

Chief Officer: Beth Culshaw



**WEST DUNBARTONSHIRE**

**CHIEF SOCIAL WORK OFFICER's ANNUAL REPORT 2016 - 2017**

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## **Foreword**

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

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

The purpose of this report is to provide Council with information on the statutory work undertaken on the Council's behalf during the period 1<sup>st</sup> April 2016 to 31st March 2017. This report will be posted on the Council website, the Health and Social Care Partnership website and will be shared with the Chief Social Work Advisor to the Scottish Government.

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1. **Chief Social Work Officers Summary or Performance, Key Challenges, Developments and Improvements.**
- 1.1 In the first full financial year as a Health and Social Care Partnership (HSCP) the focus has been on further embedding the principles, reporting and governance requirements necessary in respect of meeting the duties laid out in the Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014.
- 1.2 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.
- 1.3 Further progress has also been made in the operational delivery of health and social care services in line with the benefits and the efficiencies to be achieved from integration.
- 1.4 It is acknowledged by the Senior Management Team of the HSCP that West Dunbartonshire has benefited from the history of partnership and integrated working. In this regard a significant amount of joint arrangements were already in place in terms of;
  - single financial accounting – of the Council and the NHS budget management and oversight;
  - aligned and merged Human Relations management and associated policies;
  - a Joint Staff Forum representing all of the Unions representing staff across health and social care delivery;
  - joint service delivery teams particularly in relation to adult and older peoples services.
- 1.5 In terms of overall demand we have seen child protection and child welfare referrals rise considerably within the period that this report covers. Further detail of this rising demand is provided in Section 7.7 Child Protection page 25.
- 1.6 Whilst the response to this demand clearly illustrates good practice, in that the children and families teams are responding to those in need of care and support it also causes a likewise impact on the need for resources in the form of accommodating children and staff time.
- 1.7 This relationship between demand and resources can be illustrated by some of our areas of financial pressure as experienced in 2016 to 2017.
  - In relation to Kinship Care, which allows children to be cared for by a relative or friend within their own community, we have seen a rise from 127 children in kinship placements in 2015/16 to 158 in 2016/17. In terms of budget this takes the total cost to £1,012,168 for 2016/17. As we are encouraged through policy directives and good practice to place

children within their own communities with Kinship carers this demand and cost pressure is likely to rise.

- For Children's Residential Care and Care in the Community spend rose by £188,000 in 2016/17
- Similarly due to rising demand for Care at Home Services (Home Care) there has led to a rise in expenditure of £256,000.

1.8 Section 8 of this report provides detail of our overall performance and there are a number of high performing areas across the services provided by the HSCP and evidence of service user satisfaction in the quality and type of services they receive with clear evidence of clear improvements and successes.

## 2. Local Authority Overview and Delivery Landscape

### Integration

- 21 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 services delegated to the Integration Joint Board; and through the Chief Officer, who is responsible for the operational management of the Health & Social Care Partnership. These arrangements for integrated service delivery have been 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.
- 22 West Dunbartonshire HSCP, as was the case with the previous construct of the CHCP, brings 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.
- 23 The Strategic Plan for 2016-2017 is one of the main requirements of the HSCP Integrated Joint Board and was developed in consultation with community representatives and key stakeholders. The Strategic Plan describes the priorities for the HSCP and sets out clearly the agreed outcomes and priorities for action, resource allocation and spend against the national health and well-being indicators.
- 24 As Chief Social Work Officer, I fully support and endorse the work that has been undertaken in establishing a clear construct for the HSCP and in the development of a comprehensive integration scheme and Strategic Plan for 2016-2017.
- 25 In addition it is my professional view that this full complement of services within the HSCP is essential both from a collaborative point of view but also ensures all services are mindful of the contribution they make across the range of public protection requirements which are a statutory function in respect of social work delivery.

### Demographics

- 26 West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2016 population for West Dunbartonshire is 89,860; an increase of 0.3 per cent from 89,590 in 2015. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.
- 27 In West Dunbartonshire, 17.5% of the population are aged 0-15 which is slightly higher than Scotland which sits at 16.9%. In the next age group 17.2 per cent of the population are aged 16 to 29 years. This is smaller than Scotland where 18.2 per cent are aged 16 to 29 years. Persons aged 60 and

over make up 24.4 per cent of West Dunbartonshire which matches the proportion of people aged 60 and over in the Scotland population.

- 28 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.
- 29 West Dunbartonshire's Social and Economic Profile 2017 shows that we have seen relatively large increases in our share of the 20% most deprived data zones in Scotland, showing the biggest increase in relative deprivation from 2012. Our Strategic Needs Assessment reflects that we have high levels of people with long term and complex conditions, often linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age. Because of this, our commitment to work together in shifting the balance of care and support is delivered to people from hospital to community settings and most importantly in people's homes; thereby supporting a whole population approach to improved health and wellbeing.

#### Commissioning

- 210 WDHSCP cements together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure; this partnership has been expanded to establish a Market Facilitation Consortium model of market analysis 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.
- 211 The Market Facilitation Consortium is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs.
- 212 This Consortium approach provides a robust framework for all partners, across age groups and care groups; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.
- 213 The purpose of the Consortium is to:
- Create, develop, maintain and grow high quality service delivery in and around West Dunbartonshire in order to service the needs of local people and communities; especially those who are most disadvantaged;
  - Create and deliver flexible and holistic service packages which are joined up and responsive to need and demand;



- Augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

- 214 The approach provides third and independent sector partners 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.
- 215 During 2016/17 the Partnership Board approved its commissioning objectives to improve unscheduled care for residents of West Dunbartonshire. At the heart of these comprehensive commissioning intentions is a commitment to invest, redesign and deliver an effective infrastructure of community services.

### **3. Partnership Working – Governance and Accountability Arrangements**

#### Role and Function of the CSWO

- 31 It is a statutory requirement that every local authority should appoint a professionally qualified Chief Social Work Officer. This requirement and the statutory guidance was initially set out in the Social Work (Sc) Act 1968. The particular qualifications are set down in regulations. A recent review took place in respect of the National Guidance and this was published in July 2016.
- 32 The revised statutory guidance was issued to local authorities by Scottish Ministers under section 5 of the 1968 Act. This guidance is for local authorities and is also relevant to bodies and partnerships to which local authorities have delegated social work functions. In recognising the democratic accountability which local authorities have clarity and consistency about the role and contribution of the CSWO are particularly important given the diversity of organisational structures and the range of organisations and partnerships with an interest in the delivery of social work services.
- 33 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.
- 34 The recent guidance is intended to support local authorities in effectively discharging their responsibilities for which they are democratically accountable and to help local authorities maximise the role of the CSWO and the value of their professional advice – both strategically and professionally. It is also aimed at assisting Integrated Joint Boards (IJBs) to understand the CSWO role in the context of integration of health and social care brought in by the Public Bodies (Joint Working) (Sc) Act 2014.
- 35 There is a small number of duties and decisions, which relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must be made either by the Chief Social Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable. These include:
- Deciding whether to implement a secure accommodation authorisations in relation to a child, reviewing such placements and removing a child from secure accommodations if appropriate;
  - Transferring a child on a supervisions order in cases of urgent necessity;
  - Acting as a guardian to an adult with incapacity where the guardianship functions relate to personal welfare of the adult;
  - Decisions associated with the management of drug treatment and testing orders;
  - Carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

### Partnership Working – Systems and Structures

- 36 As CSWO I chair the following area wide meetings; Child Protection Committee (CPC), the Children and Families Delivery and Improvement Group (DIG) and the Violence Against Women Strategy Group (VAWSG), the latter of which I currently chair on behalf of West Dunbartonshire and Argyll and Bute local authorities as a joint strategy group.
- 37 In order to ensure that I am effective in carrying out my duties with respect to assurance and accountability of the full range of social work functions I also attend the following meetings: the Community Planning Management Group, the Public Protection Committee, The Safe and Strong Delivery and Improvement Group, the Integrated Joint Board (IJB), the Audit Committee of the IJB and the Clinical and Care Governance Senior Management Team as well as the Clinical and Care Governance Forum.
- 38 I attend Council when providing specific advice or support in the form of a report to Council and I am aware of the Agenda for Council in advance so that I can consider areas that may require additional advice in my role as CSWO.
- 39 It is important to note the voluntary and third sector is represented at most of these partnership groups and as such the vehicle for engagement with the Third Sector is via West Dunbartonshire Community Voluntary Services (WDCVS).

### Community Justice Reform

- 310 With effect from April 2016 responsibility for planning and delivery of community justice is the responsibility of local community justice partners. The statutory partners are:
- Local Authorities;
  - Health Board;
  - Police Scotland;
  - Scottish Fire and Rescue Service;
  - Skills Development Scotland;
  - Integration Joint Boards established by virtue of section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014;
  - Scottish Courts and Tribunals Service;
  - Scottish Ministers (Scottish Prison Service, Crown Office and Procurator Fiscal Service).
- 311 Statutory partners were required to produce a local plan for community justice, a Community Justice Outcomes and Improvement Plan. The focus of partners in 2016-17 was the preparation of a Local Outcome Improvement Plan for 2017-18. Local authorities received funding to support the preparation of a transition plan. This funding was pooled by the then Community Justice Partnership authorities (Argyll and Bute, East and West Dunbartonshire) to create a Transitions Officer to

work across the three authorities for the transition period of a year. This enabled a consistent and efficient approach to the production of local plans.

- 3.12 As CSWO I was previously the lead for the Community Justice Partnership and in moving to the new structure was familiar with the justice landscape, the strategic and operational relationships between authorities and with statutory partners and other relevant organisations. The rationale driving the national strategy for community justice is that the issues underpinning offending are complex, beyond the power of any single agency to resolve and may have aspects which have particular importance in certain localities, for instance the persistently high levels of reported domestic violence in West Dunbartonshire
- 3.13 Reporting of progress and key challenges for the West Dunbartonshire Community Justice Partnership will be via the Safe and Strong Delivery and Improvement Group to the Community Planning Management Group. This will include an element of reporting on the performance of the Criminal Justice Social Work Service however performance in relation to this service will in the main be through the IJB given that Criminal Justice is included within the integrated partnership, for which I have lead responsibility as both the CSWO and the Head of Service for this area of social work delivery.

#### Locality Engagement Networks (LENs)

- 3.14 We have continued to develop our locality arrangements – in tandem with our support for the development of local primary care quality clusters - to provide forums for professionals, communities and individuals to inform service redesign, transformational change and improvement.
- 3.15 This includes strengthened development of our Local Engagement Networks (LENs) for each locality area, through engagement with carers, patients, service users and their families. Each LENs looks at issues around distinct community health and social care services and gives people the chance to share thoughts on how the service could be improved. This year's LENs have focused on Frailty, Chronic Obstructive Pulmonary Disease (COPD), services for Care experienced young people and Carers

#### Quality Assurance

- 3.16 As CSWO I am able to monitor, influence and improve the quality of social work services through my representation on the above groups, within the local partnership arrangements and through my leadership role. A key role in assuring myself, the Council and the IJB, about the quality and effectiveness of the social work contribution and delivery, is to hear about the experience that partners and users have and to address any deficits in delivery as identified through these processes.

#### Clinical and Care Governance

- 3.17 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 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.

- 318 This includes preparing the groundwork for the introduction of the Health and Care Standards for Scotland from 1<sup>st</sup> April 2018 and the introduction of the public sectors Duty of Candour reporting requirements. The Health,(Tobacco, Nicotine etc and Care) (sc) Act 2016 received Royal Assent on 1<sup>st</sup> of April 2016 and brings into effect the Duty of Candour under part 2 of this Act as supported by the Duty of Candour (Sc) Regulations 2017.
- 319 This introduces a new organisational duty of candour on health, care and social work services as from 1<sup>st</sup> of April 2018 to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm, as defined in the Act. This duty requires organisations to follow a duty of candour procedure which will include notifying the person affected, apologising and offering a meeting to give an account of what happened. The procedure will also require the organisation to review each incident and offer support to those affected; people who deliver and receive care.
- 320 As CSWO I have been instrumental along with the HSCP Senior Management Team in developing Clinical and Care Governance arrangements fit for the new structure of delivering social work services and our local framework works effectively in learning from good practice across the integrated partnership. An example of how this works in practice is that the Clinical and Care Governance Forum brought together all services across the Health and Social Care Partnership (HSCP) to share each services process for quality assurance. This resulted in a robust examination of each process and identification of the benefits of processes across the HSCP to the benefit to areas where quality assurance was less well developed or understood.

#### **4. Resources**

- 4.1 Financial performance is an integral element of the HSCPs overall performance management framework, for both health and Council funding with regular reporting and scrutiny by the Partnership Board and its Audit Committee. The 2016/17 financial performance reports demonstrate that in challenging economic times the requirement to deliver services for best value is being met, whilst maintaining quality and securing continuous improvement.
- 4.2 The key messages from our first full year of operation during the financial year 2016/17 are:
- On a total budget allocation of £167.693m from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, including Set Aside and Hosted Services, we ended the year in a positive position.
  - Reserve balances were strengthened as a result of 2016/17 favourable outturn position and will be applied in line with the HSCP Board's financial strategy, including transformation projects and underwriting the risk of any future unanticipated events that may materially impact on the financial position of the HSCP Board.
  - Approved savings of £0.993m relating to Social Care were delivered in line with the financial plan.
  - Approved savings of £1.431m for Health Care were part delivered through Health Board collective savings plans and local savings plans. The balance of £0.909m was funded non-recurrently by Greater Glasgow and Clyde Health Board to allow the HSCP Board to approve savings options at the November 2016 meeting for implementation in 1 April 2017.
- 4.3 The cost of implementation of the Scottish Living Wage of £8.25 per hour for all adult care workers from 1 October 2016 was calculated at a cost of £0.667m. The table below sets out the financial performance of all our services and with the overall position as favourable.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2016/17 Annual Budget £000	2016/17 Net Expenditure £000	2016/17 Underspend/ (Overspend) £000
<b>Consolidated Health &amp; Social Care</b>			
Older People Residential, Health and Community Care	25,966	25,971	(5)
Homecare	12,819	13,075	(256)
Physical Disability	2,742	2,509	233
Children's Residential Care and Community Services (incl specialist)	18,925	19,113	(188)
Strategy Planning and Health Improvement	1,934	1,878	56
Mental Health Services - Adult & Elderly Community and Inpatients	9,872	9,580	292
Addictions	2,961	2,859	102
Learning Disabilities - Residential and Community Services	15,352	15,163	189
Family Health Services (FHS)	23,418	23,418	0
GP Prescribing	19,294	19,294	0
Hosted Services - MSK Physio	6,246	6,064	182
Hosted Services - Retinal Screening	823	745	78
Criminal Justice	46	16	30
HSCP Corporate and Other Services	4,015	772	3,243
<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>144,413</b>	<b>140,457</b>	<b>3,956</b>
Set aside for delegated services provided in large hospitals	17,066	17,066	0
Assisted garden maintenance and Aids and Adaptions	702	702	0
Services hosted by other Integrated Joint Boards within Greater Glasgow & Clyde	11,775	11,775	0
Retinal & MSK Physio Services hosted by West Dunbartonshire IJB for other IJBs	(6,263)	(6,263)	0
<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>167,693</b>	<b>163,737</b>	<b>3,956</b>

- 44 The set aside budget for large hospital services is related to the Partnership Board's responsibility for the strategic planning for unscheduled care with respect to the population of West Dunbartonshire. For 2016/17 the reported budget is regarded as "notional" with a corresponding equal "notional" spend. However this will develop in 2017/18 as services are redesigned to shift the balance of care from hospital to community care settings. Good quality community care should mean less unscheduled

care in hospitals, and people staying in hospitals only for as long as they need specific treatment.

- 45 The main financial pressures during 2016/17 were in relation to:
- Homecare (Care at Home Services) – reported a year end overspend of £0.256m as a result of increased demand from our growing older people population requiring more frequent visits to allow them to remain supported at home.
  - Children’s Residential Care and Community Care – reported a year end overspend of £0.188m mainly due to an increase in residential and secure placements.
- 46 For 2017/18 and beyond, ongoing financial austerity within the public sector coupled with short term funding allocations make financial planning in the medium term a complex endeavour for the Partnership Board and impacts on the decision making process on how to address funding reductions with the least impact to front line services.
- 47 Service redesign and shifting the balance of care are essential given the projected scale of estimated funding reductions (3%-7%) and demographic challenges in the coming years. The Strategic Plan and its associated commissioning intentions will inform the Partnership Board’s Financial Plan around growing our community based services.



## 5. Workforce

- 5.1 The first integrated Workforce & Organisational Development Strategy was developed for 2015-18. This included a Support Plan for 2015-16 for the West Dunbartonshire Health & Social Care Partnership and this was endorsed by the Integrated Partnership Board on the 18<sup>th</sup> November 2015.

The support plan was developed to support the delivery of the overall Strategic Plan. A commitment was provided to the Partnership Board on 18<sup>th</sup> November 2015 that annual updates would be provided on the Support Plan for the lifetime of the Workforce and Organisational Development Strategy (2015-18). The support plan provides a framework to address priorities and update on progress on the previous year and any areas of concern. As we move forward new guidance for integrated workforce planning for health and social care is expected to be issued in November 2017, which coincides with timescales for an update on our Workforce and Organisational Development (OD) Strategy.

- 5.2 We utilise supervision sessions to discuss career development and learning interventions to support staff which also includes discussions with those interested in becoming the CSWO. Succession Planning is one of the priority areas in the HSCP Workforce and OD support plan and are areas which all Heads of Service in the HSCP are committed to supporting staff development.
- 5.3 There are a few areas which the HSCP has identified through its Workforce and OD Strategy which provide a challenge for recruitment. The ageing workforce within Care at Home Services presents a challenge with over 22% of the workforce over 60, and trend analysis for this group in particular shows staff are choosing to work longer. The Employee Wellbeing Group are looking at strategies to support employee wellbeing and one area they are looking at is how we support older people in the workforce.
- 5.4 The HSCP has introduced a supply list for both Care at Home and Residential Care, which supports service demands but an added benefit is it also allows a route into permanent posts as they become available. Work is underway with Clydebank College to develop a Care Academy and we have had two cohorts of students to date. All students who complete the course are provided with a guaranteed interview for Care at Home or Residential Care supply list.
- 5.5 The other area of workforce risk identified relates specially to Mental Health Officers. The HSCP has adopted an approach of a mixture of full-time MHO's and staff who work in a service area and also undertake MHO work on a part-time basis. We currently have one member of staff who is currently undertaking training and two who completed training in 16/17. We will continue to support staff with training to build capacity and capability to meet future

demand and this will continue to be a priority for our Workforce and OD plan for 18/19.

Updates are provided each year to each Head of Services as part of the annual update of the workforce and OD support plan, so we can monitor areas of risk and consider appropriate interventions. The annual update on the Workforce and OD support plan is then presented to the Integrated Partnership Board.

- 56 We have established the Workforce Development Group which brings together West Dunbartonshire Council and NHS Greater Glasgow and Clyde Human Relations, Organisational Development, Learning and development and Improvement leads to share learning, identify needs and gaps and plan future interventions. We are looking to expand this group to include staff that are interested in or lead on practice development.
- 57 We hold quarterly Clinical and Care Governance Development Sessions with our service managers which facilitates shared of learning and development in respect of practice improvements.
- 58 In relation to the Health and Social Care Partnership we are currently supporting a number of staff on leadership programmes both at national level such as Leading for the Future, Collaborative Leadership as well as a number of leadership opportunities which are offered both through the NHS and Council to support staff in frontline leadership and management roles. The managers currently undertaking training are from different levels of management. These courses create opportunities for staff to interface with staff working across other HSCP'S, Local Government and the NHS furthermore it encourages sharing of practice from a range of staff from varying backgrounds and professions and facilitates better understanding of respective roles within an integrated setting.
- 59 The Scottish Social Services Council (SSSC) are the main regulatory agency for social care staff. The next group of staff to be registered are the Home Care workforce. The expectation is to ensure these staff achieve the minimum qualification to full fill their registration requirements. This is phased in over time to allow us to support staff to achieve these qualifications within the set time period from the date they register. The Register opens for this group of staff on 2<sup>nd</sup> October 2017 and work is well underway in preparing and ensuring compliance with the registration of the Home Care Workforce. At present we have approximately 300 staff have already trained to SVQ level 2 and a plan is in place to support the remainder of staff to achieve the qualification requirements for registrations.

Awareness raising sessions are in place to support staff to understand the requirements of registration and this is being undertaken jointly with Joint Trade Unions.

- 5.10 A West Dunbartonshire Council (WDC) Staff Survey was last conducted in November 2015 which included all council staff and social work staff. In response to the survey, the Council Action Plan involves improvements in a number of areas and in October 2016, an HSCP Focus Group was conducted to determine whether HSCP staff are aware of the actions taken by the council.

Within the HSCP all health employed staff are surveyed using a system called iMatter. Staff undertake the survey and results are collated for each respective team and then there is a requirement for the team along with their manager to develop a Team Action Plan. Ownership for the Team Action plans lies with the Teams and is aimed at making improvements to how the team operates and on what is important to the staff.

The decision has been taken that the HSCP will move all staff, including staff with a Council contract but working within the integrated HSCP, to the iMatter system. There are significant benefits to implementation of a single approach to staff engagement across the HSCP, reflecting a further development in integration.

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

### Role of the CSWO

- 61 As CSWO I have the overall responsibility to ensure that the social work service workforce continues to operate within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC) in order to maintain their professional registration.
- 62 The Care Inspectorate's role is to register care services and to inspect all care and social services with the aim of encouraging and driving improvement in those services where they have detailed either recommendations and or requirements in certain aspects of care. All inspection findings and reports are reported to the HSCP Audit Committee along with any details of improvement actions and progress.
- 63 We work closely with the Care Inspectorate in discharging our responsibilities to ensure that service provision, both provided and commissioned, are of the highest standard. The Quality Assurance team within the HSCP has a clear role in proactively monitoring the quality of care delivered and ensuring that the response to individual concerns about service delivery are responded to quickly and effectively.

### Joint Inspection of Services for children and Young People

- 64 The Joint Inspection of Services for Children and Young People took place between 29<sup>th</sup> August 2016 and 14 October 2016 and reported on the 28<sup>th</sup> of February 2017. This inspection was in respect of all children's services and agencies providing a service within the Community Planning Partnership. As CSWO and the chair of the Children and Families Delivery and Improvement Group (DIG) I had lead responsibility for this inspection.
- 65 We established a partnership wide self-evaluation group in 2014 with the purpose of ensuring that we were in a position to evaluate all service supports and interventions in order to identify areas of good practice and areas where further development or improvement was required. In the main this was for the purpose of achieving our priorities as set out in the Integrated Children's Service Report. However it meant we were in a good position to illustrate to the Inspection Team that we knew ourselves well as a children's services partnership, and we had the evidence to illustrate our performance and areas of development being progressed.
- 66 The inspection team covered a wide range of areas and issues in respect of achieving positive outcomes for children and their families; we were awarded grades in respect of specific Quality Indicators. These are as follows:

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

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

- *The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation;*
- *Highly committed staff groups across the partnership demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning;*
- *Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development;*
- *There was an evident commitment to early intervention and prevention with very effective help and support processes;*
- *A coherent shared vision was in place and modelled by a mature partnership.*

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

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

- *Demonstrate the difference investments in early intervention and prevention are making for all children and young people through measurement of robust data and progress across strategic plans.*
- *Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse and local trends in use of kinship care.*
- *Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.*

6.9 The inspection team also identified 3 examples of Good Practice;

- Effective change management –Seasons for Growth
- Leadership by young people for young people – Y Sort It
- Commitment to equality and inclusion – Highly Dependent Learners

#### Improvement Action Plan

- 6.10 Following the publication of the report all Community Planning Partnerships are required to submit an Improvement Action Plan to set out how the CPP will address the key recommendations of the report as outline at 5.8 above. The Improvement Action Plan was approved at the Community Planning Management Group (CPMG) on the 24<sup>th</sup> of May 2017.
- 6.11 The Joint Children's Services Inspection Improvement Plan represents a number of improvement actions and milestones which will in effect be developed and implemented across the various CPP strategic planning fora. This plan is therefore a collection of the actions that will be taken to address the learning arising from the joint inspection of children's services reported in February 2017 by the Care Inspectorate.
- 6.12 Whilst the overall strategic responsibility lies with the Children and Families Delivery and Improvement Group (DIG) chaired by myself as the Head of Children's Health and Care and CSWO. There are aspects of the actions assigned to either additional Community Planning Strategic Groups or Key Officers who do not sit on the Children and Families DIG. The expectation is therefore that the actions assigned to both the officers and strategic groups will be reported directly into the Children and Families DIG at regular intervals. From there progress made will be reported to the CPMG and any challenges or barriers to progressing actions will be passed to the CPMG for remedial action if necessary.
- 6.13 We anticipate that the Joint Inspection of Services for Older People in West Dunbartonshire will take place at some point in 2018/19. Preparation is underway in respect of formulating a clear self-evaluation.

#### Regulated Services - Grades and Outcomes

- 614 Our performance in this area across all regulatory services has gone from strength to strength. There has been a strong emphasis and robust approach taken to improving our grades both by the Senior Management Team of the HSCP and the Integrated Joint Board via the 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.
- 615 For further details across all inspections and grades, requirements and recommendations carried out between 1<sup>st</sup> April 2016 and the end of March 2017 please see **Appendix 1** - Regulatory Inspection Outcomes. There are some inspections that have taken place in this period but still require to formally report, therefore they have not been included.

## 7. Statutory Functions

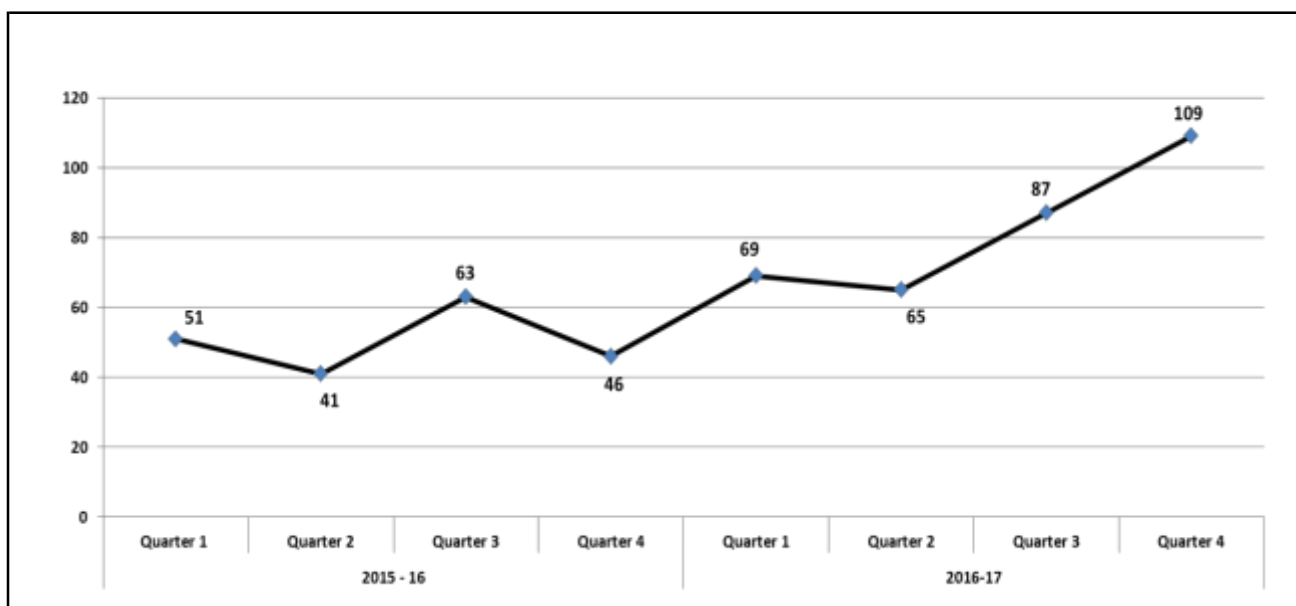
### Public Protection Chief Officers Group (PPCOG)

- 7.1 The Public Protection Chief Officers Group (PPCOG) has for some years held regular development sessions in order to learn from elsewhere and to review the purpose and function of the group in terms of assurance and governance.
- 7.2 The Performance and Assurance Reporting Framework, as attached at **Appendix 2**, was developed in 2013. This report is shared with the Child Protection Committee (CPC) and the Adult Protection Committee (APC) however the main purpose of the report is to ensure that the PPCOG can review the outcomes, targets and demand levels 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 were adjusted to ensure there is continued improvement.
- 7.3 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 the Chief Executive of the Council with key representation from the Director of Nursing (NHS GGC), the Divisional Commander (Police Scotland) and the Chief Officer (HSCP). The PPCOG is responsible for the strategic co-ordination of all public protection services in West Dunbartonshire.
- 7.4 It is acknowledged that as well as covering the three main areas of public protection; adult protection, child protection and high risk offenders a key cross cutting theme is domestic abuse.
- 7.5 In respect of domestic abuse the prevalence of this significant social issue is stark in West Dunbartonshire. West Dunbartonshire has for a number of years now had the second highest prevalence rates in Scotland, behind the city of Dundee. Domestic abuse prevalence rates and our approach to prevention was a significant factor in the recent Joint Inspection of Children's Services carried out by the Care Inspectorate and as such there was a recommendation in relation to Domestic Abuse (see 6.4 in this report for further detail).
- 7.6 The PPCOG has a Development Plan in place and as such members welcome the work and outcomes from the Scottish Governments Child Protection Improvement Programme and will enthusiastically engage in the work streams going forward, particularly the work in relation to the role and function of Chief Officers. The national Improvement Programme began early in 2016 and reported in December 2016 with various work streams identified from 2017 and onwards.



### Child Protection

- 7.7 Across the past 2 years there has been a noticeable rise in the number of child concern and protection referrals coming into the children and families social work service. These statistics and activity levels have been monitored and analysed on a quarterly basis for a number of years, for the purpose of reporting to the PPCOG and for the CSWO to monitor demand in comparison to resources.
- 7.8 With regards to the detail of the rise in child protection referrals received by the children and families service in the last 2 years, this has risen from a full year effect of; 201 in 2015/16 to 330 in 2016/17. This represents an increase of 64%. The comparison between the first quarter of 2015/16 and the last quarter of 2016/17 is starker in that there were twice as many referrals; 51 referrals in Quarter 1 of 2015/16 and 109 in Quarter 4 of 2016/17. This is illustrated in the chart below:



- 7.9 With regards to the number of referrals that led to a child protection investigation this follows a similar upward trajectory which is reassuring in terms of good practice and ensuring that these referrals are assessed and interventions based on the level of risk and need identified.
- 7.10 Similarly and in line with expectation given the rise in referrals and investigations, children placed on the Child Protection Register (CPR) have also risen. In 2015/16 a total of 57 children were placed on the CPR compared to 123 in 2016/17, a rise of 115%. This is not however a static picture as children are also removed from the CPR throughout the year.
- 7.11 From analysis it is starkly evident that the reason for registration is predominantly due to 'domestic abuse' and 'neglect' the latter of which

reflects the national picture, however is set in an area where we are the second highest local authority area for reported incidents of domestic abuse.

7.12 From analysis of this rise in referrals and activity we have identified that there are a number of contributing factors:

- i) Poverty – families who may previously not have come to the attention of the statutory social work service and other agencies now are, due to the level of pressure they are experiencing from both reduced income and reduced benefits as well as the impact on occasion of benefit sanctions. On some occasions families are turning to unlawful means to increase their finances;
- ii) The introduction of the Initial Referral Discussion (IRD) process means that we are collectively on a multi-agency basis identifying and agreeing how to proceed with child concern cases, which has contributed to the increase in numbers of cases being considered, however this is identified as good practice and in line with National Guidance. Identifying and allocating the cases which other services have concerns about is extremely important in order that we are able to intervene early and prevent further concern or harm occurring.
- iii) Reflective practice – we have learned by reflecting on both local cases and some of the more high profile national cases, and have made changes to local practice as a result of this. In the main this has led to an increased recognition that children and families need our support earlier and as such we have allocated/opened more cases. This is very appropriate and again reflects good practice.
- iv) A clear focus of the managers now holding the Team Leader role has been to ensure there is more consistent practice across the social work teams by jointly improving our approach to assessment of referrals. Again this reflects good practice and illustrates that we have learnt from past cases, and that this learning leads to a change in practice in order to improve outcomes for children, as expected by the Care Inspectorate. These changes have been supported by other professionals, and there is a reported increase in confidence in the approach of the current Team Leaders, which is reassuring in terms of the quality of our response and the willingness of other agencies to make contact with us when concerned about a child.

- 7.13 The CPC Improvement Action Plan details the various areas for development and improvement for the CPC. This is a 'live' plan and as such is a standing agenda item on the CPC, to which progress is noted every two months and additional improvement areas or actions are added following either case file audit, reflective case reviews, the outcome of national Significant Case Reviews and through self- evaluation in general. This plan has recently been reviewed and we are in the process of developing a revised three year Improvement Action Plan for 2017 onwards.

Adult Support and Protection (ASP)

- 7.14 The Adult Protection Committee (APC) continues to meet on a quarterly basis, has an independent chair as required by statute and attendees include a representative from Police Scotland, Trading Standards, Care Inspectorate, Mental Welfare Commission, adult social work services, community Health, Advocacy Services, Scottish Care, Children and Families Fieldwork Manager, CSWO and the Scottish Fire and Rescue Service.

Key issues discussed at the Adult Protection Committee have included:

- Human Trafficking
- Female Genital Mutilation
- Changes to AWI/Graded guardianship
- I am me/Keep safe
- Repeat referrals
- Ways to be more inclusive of service users and carers on the committee.

- 7.15 Between April 2016 and March 2017 two internal case file audits were completed. As a result of these internal audits there is work being carried out to explore and simplify the route in which chronologies can be accessed on CareFirst and a drive to improve the use and recording of chronologies.

- 7.16 The ASP training plan is on-going and there continues to be a significant demand for training at Level 1 and Level 2 with 273 people trained in 2016/17. In addition Training for Trainers and Council Officer Refresher Training took place.

- 7.17 A review of the role, remit and membership of the practice & communication sub-committee took place in order to ensure it remained outcome focused and up to date. As a result of this review, it was agreed that the practice & communications sub-committee should split in to two separate working groups. The newly formed communication working group will now meet twice a year and has multi-agency membership.

- 7.18 The self evaluation and training working group has merged with the training sub group of the Child Protection Committee. The purpose of the group is to develop a system to review and audit all aspects of Child Protection and Adult Protection work undertaken by each agency involved in order to improve practice and achieve better outcomes for children, young people and adults at

risk of harm. In addition this group develops and maintains a comprehensive multi-agency training strategy to ensure that appropriate training on child protection and adult protection is available to staff from the wide variety of organisations and at different levels of training as appropriate to role and function.

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

7.19 Multi Agency Public Protection Arrangements (MAPPA) is a model of sharing information and creating and reviewing risk management plans. MAPPA places statutory duties on responsible authorities to share information and work together to assess and manage the risk of certain categories of offender. Since the establishment of MAPPA in 2007 the focus has been on registered sex offenders and the small number of restricted patients.

7.20 With effect from April 2016 the remit of MAPPA extended to other offenders who are assessed as posing an imminent risk of serious harm to the public. The extension to include this category required an extensive commitment to the training of social workers and front line managers in order to enhance their knowledge and skills in the assessment of risk of serious harm. The number of offenders falling into this category is small but their assessment and management is by definition complex and demanding.

#### 7.21 Mental Health Officer Service

The Mental Health Officer (MHO) Service continues to discharge statutory functions on behalf of the Local Authority as delegated to the Health & Social Care Partnership (HSCP). Staffing levels have remained stable, with no unfilled vacancies across the service however two established members of the dedicated core team of MHOs indicated their intention to retire in 2017. This has highlighted the requirement to consider succession arrangements. Authorisation was secured to recruit to one of the post to be vacated in April 2017, whilst similar authorisation will be sought in respect of the second post which will be vacated in November 2017.

7.22 In respect of the MHO training programme we had a candidate on the course in 2016 that successfully completed the qualification this year. No candidates will be undertaking the training programme in 2017/2018.

7.23 A key development has been a significant increase in the number of referrals relating to hospital discharge cases whereby it has been deemed appropriate for statutory measures to be pursued in order to progress the care plan of an adult who lacks capacity. Whilst the development and introduction of the Adults with Incapacity Authorisation Group (AAG), and the continued use of Section 13ZA, Social Work (Scotland) Act 1968 (as amended), has proved to be an effective and efficient mechanism for progressing many referrals, formal statutory measures are often required. This continues to present a demand challenge for the MHO service, and has been a key area of priority in terms of targeting resources.

- 724 A further priority for the MHO service during 2016/2017 was preparing for legislative changes to the Mental Health (Care & Treatment) Scotland Act 2003.
- 725 The organisation continues to be represented in relevant national platforms. The Senior Mental Health Officer remains an active member of the Social Work Scotland Mental Health Sub-committee, is chairperson of the Forensic Network Social Work Sub-group, and was an Employer Representative in a Scottish Social Services Council quality assurance exercise.
- 726 The 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.
- 727 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.

## 8. Service Quality and Performance

### Overall Performance

- 81 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 as attached illustrate a wide 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:** Regulatory Inspection Outcomes as referred to in Section 5 of this report.

**Appendix 2:** Performance and Assurance Reporting Framework as developed for the West Dunbartonshire Public Protection Chief Officer's Meeting as previously referred to in section 6.2 of this report.

**Appendix 3:** HSCP Local Government Benchmarking Framework Indicators for 2015 to 2016.

**Appendix 4:** WD HSCP Key Performance Indicator Summary 2016 to 2017.

In addition to these performance reports this section will illustrate a few key highlights in terms of service delivery, awards and recognition.

### Service Quality and Awards

- 82 The following National Awards included:

- WDHSCP's Prescribing Support Team were recognised as the Self-Management Supporting Health and Social Care Partnership of the Year at the 2016 Health and Social Care Alliance Scotland Awards.
- WDHSCP Care at Home Service were recognised as sector leading in being awarded the Scottish Association of Social Work (SASW) Award for 'Best example of collaboration in an integrated setting' as well as being finalists in the Team of the Year award at the national awards ceremony in March 2017.
- WDHSCP Looked After Children's Team were also finalists in Scottish Association of Social Work (SASW) Team of the Year Award 2016.
- Burnside Children's House received national recognition when it was awarded the Scottish Institute for Residential Child Care (SIRCC)'s Residential Child Care Team of the Year Award 2016 and again in 2017. This was particularly special as young people living at Burnside nominated the staff team for this award.

- WDHSCP's Community Hospital Discharge Team were nationally recognised as finalists in the Integrated Care for Older People category at the Scottish Health Awards 2016.
- WDHSCP Addictions services Blood Borne Viruses team have continued to be recognised nationally, presenting at the Scientific Programme Committee of The International Liver Congress in the Netherlands in April 2017

83 West Dunbartonshire HSCP has also seen continued success at West Dunbartonshire Council's annual Employee Recognition Awards 2017:

- Our Day Care Officer Karen McNab was awarded the Council's Community's Award, recognising her outstanding commitment to the health and wellbeing of the older people in her care.
- Commendation for Wendy Jack (Team Leader of the Year award category); and
- Commendation to the Community Paediatric Speech and Language Team (Team of the Year award category).

84 At the 2016 NHSGGC Celebrating Success Staff Awards, the Pharmacy and prescribing support unit were awarded in recognition of their work to improve chronic pain management, integrated care pathways and support individuals to manage their pain.

85 Also at the 2016 NHSGGC Celebrating Success Staff Awards, the HSCP Children's Services and GG&C Child Protection GP specialist were awarded in recognition of their development work in Child Protection in General Practice; for developing and championing arrangements for strengthened multi-agency co-operation in primary care.

#### Falls and Frailty

86 This is a collaborative approach established between the Health and Care Services and the third sector. The objective of this programme is:

- To improve access to services to people with Frailty
- To improve the experience and outcomes for people identified as frail using the Dalhousie Clinical Frailty Scale following assessment and/or review

The project is underway in the Dumbarton and Alexandria Locality and provides a common language for all health and social care practitioners in

identifying frailty, speaking a common language and improving communication and information sharing between community services, acute and out of hours General Practitioners to support decision making in terms of admission avoidance and support individuals to remain in the community for as long as possible.

#### Falls Prevention

- 87 Falls and Frailty is one of the main reasons for unscheduled admission to hospital. The Community Older Peoples Team lead on the Falls work within West Dunbartonshire and in 2016 to 2017 they established a falls collaborative to deliver actions from the National Strategy in the Prevention and Management of Falls and Fragility Fractures. We have added the level one falls screening tool to all our assessment documentation and implemented this across our integrated health and social care teams. In addition to this we have trained wider community services such as Scottish Fire and Rescue and Community Volunteering Services and introduced the level one screening tool to them and provided improved pathways to our services.

This has led to improved practice and outcomes with 428 level 1 screens undertaken between 1 April and 30 June 2017 and 166 leading to a level 2 multi factorial assessment and interventions such as strength and balance exercises, environmental assessments and medication reviews. Care Home providers meet to support the delivery of the NHS Scotland resource Managing Falls and Fractures in Care Homes for Older People.

#### Community Older People's Team

- 88 COPT receive approximately 1,000 referral per month for a variety of reasons such as assessment, access to respite, day care, rehabilitation, aids and adaptations. The integration of health and social care teams has enabled us to stream line services, reduce duplication and deliver services using inter disciplinary approaches. This has made a significant impact on our waiting times for physiotherapy, occupational therapy and social work allowing for much improved response times and a more planned and co-ordinated approach to care.

#### Corporate Parenting-Strategy & Action Plan 2017-2020

- 89 The Corporate Parenting Strategy and Action plan was developed in collaboration with our care experienced young people from our successful Annual Corporate Parenting Event on 10<sup>th</sup> October 2016. The theme of this event was "*Dare to Care*" the focus of this event echoed the views of our young people. The strategy, details our collective ambitions and priorities for our looked after children and young people over the coming years and sets out an ambitious plan of how we will achieve, monitor and review progress toward these ambitions.



The Strategy and action plan will be launched at our Annual Corporate Parenting Event in November 2017, following a period of further consultation.

We are developing a Champions Board to provide opportunities for the development of trusting relationships between corporate parents and young people, where opportunities for 'fun' shared activities will allow each to get to know the other out with the normal formal settings. Through regular participation events the young people will be supported to develop skills and confidence to share their care experiences in order to support positive change in the services provided for all looked after young people at both a local and national level.

Progress toward our key priorities includes;

- **Supporting Our Young People to Achieve Their Potential**

As reflected nationally our looked after children, particularly those 'looked after at home' tend to have poorer outcomes. One of our key ambitions is to narrow that educational attainment gap and to improve access to post-school education. This aspiration extends to further and higher education, with the introduction of the Children and Young People (Scotland) Act 2014, colleges and universities now have statutory responsibilities as corporate parents.

- **Building Successful Futures through Good Health and Well-Being**

In West Dunbartonshire, we understand that positive experiences and successful long-term outcomes for our looked after young people depend on each child's physical, mental and emotional health. The Scottish Government's Getting it Right For Every Child (GIRFEC) approach emphasises the importance of wellbeing, with health as a key component. We recognise the scale of this task, and have been working hard to support collective efforts from carers, practitioners and professionals, in making sustained, long-term improvements in the health and wellbeing of our looked after children.

- **Supporting Our Young People to obtain stability through, high quality, affordable housing**

To further improve a care leaver's journey, we understand that the relationship between Throughcare, the young person and Housing is crucial. We have worked hard over the past two years to improve understanding of each agencies roles and the needs of our looked after young people.

This improvement is having a direct impact on the outcomes experienced by our young people. There is now greater consideration to what type of accommodation a young person requires, the location and what supports are required to enable the young person to successfully sustain their tenancy.

This is confirmed through established and robust strategic arrangements and the Local Housing Strategy.

### ○ Engagement Activities

There have been a variety of engagement activities for young people that have taken place throughout 2016/17 including our annual 'It's a knockout' fun day, attended by many care experienced young people, members of staff, colleagues from Police Scotland, our third sector partners, family members and many others. This event is growing in success and creates another opportunity to promote the health benefits of activities such as these.

Engagement and participation of our young people is the key to building a successful foundation for our Champions Board and as such over the recent months staff, managers and young people have taken part in Go-Karting, Fire Reach courses, Inspiring Young Leaders programme and attending the 1000 voices event.

### Champions Board and Funding

- 8.10 I am delighted to advise that in July 2017, we submitted a funding bid to Life Changes Trust in relation to establishing and maintaining a successful Champions Board across West Dunbartonshire. This bid was successful and has attracted funding of approx. £240,000 over a period of 3 years. The bid was praised by the Life Changes Trust's Care Experienced Young People Programme committee for its high level of participation from our young people, and they commented that they;

*'particularly appreciated the ambition that you showed for care experienced young people, as well as the community dimension within the bid, which demonstrated your commitment to sustainability....'*

This is seen as a fantastic opportunity for our care experienced young people to have a further platform to discuss and make positive changes to their future opportunities in West Dunbartonshire and across Scotland, and comes at the time of the 'Root and Branch Review of the care system' which the First Minister, Nicola Sturgeon, announced in October 2016.

### Service Achievements – Looked After Children's Services

- 8.11 Burnside Children's House, one of our residential children's houses, was successful in being nominated for, and receiving, the SIRCC Team of the Year award, for a second successive year – a fantastic achievement. In December 2016 Burnside also achieved grades of '6' (excellent) in their inspection for both 'Quality of Care and Support' and 'Quality of Staffing'.

In keeping with this theme our Throughcare and Aftercare service achieved the same grades of '6' for the same areas inspected in February 2017.

### Some of Our Young People's Achievements

- 8.12 A number of our care experienced young people have participated in and completed a Fire Reach course over a five day period, at one of our local Fire stations. This ended with a graduation ceremony where their parents and carers attended to share in their success.

Seven of our care experienced young people, who work with our Throughcare and Aftercare service, successfully completed a 'Passionate Young Leaders' programme, run by the 'Best of You' programme. These programmes are run over several sessions and have been commended by all young people who took part.

### Criminal Justice Social Work Services

- 8.13 The Criminal Justice service is responsible for the assessment and supervision of offenders in the community. This is primarily achieved through the provision of reports for courts and supervision of Community Payback Orders (CPOs) imposed by the courts. 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.

The demand for CJSW services has been sustained at a high level. The increase in CPOs noted in previous reports was sustained in 2016-17. In the same period there has been a significant increase in activity relating to the supervision of offenders released from custodial sentences. The number of offenders released from prison subject to social work supervision more than doubled in 2016-17. This is largely accounted for by courts using their powers to impose a short period of post custodial supervision (Supervised Release Orders) in relation to persons convicted of violent offences who would not otherwise be subject to such measures.

For a number of years the value of the criminal justice grant has reduced in relation the costs of delivering the service. Within this context the opportunity to achieve efficiencies has become progressively more challenging against a background in which the demands on the criminal justice workforce are increasingly complex in terms of the needs and risks.

The service has taken measures to accommodate the increase in demand including a recently concluded service re-design intended to enable a more flexible workforce to meet both volume and complexity of demand. However it should be noted that inevitably the combination of high demand and reducing budgets has had a direct impact on the performance of the service and our ability to meet timescales consistently when allocating court reports or enacting Unpaid Work placements due to the level of demand

- 8.14 Learning Disability Services continues to reflect the principles behind the creation of our Health & Social Care Partnership by integrating health and social care practice. Social care and health care staff continue to work side by side to provide, not only a holistic assessment of service users' needs, but also a similar approach to the implementation of care management and review in order to meet these needs. Emphasis is very much on an outcome based approach which encourages a more transparent and innovative approach to meeting the needs of service users and their carers. Some of our key developments are detailed below:

- **Housing**

We are working with West Dunbartonshire Council Housing to develop a property in Dumbarton to develop a care and support placement for younger service users with LD who require flexible and tailored housing support. We are also working with the developer of a housing development on the site of the old St Andrew's school in Clydebank to identify several barrier free housing units for service users with more complex needs. This development is particularly relevant for those service users currently living out with West Dunbartonshire, to enable them to return to their local community to support them to return to their local area.

We are also working with a local housing support provider and a social housing provider to develop more suitable housing for existing service users in receipt of housing support services, within the new housing development at Dumbarton Harbour.

- **Technology Enabled Care (TEC)**

We are collaborating with our housing support providers to make better use of the advantages in social care offered by increasing use of TEC. This will enable service users to receive their support in a more effective, accessible, personalised and less intrusive manner. We are currently reviewing sleepover arrangements and the exploration of TEC care as a new model for LD services. A work plan is in place to manage this development work going forward.

- **Work Connect**

Work Connect is based in Levensgrove Park, is a specialist HSCP supported employment service for people with mental health issues, addictions and learning disability. In partnership with WDC Greenspace, it gives disabled or vulnerable people the safe space, tools and support to improve their quality of life through opportunities to learn and apply their skills and creativity, providing practical skills often used as a non-medical option, alongside existing health and care treatment and support, to improve health and wellbeing.

- **Information Days**

Learning Disability Services continue to hold annual Information Days for service users and carers which showcase the wide ranges of activities and supports available locally. Feedback indicates that these events are widely appreciated as a means of informing service users and carers about the alternatives available. The dissemination of such information is especially important given the greater choice there is now about how supports are delivered and organised in relation to the principles of self directed support.

- **Complex Needs**

The past 12 months has seen a continuation in the trend of an increase in service users with complex needs entering our services, particularly in transition from Children's Services. This has required significant review of how we can structure our services, particularly our building based ones (e.g. Dumbarton Centre and Housing Support) to meet the needs of a learning disability population with significantly higher physical, emotional, behavioural and mental health needs. We have also needed to develop services in order to meet the expanding needs of those on the autistic spectrum.

#### Transition

- 8.15 We are developing clearer transition processes for young people and their families moving from Children Services to Adult Services. Improvements have been introduced to streamline the process and in beginning the transition process at an earlier stage to allow for more robust care planning, simplifying the resource allocation process and identification of which area of adult service is best qualified to meet their needs. It is anticipated these changes will result in less anxiety and greater assurances for young people with additional support needs and their families regarding the nature of their support as they make the often difficult transition from children's to adult services.

#### Self-Directed Support

- 8.16 We continue to embrace the principles and requirements of the Social Care (Self-Directed Support) (Scotland) Act 2013 by ensuring service users and their families are fully informed of the range of options they have available in terms of the nature of the support they receive.

We recognise and are committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. To support service users and families to understand our options, SDS is embedded in our assessment process across adult and children's services. Our Integrated Resource Framework continues to support indicative personal budgeting assessment. This framework supports fairness and equality across all individuals eligible for local authority funded support.

SDS provides opportunity for four options in deciding your own care: these being Direct Payment, Individual Service Fund, Local Authority arranging and organising your support or a mixture of any of the three options above.

Whilst the numbers of service users that have opted to take a Direct Payment option of SDS continue to be small, the total value of Direct Payments has risen steadily from £1,100,542 in 2014/15 to £1,496,153 in 2016/17. The expenditure on SDS Options 1 and 2 in 2015/16 has increased by 61% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 2.16% over the same time period.

We have taken cognisance of the recent Audit Scotland report which was recently presented to our Partnership Audit Committee and recognise that there is further improvement to be made in this area across children's and adult services.

#### Community Hospital Discharge Team

- 8.17 Our award winning integrated Community Hospital Discharge Team works with patients and carers in planning their discharge from the point of admission to hospital. Our Hospital Discharge Liaison Workers are based in hospital wards, supporting a smooth transition between acute and community services, providing planned discharge from hospital at the point a person is medically fit to return home. This can often involve a number of WDHSCP and partner services.

From 1<sup>st</sup> July 2016 targets for delayed discharge and methods of calculating delays were revised by the Scottish Government. Performance against the 72 hour target declined in February and March 2017 due to an increase in demand combined with a temporary decrease in capacity. However, the number of patients whose discharges were delayed beyond 3 days reduced back down to 5 in April 2017. By focusing on timely and appropriate hospital discharge the number of acute bed days lost to delayed discharge for West Dunbartonshire residents has reduced by 47% from 5,802 in 2014/15 to 3,047 in 2016/17.

#### Unscheduled Care

- 8.18 Our out of hours support in the community is increasingly used to reduce the need for emergency admission to hospital. While the number of unplanned acute bed days for older people aged 65 and over in 2016/17 has increased on the previous year, the overall trend is positive with a reduction of 11% between 2012/13 and 2016/17.

Critical to addressing unscheduled care has been on-going work and developments to shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. To that end, during 2016/17 the

HSCP Partnership Board approved its commissioning objectives to improve unscheduled care for residents of West Dunbartonshire. At the heart of these comprehensive commissioning intentions is a commitment to invest, redesign and deliver an effective infrastructure of community services.

#### Care At Home

- 8.19 For many older people Care at Home provision is a crucial service that supports them to continue to live at home. West Dunbartonshire HSCP is ranked first in Scotland for the proportion of adults receiving any care or support who rated it as excellent or good in 2015/16 at 88%. The Scottish national figure has decreased from 84% in 2014/15 to 81% in 2015/16.

In addition the number of older people receiving a Telecare service has increased by 8.8% since 2012/13 to 2,394 in March 2017.

#### Acquired Brain Injury Service

- 8.20 Our Acquired Brain Injury Service Care Inspectorate inspection report published in 2017 was awarded gradings of 6 (Excellent) for the two themes inspected; Quality of Care and Support and Quality of Management and Leadership with the report noting the following strengths:

- 'A dynamic, expert service which put people affected by Acquired Brain Injury at the core of what it does'
- The contribution of the Brain Injury Engagement Network (BIEN) supporting inclusion and co-production;
- Extremely motivated and skilled staff;
- Excellent involvement at a national and strategic level.

#### Mental Health

- 8.21 West Dunbartonshire's Mental Health Services have made a positive impact on outcomes and waiting times for individuals. Enhanced access to Psychological Therapy programmes across the Mental Health community based services has led to clinically significant improved symptoms for local patients. By implementing a strategic approach to integrating resources across teams and supporting staff skills and development through peer mentoring, service users with anxiety, stress and depressions have been supported to improve their mental health. Since July 2016 we have consistently exceeded the national target of 90% of patients starting Psychological Therapies within 18 weeks of referral.

- **Dementia Friendly West Dunbartonshire (DFWD)**

WDHSCP and our partners understand that people living with dementia and their carers are experts in experiencing dementia and are often the best people to talk about it. DFWD is a community-led and multi-agency (statutory,

independent and third sector) initiative that has improved dementia awareness and support to people living with dementia in local communities. With the anticipated increase in numbers living with dementia in the community, this sustainable approach to supporting people in their homes, neighbourhoods and social networks is crucial.

In 2017 DFWD was recognised at the Annual Conference of Alzheimer's Disease International in April 2017 in Japan for its learning and good practice. West Dunbartonshire's Dementia strategy and implementation plan will be refreshed in 2017 reflecting the new Scottish Government's Dementia Strategy 2017-20.

#### Supporting People with Addictions

- 822 West Dunbartonshire HSCP Addictions Services support people to regain and sustain a stable lifestyle; access education, training and employment services, enabling individuals to participate in meaningful activities as members of their community; improve family and other relationships; access counselling services and provide support to families and children. The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services; underpins the development of our Addiction services supported by the Road to Recovery Strategy.

We continue to consistently meet the target of 90% of patients waiting no longer than 3 weeks for referral to appropriate drug or alcohol treatments: 92.7% were seen within 3 weeks and 99.8% within 5 weeks in 2016/17.

In May 2016, the Scottish Government Commissioned the Care Inspectorate to support all Alcohol and Drug Partnerships (ADPs) in Scotland to review their progress towards implantation of the national Quality Principles. Which support a holistic, recovery-focused partnership approach. The care Inspectorate reflected the high quality of effective services being delivered to meet the needs of clients in West Dunbartonshire.

People using the ADP's services tell us of the positive impact on their lives. Our ADP Annual User Satisfaction Survey 2017 indicates that the majority of service users were happy with services and felt their lives were better because of services provided. Service users felt they were treated with dignity and respect in all service areas.

#### Carers Act 2016

- 823 WDHSCP works in partnership with third sector organisations, Carers of West Dunbartonshire (adult carers), Y Sort-it (young carers) and West Dunbartonshire Community Volunteering Service (WDCVS) to provide carer services across West Dunbartonshire. This has seen a review and revalidation of West Dunbartonshire Carers Development Group to take forward implementation of the Carers Act 2016. This partnership approach



works to plan services, identify carers and focus resources to ensure adult and young carers are equal partners in the planning and delivery of care and support.

## 9. Planning for Change and Key Challenges

### The Health and Social Care Standards 2017

- 9.1 In February 2016, the overarching principles for new national care standards were agreed by the Cabinet Secretary for Health, Wellbeing and Sport - namely:

- Dignity and respect
- Compassion
- Be included
- Responsive care and support
- Wellbeing

In June 2016 the Scottish Government formally launched the finalised new National Health and Social Care Standards which set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that their basic human rights are upheld.

WDHSCP has welcomed these standards as positively reinforcing our existing commitment to robust quality assurance and clinical and care governance within the Strategic Plan.

### Demography and Health Inequalities

- 9.2 West Dunbartonshire's Social and Economic Profile 2017 shows that we have seen relatively large increases in our share of the 20% most deprived data zones in Scotland, showing the biggest increase in relative deprivation from 2012. Our Strategic Needs Assessment reflects that we have high levels of people with long term and complex conditions, often linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age. Because of this, we are invariably experiencing high levels of demand for both health and social care services as delivered by the HSCP. Whilst we are committed to working together in shifting the balance of care and supporting a whole population approach to improved health and wellbeing we are also facing significant resource challenges in meeting this level of need, particularly within the current financial climate.

### Financial Challenges

- 9.3 Social work services is very much a demand led service Annual exclusively in respect of the needs of older people and children as outlined above. As such many of the most vulnerable citizen's require a range of support needs and these can be fairly complex and therefore costly.

The 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 which brings significant challenge, in addition to delivering a balanced position against budget for the current financial year. The Chief Officer continues to manage and review the budget across all service areas in conjunction with the senior management team.

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 and the introduction of Universal Credit along with the restrictions to benefits for families with more than 2 children.

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 continue 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 chances 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 and HSCP**  
**September 2017**