

Chief Officer: Beth Culshaw



WEST DUNBARTONSHIRE

CHIEF SOCIAL WORK OFFICER's ANNUAL REPORT 2017-2018

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Foreword

It is my pleasure to provide my sixth Chief Social Work Officer's report for 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 1st April 2017 to 31st March 2018. 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.

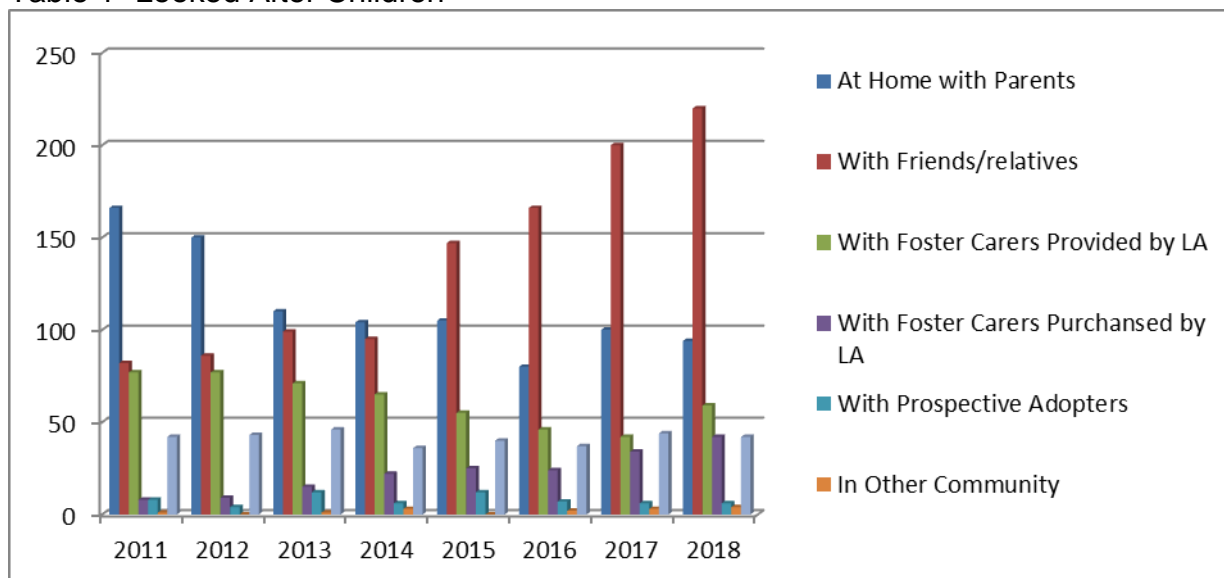
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1. Chief Social Work Officers Summary or Performance, Key Challenges, Developments and Improvements.

- 1.1 In the past year further progress has 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.
- 1.2 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
- 1.3 In terms of overall demand we have continued to see child protection and child welfare referrals rise within the period that this report covers. Further detail of this rising demand and is provided in Section 7 of this report.
- 1.4 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 increase in the number of looked after children in West Dunbartonshire and this has a direct impact on the need for resources in the form of accommodating children and staff time.

The impact and rise in looked after children can be best illustrated by table 1 below.

Table 1- Looked After Children



- 1.5 As a result there has been considerable over spend in the budgets associated with caring for children away from home in addition to a rising number of kinship placements. There is further detail of this in Section 4 below.
- 1.6 Demand for Criminal Justice services as determined by the level of Community Payback Orders (CPOs) issued by the local Sheriff Court is significant. This is understood in terms of the level of deprivation and poverty experienced in West Dunbartonshire however with a stretched budget position in 2016/17 our performance in respect of Unpaid Work Placements issued as a condition of CPOs has been particularly poor.

To mitigate against this and turn performance around we have taken the following actions:

- Completed a re-design of the service to ensure efficient and effective case allocation;
- Are now in a position to advertised for additional staff given that we received a slight increase in our grant from the Scottish Government for 2018/19;
- Our new Criminal Justice Service Manager has implemented a revised allocation policy and overviews performance against demand on a weekly basis;
- Established regular meetings with the local Sheriff's to advise of actions taken and seek their views and feedback about improvements we have made and the impact they are experiencing.

I am pleased to report therefore that there has been significant progress in respect of our performance since the beginning of this year.

- 1.7 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

- 2.1 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.
- 2.2 West Dunbartonshire HSCP brings together the full complement of service including Children's Social Work and Criminal Justice Services.
- 2.3 The Strategic Plan for 2017-2018 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.
- 2.4 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 the Strategic Plan for 2017-2018.
- 2.5 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

- 2.6 West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2017 population for West Dunbartonshire is 89,610; a decrease of 0.3 per cent from 89,860 in 2016. The population of West Dunbartonshire accounts for 1.7 per cent of the total population of Scotland.

- 2.7 In West Dunbartonshire, 17.6% of the population are aged 0-15 which is slightly higher than Scotland which sits at 16.9%. In the next age group 10.3 per cent of the population are aged 16 to 24 years. This is smaller than Scotland where 10.9 per cent are aged 16 to 24 years. Persons aged 65 and over make up 18.2 per cent of West Dunbartonshire which is slightly lower than the proportion of people aged 65 and over in the Scotland population which is 18.7 per cent.
- 2.8 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.
- 2.9 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.
- 2.10 In relation to income deprivation, West Dunbartonshire has the 2nd highest rate of income deprived population in Scotland with a percentage of 18% lower than Glasgow City at 20%. Source SIMD 2016
<http://www.gov.scot/Resource/0051/00513914.pptx>
- 2.11 Child Poverty also remains persistently high with the latest figures showing that 26% of children in West Dunbartonshire are affected by child poverty (Source End Child Poverty Now 2018). Work continues to implement to Child Poverty (Scotland) Act 2017 to give all our children the best start in life. This work is being taken through the Nurtured Delivery and Improvement Group of the Community Planning Partnership.
- 2.12 Of particular note is that Universal Credit full service is scheduled to be rolled out in West Dunbartonshire in October 2018 and that the Scottish Government Welfare Reform (Further Provision) (Scotland) Act 2012 - Annual Report - 2017 (Scottish Government 2017) highlights that West Dunbartonshire is projected to have the highest reduction in welfare spending per individual adult by 2020/21 of all Scottish Local authorities.

2.13 Our Strategic Needs Assessment (Appendix 1) and recent work with NHS ISD 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

2.14 A review of Commissioning and Procurement processes is being undertaken across the HSCP in partnership with West Dunbartonshire Council. The model of commissioning in West Dunbartonshire was an established Market Facilitation Consortium model of market analysis across all health and social care services from within the statutory, independent and third sector. The Consortium provides a framework for all partners; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.

2.15 In partnership with West Dunbartonshire CVS, as the local third sector interface (TSI), and Scottish Care the approach was developed as a model of local market facilitation across older people, adults, and children's services – with the shared emphasis on improving quality and outcomes. This reinforces the expectations of the national clinical and care governance framework in relation to co-ordination across a range of services, including procured services, in order to place people and communities at the centre of all activity relating to the governance of clinical and care services.

2.16 To ensure a measurable approach a Contract Management Framework is being developed; further clarifying the responsibilities and roles of strategic commissioning and contract management within the entire HSCP across all services alongside the Council's Procurement Team.

2.17 The approach will be embedded with Service Managers supporting a streamlined and consistent contract monitoring approach across the HSCP and wider partners. This aligns more clearly to the direction of travel for the Care Inspectorate inspection processes in terms of a self-evaluation and quality improvement framework.

3. Partnership Working – Governance and Accountability Arrangements

Role and Function of the CSWO

- 3.1 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.
- 3.2 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.
- 3.3 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.
- 3.4 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.
- 3.5 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

- 3.6 As CSWO I have chaired the following area wide meetings; Child Protection Committee (CPC), the Nurtured Delivery and Improvement Group (DIG) and the Violence Against Women Strategy Group (VAWSG), the latter of which I chaired on behalf of West Dunbartonshire and Argyll and Bute local authorities as a joint strategy group.
- 3.7 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 attended the following meetings: the Community Planning West Dunbartonshire (CPWD), the Public Protection Committee, The Safe and Strong Delivery and Improvement Group, West Dunbartonshire Council, 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.
- 3.8 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

- 3.9 With effect from April 2016 the responsibility for planning and delivery of community justice has been the responsibility of local community justice partners. As such statutory partners are required to produce a local plan for community justice, a Community Justice Outcomes and Improvement Plan. This has been the focus of partners in 2017-18 in addition to embedding the structure for reporting the CPWD Board via the Safer Delivery and Improvement Group.

3.10 The introduction of the Community Justice (Scotland) Act 2016 sets out a duty on the named community justice statutory partners to reduce/prevent reoffending by:

- Ensuring that improved processes for assessment of need and access the relevant services is implemented for those 16 years and older involved within, or on the edges of, the criminal justice system;
- Preparing and publishing a local plan that details how they will improve community justice outcomes;
- Submitting an annual report on progress to Community Justice Scotland, having first consulted with third sector, community bodies and any other persons as they consider appropriate.

3.11 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

Locality Engagement Networks (LENs)

3.12 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.

3.13 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.

3.14 This year's LENs has focused on Physical Disability and Adults with Complex Needs one for service users and one for service providers, People living with Dementia and their Carers, NHSGGC Moving Forward Together and West Dunbartonshire Primary Care Improvement Plan (PCIP). Also for the PCIP the Public Involvement Officer engaged with the Community Care Forum, Seniors Forum, Parenting Group, Patients Group and Recovery Groups to seek their views on the plan.

Quality Assurance

3.15 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, of 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 and also through our complaints process.

Clinical and Care Governance

- 3.16 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 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.
- 3.17 With the introduction of the Health and Care Standards for Scotland from 1st April 2018 and the introduction of the public sectors Duty of Candour reporting requirements we have ensured that this is built into our Clinical and Care Governance reporting at a local level and that our staff and services fully understand the requirements of both the standards and the Duty of Candour.
- 3.18 The Duty of Candour introduces a new organisational duty of candour on health, care and social work services as from 1st 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 also requires the organisation to review each incident and offer support to those affected; people who deliver and receive care.
- 3.19 As CSWO I have been instrumental along with the HSCP Senior Management Team in developing our local 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. In addition to our Clinical and Care Governance Senior Management Team we also hold regular Clinical and Care Governance Forums with a wider range of managers and staff to examine some of the key issues in relation to health and care support and address the organisational development aspects of this.

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 2017/18 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.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2017/18 Gross Expenditure	2017/18 Gross Income	2017/18 Net Expenditure
	£000	£000	£000
Older People Residential, Health and Community Care	37,656	(7,113)	30,543
Homecare	14,219	(652)	13,567
Physical Disability	2,972	(190)	2,782
Children's Residential Care and Community Services (including specialist)	21,879	(978)	20,901
Strategy Planning and Health Improvement	1,674	(77)	1,597
Mental Health Services - Adult & Elderly Community and Inpatients	11,133	(2,099)	9,034
Addictions	3,093	(172)	2,921
Learning Disabilities - Residential and Community Services	16,225	(485)	15,740
Family Health Services (FHS)	24,952	(990)	23,962
GP Prescribing	19,887	0	19,887
Hosted Services - MSK Physio	6,052	(275)	5,777
Hosted Services - Retinal Screening	745	(4)	741
Criminal Justice	1,962	(1,961)	1
HSCP Corporate and Other Services	1,978	(986)	992
IJB Operational Costs	283	0	283
Cost of Services Directly Managed by West Dunbartonshire HSCP	164,710	(15,982)	148,728
Set aside for delegated services provided in large hospitals	17,066	0	17,066
Assisted garden maintenance and Aids and Adaptions	927	0	927
Total Cost of Services to West Dunbartonshire HSCP	182,703	(15,982)	166,721
Taxation & Non-Specific Grant Income (contribution from partners) Note 6		(167,295)	(167,295)
(Surplus) or Deficit on Provisions of Services Total Comprehensive Income and Expenditure			(574)

4.2 The key messages from our first full year of operation during the financial year 2017/18 are:

- On a total budget allocation of £167.295m for our funding partners WDC and NHSGGC, we have ended the year with a surplus of £0.574m after taking account of planned additions to reserves;

Within social care the cost of:

- Community and residential placements for children and young people exceeded the budget by £1.80m. Of this total the cost of kinship and fostering placements accounts for £0.709m, due to an unprecedented increase in numbers. The number of kinship placements increased by 43 and the number of fostering placements 17. Due to difficulties across Scotland in attracting foster carers to sign with local authorities the majority of these new places had to be arranged with external fostering agencies at a higher cost.
 - Children placed within residential schools due to emotional, behavioural or physical disabilities exceeded the budget by £0.736m. This is an extremely volatile budget and secure placements can cost in excess of £0.200m per child. Childcare managers review these packages on a weekly basis for alternative, appropriate community based support;
 - Older people supported through care at home services or in residential or nursing care exceeded the budget by £0.430m and £0.626m respectively and can be attributed to demographic demand and continued improved performance on anticipatory care planning and reduction to bed days lost through delayed discharge;
 - All other adult services including learning and physical disability and mental health and addiction services collectively underspent by £0.943m, due to many factors including a reduction in a small number of high tariff, complex mental health and learning disability clients in receipt of high cost packages and the cost of rolling out the living wage being less than anticipated as it does not require to be applied to the cost of sleepovers until the end of 2018;
- 4.3 Even with mitigating actions the likelihood of downgrading the “extreme” financial risks around efficiency targets and future funding is not possible in the current climate of financial austerity and short term funding allocations. However working in partnership with Chief Officers, Chief Financial Officers, COSLA and NHS Boards this has been recognised at the highest level within the Scottish Government.
- 4.4 The delivery of all 2018/19 HSCP Board approved savings is also a risk. The approved savings options have to release cost efficiencies of £0.597m within social care and £0.619m in health care services. Some savings are related to a small reduction in staffing and the achievement of turnover savings, but only where it is practicable to do so and does not have a detrimental impact on front line delivery.
- 4.5 There are a number of risks which may impact on the successful implementation of the Carers’ Act. The financial impact of waiving of charges for carers has not been quantified. There is a risk this may place significant financial pressure on the future budget plans.
- 4.6 Local work is underway to explore further the potential impact of waiving of charges. There may be additional resources required to undertake carers’ assessments, Self-Directed Support and care management. A working group has been being established

to review and monitor approach and impact on services. The expectations of carers and the delivery of an open eligibility criteria needs to be reviewed in terms of financial impact and supported within available resources and / or allocated funding. There is a need for clear financial modelling within the first year of the Carers' Act to better understand how this change could impact the current planned commitments.

- 4.7 The Scottish Government's extension to Free Personal and Nursing Care to those under 65 is due to commence on 1st April 2019. This is a complex piece of legislation and it is simply not a case of extending a current policy by incorporating another age band. Extending free personal care to under 65s could have important benefits for many people who are charged for these services and could mean an increase in demand for these services.
- 4.8 By April 2019 all IJBs need be able to provide free personal care to all eligible adults at no cost. The HSCP Board (through delegated authority of WDC) would need to have a clear and unambiguous charging policy to ensure it is clearly laid out what free personal care actually means i.e. what is included and what is not. This would include the provision of good quality information on their charging policies so that service users, their carers and their families understand how their charges are calculated and how we will collect them.
- 4.9 Over the coming year the HSCP Board will be reviewing and establishing systems and processes to ensure high standards of conduct and effective governance, and establishing a culture of openness, support and respect of:
- Waiving of charges;
 - Assessment - personal care v non personal care;
 - Financial Assessments for those in residential care;
 - Residential Care Contracts;
 - Monitoring and Accountability processes; and
 - Review and monitoring processes.

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.
- 5.2 The support plan was developed to support the delivery of the overall Strategic Plan. A commitment was provided to the Partnership Board on 18th 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.
- 5.3 The update for 2017/18 was approved by the Joint Staff Forum and Partnership Board in 2018, this covered a number of areas where progress had been made during 2016/17 and identified priority areas for 2018. It highlights that the provision of Mental Health Officers continues to be a risk and we will continue with our programme to support staff with training to build capacity and capability to meet future demand. This will continue to be a priority for our Workforce and OD plan for 2018/19.
- 5.4 We utilise supervision sessions to discuss career development, learning interventions, and profession specific training to support staff and partners in their roles. One example is the training being delivered on self-harm and relationship training for appropriate staff and community planning partners working with looked after and accommodated children and young people.
- 5.5 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. How we support older people in the workforce is one of the areas that our Employee Wellbeing Group are addressing.
- 5.6 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 and 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 and professional backgrounds. These courses create opportunities for staff to share good practice and facilitate better understanding of respective roles within an integrated setting.

- 5.7 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 being phased in over time to allow support staff to achieve these qualifications within the set time period from the date they register. The Register opened for this group of staff on 2nd October 2017 and work is well underway in preparing and ensuring compliance with the registration of the Home Care Workforce. Awareness raising sessions have been delivered with more planned later on in the year to help staff to understand the requirements of registration. These sessions will be delivered jointly with Joint Trade Unions.
- 5.8 An internal audit was undertaken to look at systems in place to ensure staff have up to date registration with SSSC. As a direct result a module has been developed within our electronic HR system and the CSWO has asked that all managers now use this system. Managers can update registration for staff and run reports. This provides assurance that there is one recording system across the entire Council for staff registered with the SSSC.
- 5.9 Within the HSCP all staff for the first time took part in a survey using a system called iMatter. This allows us to undertake a consolidated staff survey of social work and health staff. Ownership for the Team Action plans lies with the Teams and is aimed at making improvements to how the team operates and identify what is important to the staff. There are significant benefits to implementation of a single approach to staff engagement across the HSCP, reflecting a further development in respect of integration.

6. Regulation, Inspection and Quality Assurance

Role of the CSWO

- 6.1 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.
- 6.2 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.
- 6.3 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.
- 6.4 Following the Joint Inspection of Services for Children and Young People in West Dunbartonshire as reported in February 2017 we have continued to progress our Improvement Action Plan and engage with our link Inspector regarding the approaches we are taking to improve practice and outcomes.

Regulated Services - Grades and Outcomes

- 6.5 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.
- 6.6 We are in the process of preparing for the thematic inspection of Self Directed Support which comes at a good time for West Dunbartonshire as we are about to embark on reviewing our local guidance and training and the learning from this inspection will be an opportunity to review our approach and processes.
- 6.7 One particular service which has achieved grades of 'Excellent' across all quality indicators inspected has been our Throughcare service. In February 2017 the Adult Placement part of this service achieved the highest grades achievable and this then followed with the Housing Support element of the service in March 2018 achieving grades of 'excellent' as well. It is recognised that this strength and quality has only been achieved by the hard work,

commitment and dedication of the whole staff team, and they are to be congratulated.

- 6.8 For further details across all inspections and grades, requirements and recommendations carried out between 1st April 2017 and the end of March 2018 please see **Appendix 2** - 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) 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.
- 7.2 In the past year they have received regular updates from the Child Protection Committee in respect of the analysis and findings of the National Child Protection Improvement Programme (CPIP).
- 7.3 The Cabinet Secretary for Education and Lifelong Learning announced in Parliament on the 26th of February that the Scottish Government would undertake a Child Protection Improvement Programme (CPIP). The core objective was to identify where recommendations for sustainable improvement could be made, building upon the observable improvements in practice that had already been made in recent years and to seek to further embed Scotland's unique approach to child wellbeing: Getting It Right For Every Child (GIRFEC).
- 7.4 Recommendation of the CPIP Systems Review states:
- “Chief Officers should be supported by the National Child Protection Leadership Group and Child Protection Committees Scotland to strengthen delivery of their responsibilities, as set out in National Guidance for Child Protection in Scotland (2014), and to identify where further work may be required.”*
- 7.5 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. The most recent development session followed on from the discussion and debate at the national leadership event. The PPCOG are now revisiting the membership of the group as well as key aspects in respect of the Child Protection Committee (CPC) and the Adult Protection Committee (APC).
- 7.6 Essential to the continuing developmental focus will be the consideration given to the revision of the Child Protection Committees (2005) Guidance which was presented in draft at the leadership event in May 2018, with the final version to be produced shortly following this opportunity for consultation.
- 7.7 The Performance and Assurance Reporting Framework, as attached at **Appendix 3**, was initially developed in 2013. This provides an account and assurance of all performance against targets for; child protection, high risk offenders, vulnerable adults and adults at risk. The main purpose of the report

is to ensure that the PPCOG review; performance, outcome and demand levels and take any necessary action required or request the provision of further analysis and review.

Child Protection

7.8 Across the past 3 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 of the HSCP. 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 and address any risks that may occur in this respect.

7.9 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; 330 in 2016/17 to 423 in 2017/18. This represents an increase of 28%. While this shows a continual increase this is considerably lower than the increase experienced in 2016/17 which was 64%.

This is illustrated in the charts below:

Chart 1

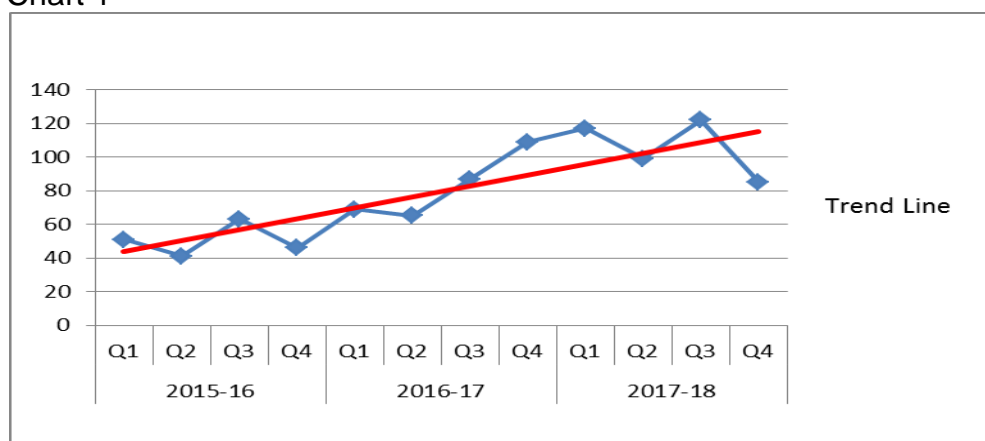
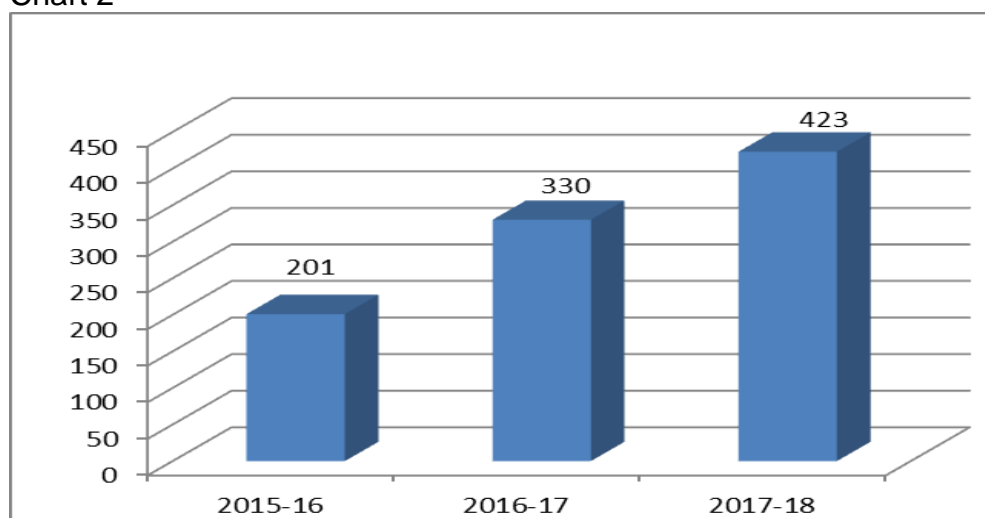


Chart 2



- 7.10 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 are based on the level of risk and need identified.
- 7.11 Similarly and in line with expectation given the rise in referrals and investigations, children placed on the Child Protection Register (CPR) have followed a similar pattern. In 2016/17 a total of 123 children were placed on the CPR across the year compared to 111 in 2017/18. This is not however a static picture as children are also removed from the CPR throughout the year.
- 7.12 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.
- 7.13 From analysis of this rise in referrals and activity we have identified that there are a number of contributing factors; poverty, our robust Initial Referral Discussion (IRD) multi-agency process, impact of reflective practice and more consistent practice overall.
- 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;
 - ii) The introduction of the Initial Referral Discussion (IRD) process has led to increased collective multi-agency identification of child concern cases. This reflects good practice and is 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 undertake reflective reviews of both local cases and some more high profile national cases. This has led to changes to local practice and an increased recognition that children and families need our support earlier and as such we have intervened earlier to prevent and reduce risk.
 - 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 management structure.

- 7.14 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 or via self- evaluation. This plan recently been reviewed and we are in the process of finalising our Annual Report.

Domestic Violence

- 7.15 Domestic Violence continues to present a significant challenge for the residents and services within West Dunbartonshire. During 2017/18 West Dunbartonshire was identified as having the highest prevalence rate in Scotland.
- 7.16 Prior to this and following our Joint Inspection of Children's services by the Care Inspectorate, reported in February 2017 the Chief Social Work Officer commissioned a specific report by the department of Public Health (DPH) on the prevalence in West Dunbartonshire and a literature review in respect of tried and tested interventions. This report is available on the DPH website for further information.
- 7.17 The focus in the past has traditionally one of 'reaction' to the impact and effects of domestic abuse however the Community Planning Partnership has in 2017/18 made this one of the top priorities for the Local Outcome Improvement Plan (LOIP) and the concerted effort is now also balanced with 'preventing' domestic abuse.
- 7.18 Through the implementation of a Domestic Abuse Summit there has been an increased awareness raising campaign, engaging staff and services as well as local businesses and the community. This will be a continued focus in the year ahead however it is recognised that to make a significant impact on the prevalence of domestic abuse within West Dunbartonshire may take 10 to 20 years.

Adult Support and Protection (ASP)

- 7.19 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.

- 7.20 A key component of the quality assurance work undertaken by the APC continues to be the completion of regular case file audits for the purpose of learning and improvement. The new Public Protection post holder has made a significantly impact on the extent of analysis and improvement in respect of; performance monitoring and analysis, provision of training for staff and other agencies and providing advice to staff and managers about specific complex cases.
- 7.21 The self-evaluation and training working group has merged with the training sub group of the Child Protection Committee and work is underway to provide large scale awareness training on both child protection and adult protection, thereby reducing the time out of work for training. The outcome from quality assurance audit work is considered by the Training Sub Group in order to consider what additional training and development is required. 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.
- 7.22 Referrals for adults at risk has decreased slightly from 413 in 2016/17 to 347 in 2017/18, whilst vulnerable adult referrals have risen slightly from 725 in 2016/17 to 743 in 2017/18. These figures and further detail pertaining to adult support and protection targets and activity is illustrated within Appendix 3.

Criminal Justice – the Management of High Risk Offenders

- 7.23 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 a the small number of restricted patients.
- 7.24 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.
- 7.25 The level of risk of MAPPA cases are assessed on a multi-agency basis through a process of assessment and continual review, with MAPPA level 3 being the highest and Level 1 being the lowest. There have been no level 3 MAPPA cases in 2017/18 and a small number of level2 MAPPA cases. The total number of offenders managed within the community in 2017/18 was 79 with the vast majority of these being assessed as MAPPA level 1 cases.

Mental Health Officer Service

- 7.26 Throughout the period 2017/2018, the MHO service has maintained a reasonably consistent level of resource. The core Mental Health Officer team currently has a full staffing compliment. During the 2017/2018 period, two MHOs who had been with the team for a combined period of 15 years retired from the service. Authorisation was secured to recruit to these vacant posts, and this was successfully achieved on first advert on each occasion. However whilst one qualified MHO has joined the organisation from another local authority area, two have departed and a further two less experienced MHOs opted to relinquish the role in early 2018.
- 7.27 Despite an overall decrease in numbers of whole time equivalent MHOs employed by the organisation, this has not had a marked impact on the effective delivery of the service. This is testimony to the dedication and commitment of our staff, and continuing efforts to refine areas of practice and productivity. The local authority's Internal Audit team undertook a review of an element of service delivery relating to the provision of MHO reports to accompany guardianship application (Adults with Incapacity (Scotland) Act 2000). As a result of this exercise, enhanced processes were developed and implemented with a view to providing accurate reporting data and identifying ways in which outcomes in this area could be improved.
- 7.28 The audit service review was welcomed and has proven to be helpful alongside a broader consideration of how the MHO service can more effectively and efficiently meet its statutory obligations on behalf of the organisation. To further progress this area of work, the service is currently being supported by the organisation's Public Involvement Officer in undertaking a broad consultation exercise in respect of the experience of service users, carers, and partner agencies who have/have had involvement with the MHO service. It is anticipated that this exercise will be completed and a report submitted in late 2018/early 2019.

8. Service Quality and Performance

Overall Performance

- 8.1 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 2: Regulatory Inspection Outcomes as referred to in Section 6 of this report.

Appendix 3: Performance and Assurance Reporting Framework as developed for the West Dunbartonshire Public Protection Chief Officer's Meeting as previously referred to in section 7.7 of this report.

Appendix 4: HSCP Local Government Benchmarking Framework Indicators for 2016 to 2017.

Appendix 5: WD HSCP Key Performance Indicator Summary 2017 to 2018.

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

Adult Care Team

- 8.2 Over the past 18 months, West Dunbartonshire HSCP's Adult Care Team partnered Bobath Scotland to develop and deliver an innovative project to better support Adults living with Cerebral Palsy in West Dunbartonshire.

The partnership aimed to understand the specific challenges facing Adults with cerebral palsy in their local communities and seek to develop and deliver a local response to these, by embedding the knowledge and strategies developed by Bobath within routine care planning and local support.

All individuals with a diagnosis of Cerebral Palsy who were known to West Dunbartonshire HSCP's Adult Care Team were offered the opportunity to opt in to the project – 17 did so. This is significant as the individuals were seen within West Dunbartonshire and were not required to travel to the national specialist centre in Glasgow, ensuring a truly person-centred approach.

Carers were also provided with dedicated information and training sessions and indicated that they particularly valued the information provided relating to the impact of the ageing process on the experience of Cerebral Palsy as well

as the demonstration of moving and handling techniques to promote the safety of both Carers and those that they care for.

The longer term impact of the project has been to build understanding and skills, and to redesign existing resource to better support Adults with Cerebral Palsy to live as independently as possible in the West Dunbartonshire community.

The project has been recognised during Scottish Parliamentary debate as an example to be followed and the blueprint of the work is now being rolled out to other HSCP's and local authority areas. The Adult Care Team were finalists in West Dunbartonshire Council's Staff Awards in relation to the work undertaken in partnership with Bobath.

Community Hospital Discharge Team

- 8.3 The Community Hospital Discharge Team – which does not operate a waiting list – receives an average of 66 new referrals per week. The team are focussed on ensuring safe and timely discharge to home or a homely setting and offer a multi-disciplinary response to presenting need.

The team was commended by NHS GGC in relation to their efforts throughout the winter period, with no individuals delayed in hospital in the peak of winter; and especially in their exemplary response and continuation of service throughout the severe snow in March 2018.

This year, the Community Hospital Discharge Team participated in a Scottish Government pilot in relation to Section 28 of the Carers Act (Carer involvement in hospital discharge of cared-for person) from which learning and good practice was shared on a Scotland-wide basis prior to the Act's commencement in April 2018.

By continuing to focus on timely and appropriate hospital discharge the number of acute bed days lost to delayed discharge for West Dunbartonshire residents improved by 29.5% between 2016/17 and 2017/18.

Avoiding Hospital Admissions – Falls and Frailty

- 8.4 In 2017 /18 almost 2,000 level one falls conversations were recorded within health and care teams including social workers and community occupational therapists and just over 1,000 level two multi factorial falls assessments were completed resulting in 241 home exercise programmes being delivered. Work continues with Scottish ambulance to increase referrals to the Community Older Peoples team for assessment after a fall to reduce need for hospital admission wherever possible.

Our recent efforts have focused on identifying and managing frailty of older people who have a health and or social care intervention in the community.

The use of the Clinical Frailty scale has been imbedded in practice and to date almost 3,000 Frailty screens have been completed within the integrated health and social care teams. Providing a greater understanding of the potential needs of the older population.

In addition the Community Alarm team are about to introduce two TEC projects. One supporting our Primary Care colleagues by installing digital GSM alarm units for COPD patients, and the other will use new digital alarm units and sensors including GPS. By installing this equipment it will facilitate a more detailed picture of needs. The move to new digital alarm systems is an exciting time for the community alarm team.

New Care Home – Crosslet House

- 8.5 Our new build Crosslet House Care Home in Dumbarton was handed over to West Dunbartonshire Council on 28 April 2017, when a period of outstanding works was completed and furniture/fittings were brought into the building in preparation for residents to move in. The first residents moved into Crosslet House on 7th June 2017, with phased transfer of residents from the old Dumbarton care homes being completed on 23rd June 2017.

There are currently 70 residents at Crosslet, with capacity to increase occupancy to 84 residents. The design of the building provides an opportunity for residents to spend time in their flats, whilst coming together in shared spaces to meet others and engage in activities. The day services area of Crosslet House provides the flexibility of activity areas, dining areas and break out spaces, which fits with the modern day services model providing opportunity for choice both within the building and in the local community.

The new Clydebank Care Home and Day Service should be open in Spring 2020, when the 3 residential homes and 2 day care services in Clydebank will migrate into the new building, with similar models of service provision to that of Crosslet House.

Sensory Impairment Team:

- 8.6 Led by a senior social worker this team of social workers, rehabilitation worker and resource worker we have significantly reduced waiting times for assessment and interventions - from over 1 year to an average of 2 weeks wait. New sensory impairment specific assessment tools have been introduced and the team have been proactive in reaching out to the third and independent sector and teams within the HSCP to raise awareness and promote good links. In addition to this they have completed a number of training courses to enhance their skills such as the BSL and Rehabilitation course.

Corporate Parenting-West Dunbartonshire Champion's Board

- 8.7 Our Champions Board continues to develop from strength to strength with the essential funding from Life Changes Trust in September 2017. A Co-ordinator

was identified in July/August 2017 and the funding period will run from 1st November 2017 to 31st October 2020.

The aim of our Champions Board is to create opportunities for all of our Care Experienced young people, to get to know, and to build strong, positive, meaningful and lasting relationships with some of their many Corporate Parents.

Between August/September 2017 and the end of March 2018, around 30 young people had engaged with the Co-ordinator of the Champions Board and by 12th March 2018 they had created a 'Dear parent' letter which presented to Joyce White OBE, Chief Executive of West Dunbartonshire Council in June 2018. The idea of this letter was based on 'Dear parent' letters which schools usually send out to 'all parents', however their 'Dear parent' letter was aimed at Corporate Parents rather than biological parents.

Young people have taken part in many activities in relation to engaging with the Champions Board, including badminton, KanJam (a Frisbee based game!) Christmas pantomime, meals out, go-karting and much more.

We have employed 3 care experienced young people as 'lead young people' to the Champions Board. One young person is employed on a full time basis to work alongside the Co-ordinator and all care experienced young people, along with another two young people employed on a part time basis. One of the part time workers focuses on working with those young people within our 3 residential houses, and the other works with those young people who are looked after at home and works with our Alternative To Care (ATC) team.

The level of engagement between care experienced young people and some of their 'more senior' Corporate Parents has been fantastic. The Chief Executive, Chief Officer (HSCP) and Chief Education Officer are all currently mentoring our 3 care experienced lead young people to the Board, and many others have offered to meet either individually, or as a group to work closely with care experienced young people from across all areas of the care sector. The Champions Board team of staff have very positive visions for its future and have already achieved some excellent outcomes, including free access to swimming and gym facilities for all care experienced young people in West Dunbartonshire, and 20 free driving lessons each, for around 10 care experienced young people, through our partners Working 4 You.

Young People's Achievements

- 8.8 Several young people, who work with our Throughcare and Aftercare Services team, undertook a "cooking on a budget" course at West College Clydebank. The group, supported by Throughcare staff, attended the college over a period of a few weeks and learned all about food hygiene, food preparation, planning menus etc. The course ended with the students producing a three course celebration meal which was served in the Colleges training restaurant

to invited family and guests. The course was a piece of partnership working between Throughcare, Working 4 You and West College Clydebank.

Young people working within this service also completed an 'Inspiring Young Leaders' programme which was run over the course of a few weeks, and included talks and workshops from external speakers and guests. All young people 'graduated' with their certificate on the final day of the course.

Young people from our three Children's Houses have had some incredible achievements across the year. These include the following:

- A young person completing a 'Sportathon' event, throughout the night, with her peers from school, raising money for Sport relief;
- Young people performing, at a very high level, in a local gymnastics class;
- Young people receiving awards at school for their 'attendance' and 'talents for writing';
- Young people and a staff member taking part in a fundraising event for a national charity;
- Young people completed a mentoring/coaching course and Fire Reach course, with Scottish Fire and Rescue Service, and also working with Police Scotland Youth Volunteers;
- A young person met with the First Minister and Deputy First Minister to receive her SQA award for learning in diverse circumstances, and achieving the top grade in her Nat 5 exam;
- Another young person met the First Minister at an event, and inviting the First Minister to dinner at one of our houses – which she accepted! The First Minister then invited some young people and staff to attend First Ministers questions at Holyrood;
- A young person representing Scotland at a home nations football tournament (and scoring a goal!).

These are just some of the achievements from some of our very talented care experienced young people – well done to all.

Transition

- 8.9 The Transitions Advisory Group (TAG) has now been in place since early 2017, supporting the transition of young people with additional support needs from education and children's services to adult services within the HSCP. This replaced the previous transitions group which was mainly focussed on young people with a learning disability.

The TAG consists of a fixed group of managers from mental health, learning disability, adult services, children's services, specialist education and educational psychology. Each case is presented by education and social work and fully discussed by the TAG membership, reaching agreement in respect of the adult service that will support the transition plan; thereafter

children's services, education and the appropriate adult service work collaboratively to take the transition plan forward, including the realignment of any budgetary requirements via the appropriate resource group.

A transitions audit is planned for early 2019 as part of the rolling programme of audit within children's services, in which we will look at the effectiveness of the transitions planning process and subsequent outcomes for young adults within adult services. In addition, further work as part of the refresh of the autism strategy will better inform the transitions process for young people with an autism or Asperger's diagnosis.

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 to begin 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

- 8.10 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.

We have taken cognisance of the Audit Scotland report which was 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. We welcome the opportunity of being one of the first six areas to undergo a thematic inspection of SDS which will inform our learning and need for improvement moving forward. This coincides with our intention to revise our local guidance and training.

Parental Capacity Assessments

- 8.11 A review of the current addictions parental capacity assessment found that it failed to capture GIRFEC principles and SHANARI wellbeing indicators. A small working group representative of all staff care groups developed the Child Wellbeing Assessment, a final draft of which has just been circulated for comment. This will sit on the care first platform and will be used consistently across all adult services in West Dunbartonshire HSCP where adults involved in services have caring responsibilities for children.

Carers Act 2016

- 8.12 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. Following a review and revalidation of West Dunbartonshire Carers Development Group there was a renewed focus on taking forward and preparing for the implementation of the Carers Act 2016, which came into effect in April 2018. 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.

Several large scale carer's events took place through 2017/18 to consult with carers on their needs and how they wanted support services to respond to both their needs but also the requirements of the Carers Act.

9. Planning for Change, Key Challenges and Opportunities

Demography and Health Inequalities

- 9.1 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 commitment 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.

9.2 Mental Health Strategy 2018-2023

We are currently working with colleagues across Greater Glasgow and Clyde NHS Board and the six HSCPs to develop the transformation required in order to meet the requirements of the Mental Health Strategy for 2018-2023. This work is well underway in line with the Scottish Government principles; empowering individuals and communities, to integrate service provision, to prioritise expenditure on public services which prevent negative outcomes and to be more efficient.

Locally we are that we are looking at the priority need for mental health development in West Dunbartonshire to incorporate extra support to GP practices, Early Interventions (AIMS) and how we link mental health to the justice collaborative to ensure that people moving out of prison care are provided with support in relation to mental health care, housing and support.

Adverse Childhood Experiences (ACEs)

- 9.3 In May this year a small working group of staff from across agencies delivered two local events to raise awareness in West Dunbartonshire of the impact of ACEs not only on children but importantly on the lifelong effects to both an individual's emotional and physical health. The aim of the event was to engage people from all support services to better understand some of the challenges presented by having a high ACEs score but also to provide a positive understanding of the potential to overcome these adversities with appropriate support.

From this event a local ACEs Hub has been formed of over 30 people from a wide range of services. Phase two of this development work is to extend the opportunity to staff and services to view the ACEs DVD and engage in a discussion with a panel to consider how we can work differently to support people who have experienced ACEs in a much more asset based approach.

The Permanence and Care Excellence Programme (PACE)

- 9.4 West Dunbartonshire is in Phase One of taking forward the Permanence and Care Excellence Programme (PACE) with the Permanence Consultant at the Centre for Excellence for Looked after Children (CELCIS). This work will examine our performance data in respect of permanence and consider where our processes need to be adjusted in order to meet appropriate milestones for the child/ren in our care. This work will not only involve our social work children and families services but also; Legal Service, the Scottish Children's Reporter Administration and Children Hearing Scotland.

The Data Sharing Agreement has been signed to enable our data to be shared to explore data and track the journey of our children. The next stage will involve a two day improvement, learning and development scheduled for late September. From this we will agree our local strategy and identify PACE champions who will review progress and plan next steps.

Financial Challenges

- 9.5 Social work services is very much a demand led service 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.

As outlined in Section 4 there is also financial risk associated with; the introduction of new legislation, waving charges, extension of free personal and nursing care, duties under the Carer's Act and Self Directed Support.

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 for 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.

Impact of Continuing Care

- 9.6 The requirement to accommodate children and young people in their existing/current placement until the age of 21, should they wish to do so, came into effect with the Children and Young People (Sc) Act 2014. Whilst there was some provision made within the Scottish Government's Financial Memorandum to provide additional funding to the Local Authority, there was no certainty at that time what the full impact would be on Local Authority expenditure.

For West Dunbartonshire the demand for continuing care is far out-stripping the resource allocated and therefore adding significant pressure on a service which is already under significant demand and brings with it continued financial risk.

Since introduction of this duty on Local Authorities there has been no attempt made by the Scottish Government to review and analyse the true cost of Continuing Care. The national CSWO meeting agreed that this was now a pressing issue for all Local Authorities and requires the support of COSLA in addressing this.

Jackie Irvine
Chief Social Work Officer
West Dunbartonshire Council and HSCP
July 2018