

# **West Dunbartonshire Health and Social Care Partnership**

## **Chief Social Work Officer Annual Report**

**2019-20**

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## **1. GOVERNANCE AND ACCOUNTABILITY**

### **Role of the Chief Social Work Officer (CSWO)**

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.

### **Population Profile**

In 2019, the population of West Dunbartonshire was 88,930 (National Records for Scotland, 2020<sup>1</sup>). This is a decrease of 0.2% from 89,130 in 2018. Over the same period, the population of Scotland increased by 0.5%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.

In West Dunbartonshire, 17.6% of the population are aged 0-15, slightly higher than Scotland (16.9%), and 9.8% of the population are aged 16-24, which is smaller than Scotland (10.5%). In terms of overall size, the 45 to 64 age group was the largest in 2019, with a population of 26,075 (29.3%). People aged 65 and over make up 18.8% of West Dunbartonshire's population, which is slightly lower than the whole Scotland population (19.1%).

Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020<sup>2</sup>).

### **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 2019-20, the HSCP vision of 'improving lives with the people of West Dunbartonshire' shaped the HSCP Strategic Plan for 2019-22, where the work of the partnership is focussed on the following five priorities:

- Early Intervention
- Access

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<sup>1</sup> <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html>

<sup>2</sup> <https://www.gov.scot/publications/scottish-index-multiple-deprivation-2020/pages/5/>

- Resilience
- Assets
- Inequalities

## **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 lead on the relevant strategic priorities of West Dunbartonshire Community Planning Partnership as well as the Public Protection Chief Officers Group, West Dunbartonshire Council, the HSCP Board, HSCP Audit & Performance Committee and the 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**

The HSCP 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, Clinical Directors and is chaired by the Chief Nurse; the group also reviews progress around quality assurance improvement plans arising from inspections. Revised Terms of Reference are under development to guide the work of this group in 2020-21.

Self-evaluation and improvement activity is regularly reported in addition to compliance with statutory and mandatory training for staff across the HSCP. Furthermore, the group is a key part of the partnership governance arrangements for initial and significant case reviews and significant clinical incidents.

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

West Dunbartonshire's multi-agency Public Protection Chief Officers Group (PPCOG) is responsible for the strategic co-ordination of public protection services in West Dunbartonshire and is chaired by the Council Chief Executive. Core membership includes the Chief Nurse: Head of Public Protection (NHS Greater Glasgow & Clyde), the Divisional Commander (Police Scotland), the Chief Officer (HSCP) and the Chief Social Work Officer. The Council's Chief Education Officer and the Locality Reporter Manager (Scottish Children's Reporter Administration) are also part of the PPCOG. The group scrutinises the strategic direction and performance of services for child protection, adult protection, multi-agency public protection arrangements (MAPPA) for the management of high risk offenders, violence against women and the Alcohol & Drugs Partnership.

The PPCOG regularly reviews the purpose and function of the group in terms of assurance and governance. The strategic risk register for the PPCOG is currently being updated by group members to reflect the multi-agency approach to risk management and to ensure that senior officers have appropriate oversight of actions and resources required to mitigate risks here.

During 2019-20, recruitment to the new role of joint independent chair for both Adult and Child Protection Committees was completed and Paula Godfrey was appointed to provide

independent scrutiny, professional challenge and enhanced capacity to drive forward strategic priorities.

The post of public protection co-ordinator became vacant in January 2020 and it was recognised that the span of responsibility of this post, to support the work of adult and child protection committees presented challenges in recruitment, alongside agreement of the need to enhance the capacity of public protection functions in West Dunbartonshire. As such, it was agreed to create two lead officer posts, one for adult protection and one for child protection. Work to recruit to these posts is now underway and further reflects the commitment to public protection in West Dunbartonshire.

The Performance and Assurance Reporting Framework (PARF), included at Appendix 1, 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.

Within the above arrangements, the CSWO maintains oversight of social work practice and performance by a range of means, including:

- Monthly management meetings with senior managers for children's and justice services;
- Quarterly meetings with operational managers for adult social work services
- Monthly meetings with public protection co-ordinator (for child and adult protection)
- Weekly Senior Management Team meetings including HSCP Chief Officer, all operational Heads of Services, Head of Organisational Development & Change and Chief Finance Officer;
- Quarterly extended Senior Management Team meetings (including managers across all HSCP services).

A range of management information is also provided to the CSWO for analysis and to inform further discussion and service planning with operational managers including:

- Quarterly performance and review data for child protection, adult protection and MAPPA (also reported to the Public Protection Chief Officers Group);
- Monthly performance report for children's and justice services (including information pertaining to demand for services, initial response, case allocations, performance against key performance indicators) – this report is also shared with the HSCP Chief Officer and Council Chief Executive
- Registered practitioners subject to performance improvement plans or other formal measures including referral to the Scottish Social Services Council (SSSC);
- Professional practice discussion as part of quarterly meetings with the link inspector from the Care Inspectorate.

## **2. SERVICE QUALITY AND PERFORMANCE**

The role of CSWO includes responsibility for ensuring that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC).

During 2019-20, the CSWO, HSCP Chief Officer and other Heads of Service continued to engage positively with the link inspector and other colleagues from the Care Inspectorate, where service performance, strategic planning and inspection activity were reviewed. Inspection activity supports quality of service within robust arrangements for governance and accountability.

During 2019-20, changes to the Terms of Reference for the HSCP Audit Committee were agreed, alongside expanded membership which enabled it to develop as the Audit and Performance Committee, as a sub-group of the Integration Joint Board. Here, inspection reports and improvement plans are presented, enabling Committee members to monitor progress.

### **Care Inspectorate Inspections**

During 2019-20, 12 registered services were inspected and the summary of inspection outcomes is provided at Appendix 2. The Care Inspectorate looked at a range of issues including:

- wellbeing
- leadership
- staff
- care settings
- care and support planning.

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

Appendix 1: Performance and Assurance Reporting Framework, Public Protection Chief Officers Group 2019-20;

Appendix 2: Care Inspectorate Inspection Outcomes 2019-20.

### **Justice Social Work inspection**

The Care Inspectorate undertook an inspection of West Dunbartonshire justice social work services during early 2019, the second area to be inspected using the new justice inspection quality improvement model. The inspection focussed on the delivery of community payback orders from October 2016 to October 2018. Inspection activity included preparation of a self evaluation with supporting evidence, file reading of a sample of Community Payback Orders (CPOs) and a series of interviews, focus groups and observations by the inspection team.

The key themes for improvement within the inspection model related to:

- outcomes for individuals
- cultural change
- service improvement
- leadership and governance.

The report identified the following key messages as priority areas for improvement:

- (a) The service needs to develop ways of being able to demonstrate the different support is making in improving outcomes for individuals and its contribution to community safety;
- (b) Achieve a culture within the service which supports the prioritisation of, and adherence with, National Outcomes and Standards and FRAME guidance for all elements of a Community Payback Order;
- (c) Achieve sustained improvements in the delivery of unpaid work service;
- (d) Leaders to have greater oversight of performance across all justice social work services, supported by the development of systems and frameworks which identify priorities and inform decisions regarding service delivery and design.

A detailed improvement action plan has been developed and is regularly updated to reflect progress to achieve actions. The plan has been further informed by discussion with local managers and professional colleagues from the Care Inspectorate and Community Justice

Scotland who will continue to support local managers in the development of an improvement programme, focussed on:

- risk assessment tools
- accredited interventions
- unpaid work
- case management planning.

The plan incorporates staff engagement, reflects resource pressures and change management methodology.

### **Self Directed Support inspection**

West Dunbartonshire was one of six local authority areas chosen as a pilot area for a review of the implementation of the principle of Self-Directed Support (SDS) and personalisation which took place in 2018 and the Care Inspectorate report was published in June 2019. The report found that commissioning, procurement and resource allocation had historically been modelled within a model that focussed on deficits, within a delivery model characterised by block contracts which limited personal choice and control. Areas of good practice within Learning Disability and Acquired Brain Injury services offer opportunities to extend this learning across wider adult and older people's services.

The Care Inspectorate found that staff were less confident in working to the principles of choice and control within existing systems and processes, whilst good practice around early intervention and sign-posting was not being fully captured in documentation which needed to focus more on asset building and personalised support.

An improvement plan was developed which includes continuing engagement with key partners and a programme of staff training for trainers. A Programme Board has been developed to support and monitor improvement activity, supported by an interim Lead Officer for SDS. Working groups have also been established to ensure improvements around financial arrangements, staff training, assessment documentation and public engagement.

Staff are working with Procurement colleagues to agree compatible processes to support flexibility and control for supported individuals whilst other activity around charging, free personal care, carers' legislation and respite provision is also being taken forward. Service users and partner agencies are represented in both the Programme Board and working groups, whilst public engagement opportunities and development of a service user forum are intended to ensure the sustained integration of the principles of Self Directed Support and personalisation into the culture, systems and process of the HSCP.

## **PUBLIC PROTECTION**

### **Child Protection**

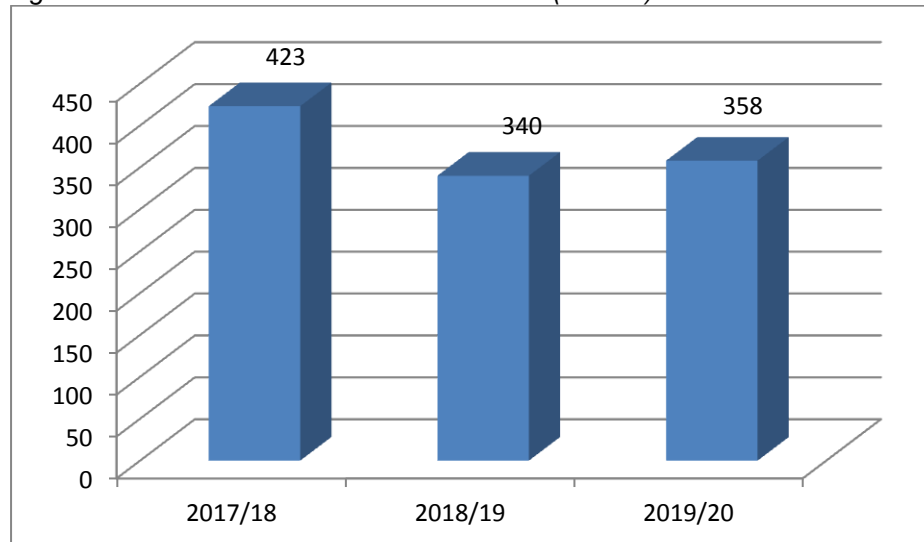
During 2019, the Public Protection Chief Officers Group (PPCOG) appointed an independent Chair to the multi-agency Child Protection Committee (CPC) and Adult Protection Committee (APC) to provide additional rigour and scrutiny. The Chair provides important leadership and direction to the Child Committee improvement plan, where child protection demand, responses and performance is scrutinised.

A monthly performance report has now been embedded for children and families social work which includes activity data, management information and key performance indicators. This report also includes workload information to support the PPCOG and senior leadership oversight.

The CPC improvement action plan continued to be a standing agenda item for the CPC, whilst the quarterly Performance and Assurance Reporting Framework (Appendix 1) includes key performance and monitoring information across child protection activity which is analysed and reported to the CPC and PPCOG.

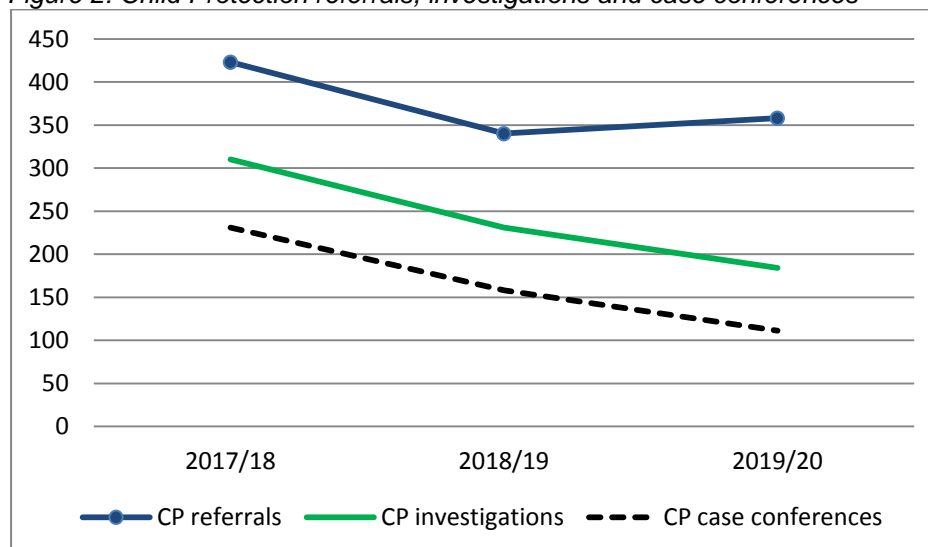
As indicated in Figure 1, below, the number of child protection referrals increased by 15 (5.3%) compared to the previous year:

*Figure 1: Number of Child Protection referrals (Annual)*



Quarterly data on child protection referrals, investigations and case conferences during 2019-20, within Figure 2 below, indicates an overall, continuing reduction:

*Figure 2: Child Protection referrals, investigations and case conferences*



The number of child protection investigations reduced by 53 (23%), whilst the number of investigations proceeding to case conference reduced by 47 (30%). Within this, 84.5% of investigations proceeded to case conference within 21 days, an improvement of 9.5% from the previous year. Whilst the target here is 95%, overall performance across 2019-20 shows an improving trajectory, supported by changes to processes and scheduling to reduce delay. Where case conferences took place out with timescales, this was primarily due to delays in information being provided by all organisations to inform the multi-agency decision-making process.



An initial review of practice across Team Leads as Chairs of case conferences indicated a broadly similar approach to risk, however a multi-agency audit in 2019-20 will be considered by the Child Protection Committee. Aligned to this, the number of referrals and investigations leading to child protection case discussion (and not to case conference) is not currently included within quarterly performance reports. As such, an audit of Initial Referral Discussions will be undertaken and a single agency review of cases for children subject to child protection registration will inform practice development and the review of quarterly performance reports to ensure relevant, meaningful performance information is included.

During 2019-20, 64 children were placed on the child protection register, compared to 88 in 2018-19, a reduction of 27%. As at 31 March 2020, there were 41 children on the child protection register, a reduction of 11 from the previous year. This reflects the reduction in child protection investigations and case conferences, although the indicators of risk and concern for those children remain at the centre of child protection activity and interventions, where local information continues to indicate the prevalence of domestic abuse. Whilst the number of child protection registrations has reduced, the number of children becoming looked after remained static overall.

Analysis of this trend data shows that 68% of children whose names were removed from the child protection register in 2019-20 returned home or remained at home, compared to 56% during 2018-19. This is an encouraging indicator of interventions to increase family capacity to address issues of concern and to enable more children to remain at home. Our Initial Referral Discussion (IRD) process, now streamlined with the other HSCPs across NHS Greater Glasgow and Clyde, means that the Child Protection Unit is the health representative at IRDs; Education colleagues are also a key partner within this shared response to the protection of vulnerable children and young people.

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

During 2019-20, referrals for adults at risk increased by 218 (68%), from 321 in 2018-19 to 539 in 2019-20, whilst Vulnerable Adult referrals remained unchanged, with 713 referrals received in 2019-20.

The number of Inquiries taken to Investigation increased from 44 to 65 (47%) in 2019-20, and 91% of investigations were commenced within 8 working days of referral, again exceeding the target of 80%. Finally, the number of case conferences has remained static at 12 across all services, where 57% were held within 20 working days (target 75%).

All adult services teams experienced an increase in ASP referrals, however the most significant increase occurred in Older People and Adults (Physical Disabilities) where 292 referrals were received, compared to 142 referrals in the previous year.

Quality assurance work undertaken by Adult Protection Committee members was led by the Public Protection Co-ordinator, centred on case file audits to inform learning and improvement, including the training programme which also reflected cross-sector learning from a large-scale investigation at a private sector care home during 2018-19.

Working groups were established to develop local policies and procedures in relation to Large Scale Investigations, hoarding and financial harm – progress will be affected by the departure of the Public Protection Co-ordinator from January 2020, however recruitment is underway to enable continued support to the Committee Chair and to conclude this work on policies and procedures.

Statutory functions under ASP legislation require the ability to continue with the ongoing training of Council Officers and to provide regular refresher training to current Council Officers. This presents a particular challenge locally due to the Public Protection Co-ordinator vacancy, however the CSWO identified that a single co-ordinator post to support

both child and adult protection committees presented a significant organisational challenge, given the range of responsibilities and demands. As such, the HSCP Board has agreed to the creation of two lead officer posts, one each for child protection and adult protection. This will provide strengthen public protection arrangements in West Dunbartonshire and ensure local support to managers and practitioners, whilst enabling a continued contribution within national groups.

Re-establishing the training programme and the regular case file audit programme will therefore be a priority for the lead officer post, whilst preparation for the forthcoming inspection of adult support and protection (expected during 2020-21) will give operational services a particular focus around improvement activity.

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

West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, supported by a dedicated MAPPA co-ordinator who provides professional advice and guidance. The MAPPA Unit team also support responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.

The CSWO continued to attend the North Strategic Oversight Group and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (local authorities, Police Scotland, Scottish Prison Service and Health).

The MAPPA Unit's Performance Report noted 100% compliance with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliance with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales – no exceptions were reported during 2019-20.

Strong multi agency partnership working under MAPPA protocols are in place within Justice Services, with good communication between all partner agencies involved in the supervision of High Risk Offenders. As part of ongoing staff development, there has been successful multi agency training throughout the year and a shared understanding developed in the risk management of service users with our partners. Joint training with colleagues from across the Justice sector including Police colleagues and the North Strathclyde multi-agency public protection arrangements (MAPPA) unit during 2019-20 further reflects a strong collaborative approach to maintaining public confidence.

The continued training of staff and development of interventions is also reflected in our inspection improvement action plan and supports a better informed and risk-responsive team, whilst continuing to meet our statutory duties as a responsible authority. Justice Services have registered their interest with the Risk Management Authority to be included in a pilot study for the implementation of a new risk assessment tool focused on assessment of offenders involved in accessing online abusive images during 2020-21.

## **CHILDREN AND FAMILIES**

### **Locality Children's Services**

The impact of poverty and associated issues for families such as mental health, addiction and domestic abuse were significant factors in interventions by the team to support children, young people and families during 2019-20. Partnership work in the delivery of statutory functions has continued to be central to the service's strategic approach, working closely

with partners in health, education and the Scottish Children's Reporters Administration, and Police Scotland.

Work with Police Scotland, the NHS Child Protection Unit and education colleagues further improved the provision and recording of Initial Referral Discussions (IRD) within child protection and work with vulnerable young people. Performance and trend information in respect of referrals of concern, child protection activity and registration demographics have indicated – as noted above – a decrease in children protection registrations, however the number of children being looked after has remains largely unchanged. To understand this better, Information team colleagues developed more detailed child protection information and case discussion reports during 2019-20. This will now include data on the number of child protection case discussions and associated activity which is particularly significant in respect of vulnerable young people and domestic abuse.

This improved analysis identified a potential emerging trend, both internally and externally, of referrals of concern at the point of crisis. This highlights the importance of collaborative work to identify opportunities for earlier intervention and the opportunity to redesign children's services, with specific focus on resources targeted at community supports to build family capacity and effective interventions to improve outcomes for children who are looked after.

Staffing was one of a number of issues within a collective grievance submitted by a Trade Union on behalf of their members within locality children's services and work to resolve these issues included analysis of the staffing establishment by Council HR and staff representatives to identify social worker vacancies.

Furthermore, in recognition of continued demand and to address the historical build up of cases awaiting allocation over time, senior managers committed to a further six social worker posts to create additional capacity and build resilience into the system to manage demand, meet timescales and professional standards.

Six additional support worker posts were also created to provide additional capacity for family support and early intervention work within the community. The development of this aspect of the service will continue in 2020/21 and is one strand of a redesign of children's services, underpinned by the commitment to redirect and refocus existing skills and resources to ensure interventions are targeted appropriately to improve outcomes for children, young people and families.

Improved monthly performance reporting has streamlined management information to support performance improvement and greater understanding of the specific challenges faced by the service during this period, which supports resource allocation.

Continued work with the national Performance and Care Excellence (PACE) programme assisted the service to improve their ability to prioritise and improve work with looked after children, specifically to improve timescales for children who require permanence decisions. Improvements led by the PACE project supported better outcomes for looked after and looked after and accommodated children and young people and locality services have strengthened the links between children and young people looked after at home and the Looked After Children's Health service.

## **Looked after Children and Young People**

The number of children and young people who are looked after in West Dunbartonshire (503) remained unchanged compared to 2018-19, however within this, the settings and type of placements has varied. Figure 3, below, provides further information on the usage of key placements during 2019-20.

Figure 3: Placements for looked after children & young people 2019-20 and 2018-19

	2019-20	2018-19	Change(n)	Change (%)
Kinship care	208	202	+4	+2%
Fostering (internal)	54	59	-4	-7%
Fostering (external)	58	58	0	0%
Residential Schools	21	16	+5	+31%

This reflects the continued high usage of kinship and external fostering placements, whilst a significant number of children are looked after at home with parents. Kinship enables children to remain within family members, however improving earlier intervention approaches are expected to address this, whilst efforts to expand the number of local foster carers will be a priority for the Family Placement Service in 2020-21.

### Family Placement Service

At 31 March 2020, children were placed with 113 foster placements, of which 54 were registered with West Dunbartonshire Council (a reduction of 5 from 2018-19) and 58 were provided by external agencies (unchanged). Carers provide a mix of short breaks, interim, long term and permanent placements and fostering is key to ensuring better outcomes for children within loving homes.

In the last year, changes to the structure of the local permanence panel included an established methodology, whereby the decisions about permanence and permanence routes for children are delivered separately from that of the matching process. This has clarified and improved the planning process for children. Membership of our monthly permanence panels has offered continuity in decision making, as well as building up local knowledge and confidence. Activity for 2019-20 is included in Figure 4, below:

Figure 4: Fostering Panel activity 2019-20

	2019-20	2018-19
Fostering Assessments	4	13
Approvals	4	9
Reviews	29	33
Changes in registration	13	3
De-registrations	5	4
Transfer from independent fostering agency	0	1

Over the last year, the Family Placement service, comprising Fostering and Adoption teams, has continued to assess people as foster carers and adoptive parents and supported carers. The service has also provided support and training to existing carers.

An additional social worker was added to the team to enhance capacity for the next two years, whilst recruitment to a new Fostering manager will be complete by June 2020. Furthermore, the appointment to the role of Senior Manager for services for looked after children in February 2020 has provided balance and strength to the senior management team for children's services.

Activity to increase the number of foster carers registered within West Dunbartonshire Council will build on some initial work during 2019-20, recognising both the improved outcomes for children being able to remain in their local area and the commitment to reducing the use of external fostering resources which is an area of significant spend by the service.

The Adoption service has continued to work co-operatively with other local authorities and approved voluntary agencies to provide and seek placements for children. The service

continues to work with the Scottish Adoption Advice Service (SAAS) in supporting post-adoption support to individuals and families. Activity during 2019-20 is included in Figure 5, below:

*Figure 5: Adoption and Permanence Panel activity 2019-20*

	<b>2019-20</b>	<b>2018-19</b>
Adoption assessments	5	8
Adoption approvals	5	7
Adoption reviews	0	1
Matches	7	12

During 2019-20, work with partners including the Children's Reporter, progressed the local PACE Programme which seeks to reduce drift and delay in securing better outcomes for children who are looked after. Improving performance here has been a key aspect of permanence planning for children in West Dunbartonshire, including regular reviews and tracking of decisions around plans for children, including formal legal processes. In September 2020, a PACE workshop will provide an opportunity to reflect on the value of our local PACE work, including new ways of working and agree how to take forward outstanding actions.

Finally, in August 2019, the Rt Hon Lady Smith, Chair of the Scottish Child Abuse Inquiry, issued a formal 'Section 21' Notice to all local authorities, requiring significant information to be provided on foster care arrangements from 1930 to the present. A working group has been established to identify relevant reports, locate historical case files, policies and other relevant information which will inform the response for West Dunbartonshire. This also includes tracing information from legacy organisations that pre-date West Dunbartonshire Council; as such, further time to complete the comprehensive report has been agreed, also reflecting the more recent impact of the Covid 19 lockdown.

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

As a 7 day 24 hour support service, with staff working hours between 8am – 10pm, the focus of work is predominately undertaken outside normal working hours, when young people are more likely to require supports.

The team has continued to support young people to reduce the likelihood of them requiring a care placement, as well as responding to family crisis situations through intensive and early intervention. This is facilitated through both focused and diversionary work with young people, parents and carers.

During 2019-20, demand for the service remained at over 10 referrals per month, largely from the locality team and interventions included working to prevent young people being accommodated, addressing welfare and monitoring child protections concerns, reducing offending and anti-social behaviour and more recently responding to the needs of young people who have been trafficked and often required crisis support out of hours.

Intensive Support & Monitoring Services (ISMS) were also used with a small number of young people in the past year to either prevent young people from requiring secure accommodation or support young people back to the community, including partnerships with youth services and adult criminal justice colleagues.

Funding was secured for the Family Group Decision Making team to March 2021 which enables young people to remain in their local community and seeking to build family capacity and support and reduce the risk of family breakdown.

## **Children's Houses**

Children and young people living in Blairvadach, Craigellachie and Burnside children's houses have continued to be supported within loving home environments, where there is a clear focus on positive outcomes, echoing the HSCP's commitment to working in a way that encompasses the impact of adverse childhood experiences (ACEs).

Children's Houses colleagues have maintained strong links with families, throughcare/aftercare and others including Young People in Mind (for mental health and wellbeing support) and other key third sector agencies.

Details of inspections of our children's houses are contained within Appendix 2.

Young people in our children's houses accomplished an impressive range of achievements, a small number of which are included below:

- Healthy Eating Award, level 1 – aiming for level 2 2020/2021 (Burnside)
- Gaining a HNC Web Development and enrolled to complete HND
- One young person now self-employed in the digital industry
- 100% attendance at school, on track to achieve Nat 3 & 4 in all subjects.
- Launch of "Our Own Words Matter" campaign to challenge the language used and perceptions about children and young people in care.
- Active involvement in community groups and building up relationships with local football clubs, churches and gym memberships provided.

## **Throughcare and Aftercare**

During 2019-20, the Throughcare and Aftercare team, as a statutory service, supported approximately 90 young people as they prepared to move toward independent living, as well as offering support, advice and guidance to young people taking up after care support up to the age of 26.

The team has two registered services: adult placement and housing support which was most recently inspected in January 2020, achieving 'very good' gradings and no specific recommendations made by the Care Inspectorate – further details are contained within Appendix 2.

The team has continued to build on close working relationships with housing colleagues and through the development of the local care leavers housing protocol, young people have been able to access quality housing as a priority. Full rent abatement has been implemented for young people in full time education alongside promoting council tax exemption for care experienced young people.

These supports, along with the care leaver's bursary have supported young people into full time education: 12 young people are being supported to return to college courses and two are attending university.

During 2020-21, Continuing Care guidance will be further developed across services, with the ambition that this will improve transition planning in a more graduated way. This work will also consider eligibility for throughcare support from young people in kinship placements and the resource requirements of the team.

## **West Dunbartonshire Champions Board**

The Champions Board further developed during 2019-20, including continued engagement with care experienced young people, including those within our children's houses, foster care, kinship care, children and young people who are looked after at home and older young

people who are supported by our Throughcare and Aftercare teams as well as those who have moved on to fully independent lives.

Activities and events have included Go Karting, meals out, pantomime/theatre outings, Christmas market outings, film nights, nail and makeup tutorials, visits to the safari park, escape rooms outing, paintballing etc. These activities and events allow for positive relationship building opportunities with our young people and some activities and events included attendance by their Corporate Parents too.

The Working4U team provided around 15 care experienced young people with the opportunity to have free driving lessons and West Dunbartonshire Leisure Trust continues to work alongside the Champions Board, enabling around 300 young people to be provided with leisure passes for swimming and gym use within the three local leisure centres.

Figure 6, below, illustrates the increasing number of children, young people and Corporate Parents who engaged with the Champions Board during 2019/2020:

*Figure 6: Engagement with Champions Board*

	2019/2020	2018/2019	2017/2018
Children and Young People in:			
Foster Care	16	12	1
Throughcare/Aftercare	19	14	8
Children's Houses	14	12	9
Kinship Care	13	4	1
Looked After at Home	11	7	1
External Placement or Secure Care	5	4	1
Previously Care Experienced	62	33	12
Corporate Parents attending activities	17	9	5
Number of groups in place	9	7	2

The development of the Champions Board in the next year will be shaped by the outcome of a funding application for a fourth year of funding, during which further development for corporate parents will seek to build on positive engagement with care experienced young people to better understand their issues and needs.

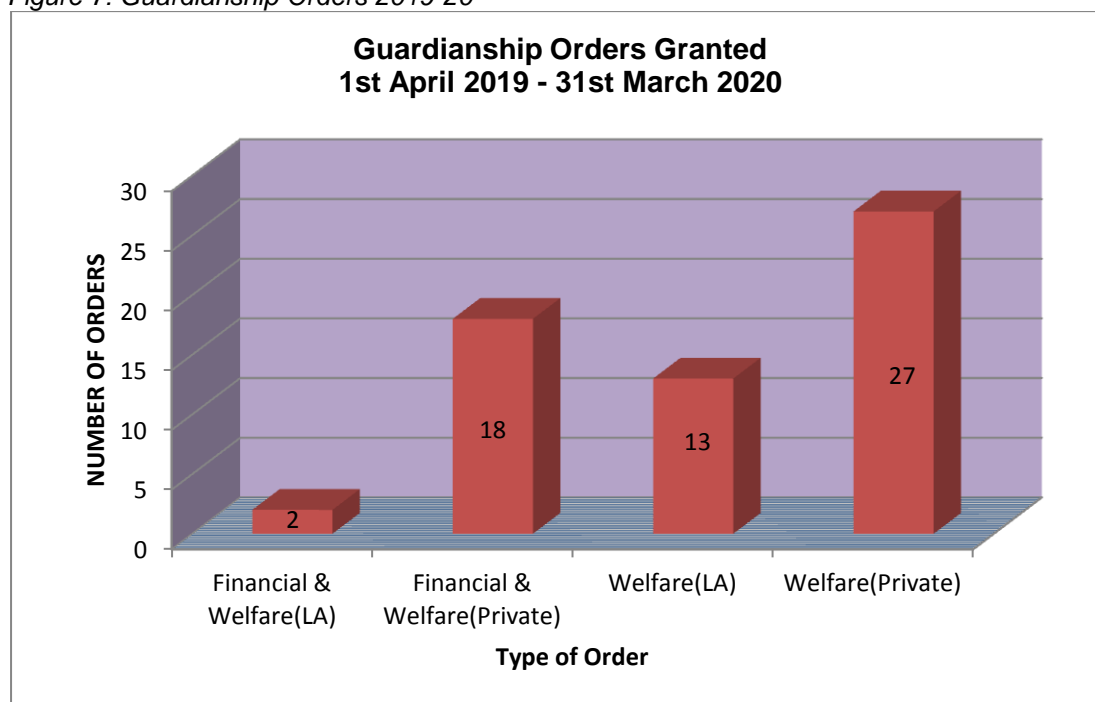
## **ADULT SERVICES**

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

During 2019-20, activity related to interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 (2003 Act) did not markedly change from previous years.

Within the Adults with Incapacity (Scotland) Act 2000, the number of Guardianship Orders granted reduced, most likely due to a number of factors including increased use of Power of Attorney certificates and utilisation of the provisions contained within Section 13ZA of the Social Work (Scotland) Act 1968. It is also possible that restrictions on civil court business during the latter part of March 2020 due to the Covid 19 pandemic had some, limited, impact. Further details are included within Figure 7, below.

Figure 7: Guardianship Orders 2019-20



All critical statutory deadlines have been met, and there has been a sustained improvement in respect of the timescales in completing MHO reports to accompany Guardianship applications. Cases associated with hospital discharge continue to be prioritised, and this contributed to an overall decrease in delayed discharge periods.

During the past year, the MHO service developed an outreach link worker system to increase accessibility to services, where MHOs were assigned to each designated service area to offer advice, guidance, and support. Following an initial trial in the Learning Disability Service, it is expected that this will result in more streamlined and efficient collaborative working arrangements, while enhancing shared understanding of practice issues and outcome priorities.

During the next year, the service plans to develop a consultation/evaluation exercise with service users and carers as a key quality assurance and feedback activity.

The team, which remained fully staffed during 2019-20, made progress in terms of advancing the care plans of a number of service users subject to mentally disordered offender measures, with MHOs working collaboratively with individuals and multi-disciplinary care teams to support transfer to lower security settings and, ultimately, full discharge to the community. This complex area of work reflects the specific skills, experience and dedication of this important team who are central to the delivery of statutory social work services.

### **Mental Health Services**

During 2019-20, a total of 4608 referrals were made to Mental Health Services, with 42,321 service user appointments offered.

The Adult Mental Health Service operates as an integrated team including social work and health colleagues to support a holistic model of delivery where joint working is embedded.

An immediate same day response service continued during the last year and joint working with Police housing, criminal justice, Addiction Services and third sector partners was key to the assertive outreach model for people with complex needs.



The service promoted mental health recovery through the Individual Placement and Support service for people wishing to return to the workplace, whilst the team also inputted to the Special Needs in Pregnancy Service (SNIPS) and planning around vulnerable women here.

In the last 12 months peer support was introduced, in partnership with a local third sector organisation where a Peer Support Worker supports a community asset model of working. Mental Health Services also introduced a Carer Support Worker who works with the local Carer Centre and mental health teams to support carer assessments, worker consultation and direct carer support.

The establishment of an Area Resource Group for mental health, meanwhile has offered greater consistency in care packages and incorporates Self Directed Support (SDS) principles and good governance.

Professional line management arrangements for social work staff and frontline managers has continued to be challenging within integrated management arrangements, however the appointment of a new Head of Mental Health Learning Disabilities and Addictions enables this to be progressed, alongside the development of the Lead Officer post for Adult Support and Protection. The CSWO will provide professional advice and support here to strengthen social work management arrangements here.

Priorities for policy and practice development during 2020/21 include progress in Self Directed Support, a clear charging policy, eligibility criteria and budget processes. It is also planned to advice the local Autism Strategy and operating procedures for Health and Social Care patient recording systems.

### **Community Hospital Discharge Team**

During 2019-20, the service focussed on earlier assessment and hospital in-reach which enabled the team to target residents in hospital for earlier assessment and earlier identification of needs around supporting discharge. The temporary addition of Social Work Assistants from the Focussed Intervention Team further supported improved this activity.

Within this team, social work staff were focussed on commencing assessments as early as possible to alleviate pressures around reducing delayed discharges from hospital. Social work staff worked closely with colleagues in other HSCP teams to overcome late referrals for complex cases which required extensive social work input. During 2020-21, the service aims to target this area and further utilise the role of the early assessor at hospital sites as well as performing in-reach work to highlight the work of the team.

### **Community Older Peoples Team and Sensory Impairment Team**

These integrated teams include a range of social work and health professionals, working with individuals aged 65 years and older to support them to live as independently and for as long as possible in their community.

The teams received on average 80 new referrals per week during 2019-20. The development of an integrated duty system has enhanced management oversight of referrals and triage/screening to allow urgent and high priority issues and concerns to be addressed, including adult support & protection and Vulnerable Adult referrals. All social workers across the teams continued to be involved in statutory work around the supervision of Guardianship Orders under the Adults with Incapacity (AWI) legislation.

Reflecting demographic trends, the number of people who are living longer with multiple complex health issues has continued to shape the development of the service during 2019-20, when staff were involved in the iHUB Frailty Collaborative: Living and Dying well with Frailty. This has improved how the team can identify and support people aged 65 and over

in their community working in partnership with GPs and the District Nursing service. Anticipatory care planning is at the core of this work to ensure information is available to all services and professionals.

Further work in the next year will include reviewing budgets and developments within local services to promote greater flexibility and support, particularly with third sector services to increase community-based provision.

## **Learning Disabilities Services**

In 2019-20 there were approximately 473 people with a learning disability living in West Dunbartonshire. 52% were supported at home by a family carer and 44% were living in mainstream accommodation with support.

Over the last year, the service continued to work towards implementing the key recommendations from the national strategy (Keys to Life, 2013) and have embedded its four strategic outcomes: Independence, Choice and Control, Healthy Life and Active Citizen in support planning and care review processes.

The 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 are prioritised around the key aims of people with a learning disability using an outcome-focussed approach to promote person-centred assessment and planning.

Close working relationships with colleagues from hospital inpatient services supported redesign of assessment and treatment services in 2019-20 to scope how to build local capacity and capability to reduce admissions to hospital. This work includes a focus on individuals currently in long stay beds or 'out of area' placements which have been highlighted as a priority within the Scottish Government's 'Coming Home' Report.

Over the past year, joint working with key partners including education, children's services and other adult services contributed to improvements in the transition of young people with additional support needs (including learning disability) into adult services. More young people had their adult service identified up to two years in advance, however the team will continue to expand this work during 2020-21.

Another continuing development has been the joint work with colleagues in Housing Services 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.

The Work Connect cafe, in Levensgrove Park, Dumbarton, continued to 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 specialist supported employment service enabled trainees to develop employability skills and gain essential work experience to help them gain meaningful employment.

Work to progress the local Autism and Dementia strategies and scope a housing strategy for people with additional support needs will also be reflected in the service's priorities during the next year.

## **Addictions Services**

During 2019-20, the service received 820 referrals for people experiencing problems with drugs or alcohol requiring assessment for treatments and support.

The team supported the Special Needs in Pregnancy (SNIPS) multi-professional model of care to vulnerable women throughout their pregnancy and post-birth. Furthermore, joint

working with Justice staff enabled an improved referral pathway for individuals subject to community-based orders, specifically those being managed under MAPPA and Life Licences. This strengthens the role of Addictions staff in pre-release planning and risk management in the community.

The assertive outreach service continued to be delivered by a Social Worker and Support Workers to 'hard to reach' vulnerable adults with chaotic and complex drug and alcohol use, often with co-existing mental health issues to support their engagement with services.

A further example of co-production during the last year was joint work with children's services colleagues to develop a Parental Capacity, Strengths & Support assessment. The assessment integrates well-being indicators and focuses on the adult service user's strengths and achievements as well as pressures and areas for improvement in relation to their child's well-being. Implementation is expected later in 2020.

## **JUSTICE SOCIAL WORK SERVICES**

### **Improvement Activity**

As referenced above, Justice social work services were inspected by the Care Inspectorate in January to March 2019. On the basis of the inspection team's findings, an improvement action plan, focussed on service improvement and staff development was implemented and further refined following review by the HSCP Board and in consultation with professional partners including Community Justice Scotland and the Care Inspectorate.

The creation of a dedicated Service Manager post was intrinsic to service improvement and was appointed to in October 2019. The Service Manager has a lead role in taking forwarding the improvement action plan with the team and also enables West Dunbartonshire to be represented in national policy developments and professional groups. This is already informing local work to develop services including Structured Deferred Sentences and Bail Supervision which will be taken forward in 2020-21.

A number of improvement actions taken forward since the publication of the inspection report in August 2019 include:

#### **Risk assessment:**

- Audit of training needs by staff and managers to inform workforce development;
- Training on Alcohol Brief Interventions Risk of Serious Harm;
- Updated LSCMI risk assessment guidance;
- Roll out of Justice Star tool to measure impact of interventions on desistance and community re-integration;
- MAPPA document set training.

#### **Accredited interventions:**

- research and scoping commenced; site visits to other areas; focus on domestic abuse and high risk offending.

#### **Unpaid Work:**

- Changes to allocation of Community Payback Orders within 48 hours of sentence;
- Unpaid work staff commenced community justice training as second pilot area (led by Community Justice Scotland): January 2020;
- New premises identified for unpaid work teams.

#### **Caseload management planning:**

- Caseload management analysis to develop team capacity model;

- Developing electronic feedback system for individuals completing Orders.

A forthcoming development session between managers and sentencers will explore how community sentencing options and accredited interventions can be developed, whilst regular meetings of the Sheriff Court Consultative Committee and between the Sheriff Principal, Sheriffs and Chief Social Work Officers have continued to take place.

During 2019-20, pathways to improve access for people with convictions to mental health and Working 4U (employability) services were developed in partnership and work with third sector partners has improved volunteering opportunities following completion of statutory supervision.

## Workload

During 2019/20, criminal justice social work services experienced some notable increases in demand compared to the previous year, as indicated in Figure 8, below:

*Figure 8: Criminal Justice Workload*

	2019-20	2018-19	Change (n)	Change (%)
Criminal Justice Social Work reports	636	575	61	+10.6%
Community Payback Orders	426	409	27	+4.1%
Drug Treatment & Testing Orders	12	8	4	+50%
Diversion	30	14	16	+114%
Prison Throughcare (community)	50	26	24	+92%
Prison Throughcare (custody)	50	34	16	+47%
Home Circumstances Reports	143	124	19	+15%
Home Detention Curfew assessments	19	36	17	-47%

The greatest increases were for supervision of those released from custody on statutory licences (92%) and Diversion from Prosecution (114%). The rise in Diversion from Prosecution activity reflects the national policy direction of early intervention to reduce the risk of offending. This will also inform future service planning including scoping demand for additional services to reduce the risk of involvement in the Justice system.

Performance against the three key performance indicators for 2019-20 is included at Figure 9, below.

*Figure 9: Justice Social Work Key Performance Indicators 2019-20 and 2018-19*

	2019-20	2018-19	Variation
Reports submitted to Courts on time	100%	100%	n/a
First contact within one day of sentencing	76%	70%	+6%
Induction within five days	85%	67%	+18%
Placement commenced within seven days	60%	38%	+22%

Performance for individuals sentenced to unpaid work requirements who completed induction and commenced their placement within timescales both improved by 18% and 22% respectively, whilst reports to courts were submitted on time.

A monthly performance report on these indicators has been implemented for senior managers and this information is also reported to the HSCP Board on a quarterly basis as part of ongoing review and monitoring of improvement activity.

## Unpaid Work

Unpaid Work was a requirement in 83% of all Community Payback Orders during 2019-20, during which time new projects were identified to offer an expanded range of placements that seek to offer greatest benefit to the local community.

An important development was working with partners to secure improved premises where a wider range of supports and learning can be delivered. Service user feedback also identified the need for post-supervision support which informed improved referral pathways to support individuals to access a range of community-based resources when their involvement with Justice services ends.

### **Diversion from Prosecution**

During 2019-20, the service provided Diversion services to 30 people (an increase of 16 on the previous year). Here, individuals were supported to address the underlying causes of their behaviour such as addiction support, mental health and emotional wellbeing, housing, income maximisation and employability.

The service has taken forward improvements around the referral process; this and other earlier interventions from the point of arrest will be priorities for development in 2020-21.

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

The service is provided by an integrated team of social work and health staff, where interventions seek to promote recovery, stability and reduced offending. During 2019-20, 12 new Orders were imposed, an increase of four from the previous year.

West Dunbartonshire provides the service across Argyll & Bute, East Dunbartonshire and West Dunbartonshire and close working with third sector partners assisted in service delivery to more rural communities.

A service plan, developed with third sector colleagues, identified the most appropriate supports for local service users, whilst regular meetings with sentencers have continued to provide openness and improvement scrutiny.

### **Prison Throughcare**

The provision of services to individuals prior to their release from custody and into the community seeks to support successful reintegration to the local community. The number of people to be managed within Throughcare arrangements increased by 40 (40%) from the previous year.

Assessment and management of high risk offenders is central to this activity and, during 2019-20, updated protocols and procedures have enhanced managerial oversight. Work to improve access to evidence-based programmes to reduce re-offending is also being taken forward as part of the service improvement activity.

### **Community Justice**

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

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

During 2019-20, a demonstration project, 'Custody to Community' was implemented to support the service user journey to successfully reintegrate into their local community. The

support of Community Justice Scotland and the local community justice coordinator has been influential in work to establish collaborative Hubs, with a range of colleagues involved in the support of service users within the justice system including social work, addictions and Police Scotland.

Our Community Justice Outcome Improvement Plan was carried forward to 2018-20 and continues to be supported by working in partnership with Community Justice Scotland to deliver on improvements around community justice.

### **Violence against Women**

Since last year, and building on the local Violence against Women Summit group, West Dunbartonshire's Violence against Women Partnership has been re-established, following a joint approach with Argyll and Bute partners. This recognised the particular high profile of domestic abuse and violence against women in West Dunbartonshire.

Like community justice, violence against women is located within West Dunbartonshire's Community Planning arrangements, within the Safer Delivery and Improvement Group (DIG), with the Scottish Government Equally Safe priorities included within the DIG action plan. Furthermore, violence against women is a key tenet of the PPCOG, with the work of the Violence against Women Partnership being reported here at each meeting to ensure oversight, scrutiny and progress.

Finally, work to launch the multi-agency risk assessment conference (MARAC) model in West Dunbartonshire was completed and MARAC meetings will commence from April 2020. MARAC involves representatives from local statutory and voluntary agencies meeting to discuss the highest risk victims and perpetrators of domestic abuse in the local area. Information about the risk faced by those victims, the risk posed by the domestic abuse perpetrators, the actions needed to ensure safety and the resources available locally to do so are shared and used to create a risk management plan involving several or all of the partner agencies.

During 2019-20, 14 MARAC Awareness Raising Sessions were delivered to key representative agencies and it is planned to hold twice-yearly MARAC Awareness Raising sessions on an ongoing basis for multi-agency partners.

West Dunbartonshire and Argyll & Bute share a MARAC Coordinator across Police Scotland 'L' Division which offers opportunities to support a smooth implementation of the MARAC process in West Dunbartonshire. Police Scotland currently chairs the MARAC in Argyll & Bute and colleagues have agreed to do likewise in West Dunbartonshire, bringing a consistent approach over both areas, informed by knowledge gained from Argyll & Bute.

### **Adverse Childhood Experiences (ACEs)**

Tackling adverse childhood experiences (ACEs) continues to be a key priority in West Dunbartonshire. 'Resilience' film viewings were delivered to 158 attendees in 2019/20, bringing the cumulative total to 1000 attendees from across the whole system including HSCP (Children's Health Care and Criminal Justice, Mental Health, Addictions and Learning Disabilities), Council Education, Learning and Attainment services, Action for Children, Who Cares Scotland, Skills Development Scotland and Family Nurse Partnership.

In addition, a Learning and Engagement event, 'Nurturing Individuals and Building Resilient Communities' was held in February 2020, a collaboration between Clydebank High School's Learning Festival and the HSCP. This involved 300 participants from all sectors, including the HSCP, West Dunbartonshire Council, SCRA, kinship carers, Police Scotland and Scottish Fire and Rescue, Children's Neighbourhood Scotland, Y Sort It, Richmond Fellowship and Turning Point. High profile speakers were Suzanne Zeedyk (Dundee

University & founder of 'Connected Baby') and James Docherty (the Scottish Violence Reduction Unit). The event saw the re-launch of West Dunbartonshire's ACEs Hub into a strength-based 'Resilience' Hub with 412 members and provides a significant opportunity to develop this work in 2020-21.

### 3. RESOURCES

#### Financial Pressures

The HSCP Board approved the 2019/20 revenue budget of £158.946m (excluding set aside notional resource of £18.673m) on 28 March 2019. After application of funding settlements from West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHS GGC) a funding shortfall was identified. The HSCP Board considered the budget gaps identified and accepted recommendations to balance the budget by the application of new funding streams (detailed in Figure 10, below), the release of funds from previously agreed savings programmes and additional resource transfer funds.

*Figure 10: Recommendations to balance 2019-20 budget*  
Scottish Government Funding

	2019/20
	£m
Primary Care Improvement Fund	1.037
Mental Health – Action 15	0.311
Alcohol & Drug Partnership	0.311
Integration Funding – including Scottish Living Wage	1.907
Carers Act	0.186
Free Personal & Nursing Care Under 65s	0.485
School Counselling (transferred to Education)	0.226
<b>TOTAL</b>	<b>4.463</b>

The first quarterly analysis anticipated an overspend of £0.954m (0.60% of total budget), primarily due to the cost of community placements and residential schools for children and young people. A recovery plan was developed and approved by the HSCP Board as follows:

- Review of Care at Home activity including client charging and maximisation of service provision based on identified need;
- Continued scrutiny of implementation of attendance management policy to reduce absence levels;
- Increasing the number of local foster carers to reduce external placements;
- Capitalisation of staff costs in relation to various ICT projects and
- Application of continuing care funding from Health to Social Care to support the costs of supporting older people in their home.

The final outturn position as at 31 March 2020 was an overall surplus of £0.883m (0.46% of total budget), as indicated in Figure 11, below:

Figure 11: 2019/20 Final Outturn against Budget:

<b>West Dunbartonshire Integrated Joint Board</b>	<b>2019/20 Annual Budget £000</b>	<b>2019/20 Net Expenditure £000</b>	<b>2019/20 Underspend/ (Overspend) £000</b>
<b>Consolidated Health &amp; Social Care</b>			
Older People, Health and Community Care	47,174	45,526	1,648
Physical Disability	3,085	2,884	201
Children and Families	22,132	24,899	(2,767)
Mental Health Services	10,270	9,431	839
Addictions	2,846	2,885	(39)
Learning Disabilities	17,460	17,158	302
Strategy, Planning and Health Improvement	1,850	1,301	549
Family Health Services (FHS)	27,427	27,427	0
GP Prescribing	19,305	19,432	(127)
Hosted Services - MSK Physio	6,492	6,370	122
Hosted Services - Retinal Screening	800	824	(24)
Criminal Justice - Grant funding of £2.1m	0	0	0
HSCP Corporate and Other Services	3,783	3,604	179
IJB Operational Costs	281	281	0
<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>162,905</b>	<b>162,022</b>	<b>883</b>
Set aside for delegated services provided in large hospitals	28,389	28,389	0
Assisted garden maintenance and Aids and Adaptations	661	661	0
<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>191,955</b>	<b>191,072</b>	<b>883</b>

Key messages for 2019/20 were:

- Children and Families report a collective overspend of £2.767m mainly due to overspend of £1.767m due to high cost packages including £0.490m related to residential schools placements (this is an extremely volatile budget and secure placements can cost in excess of £0.2m per child); and overspend of £0.857m within community placements due to the number of kinship and external foster placements.
- Additional investment of £1.042m (6.3%) was added to the 2019/20 budget, however the overall number of community and residential placements at 31 March 2020 increased by 5.5% compared to 31 March 2019.
- Internal and External Residential Accommodation for Older People reported an underspend of £1.287m due to reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the moratorium on admissions in a local nursing home.
- Adult Community Health Services reported an underspend of £0.457m mainly due to part-year impact of service redesign, including introduction of Focussed Intervention Team and cessation of purchased step up/step down Care Home beds.
- All other adult care services including learning and physical disability and mental health and addiction services collectively underspent by £0.628m, mainly due to an ongoing review of client packages and a number of vacant posts remaining unfilled as the impact of Action 15 recruitment across Scotland and NHSGCC is rolled out.



- Other Services including spend from Scottish Government contributed £0.277m to the outturn position.
- The movement in earmarked reserves is an overall increase of £0.531m, bringing the closing balance to £5.254m.
- The movement in un-earmarked (general) reserves is an overall increase of £0.352m, bringing the closing balance to £2.809m and satisfies the 2% target as set out in the Reserves Policy.

## Financial Modelling

The HSCP Board approved the 2020/21 budget on 25 March 2020 just as lockdown began in response to the impact of the Covid 19 pandemic. Prior to this, the main economic pressures were around the pending exit from the European Union and its potential impact on future funding, the health and social care workforce and inflationary risk.

Also approved on the 25 March 2020 was the HSCP Board's first Medium Term Financial Plan covering 2020/21 to 2024/25. The plan sets out the main cost pressures and funding assumptions under "Best", "Likely" and "Worst" Case scenarios using 2020/21 as the baseline (pre Covid 19 impact), as illustrated below in Figure 12, below:

Figure 12: HSCP Medium Term Financial Plan 2020-21 to 2024-25

	2021/22	2022/23	2023/24	2024/25
Indicative Budget Gap	£000's	£000's	£000's	£000's
Best	(55)	(1,510)	(3,190)	(4,812)
Likely	(1,492)	(2,995)	(4,725)	(6,397)
Worst	(5,184)	(6,790)	(8,626)	(10,408)

The medium term financial plan is centred on financial sustainability and service redesign and the scale of the financial challenge is influenced by a number of factors including:

- Pay inflation and pension;
- Demographics – reflecting the increases in over 65+ and over 75 years population often coping with a range of health conditions and a challenging social and economic climate;
- Scottish Government Priorities;
- Contractual price increases – incl. National Care Home Contract and Scottish Living Wage;
- Prescribing Costs – inflationary increases, short supply issues and treatment of complex health conditions.

The HSCP Board will address these challenges going forward by considering:

- Better ways of working – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- Community Empowerment - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;
- Prioritising our services – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it; and

- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning disabilities, physical and mental health as well as children and families, in partnership with Housing services, third sector and local providers.

## **4. WORKFORCE**

### **Workforce Planning**

Significant recruitment activity took place in the 2019/20 reporting period with most new appointments within the Children and Families area appointed by the end of the financial year. A number of new recruits are newly qualified, therefore robust induction, mentoring and development measures are being put in place to support those new staff to attain their full potential. Other areas are still subject to ongoing recruitment campaigns which bring challenges in terms of resources. Within Justice Services a scoping exercise is being undertaken to ensure the workforce is targeted to where we predict demand will be most needed for future service provision.

The Cabinet Secretary has approved the deferral of publication of the first full 3 year workforce plans until March 2022 and replace this with a shorter template document to cover April 2021 to March 2022. The workforce plan will need a degree of flexibility to take account of any future increase in Covid 19 cases which may result in another period of lockdown. The shape of any future potential lockdown is unknown as restrictions could be lighter or more severe, however as this could come at very short notice the workforce plan should ensure that plans are in place should this happen. The plan should also consider that some of our existing services will change or may be delivered in a different way and some new services may be required.

### **Workforce Development**

Supervision sessions continued to be the main opportunity for staff to discuss career development, learning and profession-specific training to support them in their roles.

Leadership programmes such as Project Lift were also provided to managers and this will be expanded during 2020-21 to enable relational leadership, developing leadership at all levels across health and social care.

A number of staff continue to be supported on other leadership programmes through both the NHS and West Dunbartonshire Council, representing positive opportunities for staff to develop into leadership and management roles.

Importantly, two social workers were supported to submit candidate applications to complete the MHO training programme and will commence this in autumn 2020. This is an encouraging development and provides some assurance about the future capacity of the MHO service.

Within Childrens and Families, collaborative work between the Looked After and Locality Services will be important to maximise early intervention opportunities in developing the additional support workers, social workers and Family Group Decision Making (FGDM) staff referred to above.

Meanwhile, joint work with all stakeholders including Trade Union colleagues resulted in the establishment of a programme board for the purposes of Duty and Supervision.

In relation to the regulatory registration of the social services workforce with Scottish Social

Services Council (SSSC), managers are now able to update staff records on the local electronic HR System.

West Dunbartonshire HSCP staff took part in the iMatter staff engagement survey once again this year, which saw an increase in overall response rates to 62% during 2019 compared to 47% the previous year. Team action plans were developed to 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.

## **5. COVID 19**

### **Early indications of impact on workforce and services**

As the scale and impact of the Covid 19 pandemic unfolded on a daily basis during March 2020, services moved rapidly to reflect guidance from Public Health Scotland, legislative changes within the Coronavirus (Scotland) Act 2020 and actions were focussed on ensuring provision of essential services, within the context of protecting staff, service users and our wider communities.

At the meeting of the HSCP Board on 25 March 2020, members approved the suspension of normal governance arrangements during the Covid 19 pandemic and accepted alternative Board meeting arrangements. Furthermore, the Board approved delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, to be enacted “if required”, to meet immediate operational demand on decisions normally requiring Board approval. The Chief Officer and the Chief Financial Officer will meet weekly with the Chair and Vice Chair of the HSCP Board to provide an opportunity for scrutiny of the delegated responsibilities.

### **Operating Model**

A daily HSCP Senior Management Team (SMT) meeting, chaired by the Chief Officer, reviews staffing, service and resource requirements, with a range of information collated from operational teams each day to inform service needs, capacity and deployment of resources.

In addition, the Local Resilience Management Team (LRMT) meets weekly to review the arrangements in place for service delivery across the HSCP and to co-ordinate service planning, changes to operational procedures and resource planning. This will be particularly important as the impact of Covid 19 is expected to increase demands upon critical services and reduce staffing capacity to deliver these services.

The wider range of networks and management activity around services is indicated below:

- SMT daily meeting;
- Daily management catch up (Children's and Justice Services);
- Weekly management meeting (Children's and Justice Services);
- Daily reporting by each team to Head of Service (resources and absence);
- Local Resilience Management Team – meets weekly;
- Joint Staff Forum (including representatives of Trade Unions);
- Strategic Resilience Group (Council) – meets three times per week;
- Heads of Children's Services (Health) – meets fortnightly;
- Professional networks eg: CSWO Committee – meets fortnightly;
- Workforce Development updates (issued by Council HR) and Core Brief (issued by NHS GGC).

The key focus for service planning and delivery remains on those individuals and families who are at substantial risk and will be kept under continuous review.

Social work services moved quickly to a remote model of working, with office space continuing to be available in Dumbarton where staff undertake core work at the direction of a Team Lead or Service Manager, primarily focussed on duty services for child protection, justice and adult services (where a joint hub for all adult services has been implemented).

This model reflects the moves of the wider Council to protect staff by supporting home working wherever possible and to limit the need for staff to travel to work or enter buildings where alternative, home-based working allows.

Team Leads collate numbers of staff available for work and those absent due to Covid 19 and other reasons on a daily basis; these are reported to the Senior Management Team and HR to ensure service continuity and to enable contingency planning, as well as informing any need to transfer staff to support other essential services within Children's and Justice services, the wider HSCP or other frontline services. HR colleagues also provide this information with some analysis to weekly meetings of the Joint Staff Forum.

### **Support to staff and managers**

As staffing and management moved to home working, systems have been implemented to record who is self-isolating and working at home, who is unable to work due to illness, whether related to Covid 19 or other reasons.

Managers have established various means to check in with their staff by telephone, email, video call or group chat which enables updates to be provided, issues to be shared and appropriate support to be given, which is particularly important when people are working remotely. Managers continue to provide line management informal support and supervision within established processes, albeit utilising telephone or video calls and within the established frequency, reflecting relevant supervision policies.

The quality of our assessments, interventions and support to families will continue to be pivotal to how we assess and manage risk to our most vulnerable children, young people and families. Our practice and decisions remain subject to the same professional standards and practice requirements and accountability for our work remains unchanged. It is recognised, however that home working is new for most of us and contact with colleagues, managers and others is important to provide support.

Albeit at the initial stages, staff across services have demonstrated an admirable ability to work remotely from home. Managers recognise that this will present particular personal and professional challenges for their teams and the restrictions of lockdown have meant that, whilst most or all social work services are expected to continue, albeit largely remotely, the need to provide face-to-face contact with the most vulnerable and at risk children and adults is likely to continue.

Indeed, the inability to conduct face to face meetings with children, families and adults will require everyone to adapt and utilise different means of communication, including group calls, video technology and new processes to receive referrals from partners.

The impact of Covid 19 is also highlighting the extent of underlying health and childcare issues within teams which will exacerbate how services develop new operating procedures to meet demand, reduce risk and safely manage the needs of our staff.

Prioritising services is at the core of our work to respond to the crisis and is focussed on:

- Child protection (including ensuring pathways for new referrals from agencies and how to continue to see and support children on the child protection register);
- Adult support and protection (including pathways for referrals, methodology to progress investigations and provide robust decision-making);
- Justice social work (prioritising supervision of those deemed to require a higher level of supervision and support, suspension of unpaid work and the impact of the closure of Dunbarton Sheriff Court on routine business).

The range of services across the HSCP are reviewing their individual service delivery models to reflect the need for home working, consideration of how to respond to referrals and staff allocations to determine changes to sustain service provision, balanced against the wider need to redeploy appropriate staffing and other resources to support the development of local humanitarian assistance centres.

Expanded out of hours support is also being implemented: the Alternative to Care out of hours service to care experienced young people is being rolled out to foster carers and supported carers, in recognition that the reduced visibility and mobility of services will compound the anxieties of individuals and families. Furthermore, the mental health duty (on-call) service will continue to operate.

Addiction services, meanwhile, are reprioritising service delivery to high risk vulnerable client groups, such as those with underlying health issues, on Opioid Replacement Therapies, or households with parenting responsibilities for children, reusing a 'traffic light system'.

### **Key Priorities for Recovery**

The key areas of priority for the West Dunbartonshire social work services are expected to focus on a number of key areas.

- Exploring how the plan for redesigning children's services can integrate to recovery work, including a community based family support model and redesign of the current "duty" service to improve how we manage referrals of concern and requests for assistance.
- Develop teams working towards a blend of home and office based work as part of longer-term recovery plans.
- Work with Council and Health assets teams to review the office/accommodation needs for services.
- Establish risk assessments for operational processes and contact with children, families young people and adults.
- Exploring how to recommence child protection and adult support & protection training if face-to-face training is not possible at least in the short term.
- Contingency planning to meet the demands of a spike in demand, including for child and adult protection as well as a backlog of demand for Justice social work and mental health services as the Sheriff Court relaxes restrictions on criminal and civil business.
- Managers will, as more information is known about the impact of Covid 19 and the capacity for recovery planning, scope how services can operate in ways that protect the health of the workforce, individuals using our services and the public by following

national and local guidance and protocols designed to reduce transmission, outbreaks and deaths from Covid 19.

- Securing appropriate technology to ensure ongoing flexibility of working and to promote digital engagement with services users where this is appropriate, safe and manageable.
- Identifying how we can support new members of staff and students within increased levels of home working.
- Options to recruit remotely to key social worker vacancies and the development of the Lead Officer roles for adult protection and child protection

Whilst the short and longer-term impact of Covid 19 on individuals, communities, public services, including social work services, is currently unknown, the current focus on responding to the current situation involves working with and adapting to the changing practices of key partners. Managers are therefore working closely with their colleagues in Health, Legal Services, Education, the Children's Reporter, Care Inspectorate, Crown Officer & Procurator Fiscal Service, amongst others, to ensure our models for service delivery are complementary.

As we transition from Covid 19 response to recovery it is recognised that there will be an increase in demand for, and backlog of, statutory services all of which will have wide ranging implications for staff, managers and communities.

The current HSCP Strategic Plan sets out the scale of the known challenges in West Dunbartonshire around effective delivery of health and social care services and this report seeks to reflect the considerable work undertaken during 2019-20 to meet these challenges, working with the people of West Dunbartonshire to improve lives.

Nevertheless, this annual report is being written at a time of immense and unknown global change. As Chief Social Work Officer, I will continue to work with managers and staff in the HSCP and with our partners to address the challenges we face together.

Finally, as we move into 2020-21 and as the full impact of the health, social and economic consequences of the Covid 19 pandemic become known to us all, I am confident that my social work colleagues, along with our social care and health colleagues will continue to respond positively and plan for the future with the same sensitivity, commitment and determination they have again demonstrated over the past year.



**Jonathan Hinds**  
**Head of Children's Health, Care and Justice**  
**Chief Social Work Officer**  
**September 2020**

## Appendix 1: Performance and Assurance Reporting Framework: Public Protection Chief Officers Group 2019/20

### Safe


### Key Performance Targets

#### Child Protection




Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Note
Percentage of child protection investigations to case conference within 21 days	90.5%	56.25%	61.76%	83.33%	75%	85.71%	88.57%	90%	64.7%	84.5%	95%		87 of 103 case conferences were carried out within timescale.
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%		

### Adult Support and Protection

#### 1. Adults at Risk - Referrals

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Note
Percentage of Adults at Risk enquiries completed within 5 working days from point of referral	89%	93%	80%	87%	87%	79%	77%	76%	75%	77%	85%		414 out of 539 inquiries were completed within 5 working days.

## 2. Adults at Risk - Investigations

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Note
Percentage of Adults at Risk Case Conferences held within 20 working days from point of referral	50%	100%	50%	N/A	58%	67%	33%	100%	33%	58%	75%		7 of 12 conferences held within 20 working days.
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%		There were no Adult Support and Protection clients aged 16-18 years.
Percentage of Adults at Risk Investigations started within 8 working days from point of referral	100%	100%	100%	100%	100%	100%	88%	86%	94%	91%	80%		

## Multi-agency Public Protection Arrangements (MAPPA)

### Exception 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)

**There are no exceptions to report during the period April 2019 to March 2020.**



## Monitoring Indicators

### Child Protection

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Child Protection referrals	83	103	88	66	340	54	59	98	147	358	
Number of Child Protection investigations	68	61	44	58	231	47	40	54	37	178	
Number of children investigated	65	61	44	57	227	46	37	52	36	171	
Number of children investigated - Male	33	26	24	22	105	26	20	22	17	85	6 unborn at time of reporting.
Number of children investigated - Female	31	32	20	35	118	20	16	25	19	80	6 unborn at time of reporting.
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	4	7	2	5	18	2	5	6	3	16	
Number of children registered pre-birth (as distinct from live child registration)	1	3	2	2	8	0	2	4	1	7	
Number of Child Protection investigations resulting in a case conference (No of case conferences held)	46	34	26	52	158	30	33	32	16	111	
Number of children on the Child Protection Register at year end	53	58	47	52	52	54	45	46	41	41	
Number of children on the Child Protection Register - Male (At Quarter End)	25	31	26	28	28	24	26	27	22	22	
Number of children on the Child Protection Register - Female (At Quarter End)	28	26	21	23	23	22	19	19	19	19	
Number of children with temporary registration (At Quarter End)	0	3	4	3	3	2	9	6	6	6	
Average length of time on Child Protection Register (Days) - All	143	142	135	148	148	143	154	129	191	191	
Average length of time on Child Protection Register (Days) - Male	153	152	145	167	167	132	149	131	193	193	

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Average length of time on Child Protection Register (Days) - Female	134	135	127	125	125	155	160	126	188	188	
Number of Child Protection registrations	18	24	22	24	88	13	16	24	11	64	
Number of Child Protection de-registrations	35	19	29	18	101	18	19	23	17	77	
Number of de-registrations where child moved into a formal placement	7	1	9	6	23	4	2	1	5	12	
Number of de-registrations where child returned home or at home with parents	21	14	13	9	57	11	16	20	6	53	
Number of de-registrations where child living with kinship carer	6	4	5	1	16	3	1	1	4	9	
Number of Child Protection referrals aged 0-2 years	12	21	15	5	53	8	7	17	11	43	
Number of Child Protection referrals aged 3-4 years	9	16	12	6	43	10	8	10	9	37	
Number of Child Protection referrals aged 5-8 years	22	32	24	14	92	18	20	55	44	137	
Number of Child Protection referrals aged 9-11 years	24	17	20	16	77	12	6	11	15	44	
Number of Child Protection referrals aged 12 years and over	16	17	17	25	75	6	18	5	4	33	

## Adult Support and Protection

### 1. Adults at Risk Referrals

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Referrals	91	70	76	84	321	133	174	124	108	539	
Number of Adults at Risk Referrals by Type of Harm Reported	122	103	108	109	442	177	234	153	140	704	
Number of Adults at Risk Referrals that do not meet the 3 point test known and supported by other services	17	18	7	18	60	23	34	25	33	115	

## 2. Adults at Risk - Investigations

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Investigations	10	11	15	8	44	12	16	21	16	65	
Number of Adults at Risk Orders applied for	0	0	0	0	0	1	0	0	0	1	
Number of Adults at Risk Orders granted	0	0	0	0	0	1	0	0	0	1	

## Vulnerable Adults - Referrals




Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Vulnerable Adult Referrals	205	203	157	148	713	148	165	197	203	713	

## Appendix 2: Care Inspectorate Inspection Outcomes 2019-20





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


Gradings:

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

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
Children's Health, Care and Criminal Justice						
Blairvadach Children's House	24 Jul 18	5	Care and Support Environment Staffing Management and Leadership	28 Aug 19 	5	How well do we support people's wellbeing?
		3			5	How good is our leadership?
		N/A			5	How good is our staff team?
		N/A			4	How good is our setting?
					6	How well is care and support planned?
	Areas for Improvement: 0					
Burnside Children's House	26 Nov 18	5	Care and Support Environment Staffing Management and Leadership	28 Feb 20 	5	How well do we support people's wellbeing?
		N/A			N/A	How good is our leadership?
		5			N/A	How good is our staff team?
		N/A			N/A	How good is our setting?
					4	How well is care and support planned?
	Areas for Improvement: 0					
Craigellachie Children's House	18 Sep 18	4	Care and Support Environment Staffing Management and Leadership	15 Nov19 	4	How well do we support people's wellbeing?
		N/A			N/A	How good is our leadership?
		N/A			N/A	How good is our staff team?
		4			N/A	How good is our setting?
					4	How well is care and support planned?
	Areas for Improvement: 1 1. Young people's medication should be administered correctly and consistently by staff who are well trained and confident with the processes.					

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
Inclusive Support Service	No previous inspection			20 Dec 19	4 N/A 4 3	Care and Support Environment Staffing Management & Leadership
	Requirements: 0 Recommendations: 0					
Throughcare Housing Support Service	27 Mar 18	6  N/A 6  N/A	Care and Support Environment Staffing Management & Leadership	17 Jan 20  ↓	5  5  N/A  N/A  N/A	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 0					
Service	Previous	Grade	Latest Inspection		Grade	Quality Theme
Community Health and Care Services						
Care at Home Services	5 Oct 18	4  N/A 4  N/A	Care and Support Environment Staffing Management & Leadership	26 Sep 19  ↔	4  N/A 4  4	Care and Support Environment Staffing Management and Leadership
	Requirements: 0 Recommendations: 2 1. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will be provided. 2. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be available to people in their own homes. Where risk assessments are in place, these should be reviewed at least every six months or when changes to people's care and support take place.					
Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
Crosslet House	17 May 18	5 5 5 5	Care and Support Environment Staffing Management and Leadership	10 Oct 19  ↓	4  N/A  N/A  N/A  4	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 0					

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
Frank Downie House	17 Sep 18	5	How well do we support people's wellbeing?	29 Jul 19 	5	How well do we support people's wellbeing?
		N/A	How good is our leadership?		5	How good is our leadership?
		N/A	How good is our staff team?		5	How good is our staff team?
		N/A	How good is our setting?		4	How good is our setting?
		5	How well is care and support planned?		5	How well is care and support planned?
Areas for Improvement: 0						
Mount Pleasant	11 Jul 18	3	Care and Support	8 Apr 19 	4	How well do we support people's wellbeing?
		N/A	Environment		4	How good is our leadership?
		N/A	Staffing		5	How good is our staff team?
		3	Management and Leadership		4	How good is our setting?
					4	How well is care and support planned?
Requirements: 0 Recommendations: 2 1. The provider should ensure that improvements are made to the admission process for respite stays. This is to ensure that proper provision for the health of visitors is made. Improvement should include: * Ensure that the preadmission/admission process includes a full assessment and how needs will be met; * Ensure that communications with the visitor and/or their representatives in advance of the visit consider how best to support the individual during their stay.						
WD Sheltered Housing	21 Dec 18	5	Care and Support	11 Dec 19 	5	Care and Support
		N/A	Environment		N/A	Environment
		5	Staffing		N/A	Staffing
		N/A	Management and Leadership		5	Management and Leadership
Requirements: 0 Recommendations: 1 1. Dementia training at skilled level should be completed by all staff.						
Mental Health, Learning Disability and Addiction						
WD Learning Disability Housing Support Service	15 Nov 18	6	Care and Support	22 Nov 19 	5	Care and Support
		N/A	Environment		N/A	Environment
		N/A	Staffing		5	Staffing
		6	Management and Leadership		N/A	Management and Leadership
Requirements: 0 Recommendations: 0						

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
WD Learning Disability Service – Community Connections	7 Feb 19	5 N/A N/A 4	Care and Support Environment Staffing Management and Leadership	10 Jan 20 	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
	Requirements: 0 Recommendations: 0					