

Annual Performance Report 2019/2020

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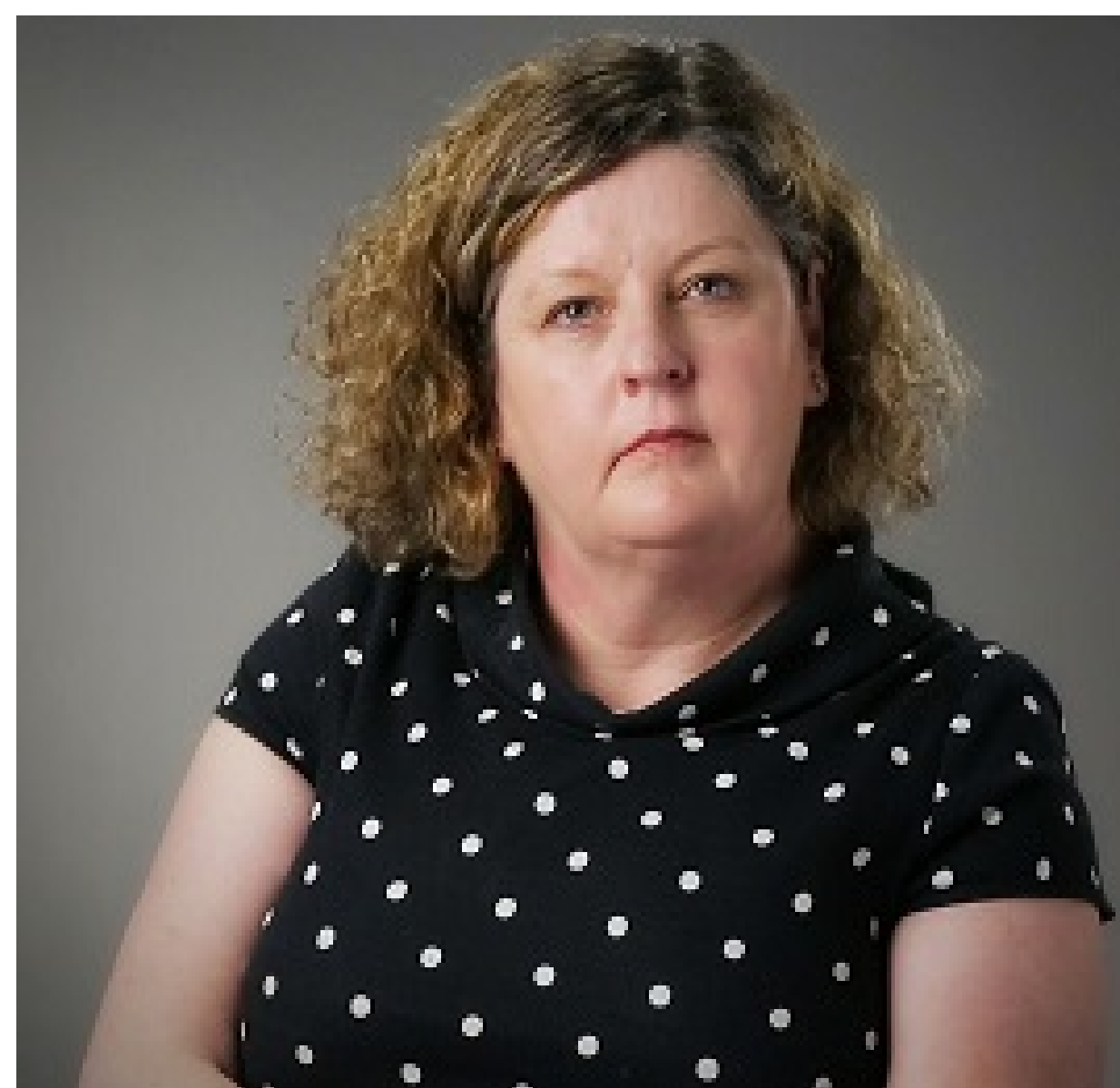


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Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2019/20 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.



This has been an important year for the Health and Social Care Partnership Board (Integration Joint Board) with the launch of our new Strategic Plan 2019 – 2022. This strategy highlights our ambition to work closely with our communities to improve lives with the people of West Dunbartonshire. The Board continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community.

Innovative new approaches to our key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

Although services have improved across the HSCP some services remain under pressure and looking forward we continue to plan for anticipated challenges linked to our aging population and the long term physical, mental and economic impacts of the Coronavirus (COVID-19) pandemic on the people, our staff and our resources. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and budgetary pressures will have a significant impact.

Whilst not directly within the scope of this annual report we must acknowledge the challenges COVID-19 brought to the HSCP in March 2020. Almost overnight the pandemic transformed the work and workplaces of the HSCP. Our dedicated staff played a leading role in the pandemic maintaining high quality services and keeping people safe. The agility of our teams and the positive relationships with our partner care providers and third sector colleagues helped to ensure a robust response. Whilst there were many challenges there are also many service improvements which we will seek to develop and maintain as we move into the recovery period.

On behalf of myself and the Senior Management Team I would like to express my sincere thanks to all of our staff for their hard work, dedication and kindness during the most difficult of times: a time when we have all been afraid for ourselves and our loved ones but have reached out to provide vital support to those within our community.

Beth Culshaw
Chief Officer

Summary

Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2019 to 31st March 2020. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022 and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

Key Achievements 2019/20

During 2019/20, West Dunbartonshire Health and Social Care Partnership (HSCP) has made significant progress against the key strategic priorities outlined in our Strategic Plan 2019-2022: early intervention; access; resilience; assets; and inequalities.

Priority 1: Early Intervention

- Launch of a new Focussed Intervention Team, with the aim of providing a rapid response service to people within the community and focussing on the prevention of unnecessary admissions to hospital where possible.
- Development of Hospital In-reach to identify patients with stays of 10 days or more and progress their assessment and timely discharge. Improving relationships while increasing visibility and awareness of community supports in hospital wards.
- Vulnerable Adults Multi-Agency Forum continues to facilitate inter-agency care planning and risk management for vulnerable adults who struggle to engage with services.
- Supporting our children's health through early interventions such as smoking cessation during pregnancy; promotion of breastfeeding and childhood immunisations; implementation of the Universal Health Visiting Pathway; and support to young mothers and their families.

Priority 2: Access

- The outreach model of service delivery is now firmly embedded within Addiction Services and has brought many benefits to both service users and staff. The recruitment of assertive outreach support workers has improved our response to 'hard to reach' vulnerable people.
- Progress on the new care home and day care facilities for older people in Clydebank.
- Year 2 of the Primary Care Improvement Plan and the completion of our Community Link Worker service pilot.
- Establishment of a Transitions Protocol to support the transition from Children's Services to the appropriate adult service for young people with additional support needs facilitated by a Transitions Worker.

Priority 3: Resilience

- Recruitment of two Wellbeing Nurses and a Peer Mental Health Support Worker through Action 15 funding.
- A whole system approach has been taken to support workforce development on Adverse Childhood Experiences and the importance of building resilience.
- Partnership working with Carers of West Dunbartonshire and Y Sort It to improve assessment and support for carers.

Priority 4: Assets

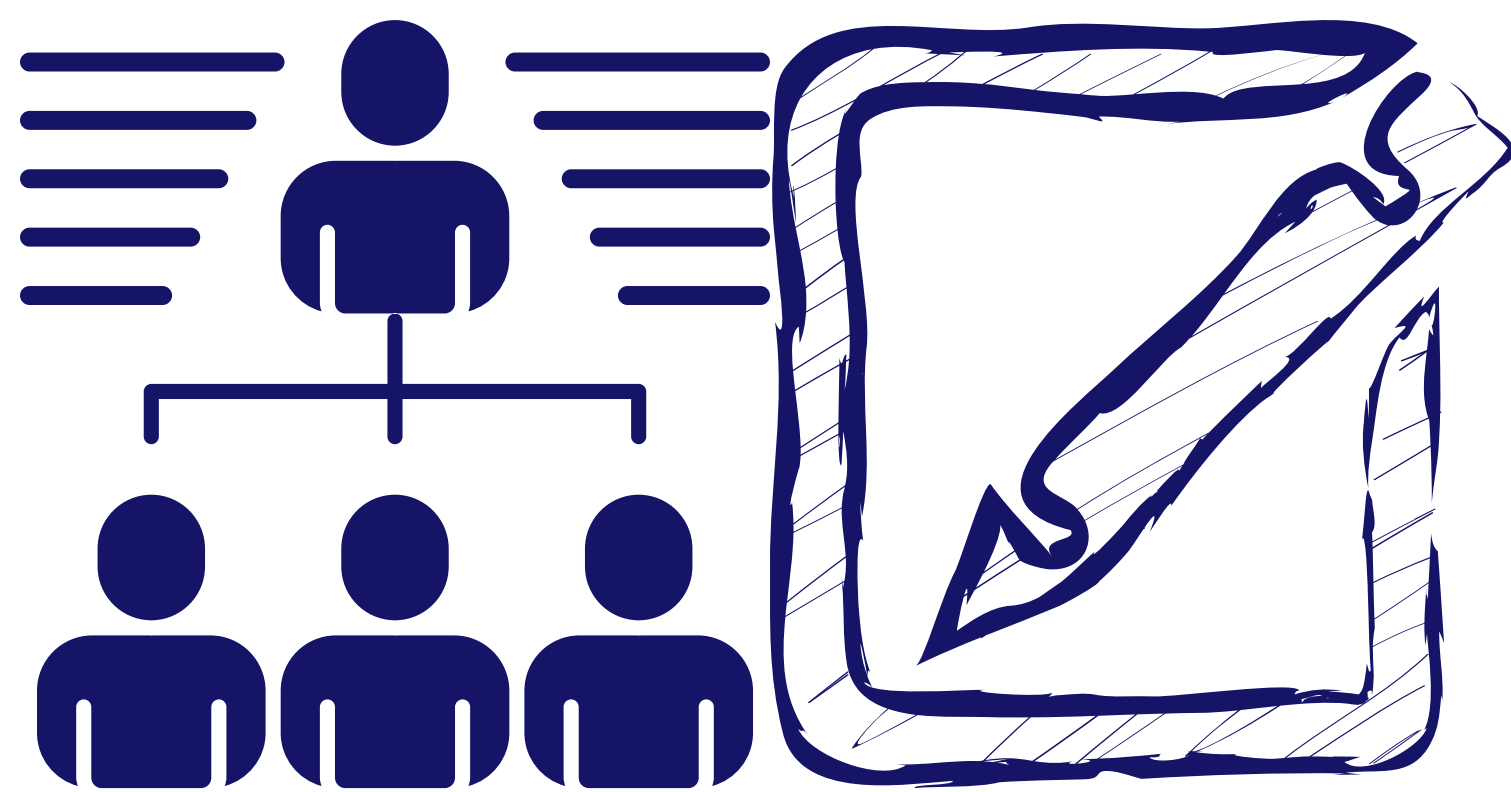
- Recruitment of an HR Adviser for Health and Wellbeing and the development and implementation of an Employee Wellbeing Action Plan for HSCP staff.
- Continued partnership working with the housing sector to develop specialist models of housing for people with learning disabilities and the introduction of a full rent abatement for young care leavers who are in full time education.
- Building intergenerational links within our care homes and the wider community.
- Further development of West Dunbartonshire's Champions Board with care experienced young people.

Priority 5: Inequalities

- Working with children and families to improve outcomes for Looked After children and continued work with CELSIS, the Centre for Excellence for Children's Care and Protection, to improve timescales for children requiring permanence.
- Development of an Improvement Action Plan for Criminal Justice Services. The completion of a Training Needs Analysis and the implementation of 'Custody to Community'.
- Collaborative working with Primary Care, Acute and Third Sector colleagues through our Locality Groups.
- The Big Chat hosted by Work Connect within improved facilities at Levensgrove Park: an event designed by and for people who have experienced poor mental health and those who support their recovery.

Early Intervention
Access
Resilience
Assets
Inequalities

Overview of the HSCP



West Dunbartonshire
Health and Social Care
Partnership formally
established 1st July 2015



2019/20 budget of
£163 million



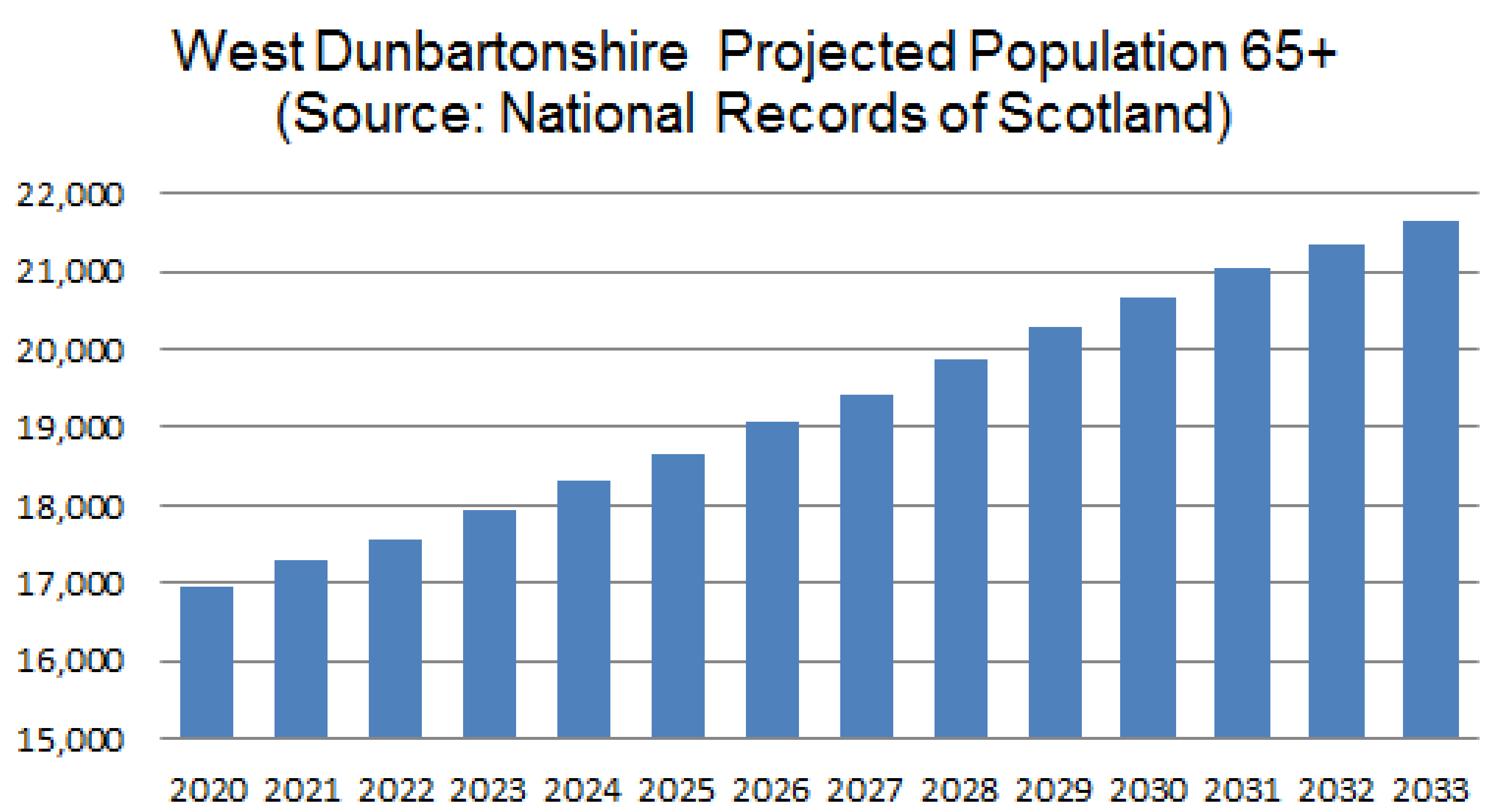
Employing 1,760 health
and social care staff
across Adult, Children's
and Criminal Justice
services



Delivering a wide range
of health and social
care services to support
the people of West
Dunbartonshire:
population 88,930

Challenges and Areas for Improvement

West Dunbartonshire's overall population is in decline however the proportion of older people within the authority is steadily increasing. From 2018-based population estimates it is predicted that the pensionable age and over population will increase by 15.2% by 2033 and the over 75 population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.



However, the most significant challenge going forward by far, for all HSCPs, will be the long term physical, mental and economic impacts of the Coronavirus (COVID-19) pandemic on the people within our communities, our staff and our resources. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and potential public funding decreases will have a huge impact upon the area.

Specific challenges faced during 2019/20 were:

- Lengthy legal processes for Guardianship applications resulted in extended delayed discharges for some adults with incapacity. Closure of the Scottish Courts in March 2020 due to the national lockdown in response to the Coronavirus (COVID-19) pandemic has exacerbated this problem and significant backlogs are also expected once Courts reopen.
- Recruitment, retention and sickness absence within Child and Adolescent Mental Health Services (CAMHS) resulting in extended longer waits for those children not prioritised as urgent. The local CAMHS service is part of an Operational Working Group which is developing a large range of strategic projects designed to improve efficiency of the patient flow and effectiveness of service delivery.
- High levels of demand on Children and Families services. The creation of six additional support worker posts in 2019/20 is providing additional capacity for family support and early intervention work within the community.
- Inspection of Criminal Justice Services by the Care Inspectorate. An Improvement Action Plan has been developed in response to the inspection report and is being progressed.
- Failure to meet Musculoskeletal Physiotherapy Waiting Times target for less urgent referrals. A Waiting Times project was commenced in January 2020 to explore innovative approaches to the waiting list.
- Vacancies and sickness absence within the Primary Care Mental Health Team meaning reduced compliance with the national waiting time target. The team returned to full treatment capacity in December 2019 however the lag effect of working through assessments means improvement will not be reflected in waiting times compliance until 2020/21.
- Delivering on reductions in unscheduled care. An Unscheduled Care Group meets monthly to explore and develop initiatives to reduce unnecessary hospital admissions, improve discharge timescales and tackle frequent attendance at emergency departments.

Introduction

The Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across Scotland. In line with the Act, West Dunbartonshire Health and Social Care Partnership (WDHSCP) was established on 1st July 2015. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health and Social Care Partnership Board and is responsible for the operational oversight of WDHSCP.

All Health and Social Care Partnerships are required to produce an annual report outlining their performance in the previous financial year by the end of July each year and these reports should be produced in line with the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Due to the global Coronavirus (COVID-19) pandemic, paragraph 8 of Schedule 6 of the Coronavirus (Scotland) Act granted public bodies powers to postpone the publication of reports. At the West Dunbartonshire Health and Social Care Partnership Board meeting of 25th June a proposal to postpone publication till 30th September 2020 was approved by the Board, recognising the deployment and redeployment of staff providing vital services to our communities during this unprecedented time.

Overview of the HSCP

West Dunbartonshire HSCP was formally established on 1st July 2015 in line with the Scottish Government's Public Bodies (Joint Working) Act (Scotland) 2014 which sets out the arrangements for the integration of health and social care across the country.

The HSCP's vision is:

Improving lives with the people of West Dunbartonshire

This vision will be implemented through the delivery of our key strategic priorities:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

- Children and young people reflected in Getting It Right for Every Child.
- Continual transformation in the delivery of services for adults and older people as reflected within our approach to integrated care.
- The safety and protection of the most vulnerable people within our care and within our wider communities.
- Support people to exercise choice and control in the achievement of their personal outcomes.
- Manage resources effectively, making best use of our integrated capacity.

West Dunbartonshire Health and Social Care Partnership

With a continued emphasis on joining up services and focussing on anticipatory and preventative care, our approach to integration aims to improve care and support for people who use services, their carers and their families.

The Health and Social Care Partnership has delegated responsibility to deliver services for:

- Adult and Older People's services across all disciplines within integrated community teams
- Children and Young People's services across all disciplines and in partnership with Education Services
- Criminal Justice Social Work
- Community Mental Health, Learning Disability and Addictions services within integrated community teams and inpatient services

West Dunbartonshire HSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the NHS Greater Glasgow and Clyde area. Work is ongoing within the service to ensure the delivery of high quality outcomes for patients whilst striving to meet national waiting time targets.

The HSCP also hosts a programme of diabetic retinal screening on behalf of NHS Greater Glasgow and Clyde and leads the Community Planning Partnership Alcohol and Drugs Partnership.

Children & Families Social Work	Children's Specialist Health Services	Community Addiction Services	Community Older People's Services
Looked After Children	Children with Disabilities	Adult Care Services	Residential and Day Care Services
Health Visiting Service	Learning Disability Services	Community Hospital Discharge	Care at Home Services
Family Nurse Partnership	Community Mental Health Services	District Nursing	Criminal Justice Social Work
Community Pharmacy Service		Musculoskeletal (MSK) Physiotherapy	Diabetic Retinal Screening

West Dunbartonshire has an estimated population of 88,930 people and the HSCP has a workforce of approximately 1,760 at March 2020. A large proportion of HSCP staff live within West Dunbartonshire providing services to people within their own communities. Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2019/20 the HSCP had responsibility for a budget of just under £163 million.

Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2019/20: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2019 and 31st March 2020 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

Due to the unique circumstances we currently find ourselves in, it is difficult to evaluate performance without recognising the huge impact of the Coronavirus (COVID-19) pandemic on all of our services from late February/early March 2020. This has been noted where appropriate and where there are developments going forward.

Policy Context

West Dunbartonshire HSCP's Strategic Plan 2019-2022 was developed in line with our five key strategic priorities: early intervention, access, resilience, assets and inequalities.

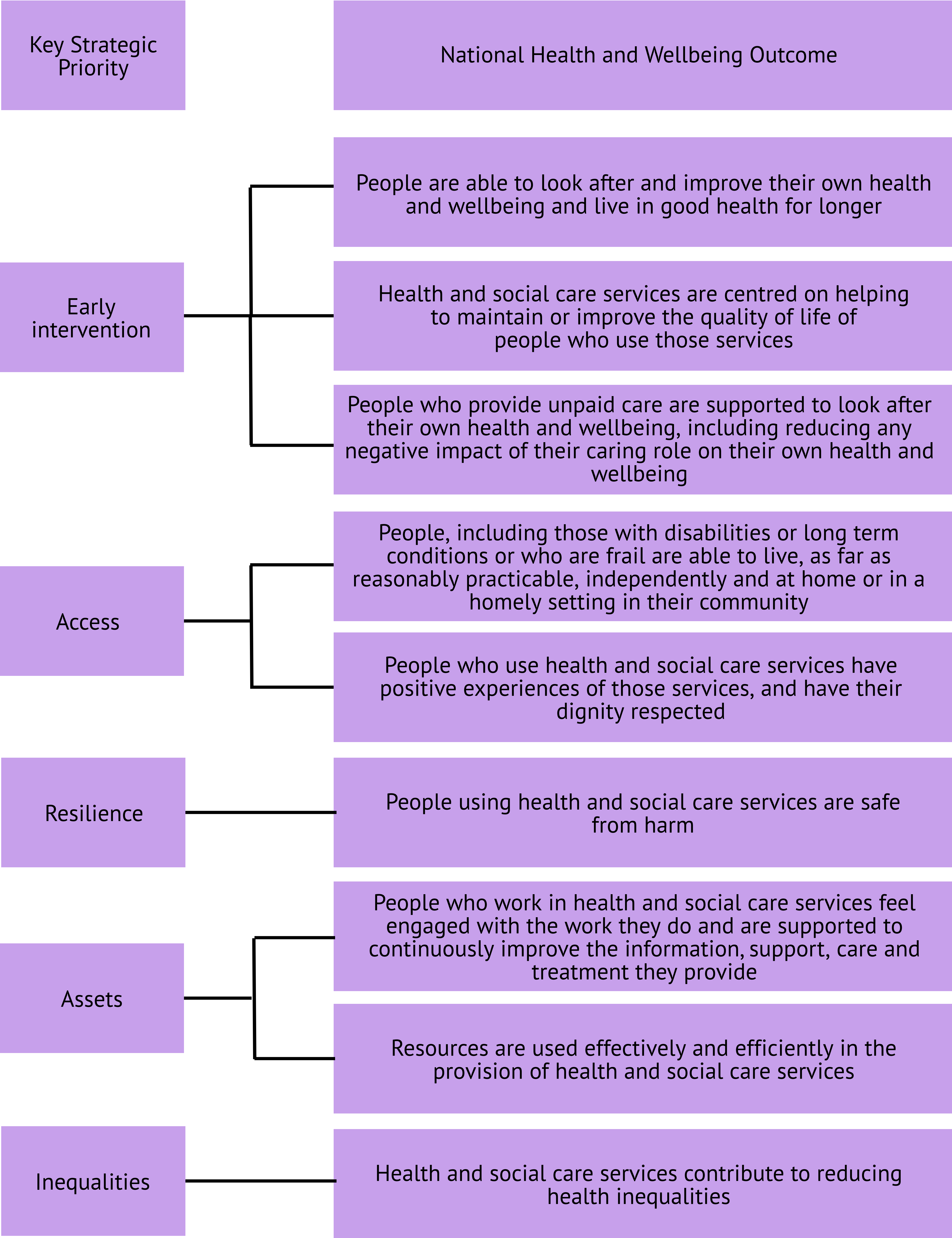
These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

'Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive, and that people using services, whether health or social care, can expect a quality service regardless of where they live.'

The Health and Wellbeing Outcomes are embodied in the ethos of the Social Care (Self-directed Support) (Scotland) Act 2013 which aims to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate in society.

Self-directed Support (SDS) is embedded in the HSCP's assessment process across all adult and children's services. The HSCP's Integrated Resource Framework continues to support indicative personal budgeting assessment, with the aim of this framework being to support fairness and equality across all individuals assessed as eligible for local authority funded support.

The diagram overleaf depicts the links between our strategic priorities and the National Health and Wellbeing Outcomes which focus on an individual's experience of health and social care and how that care has impacted on their lives.



Public Protection

Public Protection provides a range of measures which can be used together to 'protect our people'. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA). As such Public Protection is integral to the delivery of all adult and children's services within the HSCP.

The HSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. This includes the management of high risk offenders and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

Since April 2020, in response to the impact of the Coronavirus (COVID-19) pandemic and subsequent lockdown, the Scottish Government have been closely monitoring activity in relation to Public Protection with weekly returns covering vulnerable adults and children and their contact with statutory services being submitted. A key focus has been vulnerable children with multi-agency involvement, experience of care and those registered on the Child Protection Register who were not being seen on a daily basis in our schools. Work has been ongoing across the HSCP and Education Services to keep in touch with these children and young people during this difficult period. A specific area of concern is a potential increase in domestic abuse.

During 2019/20 work with Police Scotland, the Child Protection Unit and Education colleagues further improved the provision and recording of initial referral discussions within Child Protection and work with vulnerable young people. Performance and trend information in respect of referrals of concern, child protection activity and registration demographics have indicated a decrease in Child Protection registrations, however a parallel increase in children becoming looked after has been noted. Moving forward into 2020/21 there has been an increase in registrations which can be linked to the impact of lockdown and this continues to be monitored.

West Dunbartonshire's Adult Protection Committee (APC) continues to meet on a quarterly basis, with an independent chair. Members include Police Scotland, Trading Standards, Care Inspectorate, Adult HSCP Social Work and Health Services, Community Health, Advocacy Services, Scottish Care, Scottish Ambulance Service and the Scottish Fire and Rescue Service. 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. Learning from these audits prompts improved processes and is embedded into our training programme.

Performance monitoring and analysis, led by the Public Protection co-ordinator, has also informed staff and practice development across agencies, in addition to providing advice to staff and managers about specific complex cases. The self-evaluation and training working group developed the annual Public Protection training calendar and further training was provided in 2019/20 that reflected identified learning needs of the workforce, including identification of, and addressing financial harm, defensible decision making and joint basic awareness training for child and adult protection. Working groups were established to develop local policies and procedures in relation to: Large Scale Investigations; hoarding; and financial harm.

Strong multi agency partnership working under MAPPA protocols are in place within Justice Services, with good communication between all partner agencies involved in the supervision of High Risk Offenders. As part of ongoing staff development, there has been successful multi-agency training throughout the year and a shared understanding developed in the risk management of service users with our partners. Staff engagement and participation in learning is central to the improvement of services to individuals involved in offending. Managers will continue to work with local and national partners to access training and development for staff to improve both effective interventions and service performance.

Staff have been trained in accredited interventions to work effectively with those subject to MAPPA. The continued training of staff and development of interventions will lead to a better informed and risk responsive Justice Service whilst continuing to meet our statutory duties as a responsible authority. Justice Services have registered their interest with the Risk Management Authority to be included in a pilot study for the implementation of a new risk assessment tool focused on assessment of offenders involved in accessing online abusive images.

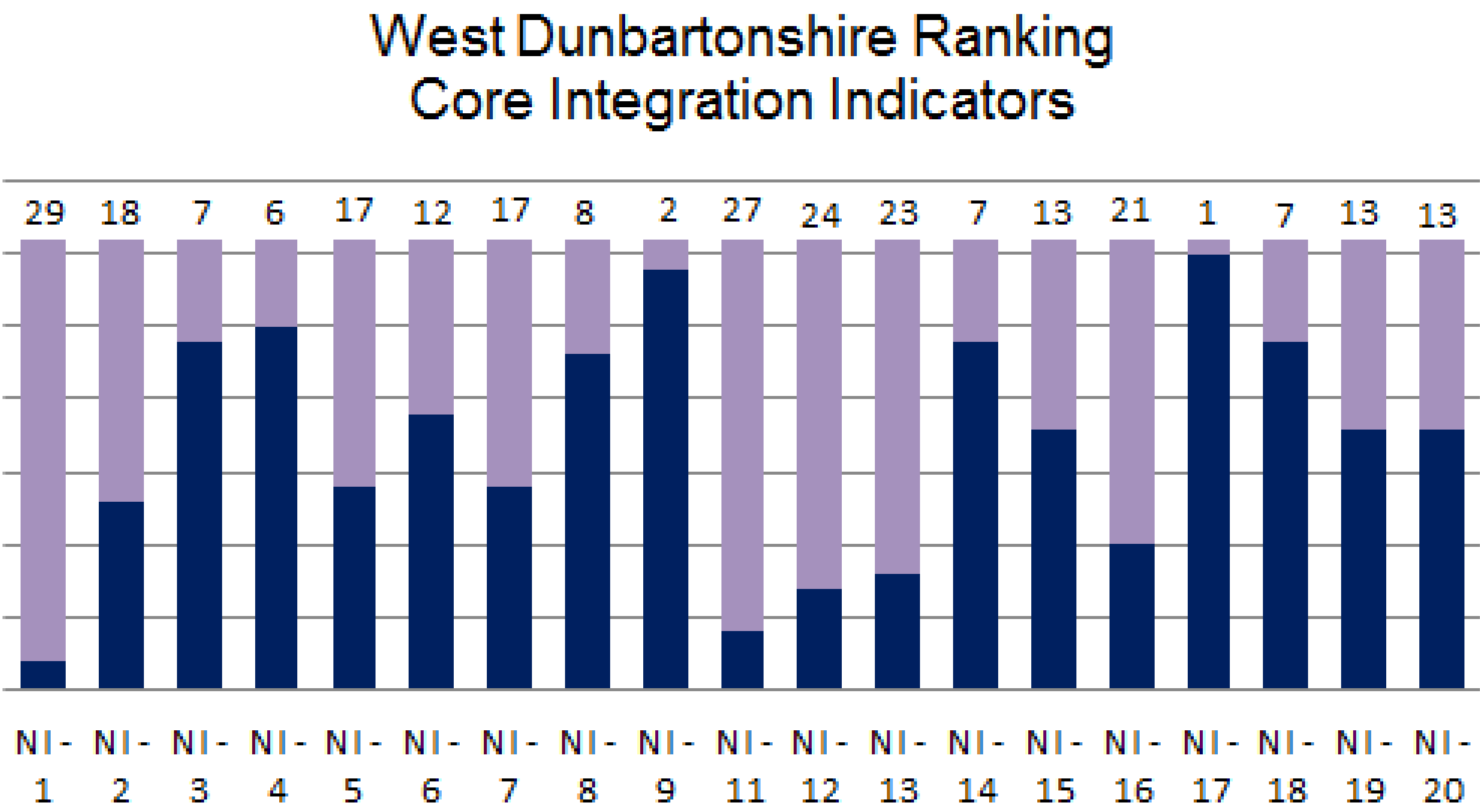
During 2019/20 West Dunbartonshire has achieved 100% compliance for all Level 2 and 3 MAPPA cases being reviewed no less than 12 weekly.

National Performance Measurement

Core Integration Indicators

The Scottish Government has developed a suite of 23 Core Integration Indicators to help HSCPs monitor their performance against the National Health and Wellbeing Outcomes and allow for comparison nationally and by partnership. Of these indicators, 4 are not currently being reported nationally.

The chart below shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland and Appendix 1 provides comparison with West Dunbartonshire and the national figure.



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The latest data is from 2017/18. The 2019/20 survey was opened in January 2020 and publication planned for April 2020 however this seems to have been delayed in light of the Coronavirus (COVID-19) pandemic.

West Dunbartonshire HSCP is the best performing HSCP in Scotland in relation to the proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections during 2019/20. A full breakdown of all Care Inspectorate gradings for inspections carried out between April 2019 and March 2020 can be found at Appendix 5 along with any recommendations or requirements.

In 2019 West Dunbartonshire had the 7th lowest rate in Scotland for readmission to hospital within 28 days and was the second best performing HSCP for readmissions within Greater Glasgow and Clyde.

Ministerial Steering Group

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; attendances at accident and emergency (A&E); and shifting the balance of care from hospital to community settings. In light of the integration of health and social care services significant improvements in ways of working and efficiencies are expected.

Ambitious targets were set by the HSCP for 2019/20. While these targets were missed, a 4% reduction since 2018/19 in the number of unplanned acute hospital bed days used by people aged 65 and over was significant at a time when the 65 and over population had increased by almost 2%.

Compared with 2018/19, in 2019/20 there was: a 0.3% increase in emergency admissions to hospital for people aged 18 and over; a 0.5% increase in the number of unplanned acute hospital bed days used by people aged 18 and over; an overall increase of 66% for hospital bed days lost due to delays in discharges. Similar spikes in emergency admissions and delayed discharges were seen in May to July 2019.

Attendance at A&E was 1% lower in 2019/20 with 24,984 attendances compared with 25,268 in 2018/19. This decrease however can be explained by the changes in people's behaviour due to the Coronavirus (COVID-19) pandemic. There were almost a third less attendances at A&E in March 2020 than the average monthly attendances of just over 21,000 during the rest of the year.

Charts detailing monthly trends for the MSG indicators over the previous 3 years can be found at Appendix 2.

Local Government Benchmarking Framework

The Local Government Benchmarking Framework (LGBF) is a benchmarking tool designed to allow councils and the public to measure performance on a range of high level, comparable indicators that cover all areas of local government activity. The LGBF was developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland). LGBF indicators cover efficiency, output and outcomes for those who use council services. The framework is designed to focus questions on variation of costs and performance as a catalyst for improving services and more effectively targeting resources.

The HSCP's performance during 2018/19 against those LGBF indicators that fall under its remit can be found at Appendix 3. In the last year new indicators have been added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators and to avoid duplication these will not be included in this section or in Appendix 3.

Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 7 of the indicators during 2018/19. West Dunbartonshire had the lowest weekly cost for children looked after in a residential setting and the 4th lowest cost for children looked after in the community. We also had the 3rd lowest percentage of Child Protection re-registrations within 18 months with 1.41% of children being re-registered within that timeframe compared with 7.22% nationally. The proportion of people aged 65 and over receiving personal care at home was the 7th highest in Scotland and the proportion of looked after children with more than one placement in the last year was the 9th lowest in Scotland.

The HSCP's worst performing indicator was expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend with the 2nd lowest figure in Scotland. Direct Payments and Personalised Budgets are Options 1 and 2 of Self-directed Support. This indicator however does not take account of expenditure on services for people who select Option 3 under Self-directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf.

The weekly cost for residential care for older people was the 26th highest in Scotland in 2018/19, however this reflects our investment locally in our care homes and support through the transition period. A system mismatch within NHS Greater Glasgow and Clyde has meant that a final indicator in relation to children reaching their developmental goals at 27-30 months old is not comparable for any of the 6 partnerships within the Health Board area.

Performance against Strategic Priorities

This section of our report will describe our performance against our 5 strategic priorities during 2019/20 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Early Intervention

- Focussed Intervention, Frailty and Falls
- Hospital In-reach
- Vulnerable Adults Multi-Agency Forum
- Children's Health

Priority 2: Access

- Addictions Outreach
- New Care Home for Older People, Clydebank
- Primary Care Improvement Plan
- Transitions

Priority 3: Resilience

- Child and Adolescent Mental Health Services
- Mental Health Action 15 Project
- Adverse Childhood Experiences
- Carers

Priority 4: Assets

- HSCP Staff Health and Wellbeing
- Housing Developments
- Building Intergenerational Links Within Our Communities
- West Dunbartonshire Champions Board

Priority 5: Inequalities

- Looked After Children
- Criminal Justice Social Work Services
- Locality Groups
- Work Connect

Priority 1: Early Intervention

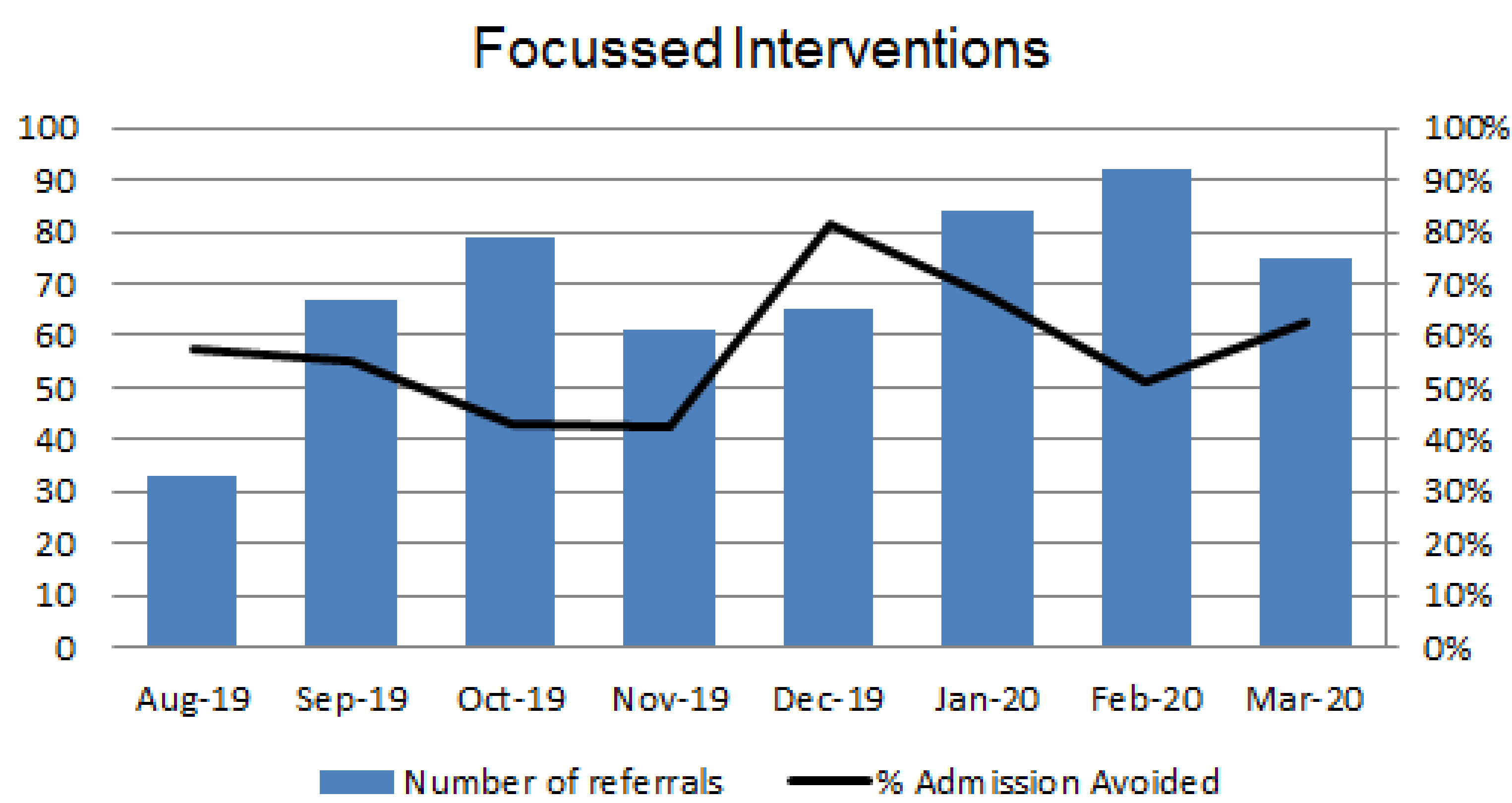
Focussed Intervention, Frailty and Falls

In August 2019 the HSCP launched a new Community Health and Care team, the Focussed Intervention Team, with the aim of providing a rapid response service to people within the community and focussing on the prevention of unnecessary admissions to hospital where possible. For those with an immediate need, the team will visit and assess the person within their own home or homely setting within 2 hours of referral. Where a person’s needs mean they require rapid but not urgent intervention this assessment will be carried out within 24 hours of referral.

The service accepts referrals from all GP practices across West Dunbartonshire as well as other HSCP community teams. Referrals are also taken from emergency departments and assessment units at the Queen Elizabeth and Vale of Leven Hospitals where the person can be better supported by a focussed intervention at home rather than an admission to hospital. Work is underway to develop similar links with the Royal Alexandra Hospital in Paisley.

A significant proportion of referrals come direct from care homes within West Dunbartonshire, facilitated by the HSCP’s Care Home Liaison Nurse and District Nursing service. As part of a programme of collaborative work with the Scottish Ambulance Service the team are also encouraging appropriate referrals from ambulance crews to enable people to remain at home with rapid supports and the aim of improving longer term outcomes. The team also encompasses a Chronic Obstructive Pulmonary Disease (COPD) nursing service, where self-referral is common, supporting people to co-manage their condition.

Between August 2019 and March 2020 there were a total of 556 referrals to the Focussed Intervention Team. These were all referrals that would previously have required further GP Practice input, input from other HSCP teams, or possibly admission to hospital. Of the 556 referrals, 320 were assessed by the team as having avoided an admission to hospital at that point, allowing them to receive support at home or in a homely setting.



Alongside the Focussed Intervention Team, the HSCP's Community Older People and Adult Care Teams provide assessment for longer term support and rehabilitation for the increasing number of older adults who are living longer with multiple complex health issues and high levels of frailty.

During 2019/20, a group of both Health and Social Care and General Practice colleagues were involved in Health Improvement Scotland's iHUB Frailty Collaborative: living and dying well with frailty. The focus of this work is to improve identification and support of people aged 65 and over to live and die well with frailty in their community. Anticipatory care planning is at the core of this piece of work to ensure that information is shared and available to all services and professionals when they need it. A patient's electronic Key Information Summary (eKIS) is also shared through the Clinical Portal system allowing a range of professionals access to vital information about the individual's care needs and wishes.

As part of West Dunbartonshire's preparation for the impact of Coronavirus (COVID-19) the number of eKIS recorded for patients increased from 3,076 in January 2020 to 5,930 in March 2020: an increase of almost 93%. This was a concerted effort by GPs and District Nursing to ensure that the key information for those most at risk of serious health complications from the virus was up-to-date and available for professionals to access.

In addition to Anticipatory Care Plans and eKIS, the Rockwood Frailty Index is used across all core assessments and reviews. This index is used to identify frailty and changes in frailty. There were 2,066 Rockwood Frailty scores assessed and recorded during 2019/20.

The HSCP continues to refine our community falls pathway which includes direct referrals from the Scottish Ambulance Service for people who do not require ambulance conveyance when crews attend as a result of a fall.

There were 2,466 falls screenings carried out by the HSCP during 2019/20 and 1,165 more in-depth falls assessments to promote safety and improvements in mobility through initiatives such as Strength, Balance and Resilience training which was delivered to 545 people during the year.



- 5,930 eKIS recorded at March 2020
- 2,066 Rockwood Frailty scores assessed
- 2,466 Falls Screenings
- 1,165 Falls Assessments
- 545 people received Strength, Balance and Resilience Training

Case Study: Focussed Intervention Team

Patient A, 78 years of age, was referred by their GP for an urgent Focussed Intervention Team (FIT) assessment. The GP advised that until recently the patient had been able to mobilise with a three wheeled walker safely indoors. However, their mobility had now deteriorated resulting in falls on a daily basis putting them at high risk of injury and potential hospital admission. The GP also noted that the patient has Parkinson's Disease and prone to urinary tract infections. It was identified from CareFirst that the patient was currently receiving homecare of four visits per day with one carer attending.

A Physiotherapist and Occupational Therapist from the FIT team arranged to visit Patient A within their own home on the day of the GP's referral. A functional and mobility assessment was carried out with the patient who also informed the team members of an increase in upper limb pain.

The patient was assessed with an alternative walking aid and a wheeled commode shower chair. This assessment highlighted that the patient had greater stability using a zimmer frame and this was delivered shortly after the visit.

Homecare were telephoned from the patient's home and a request for an increase from one to two carers was made to assist with mobility and transfers. A wheeled commode shower chair was also prescribed for carers to use when mobilising safely proved difficult. Advice was given to homecare on bed transfers to improve technique and ensure Patient A's care plan was updated.

A request was made for the FIT team Staff Nurse to then visit and assess Patient A for a suspected urinary tract infection. While attending the patient's home the Staff Nurse contacted the GP to discuss and request antibiotics which were started that day. A request was also made to the GP for increased pain medication in relation to the patient's upper limb pain.

Clinical portal was checked and the patient was due to be visited by a Parkinson's Nurse who was contacted by the FIT team to update on the day's activities.

Within 24 hours Patient A had been reviewed by Physiotherapy, Occupational Therapy and a Staff Nurse and their medication reviewed by the FIT team's Pharmacy Technician. The team worked with Patient A to identify their needs and plan short term rehabilitation goals to minimise falls, keep them safe and return the patient to their baseline mobility. Patient A avoided being admitted to hospital through an intense and effective intervention across disciplines allowing them to remain as safely as possible within their own home.



Adult Community Health Services reported an underspend of £0.457m during 2019/20.

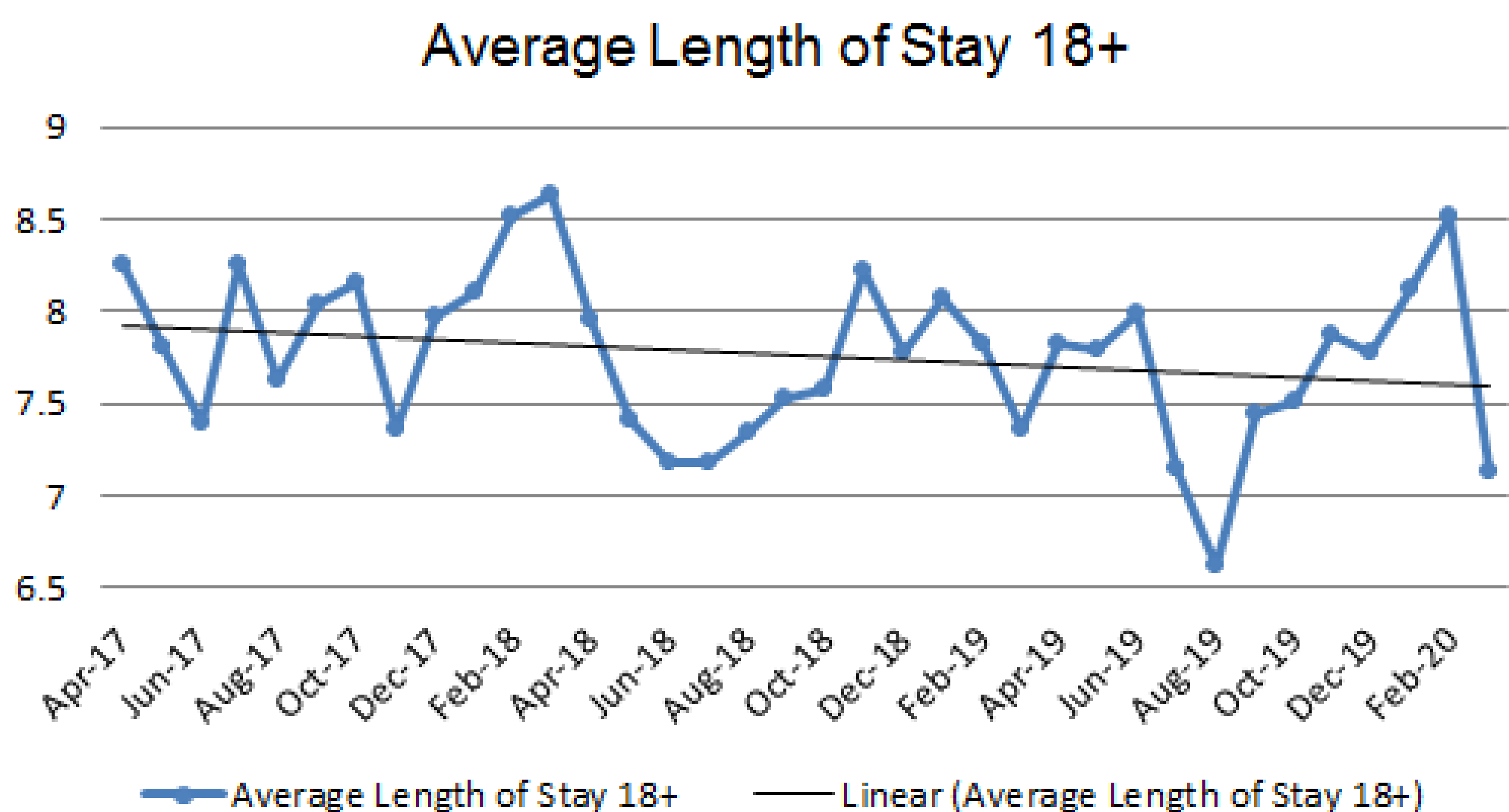
This was mainly due to the part year impact of service redesign, including introduction of the Focussed Intervention Team.

Hospital In-reach

Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes and to avoid readmission.

During 2019/20 the HSCP's Hospital Discharge Team have built on the good work being carried out by Early Assessors within hospital wards by developing a hospital in-reach role. The team have gained access to acute hospital dashboards which allow them to identify patients who have been in hospital for 10 days or more. These patients are proactively engaged with to gain an understanding of their needs and wishes and are tracked by staff through any ward or hospital transfers with a view to supporting discharge as soon as they are medically fit. This has resulted in high visibility of in-reach staff within hospital wards, has strengthened working relationships with acute nursing staff and has raised awareness of the community services available to support people on discharge.

This work continues the decreasing trend in average length of acute hospital stay per patient.



The Hospital Discharge team have also gained access to the HSCP's homecare scheduling system which allows them to tailor packages of care based on the person's needs prior to admission: meaning a more appropriate and personalised care package for each individual rather than a standard discharge package.

A barrier to timely hospital discharge continues to be where there are concerns about an individual's capacity to make decisions regarding their future needs. The lengthy process around Adults with Incapacity legislation and Guardianship often results in extensive delays. Closure of the Scottish Courts in late March 2020 due to the Coronavirus (COVID-19) lockdown has delayed the processing of Guardianship applications further and a significant backlog once the courts reopen is anticipated.

Vulnerable Adults Multi-Agency Forum

The Vulnerable Adults Multi-Agency Forum (VAMAF) was established as part of the Greater Glasgow and Clyde Multi-Agency Distress Collaborative and the work of West Dunbartonshire Community Planning Partnership's Safer Delivery and Improvement Group. The purpose of the group is to facilitate inter-agency care planning and risk management for vulnerable adults who struggle to engage with services.

The group has representatives from Mental Health, Addictions, Learning Disability, Adult Care, Police Scotland and the HSCP Adult Protection Lead. The plan prior to the Coronavirus (COVID-19) pandemic was to expand the membership to include Housing and Scottish Ambulance Service, however this is currently on hold.

The group has been meeting weekly for the last two years and examines relevant presentations to services and repeat attenders at Emergency Departments with some cases being discussed more than once. We also cross reference our cases against Accident and Emergency frequent attenders data.

Following discussion of an individual case, a lead agency is agreed and tasked with progressing assertive outreach to that person. A track is kept of their engagement and progress and their case is reviewed four weeks after initial presentation to assess the need for further input if required. If a case is of particular concern, the lead agency will organise a multi-agency case discussion and agree a care plan and risk management and review schedule.

As well as helping vulnerable people to engage with services, this work supports wider HSCP work on reducing unscheduled care in line with the Ministerial Steering Group targets. Local analysis of A&E data identified a high proportion of those who were frequently attending were people who had been in contact with Mental Health or Addictions services within the previous two years.

Children's Health

West Dunbartonshire HSCP has maintained its UNICEF Achieving Sustainability (Gold) Baby Friendly Award which celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

Breastfeeding is known to bring a wide range of health benefits to both mother and child, preventing a range of infectious and non-communicable diseases, as well as supporting mental health and positive parent-child relationships. Rates in Scotland have improved in recent years, with an increase from 44% in 2001/02 to 51% of babies in 2017/18 reportedly receiving 'any breastfeeding' at first health visitor visit at 10-14 days. West Dunbartonshire HSCP is committed to promoting breastfeeding however the number of breastfeeding mothers remains relatively low. By 6 weeks after birth 20%-50% of mothers have stopped breastfeeding within West Dunbartonshire and this will be the focus for additional resources in 2020/21.

Published figures for 2018/19 suggest that over 17% of women continue to smoke during pregnancy in West Dunbartonshire. In response to this, commitments were made by the HSCP alongside NHS Greater Glasgow and Clyde to roll out financial incentives for smoking cessation in pregnancy to improve health outcomes for both mother and child. These financial incentives are in the form of gift cards at specific quit milestones.

In West Dunbartonshire in 2019/20 there were a total of 40 clients making a quit attempt through the Quit Your Way Pregnancy Service. The financial incentive provided totalled £160 per individual. Of the 40 who initially quit, 12 continued to be smoke-free at 3 months and 75% of these individuals were living within the most deprived areas of West Dunbartonshire.

Across Greater Glasgow and Clyde in 2018/19 over 95% of Quit Your Way pregnancy service clients who set a quit date were receiving a financial incentive and both the 4 and 12 week quit rates for incentive clients were significantly better compared to those who were not: 34% for incentive clients at 12 weeks compared with 22% for non-incentive clients.

During 2019/20, the total number of clients being referred and taking up the service across Greater Glasgow and Clyde dropped slightly, however the overall proportion of people continuing to engage with the service remained higher than before the incentives programme was introduced. In recognition of this the total value of financial incentive was increased to £220 from February 2020 in an attempt to further improve engagement.

On the 17th of March, as a result of the Coronavirus (COVID-19) pandemic, the Quit Your Way Pregnancy Service delivery model, like many other services, required to be changed. Based on national recommendations, Carbon Monoxide testing ceased across all Quit Your Way Services and all non-pharmacy services became telephone based. With over 70% of clients setting a quit date being from the most deprived postcode areas, the HSCP and NHS Greater Glasgow and Clyde have continued with the incentives programme.

As part of the NHS Child Health Programme, West Dunbartonshire HSCP has implemented the Universal Health Visiting Pathway. Early Years have a significant impact on an individual’s future experience of health and wellbeing. Health professionals, particularly Health Visitors, have a vital role to play in supporting children and families in the first few years of a child’s life.

The Universal Health Visiting Pathway provides a home visiting programme which is offered by Health Visitors to all families as a minimum standard. One of the crucial contacts is at 27-30 months of age. At this stage there are a number of topics for discussion including parenting, immunisation, financial inclusion, oral health and, if the opportunity presents, a routine enquiry relating to domestic violence within the family home. Between July 2019 and March 2020, 588 children in West Dunbartonshire received their 27-30 month review.

Children in Scotland are protected through immunisation against many serious infectious diseases. Immunisation policy and vaccination programmes are set by the Scottish Government and aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing infection and provide children and teenagers with the best possible protection against disease. Discussions relating to the immunisation of children take place at every contact in the Health Visiting programme.

Immunisations at 24 months			Immunisations at 5 years		
	West Dunbartonshire	Scotland		West Dunbartonshire	Scotland
6 in 1	97.3%	96.9%	6 in 1	98.9%	97.8%
MMR1	92.3%	94.0%	MMR1	97.6%	96.7%
Hib/Men C	93.7%	94.3%	Hib/Men C	97.8%	95.9%
Men B	93.3%	94.4%	4 in 1	92.3%	91.9%
PCVB	94.1%	93.6%	MMR2	92.0%	91.5%

Measles, Mumps and Rubella (MMR) immunisations at 24 months of age fell below the national target of 95% during 2019/20 with 92.3% of the 895 children eligible in West Dunbartonshire receiving the immunisation. However this increased to 97.6% for MMR immunisations for 5 year olds. Looking at immunisations for both these age groups, West Dunbartonshire is slightly below the Scotland figure for 3 of the 5 immunisation programmes delivered to children at 24 months, however this is redressed at 5 years where West Dunbartonshire exceeds the Scotland figure for all 5 immunisation programmes.

Case Study: Family Nurse Partnership

All first time mothers of 19 and under are eligible to enrol in the Family Nurse Partnership (FNP) programme within NHS Greater Glasgow and Clyde if they are below 28 weeks gestation. Enrolment on the programme is voluntary which incorporates one of the main principles 'the client is an expert in their own life'. This programme encourages positive behaviour changes.

FNP is an intensive home visiting programme which commences in pregnancy until the child is 2 years old. Thereafter the family is transitioned to Health Visiting services. The Family Nurse will commence visiting first-time mothers in pregnancy in addition to midwifery services. Following the birth of the child the Family Nurse will deliver the Universal Health Visiting Pathway alongside the FNP programme. The FNP programme uses materials and activities designed to: support health behaviour changes; improve understanding of positive relationships; improve consistent care-giving; and support access to community, education and employment opportunities.

Siobhan, 16 years of age, was referred to FNP by midwifery services at 12 weeks gestation. As FNP is a voluntary programme offered to all first-time mothers aged 19 and under, the Family Nurse will discuss the opportunities of the programme and encourage young women to consider enrolling. This opportunity allows the individual to be an expert in their own lives. Siobhan was happy to enrol with FNP when contacted.

When Siobhan delivered her son, Tyler at 38 weeks gestation, it became quickly apparent that she was not identified as a protective factor for her child. Siobhan's parents however were identified as a protective factor. FNP worked alongside Social Work services on a voluntary basis to ensure a plan of action around care of the child was in place. Additionally, the Family Nurse supported Siobhan with attendance at Child and Adolescent Mental Health Services, Stepping Stones and Functional Family Therapy appointments. FNP liaised closely with Education to support a part time nursery placement and Education and the Family Nurse developed an action plan to ensure both services were in regular contact.

FNP supported engagement with Working 4U, Y Sort It and further education and supported Siobhan to apply for a college placement commencing 2020. Most importantly, the Family Nurse supported mediation between Siobhan and her parents to ensure the family remained united and that Tyler maintained regular contact with his mother. While there have been frequent family disputes, over time these have reduced.

All services worked together closely and regularly liaised to ensure accurate and consistent information was provided to the family. Action planning of multi-agency involvement ensured the family were clear on roles and the supports available. Close working relationships ensued when times of crisis occurred, such as breakdowns in family relationships, and these situations were resolved with limited impact on family dynamics.

The outcome for all involved has proved to be very positive. Siobhan's parents are currently pursuing a Voluntary Residency Order to allow their grandchild to live with them, with which Siobhan is in agreement. While family relationships continue to be fractious, all adults are aware of coping strategies to contain arguments and importantly to ensure Tyler is not exposed to verbal disagreements. Importantly, FNP programme materials allowed reflection on familial behaviours and allowed the mother to see these through the eyes of her child. Siobhan has developed a loving relationship with Tyler and is working towards becoming his full time carer.

Priority 2: Access

Addictions Outreach

West Dunbartonshire HSCP Addiction Services provide a range of health and social care services to individuals across the authority who may be experiencing difficulties related to drug and/or alcohol misuse.

Between April 2019 and March 2020 the service received a total of 938 referrals for people experiencing problems with drugs or alcohol requiring assessment for treatments and support and 95.4% of these people began treatment within the national target of 3 weeks.



95.4% started
treatment
within 3 weeks

The outreach model of service delivery is now firmly embedded within Addiction Services and has brought many benefits to both service users and staff. Implementation of this model has removed the financial and geographical barriers that existed, as many service users had to travel significant distances to attend appointments. It allows staff to carry out a holistic assessment and provide ongoing support to the patient within their own environment.

With the appointment of two assertive outreach support workers the Addiction Service has been able to develop an improved response to 'hard to reach' vulnerable adults who are experiencing chaotic and complex drug and alcohol use, often with co-existing mental health issues. This enhances our ability to respond to those adults at risk who regularly come to our notice because of emergency hospital admissions or the Police and try to engage them into appropriate services.

The Addictions Service continues to extend joint working with colleagues across HSCP including Housing and Criminal Justice Social Work. Through collaboration with Criminal Justice Social Work a referral pathway has been developed for Criminal Justice clients, specifically those being managed under Multi-Agency Public Protection Arrangements (MAPPA) and Life Licence cases. If appropriate and agreed at the Integrated Risk Management Meeting an addictions worker can visit prison to gain baseline drug testing result and assessment prior to release. Support is being offered from Addictions to meet requirements as requested in the Risk Management Plan.

The service adopts a family inclusive approach, for example, taking a lead in working with Adult and Children's Services in producing a "Parental Capacity, Strengths & Support Assessment" form and rolling out consultation and training in June 2019.

This form encourages Adult Services to think about how parents promote the well-being of their children based on the well established SHANARRI well-being indicators used across Health, Education and Social Work. The assessment is focused on the adult service user's strengths and achievements as well as pressures and areas for improvement and support in relation to developing a child's well-being. The form is in its final stages and due to be launched later in 2020.

SHANARRI

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

The West Dunbartonshire Blood Borne Virus Team have recently implemented the new Hepatitis C Nurse Led pathway. The team were instrumental in the development of this pathway which sees patients being completely nurse led. This development allows patients to be managed by the nursing team throughout the assessment and treatment process without having to be seen by the consultant and this approach has now been fully implemented across NHS Greater Glasgow and Clyde.

Every aspect of the assessment and treatment process is fully facilitated within the community, offering 6 clinics a week. The team of nurses complete all investigations which include a Full Health Assessment, full assessment bloods, Liver Ultrasound and Fibroscan which is an innovative approach to determining liver stiffness.

The Blood Borne Virus Team continue to take the lead for the management of BBV testing across the locality, supporting testing in a range of services which include Core Addiction Services, GP Shared Care and our third sector partners.

The publication of drug-related deaths and drug-related hospital stays, along with many other statistics, have been delayed due to the Coronavirus (COVID-19) pandemic. Latest figures show that there were 231 drug-related hospital stays and 20 drug-related deaths of people from West Dunbartonshire in 2017/18. Deaths and admissions were highest among those aged 35 and over with long term drug use and combinations of drugs and illicit valium being identified as probable factors.

During 2019/20 the HSCP's Addiction Service developed plans for a Low Threshold Service utilising additional Scottish Government funding.

The concept of the Low Threshold service is to offer people who inject drugs easier access to treatment. Attracting and maintaining people who inject drugs in to treatment is a paramount objective in the harm reduction approach within the new Scottish Government Strategy. Offering people quicker and easier access to treatment is essential in tackling the harm caused by drug misuse and reducing drug related deaths.

The aims of the service are to:

- engage people who inject drugs in treatment
- decrease chaotic lifestyles and engage in positive lifestyle changes
- reduce drug related deaths

The objectives of the service are to:

- provide quick access to assessment and medical treatment
- to assess and provide Harm Reduction Interventions
- to adjust and stabilise quickly on an Opiate Replacement Therapy programme
- engage in an ongoing treatment plan

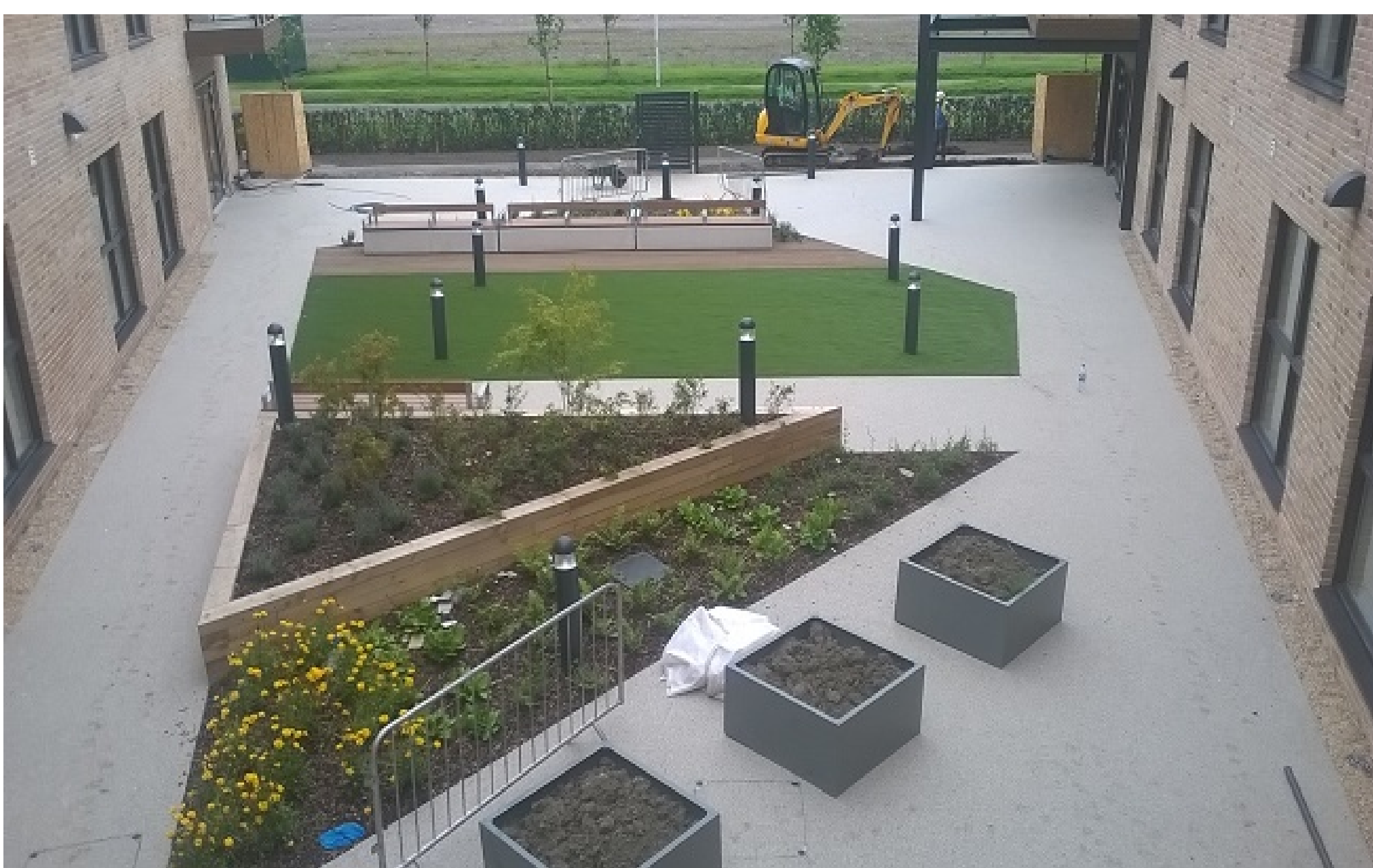
The Addictions Service is beginning the recruitment process to backfill and release an experienced Addictions Nurse to fulfil this role for a two year period. The Low Threshold Service will be complemented by two Health Care Support Workers who will work alongside the Addictions Nurse offering daily intensive support.

New Care Home for Older People, Clydebank

The new care home for older people in Clydebank is part of the HSCP's vision to replace the Council's older people's care homes and day care with buildings that meet the Care Inspectorate's standards of care and environment and to provide service users, their relatives and our staff with a modern living and working environment which enables better person centred care within more eco-friendly facilities.

For our residents we want to provide a well staffed and equipped 'Home for Life' and for our day care users we want to provide access to a range of health and care services including therapeutic and rehabilitative facilities as well as social and recreational activities.

Unfortunately work at the Clydebank site was paused in March 2020 due to the Coronavirus (COVID-19) pandemic. At that point the contractor was finishing the internal plaster, the joinery and laying vinyl in en suites and bedrooms. Designers were finalising the design of external screens, bedroom wardrobes and the courtyard sculpture.



Since returning to the site in May, work has been very productive and the care home is progressing towards completion. Fabric, finishes and soft furnishings have been ordered and the team are beginning to have a real sense of how the home is going to look and feel when opened. The contractor has provided a programme for completion, with a handover date in early November. The original plan was for a 6 week transition period to move residents into their new home, however this has been revised to further into 2021 to allow residents and staff to have a settled Christmas period.

Primary Care Improvement Plan

The General Medical Services Contract in Scotland was agreed by General Practitioners in January 2018. The implementation of the contract was supported by the Memorandum of Understanding and requires HSCPs to develop an annual Primary Care Improvement Plan which aims to expand the Primary Care Team by April 2021. This change will enable the development of a multi-disciplinary team to reduce GP workload and support the retention of GPs in General Practice.

The aim of HSCP Primary Care Improvement Plans is to enable the development of the expert medical generalist role through a reduction in current GP and practice workload. By the end of the 3 to 4 year plans, practices in West Dunbartonshire should be supported by expanded teams of NHS Greater Glasgow and Clyde Board employed health professionals providing care and support to patients. This will help to improve practice sustainability, and reduce risk, thus enabling GPs to focus on those patients with no obvious diagnosis, complex care and whole system quality improvement and leadership.

Underpinning the redesign of local services are the key principles to; provide safe, effective and person centred care, ensuring we make best use of available resources to deliver improvements in care and outcomes for all patients, service users and carers. Our services should be equitable, sustainable, affordable and provide value for money.

West Dunbartonshire HSCP works collaboratively with GPs to provide, enhance and develop services to improve the health of our local population.

The delivery of the workstreams within the Primary Care Improvement Plan has been progressed during 2019/20 although workforce recruitment and retention issues across all the workstreams have proved difficult. Thus building the workforce across practices has been challenging. This has been a similar experience across a number of HSCPs and health professions.

The HSCP has a number of Pharmacy, Advance Practice Physiotherapist, Health Care Support Workers and Community Link Workers based within practices across the HSCP and we intend to build on this resource during 2020/21. In addition, the Community Care and Treatment Room Service has been rolled out in Alexandria and there has been an increase in provision of services. We are working with practices to develop a model of service for the full provision of services.

The HSCP has worked collaboratively with West Dunbartonshire Community Volunteering Service (CVS) and General Practice on a one year pilot to provide Community Link Worker support directly into GP Practices. The pilot commenced in May 2019 and involved three Community Link Workers based within five of West Dunbartonshire's GP practices and has been well received.

The Community Link Worker service covers a population within General Practice of 35,200 patients resident within West Dunbartonshire. During the pilot the service engaged 366 patients of which 148 went beyond the initial appointment. Non-attendance rates were 25% and the main challenge in this initial phase was low levels of awareness of the Community Link Worker role within some practices and with patients.

The HSCP were in the process of re-tendering for a three year service, increasing the resource to six Community Link Workers, at the onset of the Coronavirus (COVID-19) pandemic. As a result the existing pilot with CVS has been extended until April 2021.

Since late March the Primary Care Improvement Plan staff have been re-deployed to other services or have continued to work remotely with practices. The Community Care and Treatment Room staff have continued to support General Practice through support to the Community Assessment Centres developed in response to the pandemic.

Transitions

During 2019/20 a new Transitions Protocol was established to support the transition from Children's Services to the appropriate adult service for young people with additional support needs. Young people with additional support needs have an adult service identified in advance of leaving school and this is facilitated by a Transitions Worker. Robust partnership working and planning with other key stakeholders ensues, to ensure person-centred outcomes and the right services are delivered for each individual.

Case Study: Supporting the Transition to Adult Services

'P' is 19 years of age and attended Kilpatrick School due to their additional support needs. They had spent a few years moving between various family member's homes, and was eventually cared for by grandparents due to their parents being assessed as being unable to care for them. The parents were being supported by Addictions Services.

In line with the newly established Transitions Protocol, the Social Worker from Children's Services started transition planning for this young person two years before they were due to leave school and worked with partners in adult services to identify their support needs moving forward. This involved collating information from a range of services and partners and using this to inform the discussions about the most appropriate future adult service to support the young person through adulthood.

The Care Manager in Children's Services arranged an appointment at the Transitions Advisory Group (TAG) to discuss and review this young person's needs and identify the best adult service to meet their future support requirements. The TAG members consist of senior members of staff from Children's Social Work, Education, and the three adult teams: Learning Disability, Mental Health and Adult Care Services. All are committed to supporting the transition of our young people as they embark on one of the biggest changes in their lives so far.

Unfortunately sometimes young people's needs do not always fit neatly into any one service's criteria, therefore the TAG members strive to put the person's needs at the centre of decision making and think creatively and 'out of the box' in terms of what support can be provided by each service.

'P' did not have a cognitive assessment, which would evidence a learning disability, however there was other information which could be used to identify a likely mild learning disability. Following careful discussion and review of the information available with the other TAG members, it was felt that the Learning Disability Service was the best fit for any future support package, but due to the nature of 'P's' clinical needs, Mental Health Services were identified as most appropriate to respond to their particular health needs at the point of transition.

The Social Worker from Children's Services then worked alongside the Transitions Worker from Learning Disability Services, Education and West College Scotland to progress the transition plan for 'P' leaving school in the summer.

'P' has since been enjoying and benefiting from the new opportunities in their life and no longer requires the support of Mental Health Services locally. Their home environment has also improved significantly with a permanent solution being found which also allows them to retain some contact with their parents.

Priority 3: Resilience

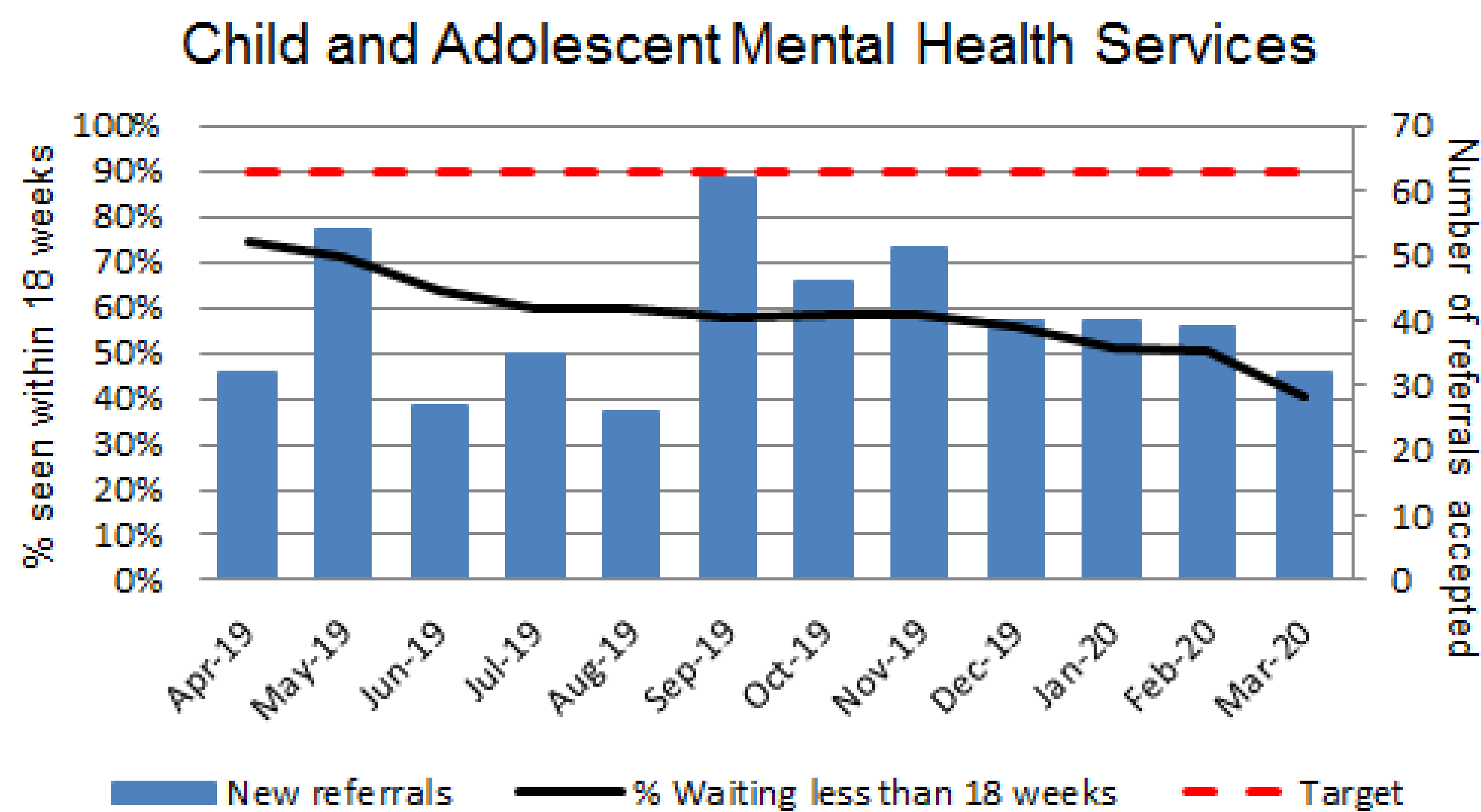
Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) in West Dunbartonshire consist of Psychiatrists, Clinical Psychologists, Social Workers and Clinical Nurse Specialists. The services provided include; assessment and treatment of severe mental health problems in childhood and adolescence by a multi-disciplinary team; consultation and liaison with health professionals and other agencies working with young people and their families; teaching and training; audit, service review and research activities; and reports to the Children's Panel and other medico-legal services where appropriate.

Over the last few years there has been a steady increase in demand for CAMHS services across Scotland. Within West Dunbartonshire there was an increase of 8.7% in referrals between 2018 and 2019 and a 22.3% increase in accepted referrals. As well as increasing demand, CAMHS within West Dunbartonshire has been experiencing staffing difficulties in terms of recruitment, retention and long term sickness absence.

CAMHS aims to see 90% of all young people for treatment within 18 weeks of referral. At the end of March 2020, 40.5% of children and young people within West Dunbartonshire had waited less than 18 weeks for treatment which was lower than the latest national published figure of 56% across Scotland.

In August 2019, new Scottish Government funding allowed the recruitment of a full time Band 5 Nurse and a 3 Sessions Child and Adolescent Therapist. In addition the HSCP funded a temporary Band 5 Nurse. This has enabled the team to prioritise urgent new referrals and high risk open cases however, due to other core staff absences the waiting times for routine cases has become longer over an extended period of time.



CAMHS leadership have launched an Operational Working Group where West Dunbartonshire CAMHS are represented. A large range of strategic projects are underway designed to improve efficiency of the patient flow and effectiveness of service delivery. The following improvement actions are in progress to address the demands on the service:

- Regular updates with CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the Coronavirus (COVID-19) pandemic.
- Waiting lists are being analysed to identify cohorts of patients and match these to clinical skill, for example, children awaiting treatment for anxiety.
- Brief intervention and online Cognitive Behavioural Therapies are being developed.
- Attend Anywhere has been implemented across Greater Glasgow and Clyde CAMHS teams and drop in clinics are being considered: virtual group clinics are also being sought to increase numbers of children seen.
- Planning within HSCP with integrated planning partners to utilise Scottish Government funding for community mental health and wellbeing supports.
- Analysing the demand for CAMHS and availability to meet this.
- Development of integrated care pathway for Neuro Development referrals.
- Increase the time available for clinicians to provide help and treatment at first contact.

Mental Health Action 15

West Dunbartonshire HSCP Mental Health Services continue to progress Action 15 of the Scottish Government's Mental Health Strategy 2017-2027. Action 15 delivers increased Scottish Government financial Investment to support increase in the workforce. This gives access to dedicated mental health professionals in Accident and Emergency Departments, all GP practices, every Police Station Custody Suite, and to our prisons across Scotland. The year 2019/20 is the third year of a five year investment programme.

West Dunbartonshire HSCP have contributed 5.26 Whole Time Equivalent posts in year 2019/20 across a number of Greater Glasgow and Clyde-wide and local services such as an increase in Unscheduled Care Nurses within Emergency Departments and Police Station Custody suites.

Our local West Dunbartonshire specific posts include:

- Wellbeing Nurses - This includes the recruitment in 2019/20 of an additional two Mental Health Nursing Staff to work within GP Practices. Further recruitment of these Wellbeing Nurses in 2020/21 will ensure all GP Practices will deliver mental health brief interventions directly to Primary Care patients without the need for a GP assessment. These nurses will link patients into other pathways across the Mental Health network of services including third sector partners. Commencement of the service began in October 2019. A first report in January 2020 demonstrated there were 246 face to face contacts during this period with service rated at an average of 72% excellent, 18% very good and 10% as good.
- Peer Support - Action 15 investment has supported recruitment of a Peer Mental Health Worker within Stepping Stones, our third sector partner. This lived experience post commenced in January 2020 and will support the transition of people who have needed a statutory mental health service moving to a recovery and community asset model of delivery.
- Further investment in 2020/21 will also see the employment of an additional nurse who will support the physical health care needs of people with complex mental health problems to ensure compliance with local and national guidelines. This nurse will work across Primary Care and Mental Health Services.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including:

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems

ACEs have been found to have lifelong impacts on health and behaviour and while found across the population, those from areas of higher deprivation are more at risk of experiencing ACEs. An ACEs survey with adults in Wales found that compared to people with no ACEs, those with 4 or more ACEs are more likely to

- have been in prison
- develop heart disease
- frequently visit their GP
- develop type 2 diabetes
- have committed violence in the last 12 months
- have health-harming behaviours (high-risk drinking, smoking, drug use)

Tackling adverse childhood experiences continues to be a key priority in West Dunbartonshire. As well as the prevention of ACEs, there is much that can be done to offer hope and build resilience in children, young people and adults who have experienced adversity in early life.

A whole system approach has been taken to support workforce development on ACEs. The documentary film, 'Resilience' is a key mechanism for raising awareness of ACEs. Resilience film viewings have been delivered across West Dunbartonshire with 158 attendees in 2019/20, bringing the cumulative total to 1,000 attendees from across the whole system: Children's Health, Care and Criminal Justice, Mental Health, Addictions and Learning Disabilities, WDC Education, Learning and Attainment, Action for Children, Who Cares Scotland, Skills Development Scotland and the Family Nurse Partnership.

In addition, a Learning and Engagement event, 'Nurturing Individuals and Building Resilient Communities' was held in February 2020: a collaboration between Clydebank High School's Learning Festival and the HSCP. This involved 300 participants from all sectors, including the HSCP, West Dunbartonshire Council, Children's Panel, Kinship Care, Police and Fire Services, Children's Neighbourhood Scotland, Y Sort It, Richmond Fellowship and Turning Point.

High profile speakers were Suzanne Zeedyk of Dundee University and founder of 'Connected Baby', an organisation which aims to bring the science of human connection and relationships to life, and James Docherty of the Scottish Violence Reduction Unit. The event saw the relaunch of West Dunbartonshire's ACEs Hub into a strength-based 'Resilience' Hub with 412 members.

Carers

The HSCP recognises the invaluable contribution made by unpaid carers in supporting vulnerable people to live independently within our community. In the 2011 UK Census 9,637 people in West Dunbartonshire identified as carers and 18.2% of these carers were aged 65 and over, many of whom will have their own health problems.

The Carers (Scotland) Act came into force on 1st April 2018 and is designed to promote, defend and extend the rights of all carers, both adult and young carers. It aims to better support all carers with their own health and wellbeing and help make caring roles more sustainable.

A 2015 report by the Scottish Government, Scotland’s Carers, highlighted that while caring can be a positive and rewarding experience and can have a positive impact on wellbeing, caring can be associated with poor psychological wellbeing and physical health. Significantly, those in the most demanding care situations, providing higher levels of care over an extended period, tend to experience the most negative impact on their health and wellbeing.

The HSCP works in partnership with Carers of West Dunbartonshire and Y Sort It in relation to young carers, to offer a range of supports from signposting to financial advice, community groups and other support organisations, to providing carer assessments and respite or short break services.

A two tier process was developed by the HSCP to assess the needs of adult carers: a Tier 1 ‘carer conversation’ with a person who has identified themselves as a carer, explaining their rights under the Act and offering a full assessment in the form of a Tier 2 Adult Carer Support Plan which fully assesses the individual’s needs and identifies resources to support them with their caring role.

During 2019/20 the HSCP has reviewed and refined the Tier 1 ‘carer conversation’ along with partners within the local Carers’ Development Group and have developed an impact of caring conversation to achieve consistency across partners. This two tier process aims to gain a better understanding of the impact of caring upon the individual’s life. This impact may be in terms of health, emotional wellbeing, finances, life balance, living environment, their plans for the future and how valued they feel.

To monitor implementation of the Carers Act, the Scottish Government developed a Carers Census to be completed by all bodies involved in the support of carers. From the information in Tier 1 and Tier 2 assessments, the 2018/19 submissions by the HSCP identified a total of 779 carers: 32% of these carers were male and 68% were female. In the table below all percentages are based on only those who answered the question.

Age of Carer		Duration of caring		Hours per week	
Under 25	3%	Less than 1 year	11%	Up to 4 hours	4%
25 to 44	10%	1 to 5 years	41%	5 to 19 hours	23%
45 to 64	43%	5 to 10 years	21%	20 to 34 hours	13%
65 to 74	22%	10 to 20 years	14%	35 to 49 hours	9%
Over 75	23%	Over 20 years	13%	Over 50 hours	50%

A large proportion of these carers are aged over 65 (45%) and may have their own health problems: less than 3% are young carers. The majority have been providing care to their relative or friend for up to 5 years and almost 60% are providing over 35 hours of caring per week making employment, training, education and even hobbies difficult to fit in. The HSCP works in partnership with Carers of West Dunbartonshire and Y Sort It to give carers the vital support they need to allow them to continue caring for their loved one.

Case Study: Carers of West Dunbartonshire

David, aged 64, retired 5 years ago, earlier than he had planned, to look after his wife who was diagnosed with dementia. Alzheimer's Scotland who provided support to his wife signposted David to Carers of West Dunbartonshire to help support him with his full-time carer role.

Carers of West Dunbartonshire spoke with David to assess his needs and developed with him an Adult Carer Support Plan to attempt to meet those needs. Through developing the plan David identified that his caring role was having a negative effect on: his emotional wellbeing; his physical health in the form of additional stress; his finances; and his life balance.

To address these needs David agreed with Carers of West Dunbartonshire on support in the form of:

- Emotional support by regular contact with a Carer Support Worker.
- Peer support and carer education by accessing monthly carer support groups.
- Replacement Care (Out of the Blue) to help David have a life alongside caring. This allowed him to sustain his hobbies and attend support group outings.
- Assistance with maximising his income.
- A Time for Me short break grant as David planned a weekend away with his wife.
- Social activities which also offered some respite and helped to reduce David's feeling of isolation.

With the onset of the Coronavirus (COVID-19) pandemic in late 2019/20, David accessed more replacement care as he found being in isolation with no support very stressful. This afforded him some time away from his caring responsibilities and helped recharge his batteries.

Unfortunately David's wife's condition deteriorated and she sadly passed away just before the publication of this report however David wanted to share his experience stating that:

"The support and kindness both my wife and I received from the Carers Centre has been exceptional."



96.5% of carers feel able to continue caring when asked as part of their Adult Carer Support Plan

255 Adult Carer Support Plans developed

Priority 4: Assets

HSCP Staff Health and Wellbeing

Our staff are our most valuable asset and the HSCP is committed to providing ongoing support and training to all staff to ensure they are working effectively and are well prepared to deliver services in a complex system.

Both employing organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, have continuous development as well as supervision and management programmes for staff at all levels. Frontline practitioners continue to have the opportunity to access a range of training and learning resources as well as access to professional forums for all disciplines for reflective practice, case review and learning, peer support and professional discussions.

Along with continuous development, the health and wellbeing of our staff is paramount and the HSCP works closely with both employing organisations and our Trade Unions to develop effective and innovative programmes of work to support our staff. This has possibly never been as important as it is moving from the onset of the pandemic late 2019/20 into the 'new normal' of 2020/21.

Through regular staff briefings and West Dunbartonshire Council and NHS Greater Glasgow and Clyde's staff intranet sites, employees are able to access supports, electronic learning modules and signposting information on a wide range of health and wellbeing areas including mental wellbeing, physical activity, nutrition, smoking cessation, financial wellbeing, employee and bereavement counselling.

Further developments in 2019/20 include:

- Recruitment of an HR Adviser Health and Wellbeing at the end of September 2019.
- An HSCP Employee Wellbeing Action Plan established.
- Launch of WDC new Employee Wellbeing Policy and the rollout of the new NHSGGC Attendance Management Policy as part of the Once for Scotland Policies.
- Supports and actions agreed for specific teams to assist in management of attendance and promotion of employee wellbeing.
- Increased HSCP representation on West Dunbartonshire Council's Employee Wellbeing Group which supports the Employee Wellbeing Strategy: each quarter the group focus their efforts on a particular theme such as mental wellbeing or physical wellbeing with promoted events such as 'Time to Talk Day'.



Individual service areas across the HSCP have also developed their own initiatives including:

- A trained member of staff within Learning Disability Services delivering 2 small yoga groups per week in Dumbarton Centre.
- Wellbeing resources provided in staff areas and wellbeing is a standing agenda item in all team meetings and staff one-to-one meetings within Learning Disability Services.
- The Primary Care Mental Health Team have developed a Health and Wellbeing statement as a team, signposting the team to self-help and further preventative measures to help build general health and wellbeing.
- The implementation of 6 hour shifts for older workforce members in Mental Health to support attendance.
- Musculoskeletal Physiotherapy (MSK) Wellbeing Steering Group committed to minimising stress wherever possible and supporting team self care at work to 'thrive, rather than just survive': physical activity, meditation, yoga and peer support were identified through staff surveys as key to reducing work-related stress.

Since March 2020 we have developed a number of resources and communication tools to support our employees working on the frontline and working remotely from home. Among these are Weekly Chief Officer briefs, webinars such as 'Keeping a Positive Mind-set' and 'Resilience and Returning to Work', key COVID messages on our intranet and internet sites, and COVID Occupational Health Support Service which can be accessed by either managers or employees who need advice on health concerns, fitness for work, emotional support or physiotherapy advice.

Housing Developments



As part of our commitment to the principles of the Housing Contribution Statement, the HSCP alongside the housing sector is developing specialist models of housing for people with learning disabilities who are ordinarily resident within West Dunbartonshire, to support them in their aspiration towards independent living. These developments are nearing completion and are within Dunbritton Harbour Development and St Andrews Housing Development.

The housing unit within the St Andrews Development will provide much needed housing to people with very high levels of support needs, for example, autism and significant challenging behaviour, who are currently living outwith West Dunbartonshire as inpatients or within very difficult home environments locally.

The HSCP's Throughcare Service which supports young people leaving care has continued to develop its close working relationship with housing colleagues and further develop the Care Leaver's Housing Protocol. During 2019/20 young care leavers have been accessing quality housing as a priority. A full rent abatement for those in full time education has also been introduced and Throughcare continue to promote council tax exemption for care leavers.

Building Intergenerational Links within our Communities

Within the care home environment the HSCP has encouraged and seen the benefits of intergenerational working within our services. Participation in intergenerational activities and relationships as well as improving motor, communication and creative skills, may decrease social isolation and increase older adults' sense of belonging, self-esteem, and wellbeing, while also improving the social and emotional skills of children and young people.

Young children from local Early Learning Centres have joined care home residents to enjoy singing and take part in art activities. The residents are always happy to chat with the children and engage on a different level than they do with their peers. Children are naturally inquisitive and ask questions which challenge the residents' thought processes. Studies have shown that this intergenerational interaction also aids with speech development, confidence and social skills in young children.

Local Primary Schools have invited care home residents to attend their plays and choir recitals. Attendance at these events helps residents feel part of their local community as well as gaining emotional and psychological benefits from the interaction.



Work experience placements are also offered to 5th and 6th year Secondary School pupils who are considering a career in health or social care sectors. Pupils have also undertaken the Duke of Edinburgh award. This can help residents feel valued and a sense of purpose in supporting a future generation of health and social care workers. Pupils in turn gain practical experience, communication skills and a valuable insight into the health and social care sector.

Our services provide work placements and training for health and social care apprenticeships encouraging a new generation of care staff to enter the sector. The HSCP's care homes also provide practical placements for College and University students.

The future vision for the HSCP's care homes is to further develop and maintain strong community links, with closing the gap between generations at the forefront of our intergenerational plan. A community growing garden, bistro and arts and crafts spaces have been built in to the design of the HSCP's new care home in Clydebank.

Sadly, the Coronavirus (COVID-19) pandemic has had a significant impact on care home residents and staff, both locally and nationally. Lockdown meant West Dunbartonshire residents turning to technology such as Skype, FaceTime and WhatsApp to keep in touch with family and friends and some of the care homes set up their own Facebook accounts. Attend Anywhere has been introduced to allow residents to access their GPs and other health appointments. Outdoor visiting for residents' loved ones has recently begun within garden areas in line with government guidelines.

The outlook going forward is uncertain, but the HSCP will continue to strive to find innovative ways of building on intergenerational links and helping people, young and old, within our communities to enjoy the many benefits.

West Dunbartonshire Champions Board

The Champions Board further developed during the 2019/20 by continuing to engage with care experienced young people, including those within our residential houses; foster care; kinship care; looked after at home; those working with our Throughcare and Aftercare colleagues; and those who are care experienced and now living within their own tenancies.

Activities and events have included Go Karting, meals out, pantomime/theatre outings, Christmas market outings, film nights, nail and makeup tutorials, visit to the safari park, escape rooms outing and paintballing. These activities and events allow for positive relationship building opportunities with our young people, and some activities also allowed for a number of their Corporate Parents to attend.

The Working4U team provided around 15 care experienced young people with the opportunity to have free driving lessons, and our colleagues at West Dunbartonshire Leisure Trust continue to work alongside the Champions Board, allowing just under 300 care experienced young people to be provided with, effectively free, leisure passes for swimming and gym use within the 3 leisure centres across the region.

West Dunbartonshire Council has a statutory duty of care, as Corporate Parents, for our care experienced young people. The involvement and support from the Champions Board allows for the delivery of these duties to be encouraged and promoted. The development of the Champions Board going forward, will allow for Corporate Parents to be supported in engaging with care experienced young people and to be supported in understanding some of their issues and needs.

Case Study: Champions Board Engagement

In West Dunbartonshire, our participation opportunities are by way of several small groups, as well as the opportunity to have one to one engagement. The offer of one to one engagement sessions are really beneficial for those young people who perhaps struggle in group settings, or generally feel that they benefit from meeting up with one of our lead young people for a chat over a coffee.

The small groups that we have include, our Foster Care Group, Young Parents Group, Throughcare Group, Residential Houses Group and our Core Group, which is our main group, focussing on changes they would like to see happen.

The small groups meet on a regular basis and attendance is generally good, although sometimes we see the same faces turning up to our events and activities. We do not believe that we have any gaps in relation to gender, age or placement types. We have a really good mix in all of these areas and have recently started to work much closer with our third sector partners Y Sort It who also work closely with care experienced young people and young carers.

Probably one of our most successful groups is our Foster Care Group, which is made up of a group of around 12/13 young people who are all currently in Foster Care. In June 2019 we had a very successful 4 night trip to Blackpool with 5 of these young people. We stayed in a caravan and travelled daily in to Blackpool, attending almost all of the local attractions. The young people were a pleasure to be with and were a credit to themselves. It was felt that the reason the holiday was such a success was due to the relationships that had been built between Champions Board staff and the young people over recent months.

Supports put in place to encourage and sustain engagement over the last year include the use of our Social Media platforms to remind young people of upcoming activities and events. Our 'closed' Facebook group currently has just under 90 members, who are all care experienced young people. Our lead young people often use this as the main way of communicating with our young people.

Priority 5: Inequalities

Looked After Children

Children and young people who become looked after are among the most disadvantaged children in society and in general experience poorer outcomes than their peers. Reasons for becoming looked after vary for each child but in every case children will have been through difficult or traumatic life experiences which can result in poor emotional and physical health, distress, a lack of stability and often a lack of social and educational development.

The HSCP supports children and families through effective early intervention, prevention and providing families with the support they need, when they need it. We strive to increase the proportion of looked after children and young people who are looked after in the community, to help them maintain relationships and community links, which may result in better outcomes.

The number of looked after children saw a sharp increase between 2016 and 2019, from 363 to 505 children. This appears to have levelled off and numbers have remained fairly consistent throughout 2019/20 with 502 children being looked after at March 2020. The proportion of looked after children being looked after in the community has exceeded our target of 90% since September 2017.

In line with our equalities monitoring, we also monitor the proportion of children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Although there is a slight variance against the overall figure, 74% at the end of March 2020 against 91% for all looked after children, the numbers of BAME children are very low therefore small changes in numbers will see percentages fluctuate more significantly. Looked at overall, 3.8% of looked after children are from BAME communities and 3.1% of all children looked after in the community are BAME. This 0.7% difference while slight will continue to be monitored.

Changes in care placement can be distressing for children and young people and research suggests that multiple placement moves can be linked to a greater likelihood of these looked after children having some form of psychiatric diagnosis at some point in their lives compared with other looked after children.

The proportion of children in West Dunbartonshire who had more than one care placement in the previous year was the 9th lowest in Scotland in 2018/19 at 17.8%: across Scotland 19.7% of children had more than one placement.

Increased local demand including increasing levels of poverty and associated issues for families such as mental health, addiction and domestic abuse led to an increase in children and young people named on the child protection register for a period, however latterly this trend has moved to more children becoming looked after, particularly in kinship care. Work with CELSIS, the Centre for Excellence for Children's Care and Protection, in the form of our Permanence and Care Excellence (PACE) project during 2019/20 was extremely helpful in assisting with the prioritisation of activity to improve work with looked after children, and specifically, improve timescales for children requiring permanence.

Given the demographic and economic profile of West Dunbartonshire, demand on Children and Families services is likely to remain high, it is acknowledged that the lack of local community-based supports mitigating the escalation of issues for some families has been a factor leading to family crisis and the need for greater intervention by statutory services. Six additional support worker posts attached to Intensive Services were funded during 2019/20, providing additional capacity for family support and early intervention work within the community. The development of this aspect of the service will continue in 2020/21 and is one strand of a three to five year plan to redesign local services, by redirecting and refocussing existing skills and resources, targeting social work resources more effectively to those most in need.

Young people leaving care are less likely to go on to education, employment or training compared to young people in the general population. 71% of West Dunbartonshire's young people who left care during 2019/20 went on to employment, training, further or higher education.



The HSCP's Throughcare and Aftercare service work with young people through the process of leaving care and support them with access to accommodation, financial help and entering further, higher education, employment or training. The service is a statutory service not only with and preparing young people for leaving the care of the authority but continuing to offer support, advice and guidance to those care leavers throughout aftercare to the age of 26 if required. During 2019/20, Throughcare supported just over 100 young people.

Throughcare's Supported Lodgings service provides an environment which helps young people to learn the skills needed to maintain their own tenancy. The team work with many care experienced young people and support them to live independently within the community.

The ethos of the service is that young people should remain in positive placements as long as possible. The introduction of the 2014 Children's Act Scotland focusses on this premise and the introduction of Continuing Care, as well as further acceptance of groups such as Kinship Care as having Looked After status. This has led to changes in our practice and an expansion of who we can provide with support.

The development of Continuing Care Guidance is an ongoing piece of work in West Dunbartonshire with Throughcare bridging across other services we have such as residential care, fostering and adoption and the Over 12s team.

The team prides itself on the long-term relationships it can establish and also talks about 'stick ability': even if a young person should reject support, an open door policy is operated and the young person can receive support at any time they choose in the future.

Criminal Justice Social Work

During 2019/20 Criminal Justice Social Work Services have recorded a substantial increase in workload compared to 2018/19: an overall increase of more than 11%. The greatest increases in demand were for supervision of those released on statutory licences (92%) and diversion from prosecution (114%). This reflects the national policy of early intervention within the Justice System and reducing the risk of re-offending at the earliest opportunity. Future planning for West Dunbartonshire Justice Services incorporates the scoping of demand for additional services to reduce the necessity of service users being remanded into custody and being involved in the Justice System to a greater degree.

Diversion from prosecution is a process by which the Crown Office and Procurator Fiscal Service are able to refer a case to Justice Social Work as a means of addressing the underlying causes of alleged offending when this is deemed the most appropriate course of action. Diversion from prosecution should respond to the needs of the individual with person centred, tailored interventions that match the circumstances and needs of service users. It also affords service users the opportunity not to enter the Criminal Justice System and become further marginalised.

Unpaid Work was a requirement of 83% of all Community Payback Orders imposed by the Courts during 2019/20. Work has continued to identify new unpaid work projects while sustaining existing projects where appropriate. Our unpaid work teams continue to meet the challenge of managing a sustained high level of demand from the Courts with limited resources, while taking regard of the complex risks and vulnerabilities of individuals within the wider service user group. The local service seeks to prioritise projects that offer the most benefit to the local community.

Following publication of the Care Inspectorate report on the inspection of Justice Social Work Services in West Dunbartonshire on 6th August 2019, an Improvement Action Plan was drawn up. A number of action points from the plan are already well developed including completion of a Training Needs Analysis. Training will be delivered to support practitioners around risk assessment and risk management plans with access to an improved range of accredited programmes to reduce re-offending and enable service users to successfully reintegrate into the local community. It is the HSCP's aim to see an increase in volunteering, employability and training opportunities particularly for individuals who have completed their Orders.

The findings from the Care Inspectorate's inspection have enabled the team to reflect on practice and areas for further service improvement and team development. Managers and staff have reviewed how performance and management information can be developed, alongside improved participation in national policy developments including the creation of additional services, Structured Deferred Sentences and Bail Supervision being made available to the Courts and sentencers.

Acknowledging the increasing demands on our service, we have collaborated with partners and identified bigger and improved premises, within which we can deliver a wider range of supports and learning to our service users. Feedback from our service users has identified the ongoing need for supports at the end of statutory supervision. Service improvement has created referral pathways to ensure service users are signposted to appropriate resources on completion of their involvement with Justice Services.

Drug Treatment and Testing (DTTO) continues to be provided by an integrated team across the inter-authority areas of Argyll and Bute, East Dunbartonshire and West Dunbartonshire. Interventions seek to promote recovery, stability and a reduction in offending. The team work closely with colleagues across Justice, Court and Adult services to ensure a whole systems approach.

The rurality of the areas covered by the DTTO Team has enabled us to work closely with partner agencies in the voluntary sector to assist us in the provision of DTTO services in outlying areas. A recent service plan has been developed with third sector colleagues to ensure the most appropriate supports are provided to our service users locally. In addition to this and specific to the DTTO Review Courts, we have regular meetings with the reviewing sentencers for DTTO at our primary courts and are keen to maintain this openness and that this improvement scrutiny is retained going forward.

Justice Social Work Services are shaped by a range of Criminal Justice legislation and the Community Justice (Scotland) Act 2016, which outlines the partnership approach across the sector. An effective partnership approach is key to maintaining the confidence of our communities' key stakeholders and wider partners.

Successful to the implementation of the Justice Improvement Plan are the positive working relationships with a range of key partners involved in the development of services that focus on both reducing offending behaviour and supporting individuals to develop stronger community connections and an enhanced focus on living without offending.

A demonstration project from 'Custody to Community' has been implemented within West Dunbartonshire Justice Services and supports the service user's journey to successfully reintegrate into their local community. The support of Community Justice Scotland and our local coordinator has been influential in the work undertaken to establish collaborative Hubs, with colleagues involved in the support of service users within the justice system.

Our Community Justice Outcome Improvement Plan for 2017-18 has been carried forward to 2018-20 and will be supported by working in partnership with Community Justice Scotland to deliver on improvements around community justice.

Locality Groups

West Dunbartonshire has two localities: Alexandria/Dumbarton and Clydebank.

The HSCP's locality group arrangements provide a platform for engaging a wide range of stakeholders and the opportunity to respond to locality-level feedback. Meetings are kept to a minimum and are structured to make the best use of everyone's time and commitment.

The purpose of locality planning is:

- to jointly assess need, as well as prioritise and plan how all resources, irrespective of their origin, can best be deployed in pursuit of the delivery of national and local outcomes.
- to be the local focus for service delivery and support for organisations from across sectors to the population or communities within the area.

Our Locality Groups are pivotal in working with the HSCP to deliver services for our patients. There is collaborative working with Primary Care, Health and Social Care and our Acute and Third Sector colleagues. The groups have focussed on a number of areas throughout 2019/20 including; frailty, addictions, mental health and children and adolescent mental health services.

The Alexandria/Dumbarton locality group has been working with Community Respiratory Services and Secondary Care during 2019/20, auditing the uptake of smoking cessation services, pulmonary rehabilitation services and the prescribing of steroids and antibiotics.

Details of Significant Events and lessons learned are also shared with the locality groups. A Significant Event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented.



Work Connect

Work Connect provides training, support and employment opportunities for people with learning disabilities, addiction or mental ill health as well as providing innovative community facilities and services.

During 2019/20 improved facilities at Levensgrove Park have increased capacity for Work Connect, with a maximum of 45 clients able to be supported each week. The new facilities opened to clients in May 2019, and to date have supported 40 clients and 6 volunteers. The new Pavillion Cafe, which opened in February 2019, has provided training in catering and hospitality skills for 12 additional Work Connect clients as well as generating an income and employing 7 staff.

As the project progressed a range of activities were developed for clients to take part in, such as refurbishment of memorial benches, seasonal activities i.e. summer plant sales and creation of Christmas wreaths. Work Connect also deliver accredited SQA qualifications in Horticulture and coordinate media activity to promote the park to the community. This range of activities helps enhance interpersonal skills, build confidence and promote personal growth.

The facilities at Levensgrove Park have proved to be a valuable community asset. WDC Wellbeing and Mindfulness classes were delivered from the premises with an average of 10 employees per session during 2019/20 and a range of third sector organisations are also using the improved horticultural and meeting facilities.

The Big Chat in October 2019 in partnership with The Scottish Recovery Network was hosted by Work Connect within the Levensgrove facilities. The event was designed by and for people who have experienced poor mental health and those who support their recovery, and was a chance to share experiences in the form of a Conversation Café. The event was a huge success with over 100 participants.

Tea in the Park in Dalmuir is also managed by Work Connect and is utilised by Learning Disability and Addictions Services providing a range of activities such as a Recovery Café, a cooking skills group, a craft group and also provides the opportunity for social interaction. Work Connect provides a basic cooking course for rehabilitating inpatients from Gartnavel, as well as delivering facilities training from this building.

Joint working continues between Work Connect, Specialist Supported Employment Service and Working4U to deliver the Working Matters Progress/City Deal Programme to support people who have experienced and expressed mental health problems as a barrier into employment.

Work Connect managed and prioritised a caseload of 45 people who are or have experienced mental health problems. The service in West Dunbartonshire was developed on a partnership basis where Work Connect provided case managed support and a specialist supported employment service engaged with members of the community to provide:

- Specialised person-centred needs analysis
- Low level psychological interventions with a health professional
- Provision of healthy activities to promote healthy living
- Reinstating executive cognitive functioning
- Delivery of behavioural activation activity
- Support from other services within Work Connect, designed to provide specialist support to participants in their journey to better health

Best Value and Financial Performance



The HSCP Board is required to make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (s95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer (CFO). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

The financial reporting responsibilities of the CFO include preparing financial statements and performance reports. Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit and Performance Committee.

The HSCP Board, like most public sector organisations has found the current financial climate of public sector austerity challenging. In early February when initial year end preparations began for the closure of the 2019/20 financial year the impact of a new virus named Coronavirus Disease or COVID-19 on the population of Scotland and the rest of the world was only beginning to reveal itself.

Within weeks the world was in the grip of a global pandemic and life changed for everyone as governments reacted and mobilised services to fight this public health crisis. For many it may have felt like the world paused or slowed down but for all involved both in the delivery and receipt of health and social care services the pace and scale of activity undertaken to keep safe, treat and support has been extraordinary.

While more than 11 months of the facts and figures referred to in this annual performance report are not impacted by the HSCP's response to the Coronavirus (COVID-19) pandemic, it must be acknowledged that at the time of writing, this 'Business as Usual' position for health and care services, delivered to the citizens of West Dunbartonshire, will not reflect current service delivery models set out in both local and national mobilisation plans.

Going forward over the next year and beyond, the HSCP Board together with its partners and stakeholders will move through this crisis into recovery and renewal phases with the overarching strategic intent of delivering better services with the residents of West Dunbartonshire, improving health and reducing inequalities.

The HSCP Board approved the 2019/20 revenue budget on 28th March 2019. This clearly set out the funding offers from our partners West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde (NHSGGC) as well as specific funding streams from the Scottish Government for Primary Care Improvement, Mental Health Strategy (Action 15), Alcohol and Drug Partnership, Free Personal Care (under 65), Carers Act, Scottish Living Wage and Investment in Integration.

Budget Setting 2019/20
Scottish Government Funding Streams

Policy Funding	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
				Indicative
Primary Care Improvement Fund	837	1,037	2,100	2,900
Mental Health Strategy Action15	201	311	439	585
GP Out of Hours	91	91	91	91
Alcohol and Drug Partnership		311	311	311
Social Care Funding *	1,180	2,578	1,200	0
	2,309	4,328	4,141	3,887

* Including delivery of Free Personal Care (Under 65s), the Carers Act and the Scottish Living Wage

While there were budget gaps identified the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, the release of funds from previously agreed savings programmes and additional resource transfer funds. Unlike 2018/19 there was no public consultation as there was no additional savings programmes impacting on service delivery. All financial performance reports are available on the HSCP website: <http://www.wdhscp.org.uk/>

Budget Performance 2019/20



The 2019/20 budget available for delivering directly managed services was £162.905m and is detailed in the table overleaf along with comparative data from the inception of the West Dunbartonshire HSCP Board on 1st July 2015.

Although some services including children’s community and residential placements were under significant financial pressure, this was offset in-year with the successful implementation of a financial recovery plan agreed by the October HSCP Board. Overall the partnership reported within their 2019/20 Unaudited Annual Accounts an overall surplus of £0.883m, again detailed in the table overleaf.

West Dunbartonshire Health and Social Care Partnership

2015/16 * Net Expenditure £000	2016/17 Net Expenditure £000	2017/18 Net Expenditure £000	2018/19 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2019/20 Annual Budget £000	2019/20 Net Expenditure £000	2019/20 Underspend/ (Overspend) £000
28,244	39,046	44,110	45,008	Older People, Health and Community Care	47,174	45,526	1,648
1,808	2,509	2,782	3,007	Physical Disability	3,085	2,884	201
13,481	19,113	20,901	22,511	Children and Families	22,132	24,899	(2,767)
7,360	9,580	9,034	8,949	Mental Health Services	10,270	9,431	839
2,353	2,859	2,921	2,568	Addictions	2,846	2,885	(39)
10,941	15,163	15,740	16,655	Learning Disabilities	17,460	17,158	302
1,485	1,878	1,597	1,351	Strategy, Planning and Health Improvement	1,850	1,301	549
15,591	23,418	23,962	25,738	Family Health Services (FHS)	27,427	27,427	0
14,010	19,294	19,887	19,383	GP Prescribing	19,305	19,432	(127)
4,556	6,064	5,777	6,254	Hosted Services - MSK Physio	6,492	6,370	122
572	745	741	755	Hosted Services - Retinal Screening	800	824	(24)
0	16	0	0	Criminal Justice - Grant funding of £2.1m	0	0	0
1,568	772	993	1,892	HSCP Corporate and Other Services	3,783	3,604	179
244	0	283	270	IJB Operational Costs	281	281	0
102,213	140,457	148,728	154,341	Cost of Services Directly Managed by West Dunbartonshire HSCP	162,905	162,022	883
13,040	17,066	17,066	29,522	Set aside for delegated services provided in large hospitals	28,389	28,389	0
0	702	927	577	Assisted garden maintenance and Aids and Adaptions	661	661	0
0	11,775	11,997	11,289	Services hosted by other IJBs within Greater Glasgow and Clyde	11,021	11,021	0
0	(6,263)	(6,337)	(6,128)	Services hosted by West Dunbartonshire IJB for other IJBs	(6,655)	(6,655)	0
115,253	163,737	172,381	189,601	Total Cost of Services to West Dunbartonshire HSCP	196,321	195,438	883

* West Dunbartonshire HSCP Board was established on 1st July 2015 and integrated delivery of health and social care services commenced on this date. Consequently the figures for 2015/16 are for the 9 months to 31 March 2016.

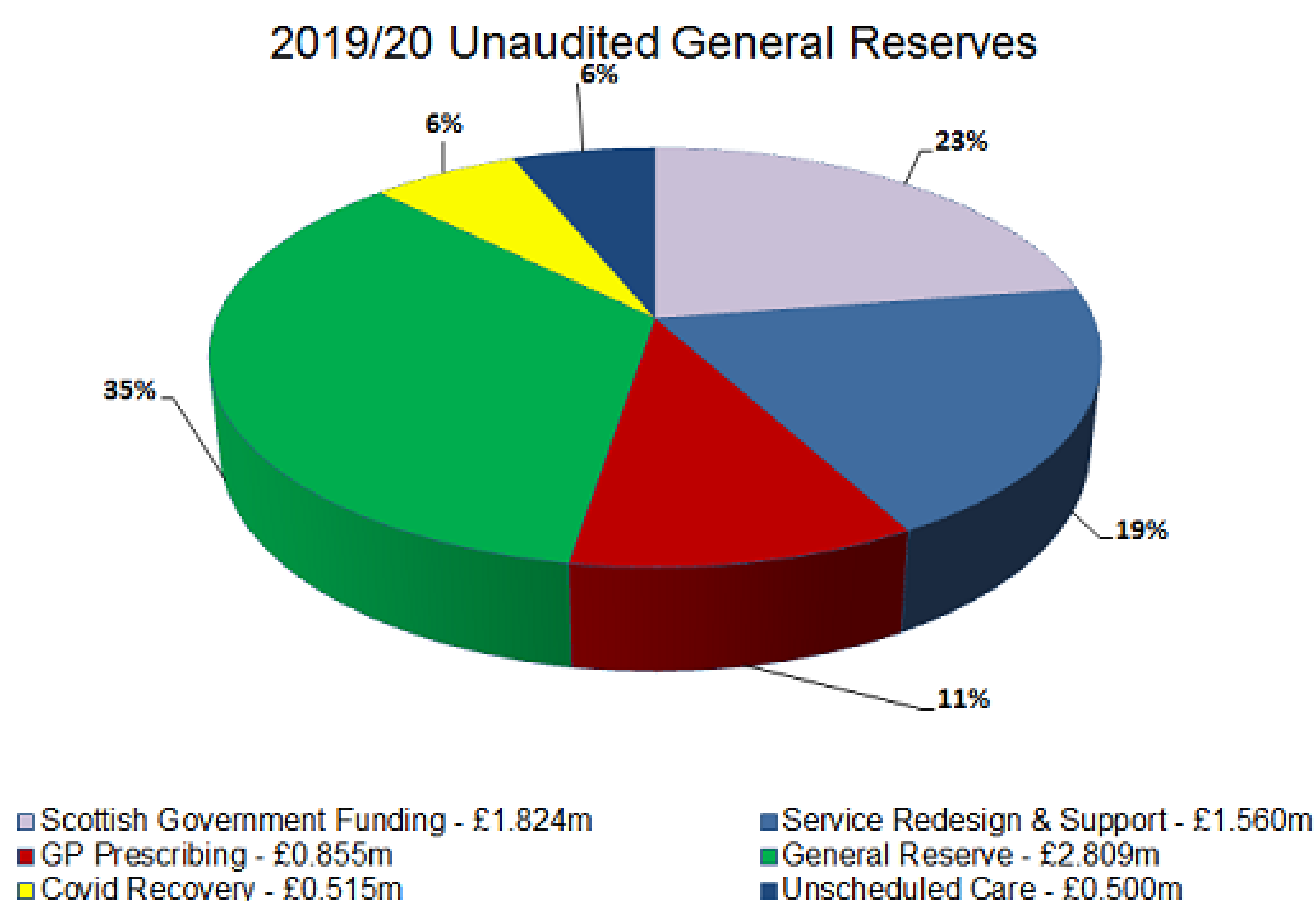
West Dunbartonshire Health and Social Care Partnership

This surplus in funding is retained by the HSCP Board in reserve and is carried forward for use by the HSCP Board in later years. The reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership (as detailed in table above), Covid Recovery and Service Redesign and Transformation. Further explanation is provided under 'Key Messages'.
- Unearmarked or general reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated. The HSCP Board have an approved Reserves Policy (available on the website) which strives to hold 2% of total budget or approximately £2.8m in general reserve.

Some of the key messages for the financial year 2019/20 are:

- The 7th August meeting of HSCP Board were presented with a projected overspend of £0.954m (0.60%) based on the first quarter's performance (see 2019/20 Budget Performance). Without the development of a recovery plan this overspend would have to be covered from unearmarked reserves which only had a balance of £2.457m.
- A recovery plan was approved by the Board which included a review of care at home activity, continued scrutiny of implementation of attendance management policy, increased focus on recruitment of local foster carers, capitalisation of staff costs in relation to various ICT projects and the application of continuing care funding from Health to Social Care to support the costs of supporting older people in their homes.



The main areas of under and overspend reported in 2019/20 are:

- Strategy, Planning and Health Improvement report an underspend of £0.549m due to a recharge of staff costs to capital and a delay in recruitment of vacant posts, timing of service redesign for Smoking Cessation and delivery of core priorities within existing team, releasing discretionary/non recurring funding to bottom line.
- Children and Families report a collective overspend of £2.767m mainly due to:
 - Overspend of £1.767m within residential care due to the increasing pressure of high cost packages including £0.490m related to children placed within residential schools due to emotional, behavioural or physical disabilities. This is an extremely volatile budget and secure placements can cost in excess of £0.2m per child.
 - Overspend of £0.857m within community placements due to the number of kinship and external foster placements since the start of the financial year.

In recognition of the pressure being reported in these areas in late 2018/19, additional investment of £1.042m (6.3%) was added to the 2019/20 budget. While the overall number of community and residential placements at 31st March 2020 increased by 5.5% compared to numbers at 31st March 2019, the increase in cost can be attributed to the timing of placement in year and the disproportionate increase in the number of high cost placements within residential care. The Head of Children and Families is committed to reviewing the reasons, processes and outcomes of these placements and they are also a main focus of the projects being supported by our Service improvement Leads.

- Internal and External Residential Accommodation for Older People report an underspend of £1.287m due to reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the moratorium on admissions in a local nursing home.
- Adult Community Health Services report an underspend of £0.457m mainly due to part year impact of service redesign, including introduction of Focussed Intervention Team (phased rollout from October) and cessation of purchased step up/step down Care Home beds.
- Mental Health – Adult Community and Elderly Services report an underspend of £0.579m, mainly due to additional income due from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.
- All other adult services including Learning and Physical Disability and Mental Health and Addiction services collectively underspent by £0.628m, mainly due to an ongoing review of client packages and a number of vacant posts remaining unfilled as the impact of Action 15 recruitment across Scotland and NHSGCC is rolled out.
- Other services including spend on hosted services, primary care improvements and resources for social care funding from Scottish Government contributed £0.277m to the outturn position. This was due to a number of short term benefits from delays in recruitment of Service Improvement Leads and Scottish Government funding for investment in integration allocated to partially offset various overspends reported elsewhere. This was tracked throughout the financial year and adjusted for as part of the 2020/21 budget setting exercise.
- Within GP Prescribing the volatility of drug costs has been highlighted as the main risk factor on the overall financial performance of this £19.3m budget. The outturn position is an overspend of £0.127m including costs of £0.345m related to a 25% spike in GP prescribing activity in March as additional medications were issued in preparations for the anticipated COVID-19 lockdown.
- The movement in earmarked reserves is an overall increase of £0.531m, bringing the closing balance to £5.254m. There were a number of significant drawdowns and additions amounting to £2.185m and £2.716m respectively.
- The movement in unearmarked general reserves is an overall increase of £0.352m, bringing the closing balance to £2.809m and satisfies the 2% target as set out in the Reserves Policy.

Financial Outlook and Best Value

Financial risk has been identified as one of the HSCP Board's main strategic risks. The requirement to both remain within budget in any given financial year and identify savings and efficiencies in the medium to long term places significant risk on the HSCP Board's ability to set a balanced budget and continue to deliver high quality services. Although underpinned by legislation this risk may impact on the ability of the HSCP Board to ensure that the Best Value principles of economy, efficiency and effectiveness continue to be a top priority of the Board and the Senior Management Team.

The HSCP Board approved its Risk Management Strategy and Policy at its August 2015 meeting. The Strategic Risk Register is reviewed by the Audit and Performance Committee before consideration by the HSCP Board with the latest review being February 2020.

The key risks are summarised below and the full Risk Register Report details scoring and mitigating actions:

- Financial Sustainability/Constraints/Resource Allocation
- Procurement and Commissioning
- Performance Management
- Information and Communication
- Public Protection
- Outcomes of external scrutiny; inspection recommendations
- Delayed Discharge and Unscheduled Care
- Workforce Sustainability
- Waiting Times
- Brexit

There will be a full review of the Strategic Risk Register to account for the impact of the Coronavirus (COVID-19) pandemic. The HSCP Senior Management Team developed an extensive COVID-19 Risk Register of 65 key risks for consideration and to inform the Local Mobilisation Plan. These ranged from the impact of staff absence across individual service areas, increase in demand and waiting times, financial sustainability and delays in statutory deadlines. Mitigating actions included, daily assessment of HSCP staff resource requirements and the assessment of a minimum staffing level to provide critical services, sufficient Personal Protective Equipment (PPE), emergency day centre provision for vulnerable clients, introduction of telephone services and additional financial monitoring processes put in place and detailed financial tracking of additional costs to the Scottish Government.

Best Value will also be demonstrated by the publication of the HSCP's Commissioning Plan due late 2020 which in turn is driven by the Strategic Plan 2019-2022. Through the analysis of the needs of the population and the services currently provided by a combination of in-house services, private sector organisations and the voluntary sector, the plan will provide the market with what services should look like in the future and the estimated financial resource available. This plan will also be supported by robust procurement frameworks, a cornerstone in demonstrating Best Value.

Throughout 2019/20 there has already been significant analysis undertaken by the HSCP, WDC procurement colleagues and internal audit, mapping actual expenditure against service delivery. This has been progressed in tandem with the roll-out of procurement training across the HSCP as well as distinct, targeted sessions with the senior management team and the extended management team.

The audit highlighted that while HSCP service teams are dedicated to meeting service users' needs and ensuring that appropriate care is provided in a timely fashion, there are opportunities to strengthen internal controls and demonstrate Best Value is being delivered. Ensuring service specifications reflect the best outcomes for all service users and that contract arrangements adapt to the needs of the user will demonstrate transparency and fair cost to the partnership.

Good Governance

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure Best Value under the Local Government in Scotland Act 2003. To secure Best Value, the Strategic Plan 2019-22 commits to continuous quality improvement in performance across all areas of activity.

To meet this responsibility the HSCP Board continues to have in place robust arrangements for the governance of its affairs and the effectiveness of its functions, including the identification, prioritisation and the management of risk. It has an established Audit and Performance Committee to support the board in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and promoting a culture of continuous improvement in performance.

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisations' aims and objectives, as well as those of the HSCP Board.

The Chief Internal Auditor reports directly to the HSCP Board's Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who have the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

The HSCP Board adopted 'The Code of Practice for Local Authority Accounting' recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2020 review the 25th June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC and NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation's own Audit Committee and recommendations on improvements agreed. However any audits impacting on HSCP services are also considered by the HSCP Audit and Performance Committee for information and impact on delivering on strategic priorities.

In 2019/20 three social care audits were undertaken by WDC internal audit team:

- CM2000 Functionality Review – CM2000 is used by Care at Home services for the electronic scheduling and optimisation of visits. The audit found that the systems examined were generally working effectively. It also identified five actions to strengthen controls and support best value including increasing staff clocking in and out compliance and using this data to authorise overtime claims. These actions will be delivered in the coming financial year.
- Social Care Attendance Management Review – The review identified seven specific actions and highlighted that opportunities exist to strengthen the application of attendance management policies which could improve attendance levels and therefore enhance the services provided, the most important of which being the improved application of trigger responses and the recording of the subsequent actions.
- Social Care Case Management Review – The review identified eighteen specific actions across Children's Services and Community Health and Care Services. It highlighted that opportunities exist to strengthen internal controls and enhance the service provided, including the impact of complex cases on caseload allocation to individual Social Workers, a review of Supervision procedures and an update of Standards and Guidance for Care Recording procedures documents.

There were no health care based audits carried out by NHSGGC that directly impacted on HSCP service priorities.

Also supporting the review of the HSCP Board's governance framework are the processes of internal controls of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within the council each member of the Corporate Management Team, including HSCP Heads of Service, completes a checklist to assess compliance levels against each aspect of the council's local code. These are considered by the Chief Internal Auditor and inform each Strategic Director's Certificate of Assurance as well as the Council's Governance Statement.

Update on Previous Governance Issues

The 2018/19 Annual Governance Statement set out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. Some of the key improvements noted in 2019/20 are detailed below:

- As required by the Integration Scheme the production and implementation of a successful financial recovery plan to reduce the 2019/20 projected overspend.
- Improved quality and content of regular financial update reports submitted to HSCP Board Members.
- Significant progress has been made to strengthen the budget setting arrangements with WDC and NHSGGC and to align budget process where possible.
- The development of a Medium Term Financial Plan - presented and approved by the 25th March 2020 HSCP Board. Impact of Covid-19 pandemic and recovery plans will impact on scenario planning.
- Evaluating the effectiveness of the Audit Committee.
- Significant progress has been made with regard to increasing the percentage of spend with third party social care providers being compliant with Financial Regulations (incorporating procurement regulations) and having robust service specifications and contract monitoring arrangements in place.
- Progress continues around the formalisation of 'Set Aside' budgets with agreement across the Scottish Government, the Health Board and the six HSCTs on robust data sets to allow for calculation and comparison of actual activity and associated costs.
- Work is ongoing to improve case recording and assessment for Children and Families who receive statutory social work services, albeit the Coronavirus (COVID-19) pandemic has impacted the timelines associated with this work.

Impact of COVID-19 Response on Governance Arrangements

From mid-March 2020 as the effects of the Covid-19 pandemic began to impact on daily life in Scotland, the response of those charged with the delivery of public services especially health and social care services had to be rapid. To adapt services to meet the challenge of the pandemic there had to be appropriate and transparent amendments to current governance frameworks.

An urgent item, Temporary Decision Making Arrangements, was considered by the 25th March 2020 HSCP Board which recommended:

- Approve the suspension of normal governance arrangements during the Coronavirus (COVID-19) pandemic and accept the alternative Board meeting arrangement outlined at section 4 of this report.
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted 'if required', to meet immediate operational demand on decisions normally requiring Board approval.

This has been managed through weekly telephone conferences and a decisions log/approval tracker which captures the timeline and any action sheets or final reports are published on the HSCP website. There have also been weekly Chief Officer Briefings issued to all board members which update on key service impacts of COVID-19 and the interpretation of national guidance on local services.

All members of the HSCP Senior Management Team and key stakeholders are participants in a variety of HSCP specific COVID-19/Business Continuity response groups as well as WDC, NHSGGC and Scottish Government Strategic Resilience and Tactical Groups. In mid-March the Clinical and Care Governance Group stepped down and a Local Management Response Team (LMRT) was established to respond to the COVID-19 pandemic. Membership included the HSCP SMT, our newly appointed Clinical Directors, staff side union and third sector representatives. The initial meeting took place on 17th March and at least weekly thereafter. This remains in place, however the Clinical and Care Governance Group has re-established its 6 weekly meeting cycle effective from 1st June 2020.

A comprehensive COVID-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, complaints, Freedom of Information requests, carer illness and increased demand for emergency support for various vulnerable individuals and families.

By the 3rd of April the Scottish Government required each HSCP to submit a Local Mobilisation Plan (LMP) and associated Financial Cost Tracker, which set out the high level service response across all delegated health and social care services. These were approved in principle by the Cabinet Secretary for Health and Sport on 9th April with ongoing follow-up to understand the impact on service delivery and associated costs.

The LMP set out how existing services could be impacted and their response as well as considering new service areas that required to be established to support health and care services in this public health emergency. This included the opening of two COVID-19 Hubs on 2nd April to distribute the necessary Personal Protective Equipment and two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential COVID-19 symptoms.

Recovery and Renewal

While some service areas are still in response mode the HSCP senior management in partnership with key stakeholders are shifting focus to the 'Recovery and Renewal' phases.

The Clinical and Care Governance Group has re-established its 6 weekly meeting cycles and at its 1st June meeting began its review of the governance arrangements for services developed and responses to key policy directives introduced as a consequence of COVID-19 to provide assurance around compliance with these requirements. This included:

- HSCP COVID Community Assessment Centres.
- Provision of enhanced care assurance visits to local authority and independent care homes.
- Testing in care homes, incorporating all current guidance.
- Legislative powers introduced as result of Coronavirus Act and with respect to any impact on service quality.

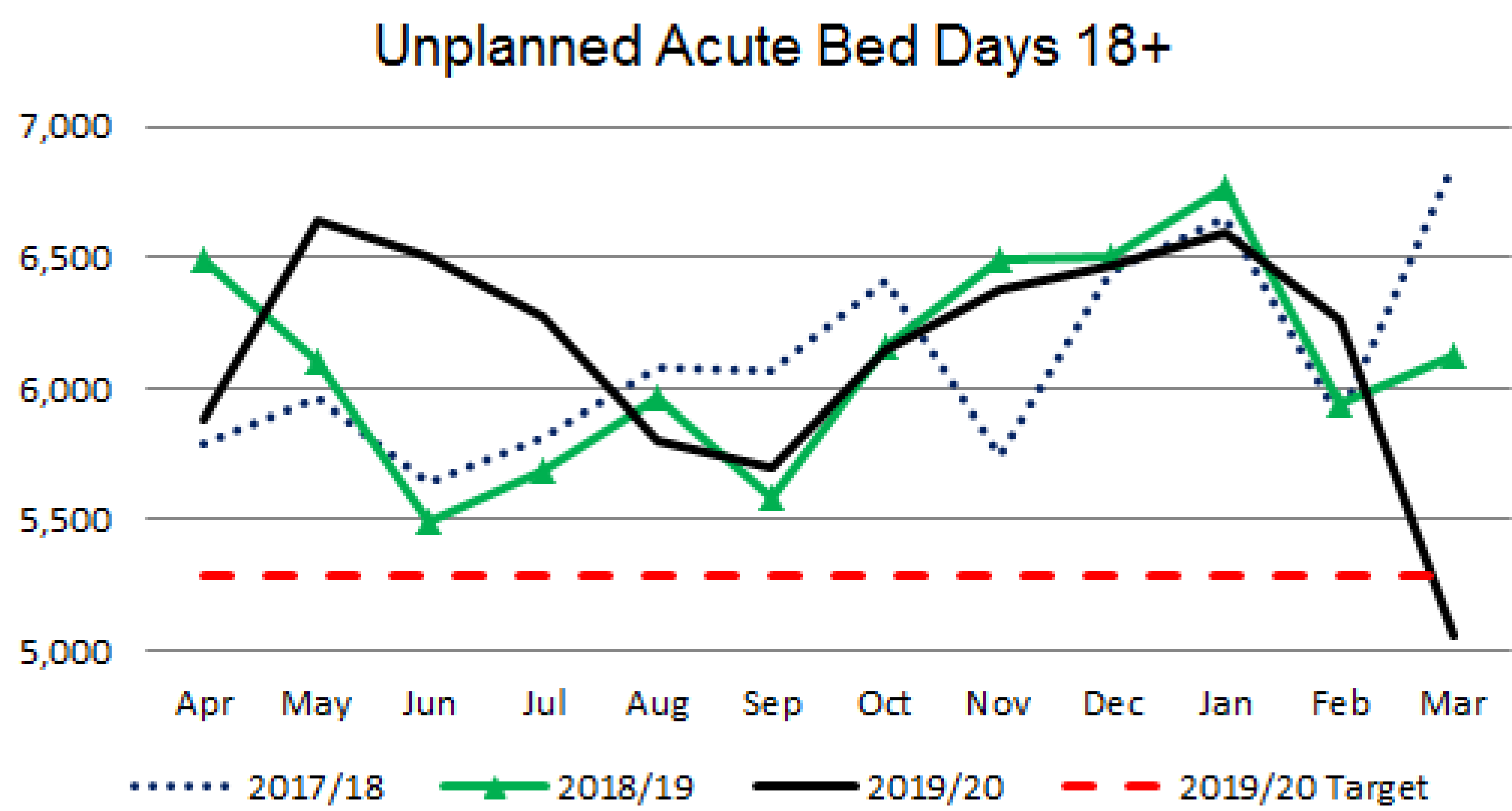
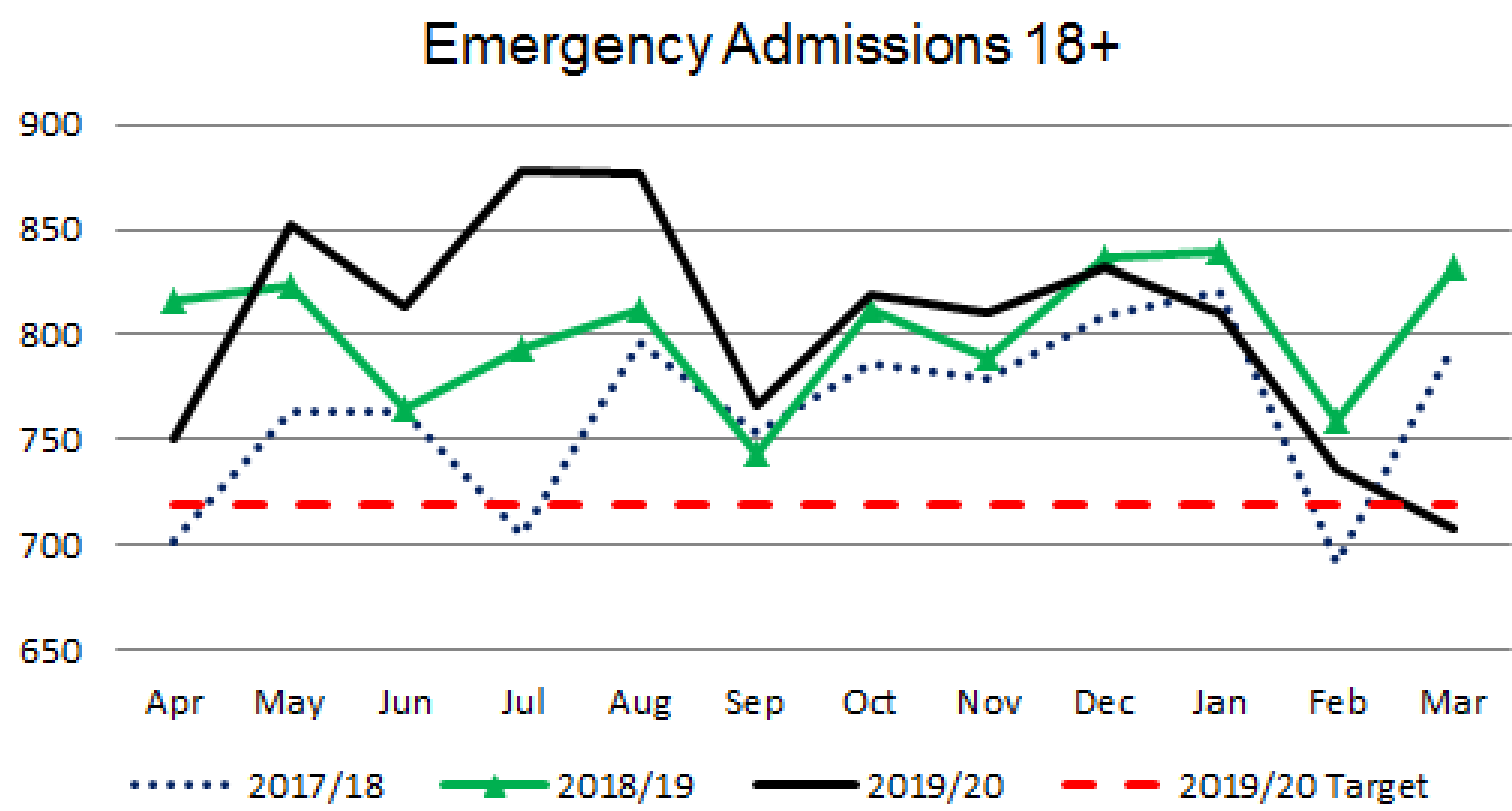
Reflective Learning will be a key element of recovery as well as building on the enhanced partnership working and collaboration required to creatively adapt services to meet service user needs in line with strategic priorities. The 'new normal' will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting and governance framework.

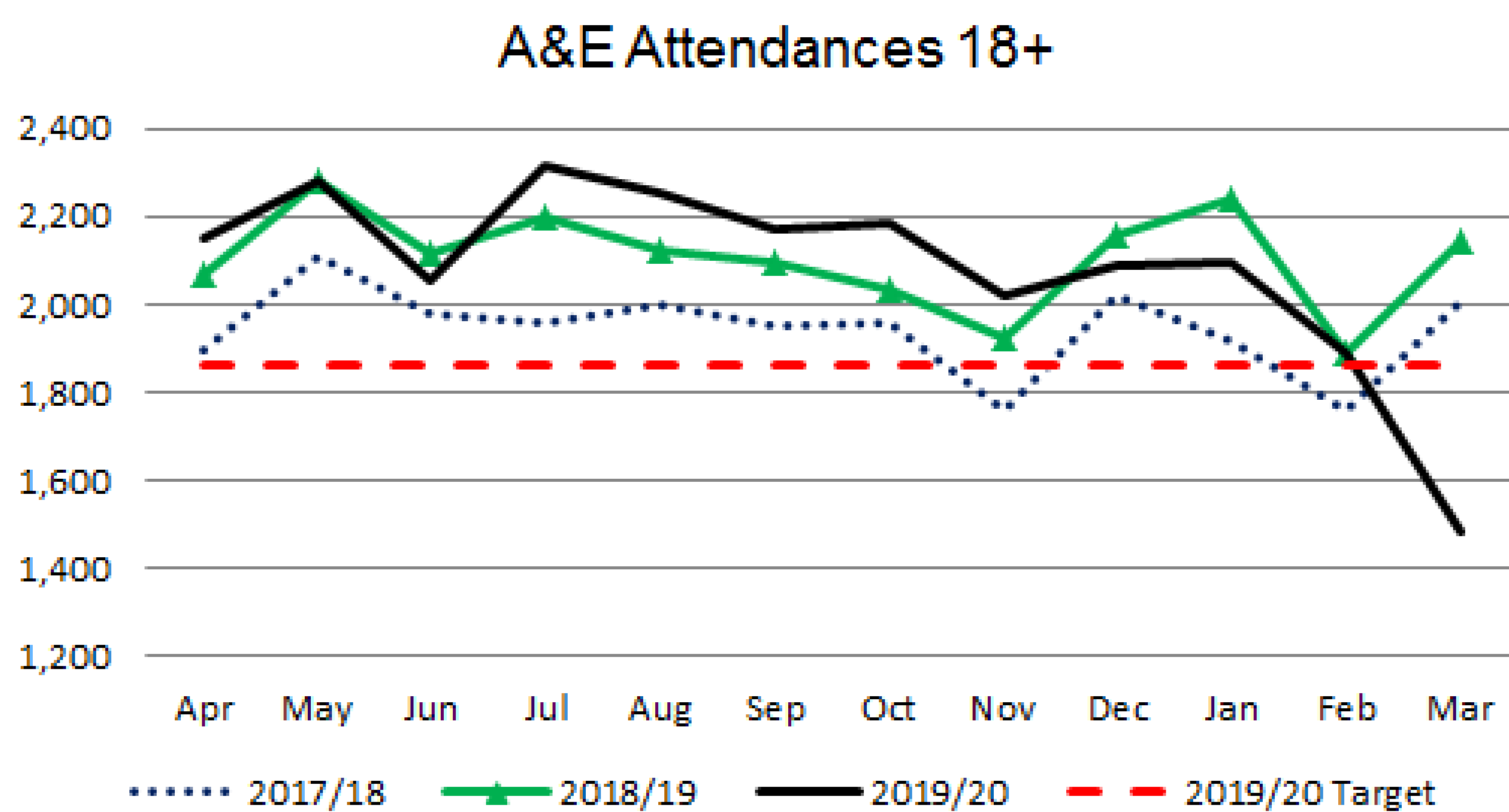
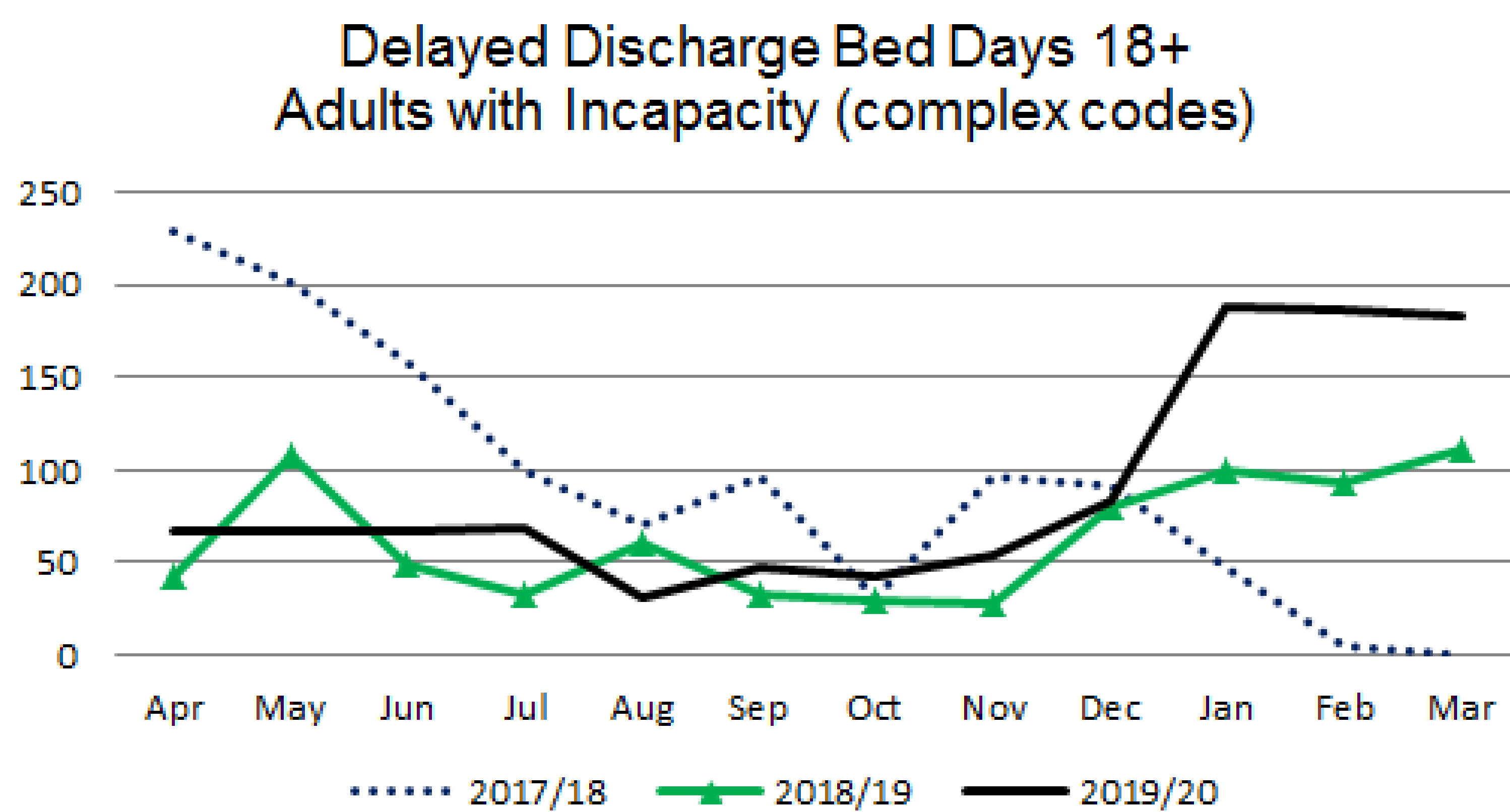
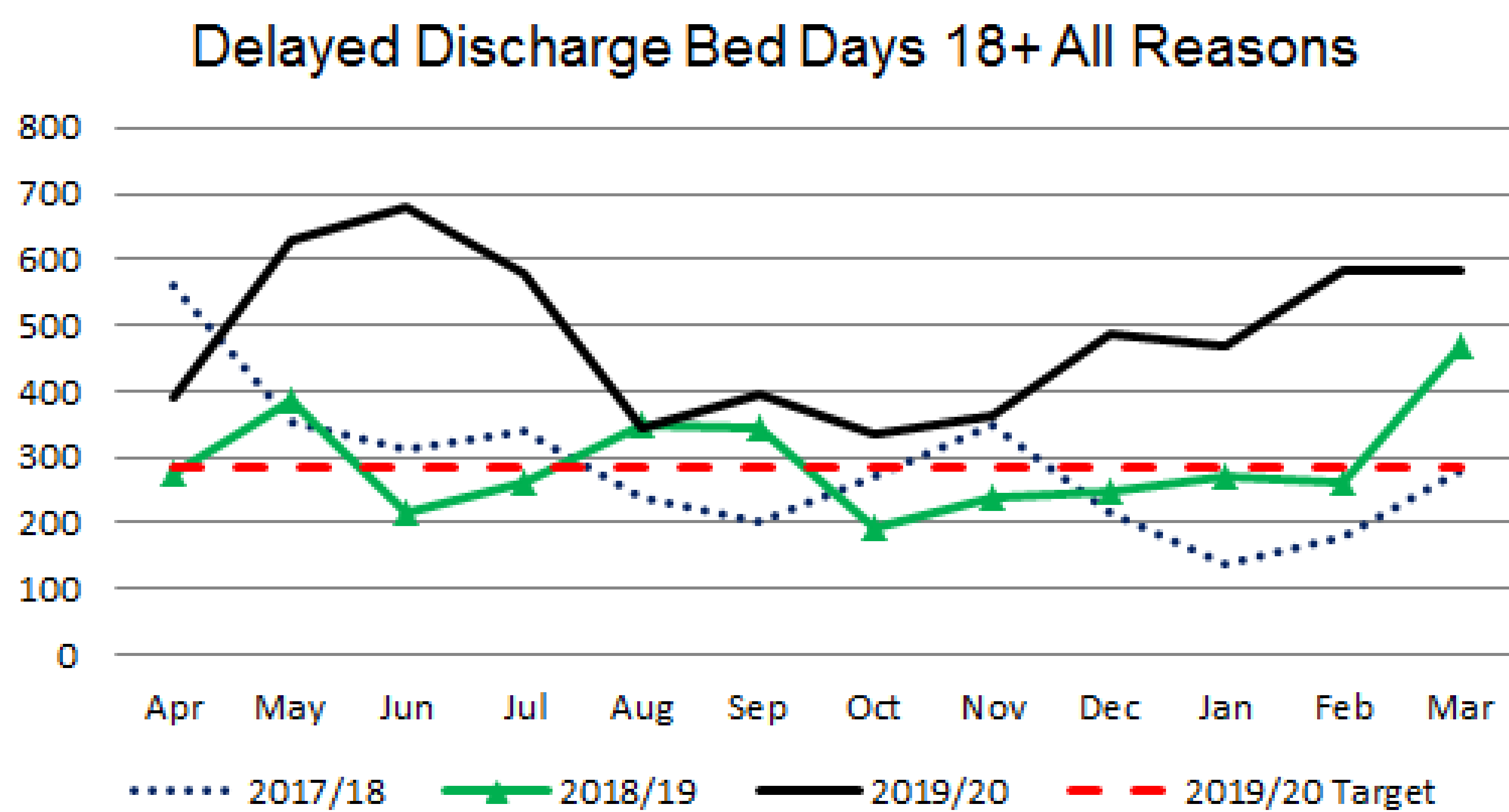
Appendix 1: Core Integration Indicators

Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2017/18	91.2%	93.0%	29	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible*	2017/18	81.08%	81.0%	18	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided*	2017/18	79.66%	76.0%	7	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2017/18	79.3%	74.0%	6	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2017/18	80.6%	80.0%	17	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2017/18	84.8%	83.0%	12	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life*	2017/18	79.34%	80.0%	17	
NI-8	% of carers who feel supported to continue in their caring role*	2017/18	40.42%	37.0%	8	
NI-9	Percentage of adults supported at home who agree that they felt safe	2017/18	88.5%	83.0%	2	
NI-11	Premature mortality rate per 100,000 persons	2019	508	426	27	
NI-12	Rate of emergency admissions per 100,000 population for adults	2019	14,357	12,602	24	
NI-13	Rate of emergency bed days per 100,000 population for adults	2019	128,649	117,478	23	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges*	2019	92	104	7	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2019	89.1%	88.6%	13	
NI-16	Falls rate per 1,000 population aged 65+	2019	23.0	22.7	21	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections*	2019/20	92.8%	81.8%	1	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2018	68.3%	62.1%	7	
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population*	2019/20	549	793	13	
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2019	21.8%	23.2%	13	

* Also a Local Government Benchmarking Framework Indicator.
 Note NI-10, NI-21, NI-22 and NI-23 are not currently being reported nationally.

Appendix 2: Ministerial Steering Group Performance




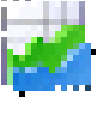

















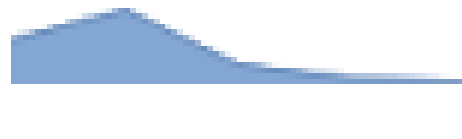



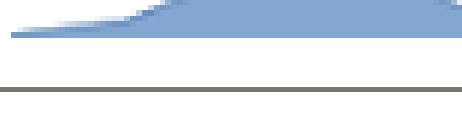



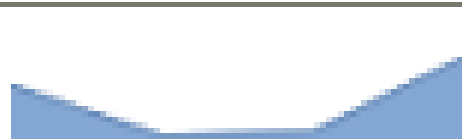

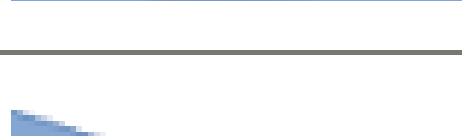



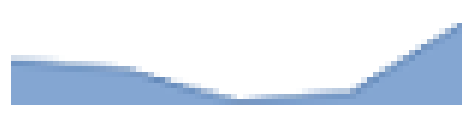
















Appendix 3: Local Government Benchmarking Framework







Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
The gross cost of "children looked after" in residential based services per child per week £	2018/19	£2,246.79	£3,929.85	1	
The gross cost of "children looked after" in a community setting per child per week £	2018/19	£223.87	£348.88	4	
Balance of Care for looked after children: % of children being looked after in the Community	2018/19	90.5%	89.9%	12	
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	2017/18	0.35%*	57.11%	32	
% Child Protection Re-Registrations within 18 months	2018/19	1.41%	7.22%	3	
% Looked After Children with more than one placement within the last year	2018/19	17.82%	19.65%	9	
Home care costs for people aged 65 or over per hour £	2018/19	£22.79	£24.59	13	
Self directed support spend for people aged over 18 as a % of total social work spend on adults	2018/19	2.45%	7.32%	31	
% of people aged 65 and over with long-term care needs who receiving personal care at home	2018/19	67.89%	61.02%	7	
Net Residential Costs Per Capita per Week for Older Adults (65+)	2018/19	£505.00	£387.00	26	

Appendix 4: Strategic Plan Key Performance Indicators

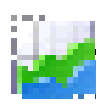








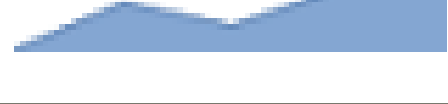






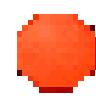

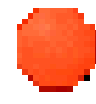



 Target achieved
  Target narrowly missed
  Target missed by 15% or more
  Data only – no target set

Early Intervention					
Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.9%	92.3%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.5%	97.6%	95%		
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Percentage of child protection investigations to case conference within 21 days	75%	84.5%	95%		
Number of referrals to the Scottish Children's Reporter on care and welfare grounds	260	259	N/A		
Number of referrals to the Scottish Children's Reporter on offence grounds	334	171	N/A		
Number of delayed discharges over 3 days (72 hours) non-complex cases	10	11	0		
Number of bed days lost to delayed discharge 18+ All reasons	3,512	5,839	3,440		
Number of bed days lost to delayed discharge 18+ Complex Codes	766	1,088	N/A		
Number of acute bed days lost to delayed discharges 65+ All reasons	2,502	4,417	2,382		
Number of acute bed days lost to delayed discharges 65+ Complex Codes	387	597	N/A		
Number of emergency admissions 18+	9,620	9,652	8,626		
Number of emergency admissions 65+	4,734	4,769	3,916		
Emergency admissions 65+ as a rate per 1,000 population	288.2	285	234		
Number of unplanned acute bed days 18+	73,327	73,727	63,402		
Number of unplanned acute bed days 65+	50,465	50,320	44,306		
Unplanned acute bed days 65+ as a rate per 1,000 population	3,154	3,008	2,648		
Number of Attendances at Accident and Emergency 18+	25,268	24,984	22,348		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25%	25%*	25%		
Number of clients receiving Home Care Pharmacy Team support	930	1,022	930		
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	39%	21%	90%		
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	98%	96.5%	90%		







* Calendar Year 2019





Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.6%	95.4%	90%		
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%		
Number of people receiving Telecare/Community Alarm service - All ages	2,246	2,110	N/A		







Access

Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Number of people receiving homecare - All ages	1,449	1,247	N/A		
Number of weekly hours of homecare - All ages	10,989	9,141	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	566.5	461.3	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	36.9%	33.1%	35%		
Percentage of homecare clients aged 65+ receiving personal care	94.9%	96.5%	95%		
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	21,247	20,000	21,247		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	32.9%	25.3%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	31.4%	32.7%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	83%	81%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	59%	68%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	40%	59%	80%		

Resilience

Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	78.5%	40.5%	90%		
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	9	21	18		
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	77.4%	56.2%	90%		

Assets					
Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient	£167.87	£165.07	£174.02		
Compliance with Formulary Preferred List	79.1%	78.64%	78%		

Inequalities					
Performance Indicator	2018/19	2019/20			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	90.5%*	91%	90%		
Percentage of looked after children being looked after in the community who are from BME communities	86%	74%	N/A		
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	67%	71.4%	75%		

Appendix 5: Care Inspectorate Gratings 2019/20

This appendix details the grades achieved for West Dunbartonshire HSCP services which were inspected and had reports published between 1st April 2019 and 31st March 2020. All Quality Themes are not routinely inspected at each inspection. Those Quality Themes which have not been included in the inspection have been recorded as N/A below.

Gratings: 1–Unsatisfactory; 2–Weak; 3–Adequate; 4–Good; 5–Very Good; 6–Excellent

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Children's Health, Care and Criminal Justice						
Blairvadach Children's House	24-Jul-18	5	Care and Support	28-Aug-19 ↑	5	How well do we support people's wellbeing?
		3	Environment		5	How good is our leadership?
		N/A	Staffing		5	How good is our staff team?
		N/A	Management and Leadership		4	How good is our setting?
					6	How well is care and support planned?
Areas for improvement: 0						
Burnside Children's House	26-Nov-18	5	Care and Support	28-Feb-20 ↓	5	How well do we support people's wellbeing?
		N/A	Environment		N/A	How good is our leadership?
		5	Staffing		N/A	How good is our staff team?
		N/A	Management and Leadership		N/A	How good is our setting?
					4	How well is care and support planned?
Areas for improvement: 0						
Craigellachie Children's House	18-Sep-18	4	Care and Support	15-Nov-19 ↔	4	How well do we support people's wellbeing?
		N/A	Environment		N/A	How good is our leadership?
		N/A	Staffing		N/A	How good is our staff team?
		4	Management and Leadership		N/A	How good is our setting?
					4	How well is care and support planned?
Areas for Improvement: 1 1. Young people's medication should be administered correctly and consistently by staff who are well trained and confident with the processes.						
Inclusive Support Service	No previous inspection			20-Dec-19	4 N/A 4 3	Care and Support Environment Staffing Management and Leadership
	Requirements:0 Recommendations: 0					

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Throughcare Housing Support	27-Mar-18	6	Care and Support	17-Jan-20 ↓	5	How well do we support people's wellbeing?
		N/A	Environment		5	How good is our leadership?
		6	Staffing		N/A	How good is our staff team?
		N/A	Management and Leadership		N/A	How good is our setting?
		N/A			N/A	How well is care and support planned?
	Areas for improvement: 0					
Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Community Health and Care Services						
Care at Home Services	05-Oct-18	4	Care and Support	26-Sep-19 ↔	4	Care and Support
		N/A	Environment		N/A	Environment
		4	Staffing		4	Staffing
		N/A	Management and Leadership		4	Management and Leadership
		Requirements: 0 Recommendations: 2 1. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will be provided. 2. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be available to people in their own homes. Where risk assessments are in place, these should be reviewed at least every six months or when changes to people's care and support take place.				
Crosslet House	17-May-18	5	Care and Support	10-Oct-19 ↓	4	How well do we support people's wellbeing?
		5	Environment		N/A	How good is our leadership?
		5	Staffing		N/A	How good is our staff team?
		5	Management and Leadership		N/A	How good is our setting?
					4	How well is care and support planned?
	Areas for improvement: 0					
Frank Downie House	17-Sep-18	5	How well do we support people's	29-Jul-19 ↓	5	How well do we support people's wellbeing?
		N/A	How good is our leadership?		5	How good is our leadership?
		N/A	How good is our staff team?		5	How good is our staff team?
		N/A	How good is our setting?		4	How good is our setting?
		5	How well is care and support		5	How well is care and support planned?
Areas for improvement: 0						

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme	
Mount Pleasant	11-Jul-18	3	Care and Support	08-Apr-19 ↑	4	How well do we support people's wellbeing?	
		N/A	Environment		4	How good is our leadership?	
		N/A	Staffing		5	How good is our staff team?	
		3	Management and Leadership		4	How good is our setting?	
					4	How well is care and support planned?	
	Requirements: 0 Recommendations: 2 1. The provider should ensure that improvements are made to the admission process for respite stays. This is to ensure that proper provision for the health of visitors is made. Improvement should include: * Ensure that the preadmission/admission process includes a full assessment and how needs will be met; * Ensure that communications with the visitor and/or their representatives in advance of the visit consider how best to support the individual during their stay.						
	Sheltered Housing	21-Dec-18	5	Care and Support	11-Dec-19 ↔	5	Care and Support
			N/A	Environment		N/A	Environment
			5	Staffing		N/A	Staffing
			N/A	Management and Leadership		5	Management and Leadership
Requirements: 0 Recommendations: 1 1. Dementia training at skilled level should be completed by all staff.							
Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme	
Mental Health, Learning Disability and Addictions							
Learning Disability Housing Support Service	15-Nov-18	6	Care and Support	22-Nov-19 ↓	5	Care and Support	
		N/A	Environment		N/A	Environment	
		N/A	Staffing		5	Staffing	
		6	Management and Leadership		N/A	Management and Leadership	
Requirements: 0 Recommendations: 0							
Learning Disability Community Connections	07-Feb-19	5	Care and Support	10-Jan-20 ↑	5	Care and Support	
		N/A	Environment		N/A	Environment	
		N/A	Staffing		N/A	Staffing	
		4	Management and Leadership		5	Management and Leadership	
Requirements: 0 Recommendations: 0							

Appendix 6: Auditing Best Value - Integration Joint Board

		HSCP Response
1	Who do you consider to be accountable for securing Best Value in the IJB?	<p>The main governance bodies responsible for securing Best Value are the HSCP Board and the HSCP Audit Committee. These bodies are supported in this by:</p> <ul style="list-style-type: none"> • HSCP Chief Officer • HSCP Chief Finance Officer • West Dunbartonshire Senior Management Team (SMT) • Parent Organisations around support services and assets <p>In addition to the above all commissioning of services from external agencies should be evaluated with Best Value principles as part of the corporate procurement processes for both WDC & NHSGGC.</p>
2	How do you receive assurance that the services supporting the delivery of strategic plans are securing plan are securing Best Value?	<p>There are current arrangements for this within the various forums:</p> <p>HSCP Board Meetings - Public performance reporting is a regular agenda item within Board Meetings (quarterly in year reports and an annual post year report). Actual performance is compared to targets and (where appropriate) previous year results and is scrutinised regarding the targets met or any issues that arise from this. Considered alongside financial performance reports – links made between Key Performance Indicators (KPIs) and budget projections.</p> <p>HSCP Board Audit Committee – considers Care Inspectorate reports on services provided by external providers.</p> <p>Internal Audit Reports – specifically the 2018/19 report on Social Work Commissioning and Tendering. While making a number of medium risk recommendations it acknowledged the significant work already underway with WDC Procurement Team on the delivery of the 'Pipeline' agreed by SMT.</p> <p>HSCP input into several WDC Contract Strategies – Protective Clothing, Milk, Janitorial Supplies etc.</p> <p>Clinical and Care Governance Group</p> <p>Strategic Planning Group – regular budget updates including budget pressures/savings and new investment. How does this align with strategic priorities?</p> <p>Consideration and approval of the Commissioning Plan.</p> <p>Senior Management Team (HSCP) – Finance and Procurement update is a standing item on SMT agenda.</p> <p>Corporate Management Teams of the Health Board and Council – procurement strategies discussed.</p> <p>The HSCP Board also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.</p> <p>The HSCP cements together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure. We are expanding this partnership 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</p>

		HSCP Response
3	Do you consider there to be a sufficient buy-in to the IJB's longer term vision from partner officers and members?	<p>The HSCP Board has approved a three year Strategic Plan (2019 to 2022) which clearly set out the direction of travel.</p> <p>In relation to financial planning there are challenges planning for the medium to longer term due the differences in the budget setting process of the partner organisations and the lack of clarity and commitment from the Scottish Government to offer more than a one year financial settlement. However discussions are taking place regarding setting budgets over a longer period in response to the recent Ministerial Steering Group recommendations and the Scottish Government's 5 year Medium Term Financial Strategy for Health and Social Care.</p>
4	How is value for money demonstrated in the decisions made by the IJB?	<p>All HSCP Board papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of people, professional, locality, risk analysis, impact assessment, consultation and strategic assessments.</p> <p>The HSCP Board engages debate and discussions around the application of new funding and savings proposals, many of which are supported by additional HSCP Board Members development sessions on budget position and savings options.</p> <p>The budget setting exercise was supported by the public consultation exercise and voting members considered the public response to savings options when making their final decisions.</p>
5	Do you consider there to be a culture of continuous improvement?	<p>Yes.</p> <p>Annual Performance Reports and Annual Accounts provide evidence of this.</p> <p>Well documented within the Strategic Plan 2019-22 and the HSCP's role (often lead role) in WDC Local Improvement Plans at strategic and service level.</p> <p>Clinical & Care Governance arrangements in ensuring Health and Social Care Standards are adhered to.</p> <p>All HSCP managers (including integrated managers) undertook WDC Procurement Training for under & over £50k, supplemented by presentations at Extended Management Team and SMT.</p> <p>The HSCP Audit Committee considers Care Inspectorate Grading Reports and over the last 18 months it is now standard practice that any reports on reduction in grades should be supplemented with improvement action plans.</p> <p>Contributions by the Chief Officer and Heads of Service to NHSGGC Moving Forward Together and Regional Planning work as well as many Glasgow wide groups.</p> <p>HSCP SMT represented at WDC Change Board and Performance Management Review Group.</p> <p>Chief Officer & Chief Finance Officer are members of the WDC Elected Members Budget Working Group.</p> <p>Commitment from managers across HSCP services in contributing to production of savings options including service redesign ideas, service reviews and maximising internal efficiencies.</p> <p>Earmarked Reserve resource to support service redesign and transformation – including appointment of HR Support and the appointment of 3 Transformational Change Posts (2 years fixed term).</p>

		HSCP Response
6	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	<p>There have been a number of service reviews from small scale to larger scale since the establishment of the HSCP Board. There are also plans to continue reshaping and transforming services in response to demographic/social/financial challenges etc.</p> <p>The approved savings programmes over the last few years can provide some evidence of this e.g. Sheltered Housing overnight cover, Integrated Teams, use of Technology Enable Care (TEC) funding.</p> <p>The establishment of the new Focussed Intervention Team (FIT) is a major development in the transformation of services and expanding community based support.</p> <p>The Action plans around the Care Inspectorate Reports on Self Directed Support and Criminal Justice Services will support further redesign work.</p> <p>The NHSGGC Five Mental Health Strategy has been approved by the HSCP Board and will release savings by closure of in-patient beds for re-investment of community supports.</p> <p>GGC Prescribing Efficiency Group – Chief Finance Officer, Chief Officer and HSCP Head of Prescribing all members – released £11m of efficiencies across GGC. This is supported by our own local GP Prescribing Group.</p> <p>Implementation of Primary Care Transformation and Mental Health Action 15 Plans are all built on the premise of joint, effective working to deliver efficient, fit for purpose community based services. Some of the early intervention support and the 'step-in, step-out approach' are intended to stop mental health clients experiencing crisis which consumes already stretched resources.</p>
7	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?	<p>The impact of any proposed change is assessed at an early stage across a variety of groups through HSCP/WDC & GGC governance frameworks. Chief Officers Group/Chief Finance Officer Group/GGC & WDC Corporate Management Team and Transformation Boards and HSCP SMT are just some of the management groups who review and sign off any plans. This decision is based on what benefits are anticipated, alignment with our strategic priorities and quality care governance and professional standards, and to consider the business case.</p>
8	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures?	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate <p>Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.</p>
9	Is performance information reported to the board of sufficient detail to enable value for money to be assessed?	<p>Quarterly and annual performance reports are submitted to the IJB Board for scrutiny covering a wide range of indicators.</p> <p>The quarterly Public Performance Report focuses on those key strategic performance indicators for the Partnership where performance data is available for the specific time period reported and in addition is augmented with data on key aspects of workforce and financial performance.</p> <p>The preparation and presentation of the Annual Performance Report is informed by the national Guidance for Health and Social Care Integration Partnership Performance Reports and is also informed by local experience of integrated performance reporting, alongside feedback from other sources (including formal feedback from the Accounts Commission Best Value Assurance Report of June 2018).</p>

		HSCP Response
10	How does the IJB ensure that management of resources (finances, workforce etc. is effective and sustainable?	<p>Workforce and Organisational Development plans are linked to strategic plan.</p> <p>The Audit Committee receives Absence Monitoring updates and the actions being taken across the HSCP and partner bodies. This is also supported by Internal Audit Reports presented to the Board by the Chief Internal Auditor.</p> <p>Regular budget and performance monitoring reports to the HSCP Board give detailed review of the management of resources and any required mitigating actions. These reports are firstly scrutinised at SMT and Clinical and Care Governance Groups.</p> <p>All HSCP Board reports contain a section outlining the financial implications of each paper.</p> <p>The HSCP Board includes third sector partners, trade unions, GP locality representatives, carers and local community representatives. They are involved in Board development sessions and the Strategic Planning Group where they have the opportunity to challenge in a different forum that allows for more detailed discussions and lower level management input.</p> <p>Also supported by the annual review of the local code of good governance.</p>