

# West Dunbartonshire Health and Social Care Partnership

## Chief Social Work Officer Annual Report

2018-19



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## **1. SUMMARY OF PERFORMANCE: KEY CHALLENGES, DEVELOPMENTS AND IMPROVEMENTS DURING 2018-19**

This is my first annual report since joining West Dunbartonshire as Chief Social Work Officer and I am pleased to have the opportunity to report on how social work services have been delivered, in the context of integration arrangements by the Health and Social Care Partnership (HSCP), as well as highlighting the achievements, challenges and progress to deliver services in West Dunbartonshire over the past year.

During 2018-19, child protection referrals, investigations and case conferences reduced, differing from the trend of increasing demand over recent years. Whilst this indicates a proportionate, balanced approach by social workers and partner agencies, the number of children who are looked after in West Dunbartonshire continued to increase, particularly kinship care placements, echoing trends in previous years. This significantly impacted on the HSCP budget and reflects the importance of ensuring services are designed to meet local need. As part of a process to review our service delivery arrangements, monthly management information and performance reports were introduced to track demand, identify opportunities for change and plan interventions to improve outcomes for children, young people and families.

Referrals for adults at risk and vulnerable adults also reduced during 2018-19 and ongoing self-evaluation activity was supported by the delivery of significant training to a wide range of professionals involved in public protection.

The senior management team progressed arrangements to capitalise on the benefits of integration, particularly work to support improvements around delayed discharge and the development of a new Focussed Intervention Team to reduce admissions to hospital. Work to embed practice that reflects the impact of adverse childhood experiences (ACEs) on health and behaviour was also extended across the HSCP and a range of partners to improve practice.

Financial pressures across the HSCP continue to be carefully monitored, reflecting the importance of ensuring that services are provided in a way that also recognises the strengths of our communities and partners in rethinking care and earlier intervention. Nevertheless, continued financial pressure is evidenced by over spend in the budgets associated with caring for children away from home and care at home for adults.

Information from inspection activity is outlined in section 5, however, notably, West Dunbartonshire was one of six partnership areas to take part in a thematic review of Self Directed Support (SDS) by the Care Inspectorate and Healthcare Improvement Scotland during 2018-19. Furthermore, our criminal justice social work services will be the second area in Scotland to be inspected as part of the Care Inspectorate's new quality indicator model, focussed on Community Payback Orders. In advance of these inspection reports being published later in 2019, teams are already working on improvement actions to develop practice, informed by pre-inspection activity.

West Dunbartonshire continues to face challenges around the impact of poverty, violence against women and other inequalities. Ongoing financial pressures are likely to be further affected by increased demand arising from legislative changes such as the extension of free personal care and the presumption against short sentences. Continuous improvement in practice, performance and outcomes for children, young people and adults is therefore a significant, though not new challenge. The dedication and commitment of social work and health colleagues, as well as the positive, trusting and constructive relationships with our partners, carers and communities will continue to be instrumental to how we deliver services together to improve lives.

## **2. PARTNERSHIP WORKING: GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS**

### **Role and Function of the Chief Social Work Officer**

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc. (Scotland) Act 1994.

The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice.

The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the HSCP Board.

### **Integration**

West Dunbartonshire Health & Social Care Partnership was formally established on 1 July 2015; the HSCP Board is responsible for the operational oversight of the HSCP as the joint delivery vehicle for services delegated to the Integration Joint Board (except for NHS acute hospital services) as set out within its integration scheme.

During 2018-19, the HSCP agreed its vision as 'improving lives with the people of West Dunbartonshire' and will be implemented through delivery of the following key strategic priorities:

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The priorities and vision of the HSCP and its strategic plan has been shaped by the Annual Performance Report for 2018/19; the local strategic needs assessment (which illustrates the growing complexity of need and demand within the local area); active engagement with stakeholders at locality, community planning and national levels and understanding of the broader policy and legislative context.

### **Commissioning**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that a Market Facilitation Plan is produced to set out the health and social care commissioning priorities and intentions for HSCPs. West Dunbartonshire's Commissioning and Market Facilitation Plan was developed to complement the current Strategic Plan and will also set out the commissioning priorities and intentions over the duration of the forthcoming Strategic Plan for 2019-2022.

The Commissioning and Market Facilitation Plan commits the HSCP to a programme of communication with service providers, service users, carers and other stakeholders about the future shape of the local health and social care market, whilst partners and providers can ensure that services are responsive to the changing needs of service users.

The Commissioning and Market Facilitation Plan seeks to identify what future demand for care and support might look like to support and shape the market to meet future needs. Constructive partnership working and engagement has been intrinsic to developing the plan to reflect an innovative and flexible approach to service delivery.

Scottish Government guidance has highlighted the need to specify the total available resources to deliver the outcomes and objectives within strategic plans – as such, work is underway to scope current and future spend across the sector and to reflect the uncertainties and pressures regarding financial allocations that will be made to the HSCP Board in future financial years.

### **Partnership Arrangements**

The Chief Social Work Officer participates in a range of groups and forums to ensure the proper delivery of social work functions. These include the 'Nurtured' and 'Safer' Delivery & Improvement Groups (DIGs) which deliver on the strategic priorities of West Dunbartonshire Community Planning Partnership as well as the Public Protection Chief Officers Group, West Dunbartonshire Council, the HSCP Board, Audit Committee and Clinical & Care Governance group. These arrangements support work with a range of key partners including the Council, third sector, Police, and Scottish Children's Reporters Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local strategic priorities.

### **Clinical and Care Governance**

Within the HSCP, the Clinical and Care Governance group has a responsibility to provide scrutiny, constructive challenge and oversight across health, care and social work services in West Dunbartonshire. The group meets quarterly to ensure that services provide quality, effectiveness and efficiency to meet the needs of local residents and communities, as well as evidencing good practice around professional standards, risk management, staff learning and development.

The Clinical and Care Governance group comprises the HSCP Chief Officer, Heads of Service, Chief Social Work Officer and Chief Nurse who also review progress around quality assurance improvement plans arising from inspections.

Self-evaluation and improvement activity is regularly reported in addition to compliance with statutory and mandatory training for staff across the HSCP.

### **Locality Engagement Networks (LENs)**

Locality Engagement Networks (LENs) are firmly established as a dynamic forum for users of services, families and carers to share their experiences to inform continuous improvements to care in West Dunbartonshire.

Meetings continued to take place across the Clydebank and Dumbarton & Alexandria locality areas during 2018-19. LENs have focused on Addictions Services, building resilience in Older People (Community Older Peoples Team), developing the new West Dunbartonshire HSCP Strategic Plan 2019-22 and NHS Greater Glasgow and Clyde's Moving Forward Together Programme. The Strategic Plan and the Moving Forward Together Programme included engaging with service users groups, third sector organisations, voluntary groups and community councils. There was also a discussion group held with Carers of West Dunbartonshire on the draft HSCP Carers Strategy.

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

West Dunbartonshire's multi-agency Public Protection Chief Officers Group (PPCOG) is chaired by the Council Chief Executive and core membership includes the Director of Nursing (NHS Greater Glasgow & Clyde), the Divisional Commander (Police Scotland), the Chief Officer (HSCP) and the Chief Social Work Officer. The PPCOG is responsible for the strategic co-ordination of all public

protection services in West Dunbartonshire. This includes scrutinising the performance of services for child protection, adult protection and multi-agency public protection arrangements (MAPPA) for the management of high risk offenders. The group also oversees the activity around the Alcohol & Drugs Partnership and violence against women.

The PPCOG continues to hold regular development sessions and to review the purpose and function of the group in terms of assurance and governance. Following a review of membership in 2018-19, a number of crucial partners, including West Dunbartonshire's Chief Education Officer and the Locality Reporter Manager from the Scottish Children's Reporter Administration joined the group.

With the independent chair of the Adult Protection Committee moving on in November 2018, it was agreed that a joint independent chair role for both Adult and Child Protection Committees would be established. This new role includes greater capacity to drive forward strategic priorities and to provide constructive challenge and scrutiny.

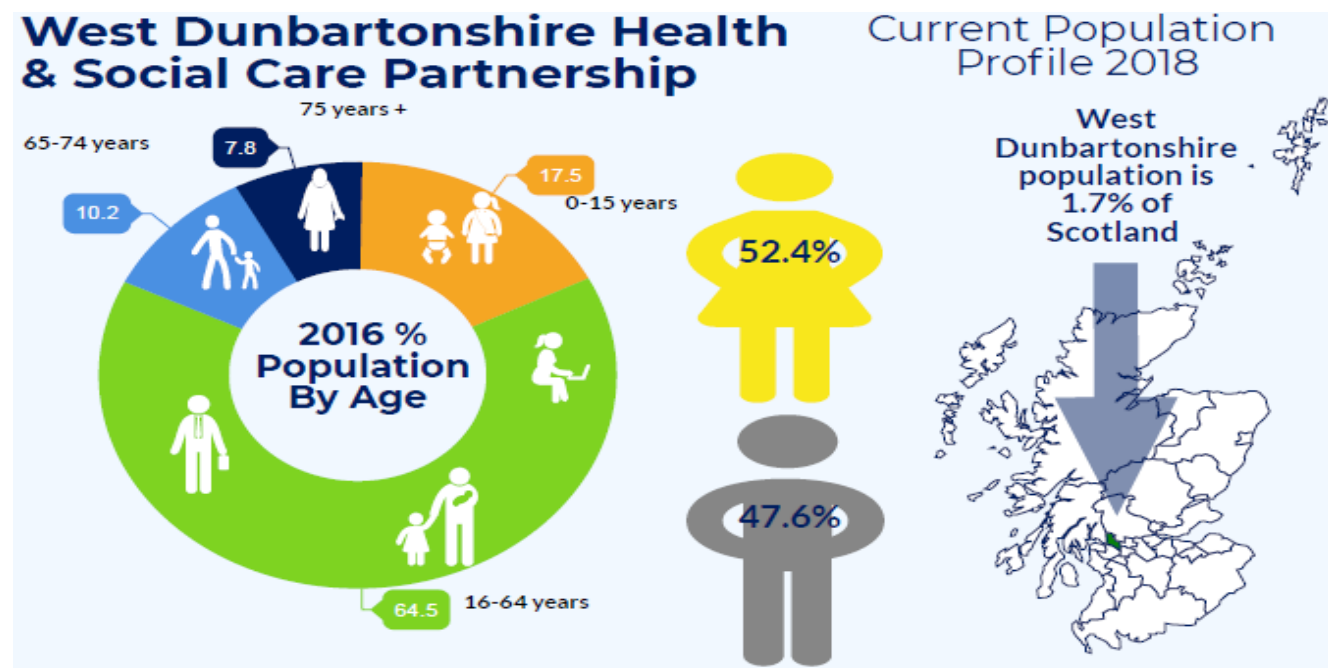
The Performance and Assurance Reporting Framework (PARF), included at Appendix 4, provides performance against targets for child protection, high risk offenders, adults at risk and vulnerable adults. The main purpose of the report is to ensure that the PPCOG reviews performance, outcomes and demand levels and takes any necessary action required or request the provision of further analysis and review.

Following the development of a national shared data set for Child Protection and revised West of Scotland Adult Protection Guidelines, our PARF will be adapted to reflect the new indicators and arrangements.

### 3. SOCIAL SERVICES DELIVERY LANDSCAPE

#### Population Profile

Figure 1: Population information



## **Demographic Profile**

West Dunbartonshire lies north of the river Clyde, encompassing urban and rural communities. According to the National Records for Scotland, the 2018 population was 89,130 – a decrease of 0.5% from 89,610 in 2016-17. The population of West Dunbartonshire accounts for 1.7% of the total population of Scotland.

In West Dunbartonshire, 17.6% of the population are aged 0-15 which is slightly higher than Scotland (16.9%). People aged 16-24 make up 10.0% of the population which is smaller than Scotland (10.7%). People aged 65 and over make up 18.4% of West Dunbartonshire which is slightly lower than the whole Scotland population (19.5%).

National and local evidence indicates an ageing local population, particularly due to a reducing number of births, while the number of people migrating to other council areas within the 15-44 age group is increasing.

West Dunbartonshire's Social and Economic Profile (2018) shows a notable increase in the share of the 20% most deprived data zones in Scotland, the biggest increase in relative deprivation from 2012. The area also has the second highest rate of income-deprived population in Scotland (18%) which is lower only than Glasgow at 20% (SIMD: 2016).

## **Child Poverty**

Child poverty remains persistently high with 25% of children in West Dunbartonshire affected by child poverty (End Child Poverty Now: 2019). Local reporting on actions to address child poverty are established within the West Dunbartonshire Community Planning Partnership 'Plan for Place' as well as the HSCP Strategic Plan and is reviewed on an ongoing basis.

The Nurtured DIG of the Community Planning Partnership co-ordinated the first West Dunbartonshire Council and NHS Greater Glasgow and Clyde 'Local Child Poverty Child Action Report' which sets out commitments to address the key drivers of poverty:

- increasing income through employment
- maximising income from the social security system including the range of new Best Start benefits targeting families with children under the age of five
- reducing household costs.

Local activity has been developed with the Information and Advice Partnership, Youth Alliance and the Adult Learning Partnership. Community-based events will promote the local child poverty action report and seek third sector and local resident input to future action areas.

Work is also ongoing with the Council and NHS Greater Glasgow & Clyde to prepare the first report on activity to progress children's rights, within the Children and Young People (Scotland) Act 2014. Consultation activities during 2018-19 to inform the report included a Nurtured DIG development session to identify priorities; ongoing progress updates to the Nurtured DIG; an Improvement Service Review and updates to the Community Planning Board.

## **Universal Credit**

Universal Credit was fully implemented in West Dunbartonshire in November 2018, with significant work carried out by Working 4U to mitigate its impact on particularly the most vulnerable residents. West Dunbartonshire anticipates a significant reduction in welfare spending in future years; ongoing work will seek to continue to limit the negative impact of welfare reform.

Given the burden of disease profile for West Dunbartonshire, work has continued with NHS Greater Glasgow & Clyde to better understand the impact of the history of heavy industry in the area, with



long term conditions and diseases affecting people at a comparatively young age.

The Information and Advice Partnership established a plan to ensure all residents can submit and maintain a claim, working with the local Citizens Advice Bureau and the Council's welfare benefits support team (Working 4U Money) for the development of local benefit support Hubs.

## 4. RESOURCES

### 2018/19 Budget Setting National and Local Context

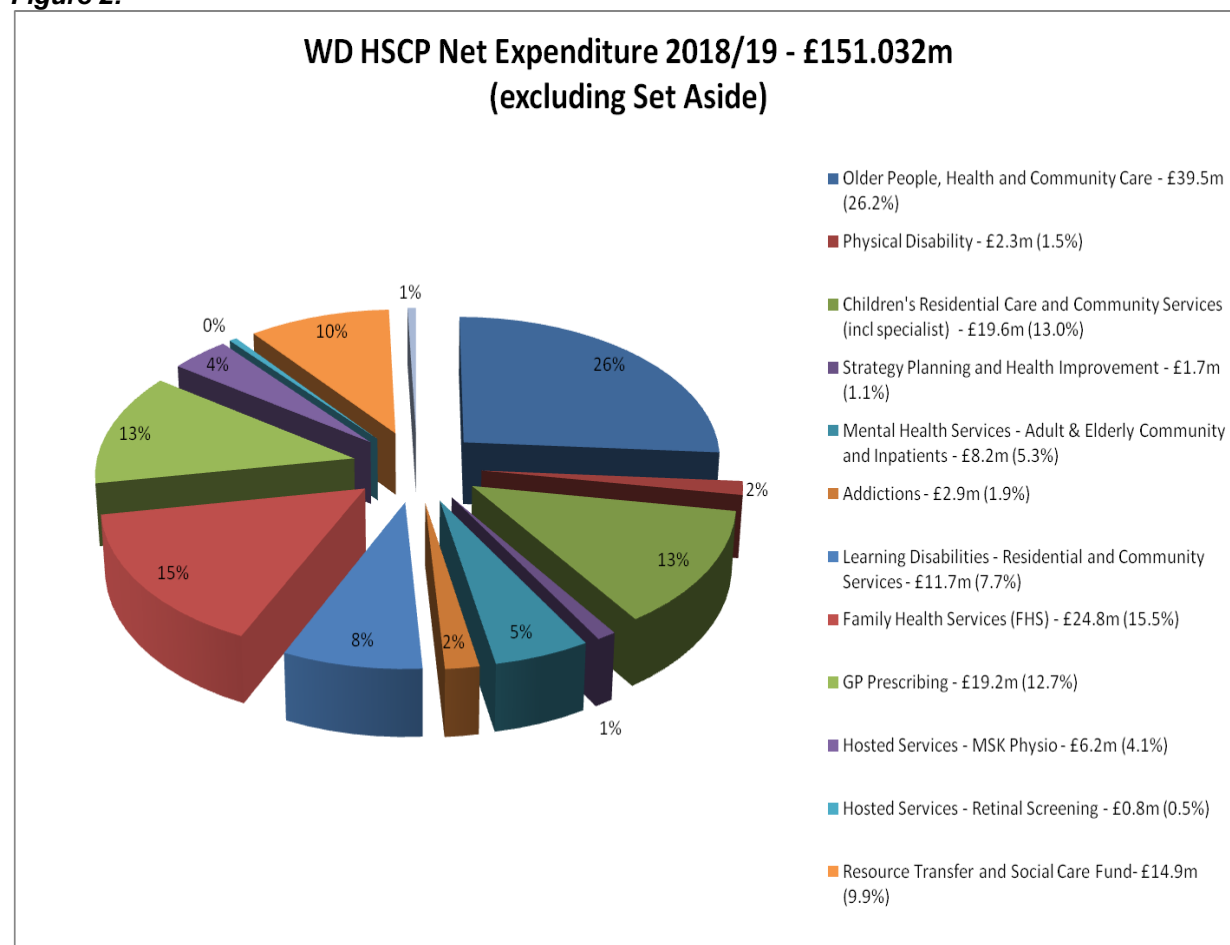
The HSCP Board undertook a public consultation on health and social care savings options developed by senior managers to fill projected budget gaps. The consultation ran online from 6 March to 4 April 2018 and 335 people participated.

The final 2018/19 budget setting gap was £0.763m (£0.552m for health and £0.211m for social care). The HSCP Board approved the following savings options of £1.216m:

- reviewing the external provision of older people's residential placements
- revising community based supports for children & families
- increasing income
- redesign of the senior management and support teams
- review of learning disability housing support to a core and cluster model.

The agreed budget for 2018/19 to deliver the HSCP strategic priorities was £151.032m, excluding the set aside notional budget of £18.210 million. Figure 2, below, details how this funding was allocated across the main care groups.

**Figure 2:**





## Financial Challenges

In recognition of the significant financial challenges for 2018-19, a recovery plan was subsequently approved which included the following measures:

- vacancy control procedures - vacancies are submitted to the HSCP senior management team for consideration and approval
- overtime authorisation procedures updated and aligned more closely with priority need
- Head of Service and Chief Finance Officer approval for purchase of IT or mobile devices
- any underspend in non-staffing budgets to be secured as far as possible
- income maximisation ie: prompt financial assessments and grant income secured
- savings related to ring-fenced budgets for service redesign models to help offset older people services pressure and community placements and
- continuous review of savings targets for 2018/19.

This recovery plan contributed to the 2018/19 final outturn position as an overall surplus of £1.038m, which was transferred to earmarked and general reserves for 2019/20 and future years. This overall position is summarised in Figure 3, below:

Figure 3: 2018/19 Final Outturn against Budget

<b>West Dunbartonshire Integrated Joint Board</b>	<b>2018/19 Annual Budget £000</b>	<b>2018/19 Net Expenditure £000</b>	<b>2018/19 Underspend/ (Overspend) £000</b>
<b>Consolidated Health &amp; Social Care</b>			
Older People, Health and Community Care	44,368	45,008	(640)
Physical Disability	3,106	3,006	100
Children and Families	20,249	22,511	(2,262)
Mental Health Services	9,571	8,949	622
Addictions	2,809	2,569	240
Learning Disabilities	16,802	16,655	147
Strategy, Planning and Health Improvement	1,672	1,351	321
Family Health Services (FHS)	25,738	25,738	0
GP Prescribing	19,306	19,383	(77)
Hosted Services - MSK Physio	6,493	6,254	239
Hosted Services - Retinal Screening	791	755	36
Criminal Justice - Grant funding of £2.1m	0	0	0
HSCP Corporate and Other Services	4,204	1,892	2,312
IJB Operational Costs	270	270	0
<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>155,379</b>	<b>154,341</b>	<b>1,038</b>
Set aside for delegated services provided in large hospitals	18,210	18,210	0
Assisted garden maintenance and Aids and Adaptations	577	577	0
<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>174,166</b>	<b>173,128</b>	<b>1,038</b>

The main social work and social care budget pressures were around community and residential placements for children and young people which exceeded the budget by £1.2m despite additional investment in 2018/19 of £1.1million, however kinship and fostering placements continued to rise by approximately 25%. The Head of Children and Families is committed to reviewing the reasons, processes and outcomes of these placements. Furthermore, children placed in residential schools exceeded the budget by £0.9million. It is recognised that this is an extremely volatile budget and

secure placements can cost in excess of £0.2million per child. Children's Services managers review these packages on a weekly basis for alternative, appropriate community based support.

Older people supported through care at home services or in residential or nursing care exceeded the budget by £0.5million and £0.2million respectively and can be attributed to demographic demand and continued improved performance on anticipatory care planning and reduction to bed days lost through delayed discharge.

All other adult services including learning and physical disability and mental health and addiction services collectively underspent by £1million, mainly due to a reduction in a small number of high tariff, complex cases.

The savings programme agreed by the HSCP Board as part of the 2018/19 budget setting process covers the three year period to 2020/21 and a further £1.1m of savings are anticipated from this.

## **5. SERVICE QUALITY AND PERFORMANCE (INCLUDING DELIVERY OF STATUTORY FUNCTIONS)**

### **CSWO and Service Standards**

The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of social work services and to ensure that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC).

The Care Inspectorate is responsible for registering a range of social care and social work services as well as providing scrutiny through inspection. From inspection, services are supported to evidence improvement based on action plans arising from recommendations from inspections within the context of service quality alongside suitably robust arrangements for governance and accountability. Inspection reports and recommendations, as well as local improvement action plans, are reported to the HSCP Audit Committee who monitor progress to provide our communities with confidence in services provided in West Dunbartonshire.

Inspection findings and improvement activity are also reported to a range of forums including:

- West Dunbartonshire Public Protection Chief Officers Group
- HSCP Board
- HSCP senior management team
- HSCP Clinical and Care Governance Group
- Community Planning groups.

Positive engagement with the Care Inspectorate has been helpful in preparing for the forthcoming inspection of criminal justice social work services. Work has developed following notification in October 2018 that West Dunbartonshire will be the second area to be inspected within the new justice inspection quality improvement model.

During the past year, the Care Inspectorate completed their inspection of Self Directed Support (SDS) services in West Dunbartonshire. The report will be published in late Spring/early summer 2019. Staff, carers, users of our services and local third sector partners were central to our preparation activity for inspection. Once the recommendations are published, the HSCP will develop an action plan to take forward in partnership with relevant colleagues and organisations.

Within the HSCP, our Quality Assurance team has an important role in monitoring the quality of care delivered whilst ensuring that we respond to individual concerns in a thorough, efficient and effective way that continues to promote quality service provision.

The HSCP senior management team meets regularly with our Strategic Link Inspector from the Care Inspectorate to provide valuable critical challenge to support our work to continually improve service standards across the HSCP.

## **Care Inspectorate Inspections**

During 2018-19, 13 services were inspected across West Dunbartonshire during 2018-19:

- Children's Services: Adoption Service, Fostering Services, our three children's houses (Blairvadach, Burnside and Craigellachie), Throughcare (adult placement) service
- Community Health and Care Services: Care at Home, Crosslet House, Crosslet Day Care, Frank Downie House, Sheltered Housing

- Learning Disabilities: Learning Disability Housing Support Service, Community Connections. Our children's houses were graded as 'good' or 'very good' for care and support, whilst our staff in Fostering and Adoption services were rated as very good. This reflects the care, support and dedication of colleagues across our services to looked after children in West Dunbartonshire.

Meanwhile, our Throughcare (Adult Placement) service retained their 'excellent' grading for care and support – this is the highest grading available from the Care Inspectorate and reflects the dedication, commitment and inspiring work of this team. They are to be congratulated for retaining this grading and continuing to support our care-experienced young people to such a high standard.

Community Health and Care services achieved 'good' or 'very good' for care & support and staffing within inspection across a range of quality themes.

Furthermore, our Learning Disability Housing Support Service achieved 'excellent' gradings for care & support and management & leadership – staff and managers deserve particular credit for their dedication within this service to improve outcomes for users of this service.

Other inspections that took place during the past year and will formally report later in 2019 will be included in the next annual report.

Further information on performance across services is included in the following Appendices:

Appendix 1: Care Inspectorate Inspection Outcomes 2018-19

Appendix 2: West Dunbartonshire HSCP Key Performance Indicator Summary 2018-19

Appendix 3: HSCP Local Government Benchmarking Framework Indicators

Appendix 4: Performance and Assurance Reporting Framework Public Protection Chief Officers Group 2018-19.

## **CHILDREN AND FAMILIES**

### **Child Protection**

In the past year the Public Protection Chief Officers Group has continued to receive regular updates from the Child Protection Committee in respect of the analysis and findings of the National Child Protection Improvement Programme (CPIP) and its relationship to West Dunbartonshire's Child Protection Committee (CPC) Improvement Plan. This programme continues to guide the Child Protection Committee Improvement Plan to reflect national policy and learning.

West Dunbartonshire CPC continued to monitor activity over the course of the year. During the last quarter of 2018-19, a monthly performance report to track practice improvements has been developed. This includes information on achievement of key performance indicators such as moving from referral to child protection case conferences within 21 days. This report will also provide the PPCOG with important information on workload and demand to support practice improvement and constructive challenge.

Furthermore, regular meetings with the Area Locality Reporter to the Scottish Children's Reporter Administration have been established to progress the 'Better Hearings' work stream.

The CPC Improvement Action Plan is focussed on a range of areas for development and improvement. This is a 'live' three year plan and is a standing agenda item on the CPC, where progress is noted and additional improvement areas or actions are added following case file audit, reflective case reviews, outcomes of national Significant Case Reviews or self- evaluation.

Statistics and activity levels gathered for the Performance and Assurance Reporting Framework (Appendix 4) have been monitored and analysed on a quarterly basis for a number of years, for the purpose of reporting to the PPCOG and for the CSWO to monitor demand in comparison to resources and address any risks that may occur in this respect.

For 2018-19, the number of child protection referrals reduced to 340, from 423 in 2017-18 (19.6% reduction). Child protection investigations reduced by 25% and case conferences fell by 32%. This is illustrated in Figures 4, 5 and 6, below:

Figure 4: Number of Child Protection referrals (quarterly)

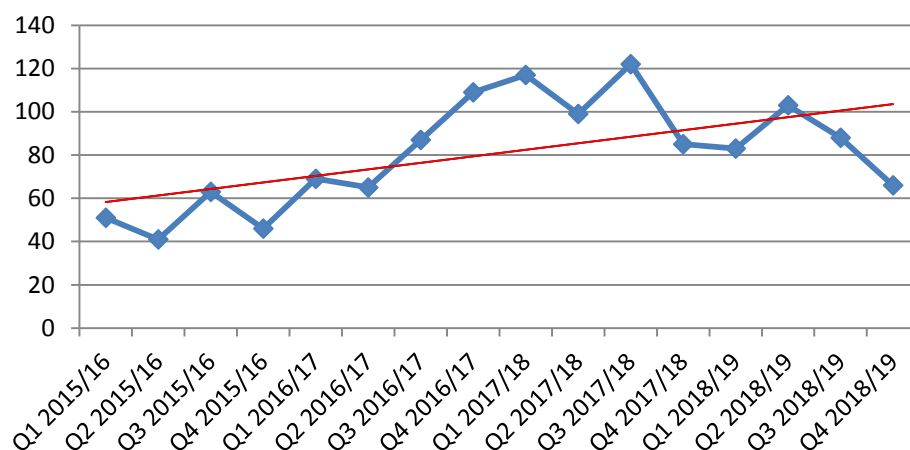


Figure 5: Number of Child Protection referrals (annual)

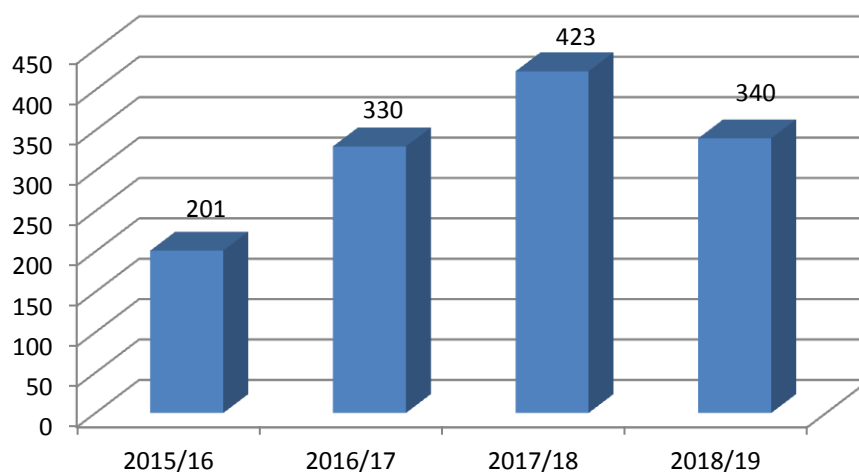
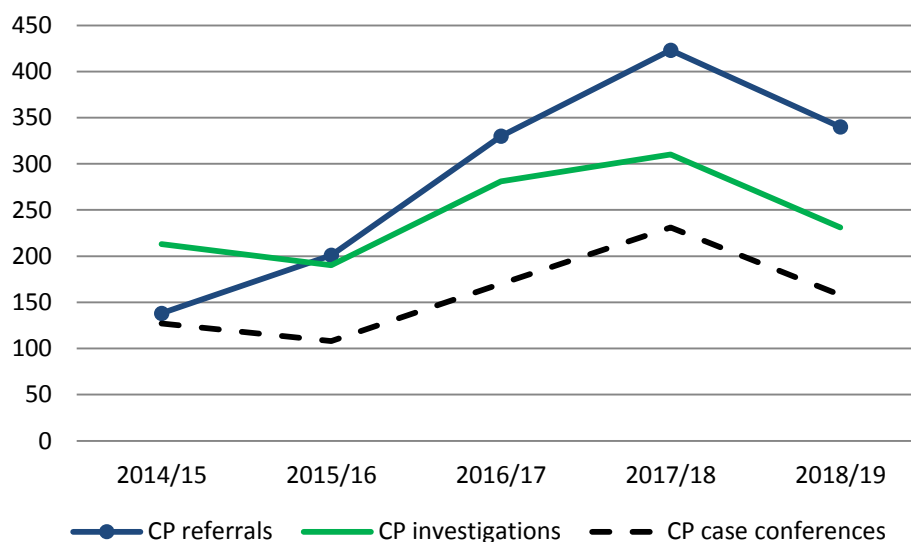


Figure 6: Child Protection referrals, investigations and case conferences



The reduction in child protection referrals leading to a fall in the number of investigations and child protection case conferences reflect work undertaken by staff cross a range of professional groups to ensure that referrals are investigated and directed to the most appropriate service.

Where there are other welfare concerns for children which may merit social work input, these are referred via the Getting it Right for Every Child (GIRFEC) request for assistance process to ensure that children get the right help at the right time.

In 2018-19, 88 children were placed on the child protection register, compared to 111 in 2017-18; a 21% reduction. As at 31 March 2019 there were 52 children on the Child Protection Register in West Dunbartonshire. This reduction is explained to some extent by the reduction in referrals, however highly complex child protection concerns continue to come to the attention of the service, particularly domestic abuse matters in the context of other offending behaviour. Thus, while the number of child protection registrations has reduced, the number of children becoming looked after continued to increase.

Analysis of this decrease in referrals and activity reflects a number of factors, including a more consistent approach to the referral threshold for child protection. A more robust practice model in respect of the child protection Initial Referral Discussion has improved joint decision making across services, reduced the impact of violence and improved joint working arrangements in the earlier identification of neglect. During 2018-19, our Initial Referral Discussion (IRD) process was streamlined with the other HSCPs across NHS Greater Glasgow & Clyde, whereby the Child Protection Unit is the health representative as part of the IRD process. Education services continue to be included as a core partner in this process, which has proved invaluable in informing initial child protection discussions from a local perspective.

Another practice development was an improved assessment of child wellbeing for adult services practitioners who support individuals with care of children. Following consultation, this is expected to be rolled out in due course, to ensure adult services practitioners are more able to contribute to parental capacity assessments, with the aim of better supporting effective planning for children.

### Special Needs in Pregnancy (SNIPS)

During 2018-19, a multi-professional model of care was piloted to support six females throughout their pregnancy and post-birth by an addiction worker, a medical officer and a Children & Families social worker. All individuals progressed well which resulted in their children being removed from the child protection register and social work services ending their formal involvement.

This joint approach brought important specialist knowledge to the screening and planning for women who are vulnerable in their pregnancy. The social worker and addictions worker are working closely to further develop the service including potential group interventions with women and their babies to promote positive peer support.

### Family Group Decision Making

After an initial pilot project last year, further funding was secured in 2018-19 through the Looked after Children Pupil Equity Fund (LAC PEF) to implement Family Group Decision Making. This will allow the local authority to evaluate the benefits of this service and how it may be progressed in the future. The service received 25 referrals to-date and, working in conjunction with the Alternative to Care team, has managed to sustain young people within their family settings and prevent them coming into care settings.

### Transitions

During 2018/19 there have been continual improvements in advanced planning around the identification of services for young people transitioning from Children's to Adult services. Through this process, which involved key partners from Learning Disability, Adult Care, Mental Health, Education and Children's Services, 12 young people are being supported in preparation for their transition into Learning Disability services and to develop the required support packages for them.

The multi-professional Transitions Advisory Group (TAG) continued to support young people with additional support needs to move from education and children's services to adult services and, during 2018-19, an improved planning process was developed to identify young people who may require support in adulthood at an earlier stage. The Transitions Advisory Group has the delegated authority to agree the adult service which will best meet the needs of the young person and also functions as a case discussion forum for those young people with more complex needs who may require high cost adult services.

Further development of the TAG process will include a review of the balance of resources across the adult services with the aim of ensuring transition plans for young people are progressed across all adult services on an equitable basis.

### Looked After Children and Young People

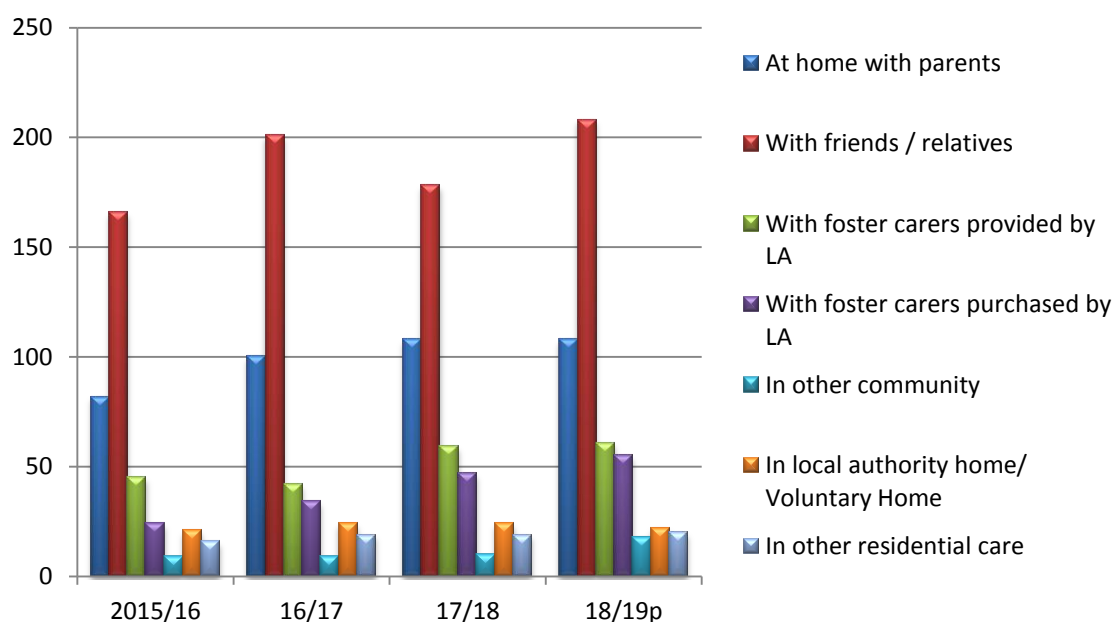
The number of children and young people looked after in West Dunbartonshire has continued to be challenging during 2018-19; on 31 March 2019, 68 more children and young people were in a range of community and residential placements compared to the same date last year. Figure 7, below, provides further information on the usage of placement types over the past year:

*Figure 7: Placements for looked after children & young people 2018-19 and 2017-18*

	<b>2018-19</b>	<b>2017-18</b>	<b>Change (n)</b>	<b>Change (%)</b>
<b>Kinship care</b>	247	203	+44	+22%
<b>Fostering (internal)</b>	62	56	+6	+11%
<b>Fostering (external)</b>	60	41	+19	+46%
<b>Residential Schools</b>	18	17	+1	+6%

Whilst further analysis is provided in the following sections, the overall trend analysis for looked after children from 2015-16 to 2018-19 is illustrated in Figure 8, below:

Figure 8: looked after children and young people 2015-16 to 2018-19



This reflects the continued high use of kinship placements and the continued high number of children who are looked after at home with parents. The number of children in residential children's houses and other residential settings remained comparatively static.

## Kinship Care

High rates of kinship care placements during 2018-19 continued the existing trend: at 31 March 2019, 247 children were in kinship placements, an increase of 44 (22%) on the previous year.

Whilst kinship care can enable children to remain with family members, the rate of kinship placements in West Dunbartonshire is significantly greater than other comparable authorities; further work will be taken forward to improve timescales and review placements as well as examination of the length of time children have been in kinship care and looked after at home, use of kinship orders and wider improvements in permanence planning in West Dunbartonshire.

## The Permanence and Care Excellence Programme (PACE)

West Dunbartonshire has progressed to Phase Two of the Permanence and Care Excellence (PACE) Programme, which seeks to reduce drift and delay in securing better outcomes for children. In October 2018 a two-day improvement training event for the multi-agency group was followed up by a workshop which agreed data requirements and set out our local aims:

- Aim 1: by 30 September 2019 100% of children who are looked after at home for more than 18 months, will have a peer review
- Aim 2: by 31 March 2020 90% of children who become looked after and accommodated, on or after 23 October 2018 will have a permanence recommendation (including those returning home) at the Legal Advice Meeting within 36 weeks of becoming looked after and accommodated.
- Aim 3: by 31 March 2020, 70% of children who have had a recommendation for permanence away from home on or after 23 October 2018, will be presented to the Agency Decision Maker within 28 weeks of the Legal Advice Meeting that made the Permanence Away from Home recommendation. (This aim does not currently include children in Kinship as of 23/10/2018 but will be developed in recognition of the continued increase in the number of children in kinship placements.)



Aim 4: by 31 October 2019, 95% of children whose plan has been approved by the Agency Decision Maker, on or after 23 October 2018, will have their application for a Permanence Order lodged in court within 13 weeks of the Agency Decision Maker's decision.

The multi-agency sub-group has continued to meet to examine performance information around permanence and to consider where processes require to be amended to meet appropriate milestones for children in our care. Using the model for improvement, partners have identified a number of tests of change which are focussed on improving practice.

## Fostering

By 31 March 2019, 62 children were placed with 47 fostering families registered with West Dunbartonshire Council: 25 more children than the previous year. A further 60 children were placed with foster carers registered with external agencies. This represents an increase of 19 external placements (46%) to 2017-18. Carers provide a mix of short break, interim, long-term and permanent placements. Although many placements are in the local area, a key improvement measure is the number of children in foster care within their local community.

Fostering is key to ensuring better outcomes for children within high quality placements within loving homes and, therefore increasing the number of foster carers registered with West Dunbartonshire Council is an important area for further improvement. This is particularly important as it will support children who need to live away from their family to remain as part of the local community whilst also addressing the considerable spend currently against external foster placements. As such, the service will develop an updated campaign to encourage more people to become foster carers in West Dunbartonshire. Activity for 2018-19 is included in Figure 9, below:

*Figure 9: Fostering Panel activity 2018-19*

Fostering assessments	13
Approvals	9
Reviews	33
Changes in registration	3
De-registrations	4
Transfer from independent fostering agency	1

During 2018-19, the team has worked with our Champions Board colleagues to facilitate and develop children and young people's groups, where looked after children and young people have space to voice their views on how we can support them better. As well as arranging Christmas parties and other celebration events for children in foster placements and their carers, the service has provided a rolling programme of training to new and existing foster carers as well as updating policies/procedures/review paperwork and guidelines to ensure they reflect high standards of practice.

## Adoption

The Adoption service has continued to work co-operatively with neighbouring local authorities and approved voluntary agencies in providing and seeking placements for children. In addition, the service works with Scottish Adoption Advice Service (SAAS) to offer post-adoption support for individuals who are adopted, adopters and birth families. Activity during 2018-19 is included in Figure 10, below:

*Figure 10: Adoption and Permanence Panel activity 2018-19*

Adoption assessments	8
Adoption approvals	7
Adoption reviews	1
Matches	12 (adoption) 3 (permanent fostering)

Over the past year, consultation with adoptive parents and applicants, as well as members of the Adoption and Fostering Panels, has highlighted the need to further develop comprehensive training to adoptive applicants including pre- and post-adoption support; support for birth families and training to enhance social workers' knowledge and understanding around the permanence process.

## **Children's Houses**

Our three children's houses (Blairvadach, Craigellachie and Burnside) have continued to provide loving homes for children and young people, with practice reflecting the organisation's commitment to practice which reflects the impact of adverse childhood experiences (ACEs). Staff have worked closely with families, social work staff and specific projects including the Alternative to Care service (for young people preparing to leave care) and Young People in Mind (for mental health and wellbeing support) alongside key third sector agencies.

Details of inspections of our children's houses are included at Appendix 1.

Young people in our residential houses enjoyed a variety of achievements during 2018-19, some of which included:

- securing employment in a range of roles and settings
- gaining college places at NC and HNC level
- attending summer camp for one week
- completing a 'Sportathon' event throughout the night, raising money for Sport Relief
- recognition for improved school attendance and attainment
- participation in fundraising events for a national charity
- completing courses including mentoring/coaching, Fire Reach and working with Police Scotland Youth Volunteers
- one young person represented Scotland at a home nations football tournament.

## **Alternative to Care Team (ATC)**

As a community resource working alongside Children and Families fieldwork and residential services, ATC provides a 7 day-per-week service from 8am – 10pm, reflecting the need to respond to the needs of young people, often outwith normal working hours.

The ATC predominantly works to prevent young people from requiring care by the local authority – this typically involves providing intensive interventions to support young people and their families at times of crisis and concern, focusing on diversion from negative behaviours and offering support and guidance to parents and carers.

The service received an average of 10 referrals per month to support or maintain young people in the community. This intensive intervention approach has contributed to only 5% of young people being accommodated.

During 2018-19, the team experienced a notable increase in child protection welfare and monitoring referrals, particularly during evenings and weekends which has assisted Social Workers in the assessment of cases where concerns have been raised.

Intensive Support and Monitoring Services (ISMS) were also delivered by the ATC team to a small number of young people at risk of requiring secure accommodation.

Across the range of partnerships, the team has increasingly worked with Education colleagues around Interrupted Learning Services. Here, ATC staff have facilitated access to educational services for young people who do not currently attend school. ATC also sourced funding from the Looked after Children Pupil Equity Fund (LAC PEF) to support a pupil confidence programme to young people attending Dumbarton Academy.

## **Throughcare and Aftercare service**

The Throughcare and Aftercare service supports young people up to 26 years of age to prepare to move from a range of care settings and support them into positive destinations which may include supported tenancies, further education and independent living.

The team provided an adult placement service (supported lodgings) and a housing support service to 88 young people during 2018-19; both services are registered with the Care Inspectorate and details of inspection activity over the past year is included in Appendix 1.

Some achievements by our young people supported by our Throughcare and Aftercare team in 2018-19 include the following:

- several young people undertook college courses, some of whom were supported by the new Care Leavers Bursary
- one young person was supported to attend 'Americamp'
- three young people were provided with driving lessons and passed their driving test
- one young person is returning to university.

An area of particular achievement was the development of a joint Leaving Care Housing Protocol with Housing Services which prioritises and simplifies access to housing options for care experienced young people. We received a Silver COSLA Excellence Award for this work and the protocol was also a finalist for the Association of Public Service Excellence (APSE) Margo Blair Award and the Chartered Institute of Housing Excellence awards.

A further development will be taken forward by corporate parents to provide rent support to care experienced young people who wish to attend full time education but would not qualify for assistance with housing costs.

## **Corporate Parenting: West Dunbartonshire Champions Board**

West Dunbartonshire Champions Board continued to develop into its second year of three year funding from the Life Changes Trust. This supported three care experienced young people to be directly employed (as Lead Young People) to develop the Champions Board and to engage with more children and young people.

Lead young people are key to developing positive relationships with our care experienced children and young people; they have also organised activities, groups and meetings with corporate parents, sustained a presence in our residential houses, attended national networking events and supported young people to attend a range of meetings and appointments.

Corporate Parents attended a range of engagement and participation activities with young people in 2018-19, including an Alpaca Trek and dinner to enable care experienced young people and their corporate parents to get to know each other better and learn more about what young people need to fulfil their potential. This event was also filmed and the completed film will be available later in 2019.

Figure 11, below, illustrates the increasing number of children, young people and corporate parents engaging with Champions Board activity during 2018-19:

Figure 11: Engagement with Champions Board

	2017/2018	2018/2019	TOTAL
Children and Young people in:			
Foster care	1	12	13
Throughcare/Aftercare	8	14	22
Residential houses	9	12	21
Kinship care	1	4	16
Looked after at home	1	7	8
External placement or secure care	1	4	5
Previously care experienced	12	33	45
Corporate Parents attending activities	5	9	14
Number of groups in place	2	7**	9

A number of groups were established to support young people to develop their confidence and confidence to access support from a range of corporate parents including housing, education, health as well as peer support, including:

- Girls group
- Boys group
- Young parents group
- Children's House group
- Throughcare and Aftercare group
- Foster care group
- Changes group.

During 2018-2019 our young people provided input and engagement sessions to senior police officers; a five-week programme of engagement with over 130 frontline police officers and addressed a conference with around 70 Children's Panel members around corporate parenting.

The Working 4U team provided opportunities for ten care experienced young people to get driving lessons, whilst West Dunbartonshire Leisure provided more than 230 care experienced young people with a free Leisure Pass for swimming and gym use in the three local leisure centres.

Another important working relationship is with our third sector partner, YSortit, who supported care experienced young people to attend youth clubs and other groups along with their peers.

Activity for the Champions Board next year will include a 'Changes Group' where young people and corporate parents will work together to influence change.

## ADULT SERVICES

### Adult Support and Protection (ASP)

Referrals for adults at risk decreased from 347 in 2017-18, to 321 in 2018-19, whilst vulnerable adult referrals have reduced from 743 in 2017-18 to 713 in 2018-19. Despite this fall in numbers, the complexity of risk has increased, as illustrated by the rise in identified types of harm from 425 to 442 in the same period, and indicating an increase in the complexity of the risk and harm to individuals referred, specifically regarding financial/maternal harm and mate crime; which are often linked.

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 new training was provided 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.

The co-ordinator has also delivered Adult Support and Protection training to over 400 people across agencies and sectors in West Dunbartonshire. This reflected an increased focus on supporting services in the community to be skilled and confident in identifying and responding to risk of harm, including work with Community Pharmacies, the Department for Work and Pensions and Education colleagues.

In 2018-19 a priority focus for the APC was around preventing financial harm. This has led to a consistent approach to responding to and reporting concerns regarding harm and has included peer learning training sessions which will continue into the current year.

Improved timescales for Adult Protection investigations were addressed over the last year, with 98% of investigations completed within timescales, from a low point of 60% during part of the previous year, meaning that more complex cases are receiving faster response and action.

These figures and further detail pertaining to adult support and protection targets and activity are contained within Appendix 4.

### **Mental Health Officer (MHO) service**

The core team of dedicated Mental Health Officers (MHOs) has remained at full staff complement with no turnover during 2018-19, however over recent years there has been a marked decrease in the number of qualified MHOs who undertake MHO duties alongside their substantive post as a social worker within a practice team. This has adversely impacted on allocating work and meeting statutory timescales and limited the availability of practitioners to provide advice and consultation to other teams. Social workers will, however, continue to be supported to apply to the MHO training programme.

Following a realignment of the service, a social work post designated to undertake assessment and care management functions for mentally disordered offenders now sits wholly within the core MHO team (having previously been a shared post with Criminal Justice services).

In terms of statutory duties undertaken by the MHO service, the volume of work has been relatively stable during the period 2018-19, with no marked contrast to the previous annual period. Figure 12, below, illustrates minor variances from the previous year related to private guardianship and local authority orders:

*Figure 12: Private Guardianship and Local Authority Orders:*

	<b>2018-19</b>	<b>2017-18</b>	<b>variance (n)</b>
<b>Private Guardianship Orders</b>	54	62	-8
<b>Local Authority Orders</b>	23	19	+4

During 2018-19, specific activity sought to reduce timescales to allocate MHO reports to accompany local authority and private guardianship applications. The average time from receipt of referral to

appointment of an MHO during 2018-19 was six weeks; an improvement from eight weeks in 2017-18; a process is in place for prioritising more urgent cases (eg: hospital discharge).

The other main area of work for the service is the discharge of functions under the terms of the Mental Health (Care and Treatment) (Scotland) Act 2003. This includes the provision of service to mentally disordered offenders who are subject to statutory measures. The service currently supports 14 individuals who require significant input.

There have been no instances whereby statutory duties as specified in the 2003 Act have not been completed in accordance with prescribed requirement and timescales.

### **Adult Care Team**

The Adult Care Team and Your Enablement Service (YES) health component consists of Physiotherapists, Occupational Therapists and a Rehabilitation Support Worker who provide support and rehabilitation for adults aged 65 years and under.

During 2018-19 the team prioritised reducing waiting times and targeting individuals who required input from the team according to assessed need. They provided rehabilitation focussed on patient goals, promoting self management and improving overall health outcomes

Analysis of referral pathways, referral type and opportunities to signpost individuals to more appropriate services sought to improve waiting times – from a waiting time of 6 months for a physiotherapist or occupational therapist in May 2018, the longest wait by the end of the financial year was projected to just over 8 weeks..

### **Community Hospital Discharge Team**

The Community Hospital Discharge Team received an average of 60 new referrals per week during 2018-19. The team is focussed on ensuring safe and timely discharge to home or a homely setting and offers a multi-disciplinary response to presenting need.

By continuing to focus on timely and appropriate hospital discharge, the number of acute bed days lost to delayed discharge for West Dunbartonshire residents improved by 28% over the past two year period, although there was a small increase of 73 bed days (2%) from 2017-18. The number of bed days lost to delayed discharge in relation to complex cases reduced by 32% from 2017-18.

The team will focus more on in-reach in 2019-20, utilising a more targeted approach to those individuals who have been inpatients for 10 days or more, thereby identifying themes and engaging with ward staff to promote more timely discharge to support people to return home wherever possible.

### **Avoiding Hospital Admissions – Focussed Intervention Team**

During 2018-19, our new Focussed Intervention Team was developed, with structured links to key partners including the Community Older People's Team, Hospital Discharge Team, District Nursing, Care at Home, GPs, mental health services, care homes and third sector organisations.

The team has been set up to respond rapidly to referrals (within 2 hours) to avoid unnecessary admission to hospital and support individuals to remain in their own home during an acute episode of ill health including evenings, weekends and public holidays.

It is anticipated that the Focussed Intervention Team will provide a safe alternative to hospital admission, thereby positively impacting on the number of unscheduled care presentations.

## **Frailty and Falls**

In 2018/19 there were 2,567 level one falls conversations recorded within health and care teams including social workers and community occupational therapists. In addition, 2,442 level two multi-factorial falls assessments were completed, resulting in 503 home exercise programmes being delivered. Work continues with the Scottish Ambulance Service to increase referrals to the Community Older Peoples team for assessment after a fall to reduce the need for hospital admission wherever possible.

The use of the Clinical Frailty scale was embedded in practice over the past year and 2,748 Frailty screens were completed by integrated teams, providing a greater understanding of the potential needs of the older population.

## **Older People's services**

After significant engagement and consultation with residents, relatives and staff, Boquhanran House was closed in February 2019, in response to challenges associated with the fabric and maintenance of the building and the health and wellbeing of the people residing there.

All 17 residents were moved successfully and settled within their own chosen place of residence. The improved standard of accommodation in their new chosen residence has improved quality of life while the provision of care across two Clydebank homes has allowed for a better staff skill mix, providing better quality care to residents.

The positive impacts from this service change should go some way to prepare staff, residents and their families for the move to the new Clydebank care home being developed at Queens Quay – an important further development for care services within West Dunbartonshire.

## **Mental Health Services**

Scotland's Mental Health Strategy: 2017-2027, Action 15, emphasises the need to prevent and treat mental health problems with the same commitment, passion and drive as physical health problems.

Work in West Dunbartonshire has therefore focused around improvements to prevention and early intervention, access to treatment, physical wellbeing and rights, information use and planning around mental health services.

The Strategy commits the Scottish Government to increase the workforce to give access to dedicated mental health professionals at Accident and Emergency Departments, all GP practices, every police station custody suite and prisons. Additional national investment over the next five years will increase to £35 million for the equivalent of 800 new mental health workers in these key settings.

West Dunbartonshire HSCP has been allocated a proportionate amount of funding that will create a range of new posts to support people with complex care needs in these settings, while the HSCP will receive the benefits of an approach across NHS Greater Glasgow & Clyde that will support additional mental health workers within the prison service, acute hospital liaison services, police custody suites and peer support workers within mental health hospital settings.

## **Learning Disabilities Services**

In 2018-19 there were approximately 460 people with a learning disability living in West Dunbartonshire. 55% were supported at home by a family carer and 40% were living in mainstream accommodation with support.



Over the last year, the service completed a benchmarking exercise to review existing services against the recommendations of the Keys to Life (2013) and its four strategic outcomes: Independence, Choice and Control, Healthy Life and Active Citizen.

An integrated approach to service delivery across community health and care, as well as third sector providers, has supported the delivery of effective and targeted specialist services, which is prioritised around the key aims of people with a learning disability using an outcome-focussed approach to promote person-centred assessment and planning.

The team has also worked with colleagues from hospital inpatient services as part of a redesign of assessment and treatment services to scope how to build local capacity and capability to reduce admissions to hospital. This includes individuals currently in long stay beds or 'out of area' placements which have been highlighted as a priority within the 'Coming Home' Report (Scottish Government: 2018).

Work with partners from education, children's services and other adult services has sought to deliver improvements in the transition from education into adult services for young people identified as having additional support needs (including learning disability). Earlier identification of the appropriate adult service up to two years in advance and improved information sharing to identify the best future services and developing blended services across Mental Health, Adult Care and Learning Disabilities Services are expected to provide improved person centred outcomes.

The service has also been working with Housing Services colleagues and housing developers to identify future housing stock that can support people to have homes that better meet their needs within a 'core and cluster' model of support.

### **Work Connect – Specialist Supported Employment Service**

The opening of the Pavilion Cafe in February 2019 represented the latest addition to the Work Connect partnership portfolio with the Council's Greenspace service. The £4million investment in the park includes £2.8million from Heritage Lottery Funding.

The cafe, in Levensgrove Park, Dumbarton, is managed by Work Connect Specialist Supported Employment Services and will also be used as a training kitchen for adults recovering from mental health issues and Addictions as well as people with Learning Disabilities and Autism. This opportunity offers trainees the chance to develop employability skills and to gain work experience to support a return to work.

All Pavilion trainees have completed a recognised customer service course in partnership with Working 4U and West College Scotland in Clydebank. They have also received West Dunbartonshire Council Induction and Fire Safety training.

### **Addiction Services**

West Dunbartonshire Addiction Services continued to work with Police Scotland to support 'hard to reach' vulnerable adults with chaotic and complex drug and alcohol use, often with co-existing mental health issues and offending behaviour.

Joint working with colleagues including Health, Criminal Justice Social Work, Mental Health, Youth Services and housing agencies has provided support, advice and education around any alcohol and/or drug dependence issues.

Vulnerable adults are discussed weekly at the Vulnerable Adult Forum which includes staff from Addictions, Mental Health, Adult Services, Learning Disabilities and Hospital Discharge. Addictions staff also regularly review Emergency Hospital Admissions to monitor and revise care plans of those frequently being admitted to hospital to ensure effective, responsive interventions.

## CRIMINAL JUSTICE SOCIAL WORK SERVICES

During 2018-19, criminal justice social work services saw some notable variations in workload compared to the previous year. Figure 13, below, illustrates changes in demand across a range of criminal justice activity:

Figure 13: Criminal Justice Workload

	2018-19	2017-18	Change (n)	Change (%)
<b>Criminal Justice Social Work Reports</b>	575	618	-43	-7%
<b>Community Payback Orders</b>	409	428	-19	-4%
<b>Drug Treatment and Testing Orders</b>	8	24	-16	-67%
<b>Diversion</b>	14	5	+9	+180%
<b>Throughcare (released prisoners)</b>	26	46	-20	-43%
<b>Throughcare (serving prisoners)</b>	34	42	-8	-19%
<b>Home Circumstance Reports</b>	124	140	-16	-11%
<b>Home Detention Curfew assessments</b>	36	73	-37	-51%

### Community Payback Orders (CPOs)

During 2018-19, 409 new CPOs were imposed, a reduction of 19 (4%) on the previous year. Of these orders, a supervision requirement was included in 71 Orders (17%); unpaid work was included in 148 orders (36%), whilst 190 orders (46%) had both supervision and unpaid work included. Other requirements available to the Courts include: alcohol/drug treatment, mental health treatment, programme and compensation requirements. In January 2019 new National Standards were developed to promote good practice and will be embedded within the team's assessment and supervision of individuals.

Positive working relationships with a range of key partners have been key to the development of risk management plans that focus on both reducing offending behaviour and supporting individuals to develop stronger community connections and an enhanced focus on living without offending.

During 2018-19 the service established links with Cornerstone's 'Partnership Project' who work with individuals at risk of becoming involved or already involved with the criminal justice system, providing emotional and practical support around housing, benefits, support to access and attend appointments and to reduce social isolation. Also, their 'Finding a Voice' service offered 1-1 emotional support to survivors and perpetrators of sexual violence and trauma.

The service continued to work with the Turning Point (Scotland) residential programme, which provides residential-based interventions for 6-8 weeks for individuals to address their alcohol and/or drug use. Locally, work with the Alternatives addictions service 'Safe as Houses' project supported individuals to access residential accommodation and intensive support to address addiction issues.

Another key partnership with SACRO's Pair Project provided interventions with a number of men convicted of domestic abuse offences to challenge their behaviour and beliefs with the aim of reducing their risk of further violence against women. Positive feedback from participants and local Sheriffs resulted in further HSCP funding to extend the project into 2019-20.

The service has worked to develop stronger links with Community Justice Scotland, whilst preparation for the forthcoming inspection of Justice Services by the Care Inspectorate has enabled the team to reflect on practice and areas for further service improvement and team development. Although the outcome of the inspection process is not expected until summer 2019, managers and staff have reviewed how performance and management information can be developed, alongside improved participation in national policy developments including the potential extension of the presumption against short sentences.

## **Unpaid Work**

Individuals sentenced by Courts to undertake unpaid work in their community complete a range of activities, either within a supervised work squad or in an individual placement e.g. charity shops and community groups. The unpaid work service continued to prioritise projects that offer the most benefit to the local community. Strong links and partnerships with community groups and the Council are fundamental to developing and sustaining a range of unpaid work placements.

During 2018-19, individuals undertook a range of projects including environmental conservation work; landscaping and gardening maintenance of local churches and children's hospice; assistance with food share distribution; a joinery project; painting and decorating; tackling flying tipping and litter removal.

## **Diversion from Prosecution**

During 2018-19, the service provided Diversion services to 14 individuals (an increase of 9 from 2017-18). Individuals who agreed to participate in the service received individual support and were signposted to appropriate services to address underlying issues such as alcohol/drug use, mental health, housing and employability. The service also participated in the North Strathclyde grouping of the national liaison network of partner agencies, established by the Crown Office and Procurator Fiscal Service during 2018-19. Work to improve the referral process and the service provided from point of arrest has commenced and will be continued into 2019-20.

## **Fiscal Work Orders (FWO)**

The service completed 11 Fiscal Work Order assessments in 2018-19 (one more than the previous year) for individuals referred by the Procurator Fiscal where between 10 and 50 hours unpaid work can be imposed. Fiscal Work Orders were facilitated either alongside individuals completing unpaid work as part of a CPO or in individual placements, for example where the person may be vulnerable or under 18 years old.

## **Home Detention Curfew (HDC)**

36 HDC assessments were provided for the Scottish Prison Service (SPS) on the suitability of accommodation identified for prisoner to be released early subject to electronic monitoring. This represented a 51% reduction from 2017-18.

## **Multi-Agency Public Protection Arrangements (MAPPA)**

The management of high risk offenders is a key area of priority for criminal justice social work services in West Dunbartonshire. MAPPA is well established across the range of responsible authorities (West Dunbartonshire Council, Police Scotland, Scottish Prison Service and NHS Greater Glasgow & Clyde).

The national extension of MAPPA to include other offenders who have been assessed as posing an imminent risk of serious harm continued to have a small but notable impact on the work of the service in directly contributing to public protection.

West Dunbartonshire is part of North Strathclyde MAPPA arrangements and the service is supported by the MAPPA unit who provide professional advice and guidance as well as supporting responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.

MAPPA cases are assessed and reviewed on an ongoing, multi-agency basis; the majority of cases in West Dunbartonshire are managed at level 1 (ordinary risk management), with fewer cases requiring level 2 (multi-agency) or level 3 (critical) interventions. As referred to in section 2, above,

West Dunbartonshire Public Protection Chief Officers Group oversees local arrangements and the Chief Social Work Officer is a member of the North Strathclyde MAPPA Strategic Oversight Group which oversees operational developments are being taken forward by the Management Oversight Group.

### **Drug Treatment and Testing Orders (DTTOs)**

DTTO continues to be provided by an integrated team across the inter-authority areas of Argyll & Bute, East Dunbartonshire and West Dunbartonshire. Interventions seek to promote recovery, stability and a reduction in offending. During 2018-19, the service completed 29 assessments and managed 8 new orders for West Dunbartonshire in addition to existing orders made in the previous year and orders imposed in the other local authority areas.

### **Community Justice**

With effect from April 2016 the responsibility for planning and delivery of community justice has been the responsibility of local community justice partners. Governance arrangements have remained with the Safer DIG.

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.

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

- ensuring that improved processes for multi-agency assessment of need and access to relevant services is implemented for individuals aged 16 years and older involved in, or on the edges of, the criminal justice system
- preparing and publishing a local plan that details how they will improve community justice outcomes
- submitting an annual report on progress to Community Justice Scotland, having consulted with third sector partners, community bodies and any other appropriate services.

The rationale driving the national strategy for community justice is that the issues underpinning offending are complex, beyond the power of any single agency to resolve and may have aspects which have particular importance in certain localities, for instance the continuing persistently high and complex levels of reported gender based violence in West Dunbartonshire. This underpins work being taken forward to re-establish a West Dunbartonshire Violence against Women partnership, focussed specifically on the needs of the local population following a previous model across Police Scotland 'L' Division which includes the Argyll & Bute Council area.

### **Domestic Abuse/Equally Safe**

Domestic abuse continues to present a significant challenge for the residents, services and communities within West Dunbartonshire, which has one of the highest rates of domestic abuse per 10,000 of the population in Scotland.

As one of the top priorities for the Community Planning Partnership's Local Outcome Improvement Plan (LOIP), domestic abuse has now been located within the Safer DIG, with the Scottish Government Equally Safe priorities embedded in the 2018-19 DIG action plan.

During 2018-19, the cross-authority Domestic Abuse Partnership arrangements for West Dunbartonshire and Argyll & Bute Councils were changed to single authority, in recognition of the distinct needs in each area (although a strategic oversight group will continue to meet twice per year to share learning and experience). Work to develop the refreshed Violence against Women

Partnership will build on progress over the past year around the work of the local Domestic Abuse summit group and the 'No Home for Domestic Abuse' project. These developments will also align local priorities with the National Standards for Equally Safe.

### **ACES (Adverse Childhood Experiences)**

In May 2018, West Dunbartonshire Community Planning hosted an ACES conference in Clydebank Town Hall, attended by 244 people from across the public and third sectors. From this, a local ACES hub was established, as a forum for networking and facilitating continued staff development.

The ACES Hub now includes approximately 100 professionals from across the voluntary and third sector, West Dunbartonshire Council and the HSCP. The group meets every quarter and activity during 2018-19 has focussed on topics such as 'One Good Adult' and the Trauma Training Framework. This group has developed into a dedicated community of interest and networking to enhance ACES awareness across multi-professional strategic and planning groups in West Dunbartonshire.

The ACES planning group also meets quarterly – this is a multiagency group of senior managers from children's health, social work, education, adult mental health, addictions, Police, Fire, and health improvement services. This work has been further enhanced by links with Health Scotland around ACES work.

Part of our commitment to ACES last year was to extend the opportunity for staff in the HSCP and other services to view the 'Resilience' documentary – as such, bi-monthly viewings have been provided and continue to be well attended with 450 staff attending a viewing of the documentary by 31 March 2019. This is a key mechanism for raising awareness of ACES and, encouragingly, 97% of people reported that the film had made them think about their practice. A series of follow-up focus groups continue to evaluate the impact of the documentary and to track how practitioners across services can integrate ACES awareness to their roles. Furthermore, a trauma training scoping exercise is currently underway to inform staff and service development around ACES in West Dunbartonshire.

In the next year, further development will seek to ensure genuine community involvement at all levels of ACES work in the HSCP and Council, where professional leads will seek opportunities to develop trauma informed practice across all services.

### **Self-Directed Support (SDS)**

West Dunbartonshire HSCP remains committed to supporting those who wish to take advantage of the opportunities within SDS. As referred to above, West Dunbartonshire was one of six areas across Scotland to take part in a thematic inspection of SDS, coinciding with plans to revise local guidance and training. The inspection took place during summer 2018 and the report is expected around June 2019. In advance of the inspection report, work has been developed to support more consistent practice, whilst strategic accountability and governance arrangements are also being reviewed to shape and reform the policy arrangements for SDS.

SDS has been embedded in the HSCP's assessment process across adults and children's services. The HSCP's Integrated Resource Framework supported indicative personal budgeting assessments, which aim to support fairness and equality for everyone assessed as eligible for local authority-funded support.

Over the past year, the number of service users who opted to take a Direct Payment (Option 1) continued to be low, however expenditure on Options 1 and 2 has increased overall, suggesting an improving awareness and confidence in the opportunities for tailored support and care within SDS, which services will build on in the next year.

Within West Dunbartonshire's SDS approach, a whole systems approach to commissioning and monitoring has been promoted. The recommendations from the inspection report will be instrumental in further developing and delivering the strategic priorities for SDS in West Dunbartonshire across HSCP and independent services in partnership with service users and carers.

## Carers

Unpaid carers continue to make a valuable contribution in supporting vulnerable people to live independently within our communities. The Carers (Scotland) Act came into force on 1st April 2018 to promote, defend and extend the rights of all adult and young carers. It aims to better support all carers with their own health and wellbeing and help make caring roles more sustainable.

Partnership work with Carers of West Dunbartonshire and Y Sort-It (in relation to young carers) has been central to developing 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 has been developed to assess the needs of adult carers. Tier 1 involves a practitioner undertaking a 'carer conversation' with a person who has identified themselves as a carer, focussed on rights, identifying specific carer needs and to explore access to support.

A Tier 2 Adult Carer Support Plan involves a full carer assessment to develop a carer support plan to meet the personal outcomes of each carer based on their specific and individual needs.

Young carers are identified through a Children's Comprehensive Assessment and referred to our local young person's third sector partner, Y Sort-it, who complete a Young Carer's Statement on behalf of the HSCP.

## Complaints

A total of 35 stage one (frontline) complaints and 49 stage 2 complaints were received across the HSCP during the year. One stage one complaint was dealt with as a stage 2 matter. Complaints are responded to under either the local authority complaints policy (social work) or the NHS Greater Glasgow & Clyde complaints policy (health). A summary of complaint handling and outcomes for matters dealt with by the social work complaints policy is provided in Figure 14, below:

*Figure 14: Complaints by outcome and service area*

Outcome	
Fully upheld	4
Partially upheld	9
Not upheld	18
Unsubstantiated	6
Service Area	
Mental Health, Learning Disabilities and Addictions	6
Children's Health, Care and Criminal Justice	16
Community Health and Care Services	14
Joint HSCP and Housing complaint	1

Of these complaints, 49% were not upheld, 24% were partially upheld and 11% were fully upheld.

Furthermore, 12 (32%) complaints were responded to within timescales against a target of 70%. The majority of delays were related to the complexity of complaints, which necessitated more time to complete the investigation process to inform a response. Also integrated arrangements with parallel complaints processes continue to impact on achieving this target.

Four individuals took their complaint to the Scottish Public Service Ombudsman (SPSO) in 2018-19, three of which were not taken forward by the SPSO. One matter has been investigated and the outcome is expected in due course.

Each complaint provides a learning opportunity for services to learn from and to inform ongoing practice improvements and a report providing information about the type of complaints, response, timescales and trends is provided to the quarterly HSCP Clinical and Care Governance group who consider the responses, emerging themes and actions for further practice improvement.

## **6. WORKFORCE**

### **Planning**

The ageing workforce within Care at Home Services presents a challenge with over 23% of the workforce over 60 years of age. Trend analysis also shows that staff are choosing to work longer. How we support older people in the workforce is one of the areas that our Employee Wellbeing Strategy has been seeking to address, whilst work has been taken forward to look at employability in conjunction with the Council's Working 4 U team and a Job Sector Academy to encourage people in the local area into careers in care.

The Scottish Social Services Council (SSSC) is the main regulatory agency for social work and social care. During 2018-19, registration of the social services workforce and supporting professional development has been an important aspect of the CSWO function. Workforce planning activity included efforts to ensure staff will be registered in our Care at Home workforce by the 17<sup>th</sup> December 2019 deadline. A module on the electronic HR system has been developed where managers can update registration for staff and run reports on all staff who are registered. This provides assurance within a single recording system for staff registered with the SSSC.

Recruitment and retention of staff across social work and care services is of continuous importance to meet the needs of our service users. Support to paraprofessionals who may wish to undertake social work training has been emphasised, alongside a review of the staffing establishment and skill mix across the HSCP.

Over the next year, the Workforce and Organisational Development Strategy for the HSCP will be reviewed to reflect the requirements of the revised Workforce Planning Guidance for the Health and Social Care Workforce, which is due to be issued shortly.

### **Development**

Supervision sessions continue to be the main opportunity for staff to discuss career development, learning and profession-specific training to support them in their roles. This was extended to housing services colleagues during 2018-19, when the HSCP delivered mental health first aid training for all frontline Housing Officers in the Council.

A number of staff have been supported on leadership programmes through the NHS and Council to support them in frontline leadership and management roles. Participants are from different levels of management and professional backgrounds. These courses create opportunities for staff to share good practice and facilitate better understanding of roles within an integrated setting.

HSCP staff also took part in the iMatter staff engagement survey which saw an improvement in overall response rates of 62% compared to 47% the previous year. Care at Home staff also took part in a pilot to reduce paper copies, resulting in a 72% response rate for this staff group, compared to 4% the previous year.

Team action plans have been developed which support improvements to how teams operate



and to identify what is important to staff. This offers notable benefits in terms of a single approach to staff engagement across the HSCP.

## **7. LOOKING AHEAD TO 2019-20**

The continued development of services, maximising opportunities from integration and the overall commitment to continually improving practice to support better outcomes for children, young people and adults is clear. This has helped to shape and inform the next HSCP Strategic Plan 2019-22<sup>1</sup> with the vision of 'improving lives with the people of West Dunbartonshire'. The plan will demonstrate the commitment to:

- children and young people (reflected in Getting It Right for Every Child)
- continual transformation in integrated delivery of services for adults and older people
- the safety and protection of the most vulnerable people within our care and 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.

The budget-setting process for 2019-20 has included significant focus on known pressures as well as estimating future demand. Key pressures will be centred on:

- community placements for children and young people
- residential accommodation for young people
- residential accommodation for older adults
- care at home.

These areas of service will require to review practice arrangements and undertake work to address longstanding financial challenges – for example, joint working with Education colleagues will inform senior leaders on work to identify alternative supports for younger people, whilst the development of the new Clydebank Care Home will increase availability of nursing home placements in the local area, albeit that demand remains high meantime. Furthermore, increasing demand for care at home, including from work to keep delayed discharges low, places pressure on internal and external resources. Work to balance these competing issues will therefore be key to addressing local financial challenges.

Health inequalities in West Dunbartonshire are reflected in the high number of people living with complex, long-term conditions, whilst the impact of adverse childhood experiences (ACEs) across the population will continue to impact on the need for services and the need for achieving generational change to address the emotional and physical inequalities in health and wellbeing. Demand for social work and care services will continue to be high which presents significant challenges to planning and providing services which address these longstanding inequalities within a climate of limited financial resources.

Work to tackle demand and financial pressure around Kinship will be taken forward as part of the Kinship PACE work stream alongside our participation in the national kinship care group which is being developed through Social Work Scotland.

Meanwhile, the Mental Health Officer service will review processes for reporting on performance and management information alongside a full review of the HSCP's Adults with Incapacity procedures. A consultation process will explore the potential development of a link-worker/clinic system to ensure that teams across the HSCP have an additional access point to the service and to improve access to professional advice. Further work around improving uptake of MHO training by social workers will also be taken forward.

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<sup>1</sup> <http://wdhscp.org.uk/about-us/health-and-social-partnership-board/strategic-plan/>

The Focussed Intervention Team will shortly be fully staffed and is expected to have a positive impact on reducing the number of adults who are admitted to hospital; meanwhile learning from the inspections of SDS and criminal justice social work services will be taken forward to improve practice, performance and access to services.

The Chief Social Work Officer will therefore continue to work with managers and staff across the HSCP and wider partners to address these challenges, ensuring a focus on the continuous development of practice to increase access to services at the point of need; to reduce inequalities and to manage the competing issues of rising demand and limited resources.

Finally, I must thank my social work and health colleagues across the HSCP and our partner organisations, whose commitment, dedication and creativity have impressed me since recently coming into post. I am confident that these strengths will be instrumental in making a positive difference in the year ahead.




**Jonathan Hinds**  
**Head of Children's Health, Care and Criminal Justice**  
**Chief Social Work Officer**  
**September 2019**




## Appendix 1: Care Inspectorate Inspection Outcomes 2018-19


This Appendix details the grades achieved for West Dunbartonshire HSCP services which were inspected and had reports published between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2019. All 4 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.





Gradings:

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



















Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
<b>Children's Health, Care and Criminal Justice</b>					
<b>Adoption Service</b>	26 April 16	5 N/A N/A 4	26 April 18 	4 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. Improvements should be made to the timescales for children moving into their adoptive family. 2. Timescales should be set for children's social workers to consider potential adopters for children and a member of the adoption team should be involved throughout this process in recognition of their expertise in this area. 3. The adoption and permanence procedures should be updated to promote best practice in the adoption of children.				
<b>Blairvadach Children's House</b>	21 June 17	4 3 N/A N/A	24 July 18 	5 3 N/A N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The young people living within Blairvadach should experience the best possible environment. Therefore we have recommended that they reduce the number of young people living in the house from seven to six and to re-register the service with the Care Inspectorate. West Dunbartonshire Council have ensured us that they will fulfil this recommendation at the first opportunity.				
<b>Burnside Children's House</b>	20 March 18	5 N/A N/A 5	26 November 18 	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
<b>Children's Health, Care and Criminal Justice</b>					
<b>Craigellachie Children's House</b>	23 February 17	4 N/A 4 N/A	18 September 18 	4 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: <ol style="list-style-type: none"> <li>1. Service delivery should be consistently applied by the staff team for all young people. The decisions about behaviour management or care and support should reflect the age and progress of the young people. Any changes to these decisions should be clearly communicated to them.</li> <li>2. The young people should be supported by a staff team that is motivated, well led and is working together. In order to achieve this, the staff require individual support and bespoke opportunities to develop their skills. Furthermore, the views of the staff team are essential in service delivery and improvement. We would encourage the management team to gather the views of the staff team and seek opportunities to bring them together to develop a shared focus for the service.</li> <li>3. Each of the young people should have an outcome focused care plan which is built upon their views and needs. This plan should measure progress and be updated on a regular basis through a clear review process.</li> </ol>				
<b>Fostering Service</b>	26 April 2016	5 N/A N/A 4	26 April 2018 	4 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: <ol style="list-style-type: none"> <li>1. The service should review their processes to ensure that when carers are outwith their registration they are returned to panel within timescales. This is to ensure the continued suitability of the foster carers and enable a recommendation to be made regarding any variation to the terms of approval.</li> <li>2. The service should make arrangements to implement risk assessments and safer caring plans for children and young people as soon as possible.</li> </ol>				
<b>Throughcare – Adult Placement Services</b>	3 February 17	6 N/A 6 N/A	28 March 2019 	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				















Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
<b>Community Health and Care Services</b>					
<b>Care at Home Services</b>	15 March 18	5 N/A 5 N/A	5 October 2018 	4 N/A 4 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: 1. The service should review its approach to supporting people with medication. This should include; clear definitions of what support might be provided by staff and ensuring staff are made aware of the appropriate guidance and their role in supporting people with medication. 2. 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. 3. 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. 4. The service must ensure that staff are provided with supervision on a regular basis, in keeping with the service's supervision policy. This should be scheduled in advance with discussions and decisions being clearly recorded.				
<b>Crosslet House</b>	No previous inspection		17 May 2018	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: The provider should provide care staff with meaningful activity training to ensure that activities, both social and physical, are consistently promoted throughout the care home each day of the week.				
<b>Crosslet Day Care</b>	No previous inspection		31 May 2018	5 5 5 5	Care and Support Environment Staffing Management and Leadership
	Requirements: None Recommendations: None				

Service	Previous Inspection	Grade	Latest Inspection	Grade	Quality Theme
Community Health and Care Services					
Frank Downie House	11 October 17	5	17 September 18 	5	How well do we support people's wellbeing
		4		N/A	How good is our leadership
		4		N/A	How good is our staff team
		N/A		N/A	How good is our setting
				5	How well is care and support planned
	Requirements: None Recommendations: The service provider should ensure that staff are given regular opportunities to meet with their supervisors and that appropriate records of these meetings are maintained.				
Sheltered Housing	15 March 18	5	21 December 18 	5	Care and Support
		N/A		N/A	Environment
		5		N/A	Staffing
		N/A			Management and Leadership
	Requirements: None Recommendations: Dementia training at skilled level should be completed by all staff.				
Mental Health, Learning Disability and Addiction					
Learning Disability Service – Housing Support Service	24 November 17	5	15 November 18 	6	Care and Support
		N/A		N/A	Environment
		4		N/A	Staffing
		5		6	Management and Leadership
	Requirements: None Recommendations: None				
Learning Disability Service – Community Connections	9 March 18	5	7 February 19 	5	Care and Support
		N/A		N/A	Environment
		5		N/A	Staffing
		N/A		5	Management and Leadership
	Requirements: None Recommendations: None				

## Appendix 2: West Dunbartonshire HSCP Key Performance Indicator Summary 2018/19

Performance Indicator	2017/18	2018/19		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	84.2%	78.5%	90%	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	9	18	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.9%	94.9%	95%	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.7%	97.5%	95%	
Balance of Care for looked after children: % of children being looked after in the Community	90.34%	91.5%	90%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	78%	60%	75%	
Number of delayed discharges over 3 days (72 hours) non-complex cases	4	10	0	
Number of attendances at Accident and Emergency (Emergency Departments and Minor Injuries Units)	30,463	32,819	28,333	
Number of clients 65+ receiving a re-ablement intervention	632	450	575	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	64.7%	57.6%	60%	
Number of patients in anticipatory care programmes	1,921	1,306	1,400	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,139	21,247	21,036	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	488	566.5	518	
Percentage of people aged 65 and over who receive 20 or more interventions per week	34.2%	36.9%	30%	
Percentage of homecare clients aged 65+ receiving personal care	92.1%	94.9%	90%	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98%	98.4%	98%	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	26.9%	25%	30%	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	24.4%	32.9%	30%	



Performance Indicator	2017/18	2018/19		
	Value	Value	Target	Status
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42.5%	31.4%	35%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	39%	90%	
Number of clients receiving Home Care Pharmacy Team support	941	930	900	
Prescribing cost per weighted patient	£173.07	£167.87	£173.72	
Compliance with Formulary Preferred List	80.2%	79.1%	78%	
Percentage of carers who feel supported to continue in their caring role	97.4%	98%	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.4%	91.6%	90%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	90%	83%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79%	59%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15%	40%	80%	
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	79.2%	75%	95%	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	96%	69%	90%	



Target achieved or exceeded







Target narrowly missed





Target missed by 15% or more

Unscheduled care performance is being measured against locally set Ministerial Steering Group (MSG) targets and against NHS Greater Glasgow and Clyde's (NHS GGC) target of 10% reduction in unscheduled bed days, unnecessary hospital admissions and A&E attendances across the NHS GGC.

Performance Indicator	2017/18	2018/19				
	Value	Value	MSG Target	MSG Status	NHS GGC Target	NHS GGC Status
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,291	2,502	3,211		2,742	
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	461	387	1,552		764	

An issue with incomplete data at Health Board level has resulted in the Scottish Government instructing HSCPs not to publish January 2019 to March 2019 data in relation to emergency admissions and unscheduled bed days.

For the purposes of comparison on previous years and to show progress against our MSG and NHS GGC targets we are therefore required to use calendar year data for emergency admissions and unscheduled bed days.

Performance Indicator	2017	2018				
	Value	Value	MSG Target 2018/19	MSG Status	NHS GGC Target 2018/19	NHS GGC Status
Number of emergency admissions aged 65+	4,621	4,757	3,734		3,537	
Emergency admissions aged 65+ as a rate per 1,000 population	273	274	238		237	
Number of emergency admissions (All ages)	10,404	10,502	10,107		9,646	
Unplanned acute bed days (aged 65+)	52,017	50,281	40,260		36,974	
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,186	3,061	2,558		2,349	

### Appendix 3: HSCP Local Government Benchmarking Framework Indicators







Performance Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	
	Value	Value	Value	Value	Value	Note
Balance of Care for looked after children: % of children being looked after in the Community	90.51%	89.12%	89.81%	89.98%	90.34%	We are ranked 13th in Scotland and the Scotland figure is 89.69%, below our 90% target.
The gross cost of "children looked after" in residential based services per child per week £	£2,946.15	£2,374.54	£2,292.62	£2,022.36	£2,273.00	We are ranked 3rd lowest gross cost in Scotland in 2017/18 and are well below the Scotland figure of £3,485 per week.
The gross cost of "children looked after" in a community setting per child per week £	£155.63	£159.38	£185.70	£164.66	£200.00	We are ranked 3rd lowest gross cost in Scotland in 2017/18 and are well below the Scotland figure of £328 per week.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.41%	1.8%	2.19%	2.37%	2.57%	We are ranked 28th in Scotland and the Scotland figure is 6.72%.
Home care costs for people aged 65 or over per hour £	£18.47	£20.91	£22.03	£24.24	£25.90	We are ranked 21st in Scotland. The Scotland figure is £23.76.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£415.97	£460.43	£466.13	£479.97	£482.00	We are ranked 27th in Scotland and the Scotland figure is £372.
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	75.98%	77.5%	71.66%	56.71%	0.35%	From April 2017 onwards, very few children reviewed in NHS Greater Glasgow & Clyde have had meaningful information recorded for every developmental domain due to a mismatch between paperwork and systems. 2017/18 figures are not comparable to previous years.

## Appendix 4: Performance and Assurance Reporting Framework: Public Protection Chief Officers Group 2018/19

### Safe




#### Key Performance Targets







#### 1. Child Protection

Performance Indicator	2017/ 18	Q1 2017/ 18	Q2 2017/ 18	Q3 2017/ 18	Q4 2017/ 18	Q1 2018/ 19	Q2 2018/ 19	Q3 2018/ 19	Q4 2018/ 19	2018/19					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of child protection investigations to case conference within 21 days	79.2 %	57.8 %	84%	92.2 %	86%	90.5 %	56.25 %	61.76 %	83.33 %	75%	95%				Of the 156 case conferences held during 2018/19 117 were within 21 days
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				There are 52 children on the register.

#### 2. Adult Support and Protection

#### Adults at Risk - Referrals

Performance Indicator	2017/ 18	Q1 2017/ 18	Q2 2017/ 18	Q3 2017/ 18	Q4 2017/ 18	Q1 2018/ 19	Q2 2018/ 19	Q3 2018/ 19	Q4 2018/ 19	2018/19					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Adults at Risk enquiries completed within 5 working days from point of referral	83%	74%	89%	90%	79%	89%	93%	80%	87%	87%	85%				280 of 321 enquiries.

Adults at Risk - Investigations															
Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19					
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Adults at Risk Investigations started within 6 working days from point of referral (West of Scotland Guidelines requirement is 8 working days)	74%	85%	71%	60%	83%	100%	91%	100%	100%	98%	80%				43 of 44 investigations. 100% under West of Scotland Guidelines of 8 working days.
Percentage of Adults at Risk Case Conferences held within 20 working days from point of referral	48%	50%	50%	60%	33%	50%	100%	50%	N/A	58%	75%				Due to the complexity of risk it is expected that the case conference may be outwith timescales. Relevant action to mitigate risk was in place prior to conference.
Percentage of Adult Support and Protection clients aged 16 to 18 who have current risk assessment and care plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	There were no Adult Support and Protection clients aged 16 to 18 years during 2017/18 or 2018/19.

### 3. Criminal Justice

#### Registered Sex Offenders, Restricted Patients and Serious Violent Offenders

##### Exceptions Reporting

The following KPIs will be included should the target not be met; 85% of Level 2 MAPPA cases reviewed no less than twelve weeks, 90% of level 3 cases reviewed no less than once every six weeks, the level 2 meeting must be held within 20 days of receipt of referral by the MAPPA Coordinator or their administrator, if the offender is in the community the Level 3 MAPPP must be held within 5 working days of receipt of referral by the MAPPA Coordinator or their administrator, If the offender is in custody or subject to CPA the level 2 or 3 meeting must be held prior to release in the community, stage 1 notifications for community sentences must be made within 3 working days of receipt of community sentences, stage 2 referral of a community sentence must be made within 5 working days of a stage 1 notifications and draft minutes of level 2 and 3 meetings should be produced and sent to MAPPA chairs within 5 working days

##### Quarter 3 Notifications

Notification received on 23<sup>rd</sup> October 2018 for an offender that was sentenced on 10<sup>th</sup> October 2018. 5 working days out of timescales.

Notification received on 27<sup>TH</sup> November 2018 for an offender that was sentenced on 19<sup>th</sup> November 2018. 2 working days out of timescales.  
2 out of 3 community notifications received were out of timescales.

##### Quarter 4

##### Notifications

Notification received 1/03/2019 for an offender that was sentenced on 21/02/2019. 1 day out of timescales.

Notification received 16/05/2019 for an offender that was sentenced on 17/04/2019. 16 days out of timescales.

#### Monitoring Indicators

##### 1. Child Protection

Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Child Protection referrals	423	117	99	122	85	83	103	88	66	340	
Number of Child Protection investigations	310	82	59	106	63	68	61	44	58	231	

Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of children investigated	304	80	59	102	63	65	61	44	57	227	
Number of children investigated - Male	150	41	31	43	35	33	26	24	22	105	
Number of children investigated - Female	153	39	28	59	27	31	32	20	35	118	
Number of children involved in pre-birth case discussions but not progressing to pre-birth conference	0	0	0	0	0	0	0	0	0	0	
Number of children involved in pre-birth case conference	19	6	4	3	6	4	7	2	5	18	
Number of children registered pre-birth (as distinct from live child registration)	7	2	3	0	2	1	3	2	2	8	
Number of Child Protection investigations resulting in a case conference (No of case conferences held)	231	71	43	70	47	46	34	26	52	158	
Number of children on the Child Protection Register at year end	70	60	55	59	70	53	58	47	52	52	1 unborn
Number of children on the Child Protection Register - Male (At Quarter End)	29	29	26	28	29	25	31	26	28	28	
Number of children on the Child Protection Register - Female (At Quarter End)	41	31	29	31	41	28	26	21	23	23	

Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	
Number of children with temporary registration (At Quarter End)	0	5	0	0	0	0	3	4	3	3	
Average length of time on Child Protection Register (Days) - All	152	131	134	149	152	143	142	135	148	148	
Average length of time on Child Protection Register (Days) - Male	171	142	144	177	171	153	152	145	167	167	
Average length of time on Child Protection Register (Days) - Female	145	122	124	125	145	134	135	127	125	125	
Percentage of children remaining on the Child Protection register for more than 18 months	2.9%	0%	1.8%	1.7%	2.9%	1.9%	3.44%	0%	0%	0%	
Number of Child Protection registrations	111	23	31	25	32	18	24	22	24	88	
Number of Child Protection de-registrations	112	34	36	21	21	35	19	29	18	101	
Number of de-registrations where child moved into a formal placement	23	7	7	7	2	7	1	9	6	23	
Number of de-registrations where child returned home or at home with parents	65	24	16	10	15	21	14	13	9	57	
Number of de-registrations where child living with kinship carer	16	1	8	3	4	6	4	5	1	16	
Number of comprehensive medical assessment clinics held	10	4	1	1	4	5	N/A	N/A	N/A	N/A	Not available



Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	
Number of comprehensive medical assessment appointments held	13	4	2	1	6	10	N/A	N/A	N/A	N/A	Not available
Number of referrals to comprehensive medical assessment clinic by social workers	10	3	4	1	2	10	N/A	N/A	N/A	N/A	Not available
Number of referrals to comprehensive medical assessment clinic by health visitors	4	1	2	0	1	0	N/A	N/A	N/A	N/A	Not available
Average waiting time from referral from CPU to Medical (Weeks)	14	11	20	12	12	10	N/A	N/A	N/A	N/A	Not available
Number of referrals to comprehensive medical assessment clinic where reason is Neglect	14	4	6	1	3	8	N/A	N/A	N/A	N/A	Not available
Number of Child Protection referrals aged 0-2 years	69	27	14	20	8	12	21	15	5	53	
Number of Child Protection referrals aged 3-4 years	65	20	12	20	13	9	16	12	6	43	
Number of Child Protection referrals aged 5-8 years	111	22	24	39	26	22	32	24	14	92	
Number of Child Protection referrals aged 9-11 years	92	25	25	21	21	24	17	20	16	77	
Number of Child Protection referrals aged 12 years and over	86	23	24	22	17	16	17	17	25	75	

## 2. Adult Support and Protection

### Adults at Risk Referrals

Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Referrals	347	93	98	90	66	91	70	76	84	321	
Number of Adults at Risk Referrals by Type of Harm Reported	415	112	121	98	84	122	103	108	109	442	
Number of Adults at Risk Referrals that do not meet the 3 point test known and supported by other services	80	21	18	27	14	17	18	7	18	60	

### Adults at Risk - Investigations

Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Investigations	54	13	14	15	12	10	11	15	8	44	
Number of Adults at Risk Orders applied for	4	3	0	0	1	0	0	0	0	0	
Number of Adults at Risk Orders granted	4	3	0	0	1	0	0	0	0	0	

Vulnerable Adults - Referrals											
Performance Indicator	2017/18	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Vulnerable Adult Referrals	743	173	191	165	214	205	203	157	148	713	