	15	12	12
HSCP/CP/015 Number of children with temporary registration (At Quarter End)	2	0	1	2	2
HSCP/CP/016 Average length of time on Child Protection Register (Days) - All	121	123	69	107	107
HSCP/CP/017 Average length of time on Child Protection Register (Days) - Male	113	139	91	114	114
HSCP/CP/018 Average length of time on Child Protection Register (Days) - Female	196	94	52	97	97
HSCP/CP/019 Percentage of children remaining on the Child Protection register for more than 18 months	0%	0%	0%	0%	0%
HSCP/CP/020 Number of Child Protection registrations	61	12	25	14	51
HSCP/CP/021 Number of Child Protection de-registrations	90	4	15	16	35
HSCP/CP/022 Number of de-registrations where child moved into a formal placement	7	1	1	2	4
HSCP/CP/023 Number of de-registrations where child returned home or at home with parents	70	3	14	13	30
HSCP/CP/024 Number of de-registrations where child living with kinship carer	8	0	0	1	1

## 2. Adult Support and Protection

### Adults at Risk - Referrals

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016
	Value	Value	Value	Value	Value
HSCP/ASP/002 Number of Adults at Risk Referrals	411	132	92	120	344
HSCP/ASP/003 Number of Adults at Risk Referrals by Type of Harm Reported	473	160	108	134	402
HSCP/ASP/004 Number of Adults at Risk Referrals that do not meet the 3 point test known and supported by other services	104	34	15	22	71

### Adults at Risk - Investigations

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016
	Value	Value	Value	Value	Value
HSCP/ASP/006 Number of Adults at Risk Investigations	48	12	10	15	37
HSCP/ASP/007 Number of Adults at Risk Orders applied for	0	0	0	0	0
HSCP/ASP/008 Number of Adults at Risk Orders granted	0	0	0	0	0

### Vulnerable Adults - Referrals

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016
	Value	Value	Value	Value	Value
HSCP/ASP/012 Number of Vulnerable Adult Referrals	301	132	122	151	405

## 3. Criminal Justice

### Registered Sex Offenders and Restricted Patients

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016
	Value	Value	Value	Value	Value
HSCP/CJ/005 Number of Level 3 MAPPA cases reviewed	N/A	0	0	0	0

Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016
	Value	Value	Value	Value	Value
HSCP/CJ/007 Number of Level 2 MAPPAs Reviewed	18	4	4	3	11
HSCP/CJ/008 Total number of Registered Sex Offenders being managed at Level 2 and 3 in the community (Snapshot)	4	2	4	4	4
HSCP/CJ/009 Total number of Registered Sex Offenders being managed at all levels in the community (Snapshot)	82	85	85	86	86
HSCP/CJ/010 Total number of Restricted patients being managed in the community (Snapshot)	1	1	1	1	1
HSCP/CJ/011 Number of wanted/missing registered sex offenders (Snapshot)	0	0	0	0	0
HSCP/CJ/012 Number of breaches of licence by all levels who were recalled to prison	2	2	0	0	2
HSCP/CJ/013 Number of Referrals for Level 2 meeting must be held within 20 days of receipt of referral by the MAPPAs coordinator or their administrator	2	0	1	0	1
HSCP/CJ/015 Number of Offenders, if in the community the Level 3 MAPPAs must be held within 5 working days of receipt of referral by the MAPPAs co-ordinator or their administrator	No level 3 MAPPAs cases between July 2014 and March 2016				
HSCP/CJ/016 Percentage of Offenders, if in the community the Level 3 MAPPAs must be held within 5 working days of receipt of referral by the MAPPAs co-ordinator or their administrator	No level 3 MAPPAs cases between July 2014 and March 2016				
HSCP/CJ/017 Number of Male MAPPAs cases	85	Not reported quarterly			86
HSCP/CJ/018 Number of Female MAPPAs Cases	0	Not reported quarterly			0
HSCP/CJ/019 Number of MAPPAs Cases aged under 18 years	2	Not reported quarterly			1
HSCP/CJ/020 Number of MAPPAs Cases aged 18 to 30 years	19	Not reported quarterly			19
HSCP/CJ/021 Number of MAPPAs Cases aged 31 to 60 years	46	Not reported quarterly			47
HSCP/CJ/022 Number of MAPPAs Cases over 61 years	18	Not reported quarterly			19

<b>Serious Violent Offenders</b>					
Performance Indicator	July 2014 – June 2015	Q2 2015/16	Q3 2015/16	Q4 2015/16	July 2015 – March 2016
	Value	Value	Value	Value	Value
HSCP/CJ/023 Total number of violent offenders assessed as requiring high or very high levels of supervision in the community	15	13	12	13	13

## REGULATORY INSPECTIONS, GRADES AND FINDINGS

The Care Inspectorate regulates and inspects care services in Scotland, which are subject to routine inspections at least once per year.

From 1<sup>st</sup> April 2015, the Care Inspectorate amended their inspection process. If any building based Adult service (i.e. Care Homes or Day Centres) is performing poorly, had been awarded the Grade 2/weak or had requirements in their previous inspection then their next inspection will be a 'follow up' inspection.

This 'follow up' inspection will focus on the requirements made in the previous inspection instead of covering the four quality themes (Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management and Leadership). The grades awarded at the previous inspection may change if the Inspector has evidence to support any adjustment. 'Follow up' inspections will allow the Care Inspectorate to track improvement and gain assurance that services are making the right changes.

The Care Inspectorate do not intend to make further requirements or revise grades on these follow up visits, although Inspectors have some discretion to do so if they consider that sufficient evidence is evident.

### 1. Children's Services

**Craigellachie Children's House** was inspected on 21 September 2015 and the following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good.
- *Quality of the Environment* Grade 5/Very Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 5/Very Good.

Their Inspection report contained no requirements and 1 recommendation;

- i) To actively seek a solution to the limited ability of staff to meet as a team to promote a more cohesive process for shared decision-making and consistency of approach for young people.

This recommendation has been addressed by the Manager of the home. All grades remain consistent with previous inspection and reflect the high standards of care offered to our young people.

**Blairvadach Residential Home** was inspected on 11 January 2016 and the following grades were awarded:

- *Quality of Care and Support* Grade 4/Good.
- *Quality of the Environment* Grade 3/Adequate.
- *Quality of Staffing* Grade 4/Good.
- *Quality of Management and Leadership* Grade 4/Good.

Their Inspection report contained 1 requirement and 2 recommendations;

Requirement:

- i) To ensure that the living environment was safe, secure and nurturing for the young people.

Recommendations:

- i) The service to ensure bank staff were suitably supervised and appraised.
- ii) Review its admission procedures to ensure all young people have appropriate environment which meets individual needs.

Since the inspection report was issued the home has been addressing these issues. All grades were a reduction from the previous inspection but still reflect the high standards of care offered to our young people.

**Burnside Children's House** was inspected on 22 December 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good.
- *Quality of the Environment* Grade 5/Very Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 4/Good.

Their Inspection report contained no requirements and 1 recommendation;

- i) To ensure that all relevant matters are notified to the Care Inspectorate timeously.

The service is ensuring that this happens within the time frame dictated by the Care Inspectorate. The grade of 4/Good awarded for the Quality theme of Management and Leadership is a slight reduction from that of 5/Very Good in the previous inspection. However, the other grades remain consistent with previous inspections and reflect the high standards of care offered to our young people.

## 2. **Adult and Older People's Services.**

**Dumbarton Centre** was inspected on 30 October 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good.
- *Quality of the Environment* Grade 5/Very Good.
- *Quality of Staffing* Grade 4/Good.
- *Quality of Management and Leadership* Grade 4/Good.

Their Inspection report contained no requirements and 9 recommendations;

- i) To arrange for staff developing outcome focused care plans to undergo training using best practice guidance such as "Talking Points" to assist them in this process.
- ii) Ensure staff are aware of and adhere to the instructions within the document; 'Records all Services (excluding Child Minders) Must Keep



and Notification Reporting Guidance,' which can be found on the Care Inspectorate's Website.

- iii) Staff supporting someone who uses a PEG feeding system are initially trained by someone qualified to carry out this training.
- iv) Install Wi-Fi within the Dumbarton Centre to allow service users to access more technology to enhance their experience of using the centre.
- v) Establish how long service users spend on the bus each week.
- vi) Evidence that service user views are sought as part of a staff appraisal system for new and established support staff.
- vii) Carry out a review of both the frequency and the quality of supervision staff receive within the day centre.
- viii) Involve staff in reviewing how effect team meetings are within the service.
- ix) Management to monitor the induction period of new staff and ensure that they have the opportunity to complete all induction training within the six month induction period.

Since this inspection the service has been working to address these issues. The grade of 4/Good awarded for the Quality theme of Management and Leadership is a slight reduction from that of 5/Very Good in the previous inspection. While the grade of 5/Very Good for the Quality theme of the Environment is an improvement and reflects the refurbishment programme undertaken and recently completed for this service.

**Learning Disability Service** was inspected on 18 November 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/Good.
- *Quality of Staffing* Grade 4/Good.
- *Quality of Management and Leadership* Grade 4/Good.

Their Inspection report contained no requirements and 8 recommendations;

- i) Have a relative, guardian or other representative, with the authority to do so, to read and sign personal plans where it is identified that a service user has been assessed as being incapable to demonstrate that the plan has been read, understood and agreed by the service user's representative.
- ii) Review current risk assessment and protocols related to safe bathing arrangements for individual service users.
- iii) Make sure there is always a clear protocol, in each personal plan that details how each service user is to be supported to manage their money.
- iv) Have a standing item in six monthly reviews to discuss and record service users, or their representatives, comments about the quality of staff that support them.
- v) Review the scope of influence and choice service users and/or their representatives have regarding the staff teams that support them.
- vi) Improve the quality of staff supervision meetings and supervision recording in Neighbourhood Network.

## Appendix 2

- vii) Ensure time between accidents and incidents occurring and a notification being made to the Care Inspectorate is in line with reporting timescales guidance.
- viii) Take appropriate action to improve information, communication and technology systems to allow all staff to be supported better in their role.

The grades awarded from this inspection are consistent with previous inspections and reflect the high standards of care offered by the Learning Disability Service to our service users.

**Boquhanran House** was inspected on 13 January 2016. This inspection was a 'Follow up' inspection, only looking at progress in addressing the five recommendations from the previous inspection.

The grades from the previous inspection, of May 2015, remained the same as follows:

- *Quality of Care and Support* Grade 4/Good.
- *Quality of the Environment* Grade 4/Good.
- *Quality of Staffing* Grade 4/Good.
- *Quality of Management and Leadership* Grade 5/Very Good.

The Inspector detailed no additional requirements or recommendations and reviewed the 5 recommendations from the previous inspection which were;

- i) Staff to adopt best practice when monitoring residents who may be a risk of developing dehydration and malnourishment.
- ii) Staff to utilise the information obtained from carrying out key assessments such as 'Waterlow' to inform the content of associated support plans.
- iii) Have a system to routinely check that wheelchairs are kept clean and in a good state of repair.
- iv) Ensure that improvements are made to the enclosed garden in order that it offers a suitable environment for resident's use.
- v) Staff to undertake dementia training.

The service has been actively addressing these recommendations and successfully completed two of them. The other three have been partially completed and were viewed by the inspector as 'works in progress'. The grades continue to reflect the high standards of care offered to our older people.

**Dalreoch House** was inspected on 9 July 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/Good.
- *Quality of the Environment* Grade 4/Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 5/Very Good.

Their Inspection report contained no requirements and 1 recommendation;

- i) To ensure all care plans and related documentation, including reviews, are fully up-to-date and reflect the current assessed care needs and personal references of each resident.

Since this inspection took place the care plans have been worked on and changes implemented by the service. The grade of 5/Very Good awarded for the two quality themes of Staffing and Management & Leadership is an improvement from the previous inspection when the service received the grade of 4/Good for the same two quality themes and reflects the high standards of care offered to our older people.

**Frank Downie House** was inspected on 01 July 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/Good.
- *Quality of the Environment* Grade 4/Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 5/Very Good.

Their Inspection report contained no requirements and 7 recommendations;

- i) To ensure care plans reflect the following:
  - Consent is obtained prior to using equipment which could be regarded as being potentially restraining.
  - Accurate and full records are maintained after any resident sustains a fall, including any advice or recommendations obtained from the 'Fall's Team' and provide clear evidence that associated risk assessments and care plans have been updated.
  - Review meetings to contain meaningful information which supports that the current care plans and measures adopted by the service to meet each resident's needs are discussed and detail if outcomes have been achieved.
  - Regular evaluations to each care plan should adhere to the frequency indicated and there should be a system in place to ensure that this is occurring.
- ii) Fluid intake charts to be used.
- iii) All continence pads are bagged prior to being placed in designated bins.
- iv) Footplates are used when transporting residents who use wheelchairs.
- v) Records associated with checks to equipment are fully completed and detail remedial actions taken.
- vi) Redecoration and repairs are carried out to the environment.
- vii) Staff are offered training or development session to help them acquire the necessary knowledge and skills for the completion of assessments to inform care plans.

Since this inspection took place all recommendations have been addressed and changes implemented by the service. The grade of 5/Very Good awarded for the Quality theme of Management and Leadership is an improvement from their previous inspection and reflects the high standards of care offered to the older people who use or services.

**Langcraigs Centre** was inspected on 23 September 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 5/Very Good.
- *Quality of the Environment* Grade 5/Very Good.
- *Quality of Staffing* Grade 5/Very Good.
- *Quality of Management and Leadership* Grade 5/Very Good.

Their Inspection report contained no requirements or recommendations.

The grade of 5/Very Good awarded for the two quality themes of Staffing and Management & Leadership is an improvement from the previous inspection when the service received the grade of 4/Good for the same two quality themes and reflects the high standards of care offered to our older people.

**Langcraigs Day Care** was inspected on 25 January 2016. The following grades were awarded:

- *Quality of Care and Support* Grade 4/ Good.
- *Quality of the Environment* Grade 4/ Good.
- *Quality of Staffing* Grade 4/ Good.
- *Quality of Management and Leadership* Grade 3/Adequate.

Their Inspection report contained no requirements and 5 recommendations;

- Identify suitable training and offer opportunities to staff in meaningful activities and support them to attend.
- Devise a mechanism to link assessed service user dependency levels to required staffing levels.
- Review their current induction training programme for care staff to have included training in: dementia awareness; infection control; food hygiene; managing behaviour which may be challenging; and basic first aid.
- Develop a programme of training on health matters to keep staff up to date with best practice as well as being introduced to new topics.
- To comply with the provider's supervision policy.

All of the recommendations are currently being addressed by the service. The grade of 3/Adequate awarded for the Quality theme of Management and Leadership is a slight reduction from that of 4/ Good in the previous inspection. Despite this the grades are an indication of the high standards of care offered to the older people who use or services.

**Mount Pleasant House** was inspected on 14 January 2016. This inspection was a 'Follow up' inspection, only looking at progress in addressing the 3 requirements and 8 recommendations from the previous inspection.

The grades from the previous inspection of August 2015 remained the same as follows:

- *Quality of Care and Support* Grade 4/ Good.
- *Quality of the Environment* Grade 4/ Good.

- *Quality of Staffing* Grade 4/ Good.
- *Quality of Management and Leadership* Grade 4/ Good.

The Inspector detailed no additional requirements or recommendations and reviewed the 3 requirements and 8 recommendations from the previous inspection which were;

Requirements:

- Ensure residents are provided with access to suitable transport and opportunities to go on trips out-with the care home.
- Residents on a short break (respite) to have a complete personal plan detailing their health and welfare needs and how these are to be met.
- Staff to undertake suitable and sufficient training that informs and supports their role and this training must be refreshed within the required timescale.

Recommendations:

- Plan and deliver a programme of regular meaningful activities to meet residents' health and wellbeing needs and personal preferences.
- Ensure care plans contain details of resident's current medication.
- Facilities are provided for residents and their families to keep in touch by email and Skype if this is their choice.
- The management process for residents' personal clothing be reviewed and improved.
- Staff to have regular supervision sessions.
- Risk assessments are reviewed after each fall and associated records should contain accurate and up to date information.
- Staff to have adult support and protection training and this should be of a standard that ensures they are well informed.
- Maintain the quality assurance system to properly monitor performance and address any areas for improvement.

Since this inspection took place the three requirements and eight recommendations have been addressed and changes implemented by the service. The inspectors viewed many of them as complete and the others as progressing. The grades in place continue to reflect the high standards of care offered to our older people.

**Willox Park** was inspected on 13 August 2015. The following grades were awarded:

- *Quality of Care and Support* Grade 4/Good.
- *Quality of the Environment* Grade 4/Good.
- *Quality of Staffing* Grade 4/Good.
- *Quality of Management and Leadership* Grade 4/Good.

Their Inspection report contained 1 requirement and 2 recommendations;

Requirement:

- That regular assessment is carried out in relation to individual resident's needs and dependencies and that this information is used to establish the numbers of staff and the skill mix of staff on each shift.

### Recommendations

- i) The mealtime experience to be reviewed and improved. To also make sure that residents have the right care and support in relation to eating and drinking and accurate, up to date and accountable records be kept to show the outcomes for individual residents.
- ii) Ensure that residents are provided with more frequent access to meaningful and stimulating activities which reflect their individual wishes and interests throughout the day.

Since their inspection the service has been working to address the requirement and 2 recommendations. The grade of 4/Good awarded for the three Quality themes of Care and Support, Staffing and Management & Leadership are a slight reduction from that of 5/Very Good in the previous inspection. Despite this the grades still reflect the high quality being delivered to the older people who use our service.

## HSCP Local Government Benchmarking Framework indicators 2014-15



PI Short Name	2010/11	2011/12	2012/13	2013/14	2014/15	2014/15
	Value	Value	Value	Value	Value	Note
The gross cost of "children looked after" in residential based services per child per week £	£2,764.96	£2,875.21	£1,835.38	£2,946.15	£2,493.27	We continue to provide residential based services for looked after children at a significantly lower cost than the Scotland figure which has risen to £3,133.15 per week for 2014/15. Our costs have decreased by 15% over the same period and our ranking has improved from 15th to 7th in Scotland.
The gross cost of "children looked after" in a community setting per child per week £	£48.13	£52.31	£142.87	£155.17	£161.26	At £161 per week, the cost of children being looked after in a community setting is also significantly lower than the Scotland cost of £278 and we are again among the top performers with a ranking of 4th in Scotland.
Balance of Care for looked after children: % of children being looked after in the Community	89.03%	88.35%	87%	89%	89%	We have maintained our ranking of 16th for this measure and are just slightly below the Scottish figure of 90%.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.1%	1.6%	1.42%	1.39%	1.77%	Expenditure on Self-Directed Support (SDS) has increased by 30% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 1.77%. However, high satisfaction with social care services may also mean that clients are less motivated to actually take up SDS direct payments or individual service funds relative to other areas. This may go some way to explaining why our increased SDS expenditure has not been reflected in our ranking of 28th.
Home care costs for people aged 65 or	£16.90	£15.67	£17.64	£18.47	£20.91	While our ranking has moved from 9th to

PI Short Name	2010/11	2011/12	2012/13	2013/14	2014/15	2014/15
	Value	Value	Value	Value	Value	Note
over per hour £						16th, the HSCP is continuing to target services towards those with high level needs - and therefore whose packages of care are generally more costly - in order to maintain or even improve levels of independence. During 2014/15, the HSCP established a Home Care Reablement team, which has ensured that the focus of Care at Home services is on better outcomes, maximising clients' long term independence and quality of life and appropriately minimises structured supports.
Percentage of people aged 65 or over with intensive needs receiving care at home	43.28%	44.27%	42.52%	40.71%	39.32%	The HSCP has increased use of additional Telecare sensors as an integral component of care packages to sustain people at home, contributing towards a reduction in the number of homecare hours and increasing support to carers. While this figure is slightly lower than 2013/14 (which was 40.7%) it is higher than the Scotland figure of 35.56% and we are ranked 15th in Scotland.
% of adults satisfied with social care or social work services	67.7%	67.7%	67%	68%	74%	The HSCP has the 3rd highest level of satisfaction with social care services in Scotland at 74% and our levels of satisfaction have increased year on year from 67% in 2012/13. The Scotland figure has followed the reverse trend decreasing from 57% in 2012/13 to 51% in 2014/15.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£599.92	£554.19	£430.41	£415.97	£460.43	The HSCP is significantly higher than the Scotland figure of £372.28 and this is reflected in our ranking which has fallen from 27th to 29th. The LGBF Overview Report 2014/15 recognises that 'variation in net costs between councils will be largely influenced by the balance of LA funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs'.



PI Short Name	2010/11	2011/12	2012/13	2013/14	2014/15	2014/15
	Value	Value	Value	Value	Value	Note
						<p>The latter would include the degree to which staff employed within care homes are at paid at least the National Living Wage. East Dunbartonshire and Dumfries and Galloway have no local authority care home provision and are ranked 1st and 2nd for this measure. In contrast, within West Dunbartonshire local authority care homes are a significant provider of residential care placements (with all of our staff paid at least the National Living Wage) which goes some way to explaining our being ranked 29th.</p>

## APPENDIX 4: WD HSCP KEY PERFORMANCE INDICATORS 2015/16 – SOCIAL CARE

Target achieved or exceeded    
 Target narrowly missed    
 Target missed by 15% or more

\*Provisional figure pending full year data












Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	39.2%	35.8%	40%	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	55%	61.5%	60%	
Percentage of Care Plans reviewed within agreed timescale	78%	80%	74%	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	578.3	548.7	600	
Percentage of homecare clients aged 65+ receiving personal care	93.8%	90.3%	83%	
Percentage of people aged 65 or over with intensive needs receiving care at home	39.32%	36.1% *	40%	
No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015	1	3	0	
Number of acute bed days lost to delayed discharges (including AWI)	5,802	3,345	3,819	
Number of acute bed days lost to delayed discharges for Adults with Incapacity	2,127	1,617	466	
Unplanned acute bed days (aged 65+)	49,327	41,082	45,640	
Number of emergency admissions aged 65+	4,372	3,930	3,973	
Emergency admissions aged 65+ as a rate per 1,000 population	282	250	252	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.9%	97.8% *	97%	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	22,745	23,304	22,816	
Percentage of carers who feel supported to continue in their caring role	87%	80.2%	88%	

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 Target achieved or exceeded    
  Target narrowly missed    
  Target missed by 15% or more

\*Provisional figure pending full year data

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Total number of respite weeks provided to all client groups	6,777	6,729	6,558	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.1%	94.7% *	91.5%	
Balance of Care for looked after children: % of children being looked after in the Community	89%	90.6%	89%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	56.5%	62%	69%	
Percentage of child protection investigations to case conference within 21 days	94.5%	83%	95%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	4.6	4.6	6.4	
Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	19.6	19.6	28	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	97%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	81%	82%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	89%	69%	90%	