

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee

Date: Tuesday, 27 September 2022

Time: 13:00

Format: Hybrid

Contact: Ashley MacIntyre, Committee Officer
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Dear Member

Please attend a meeting of the **West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee** as detailed above.

The Convener has directed that the powers contained in Section 43 of the Local Government in Scotland Act 2003 will be used and Members will have the option to attend the meeting remotely or in person at the Civic Space, Church Street, Dumbarton.

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer of the
Health and Social Care Partnership

Distribution:-

Voting Members

Rona Sweeney (Chair)
Michelle McGinty (Vice Chair)
Martin Rooney (WDC)
Clare Steel (WDC)
Lesley Rousselet (GGC)
Michelle Wailes (GGC)

Non-Voting Members

Anne MacDougall

Chief Officer – Beth Culshaw
Chief Financial Officer – Julie Slavin
Chief Internal Auditor – Andi Priestman
External Audit Representatives – Christopher Gardner, Sanya Ahmed, Jack Kerr

Date of issue: 20 September 2022

Audio Streaming

Please note the sound from this meeting will be recorded for live and subsequent audio streaming. All of this meeting will be audio streamed and will be published on West Dunbartonshire Council's host's webcast/audio stream platform.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD
AUDIT AND PERFORMANCE COMMITTEE**

TUESDAY, 27 SEPTEMBER 2022

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

3 RECORDING OF VOTES

The Committee is asked to agree that all votes taken during the meeting will be done by roll call vote to ensure an accurate record.

4 (a) MINUTES OF PREVIOUS MEETINGS 7 - 12

Submit for approval as a correct record, the Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 27 June 2022.

(b) ROLLING ACTION LIST 13 - 14

Submit for information the Rolling Action list for the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee.

**5 QUARTERLY PERFORMANCE REPORT 2022/23 15 - 32
QUARTER ONE**

Submit report by Margaret Jane Cardno, Head of Strategy and Transformation ensuring the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.

6 AUDIT PLAN PROGRESS REPORT 33 - 47

Submit report by Andi Priestman, Chief Internal Auditor enabling members to monitor the performance of Internal Audit and gain an overview of the West Dunbartonshire HSCP Board's overall control environment.

7 CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2021/22 49 - 76

Submit report by Val Tierney, Chief Nurse providing detail on the Clinical and Care Governance (C&CG) Annual Report 2021 which describes the C&CG oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care.

8 ANNUAL PERFORMANCE REPORT 77 - 147

Submit report by Margaret Jane Cardno, Head of Strategy and Transformation providing an overview of the HSCP's performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2021/22.

9 ALCOHOL AND DRUG PARTNERSHIP UPDATE 149 - 170

Submit report by Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disability providing an update on the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships.

10 IMPLEMENTATION OF DIRECTIONS POLICY AND REVIEW OF DIRECTIONS LOG 171 - 186

Submit report by Margaret Jane Cardno, Head of Strategy and Transformation providing an update on the implementation of the Directions Policy, which was approved by the HSCP Board on the 23 September 2020 alongside an opportunity to review the implementation of Directions issued between the 30 September 2020 and 31 March 2022.

11 INSPECTION OF ADOPTION SERVICES IN WEST DUNBARTONSHIRE Verbal

Verbal update by Lesley James, Head of Children's Health, Care and Justice Services providing a progress update on the improvement work in relation to the Care Inspectorate inspection of Adoption Services in West Dunbartonshire 2022.

12/

**12 INSPECTION OF FOSTERING SERVICES IN WEST
DUNBARTONSHIRE**

Verbal

Verbal update by Lesley James, Head of Children's Health, Care and Justice Services providing an update on the improvement work undertaken in response to the inspection of Fostering Services in West Dunbartonshire.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE
PARTNERSHIP BOARD AUDIT AND PERFORMANCE COMMITTEE**

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held in the Civic Space, 16 Church Street, Dumbarton on Monday, 27 June 2022 at 1.08 p.m.

Present: Emilia Crighton, Francis Shennan and Michelle Wailes, NHS Greater Glasgow and Clyde Health Authority and Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council.

Attending: Beth Culshaw, Chief Officer; Laurence Slavin, Chief Officer – Resources; Julie Slavin, Chief Financial Officer; Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Service for Mental Health, Addictions and Learning Disabilities; Lesley James, Head of Children’s Health, Care and Justice Services; Fiona Taylor, Interim Head of Health and Community Care; Audrey Slater, Head of People and Change; Val Tierney, Chief Nurse; Jennifer Ogilvie, HSCP Finance Manager; Andi Priestman, Chief Internal Auditor; Nigel Ettles, Principal Solicitor and Ashley MacIntyre and Lynn Straker, Committee Officers.

Also Attending: Jack Kerr, Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Rona Sweeney and Lesley Rousselet, NHS Greater Glasgow and Clyde Health Authority and Anne McDougall, Chair of the Locality Engagement Network.

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer formally welcomed the three new Members to the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee – Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council. The Chief Officer also welcomed two representatives from NHS Greater Glasgow and Clyde Health Authority, Emilia Crighton and Francis Shennan, who were substituting for Rona Sweeney and Lesley Rousselet respectively.

Michelle McGinty in the Chair

DECLARATIONS OF INTEREST

Michelle McGinty, Chair, and Clare Steel made declarations of interest by noting that they were Unpaid Carers for relatives and would not take part in any decisions relating to Unpaid Carers within the HSCP.

Martin Rooney made a declaration of interest noting that his wife was currently a Home Carer within West Dunbartonshire and accordingly he would not take part in any decision relating to Home Carers within the HSCP.

RECORDING OF VOTES

The Committee agreed that all votes taken during the meeting would be done by roll call vote to ensure an accurate record.

MINUTES OF PREVIOUS MEETINGS

The Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 7 March 2022 were approved as a correct record subject to the following amendments:-

With reference to the items under the headings “Inspection of Fostering Services in West Dunbartonshire” and “Inspection of Adoption Services in West Dunbartonshire”, it was agreed that the recommendations be amended to “that the improvement plan would remain as a standing item on the agenda for West Dunbartonshire HSCP Audit and Performance meetings enabling progress to be monitored”.

ROLLING ACTION LIST

A Rolling Action list for the Committee was submitted for information and relevant updates were noted and agreed.

MEMBERSHIP OF HSCP AUDIT AND PERFORMANCE COMMITTEE

A report was submitted by the Head of Strategy and Transformation introducing the three new members identified by West Dunbartonshire Council following the recent Local Government Elections.

After discussion and having heard the Head of Strategy and Transformation in further explanation of the report, the Committee agreed to note that in line with section 5.4.1 of the Scheme of Integration that West Dunbartonshire Council had identified three representatives to be voting members on the HSCP Board and Audit

and Performance Committee to serve for a period of three years, namely Michelle McGinty, Clare Steel and Martin Rooney.

AUDIT PLAN PROGRESS REPORT

A report was submitted by the Chief Internal Auditor monitoring the performance of Internal Audit and gaining an overview of the West Dunbartonshire HSCP Board's overall control environment.

After discussion and having heard the Chief Internal Auditor in further explanation of the report and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Internal Audit Annual Plan for 2021/22.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2022

A report was submitted by the Chief Internal Auditor based on the internal audit work carried out for the year ended 31 March 2022, which contained an independent opinion on the adequacy and effectiveness of West Dunbartonshire HSCP Board's internal control environment that can be used to inform its Annual Governance Statement.

After discussion and having heard the Chief Internal Auditor in further explanation of the report, the Committee agreed to note the content of the report.

2021/22 LOCAL CODE OF GOOD GOVERNANCE AND ANNUAL GOVERNANCE STATEMENT

A report was submitted by the Chief Financial Officer presenting the outcome of the self-evaluation of compliance of the West Dunbartonshire HSCP Board's Code of Good Governance and associated improvement actions and the Annual Governance Statement for inclusion in the HSCP Board's 2021/22 Unaudited Annual Accounts.

After discussion and having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the outcome of the annual self-evaluation and the update of the improvement actions; and
- (2) to note the detail of the 2021/22 Annual Governance Statement and approve its inclusion in the 2021/22 Unaudited Annual Accounts.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2021/22

A report was submitted by the Chief Financial Officer noting the unaudited Annual Report and Accounts for the West Dunbartonshire HSCP Board covering the period

1 April 2021 to 31 March 2022 and seeking approval for the unaudited Accounts and associated working papers to be passed to the external auditors for review.

After discussion and having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the 2021/22 unaudited Annual Report and Accounts;
- (2) to approve the submission to the HSCP Board's external auditors for review by 30 June; and
- (3) to note that the audited Accounts would be presented for final approval no later than 30 November prior to submission to the Accounts Commission.

INTERIM RISK REPORT – ICT INFRASTRUCTURE

A report was submitted by the Head of Strategy and Transformation providing further assurance in respect of the strategic risks pertaining to ICT Infrastructure and providing clarity on the HSCP Senior Management Team's decision not to escalate ICT Infrastructure as a strategic risk at this time.

After discussion and having heard the Head of Strategy and Transformation in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of the report.

WEST DUNBARTONSHIRE HSCP QUARTERLY PERFORMANCE REPORT 2021/22 QUARTER FOUR

A report was submitted by the Head of Strategy and Transformation ensuring the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the programme of work as set out in the West Dunbartonshire HSCP's Strategic Plan.

After discussion and having heard the Head of Strategy and Transformation, the Chief Officer and the Interim Head of Health and Community Care in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the content of the HSCP Quarterly Performance Report 2021/22 Quarter Four and performance against the Strategic Plan 2019 - 2023 by exception;
- (2) to note that due to timing issues the report presents partial Quarter Four data;
- (3) to note that Quarter Three information previously unavailable to the Committee was contained within the report; and

- (4) to note the enhancement to the format of report in the form of additional information pertaining to complaints.

INTERIM REPORT ON PHASES 1 AND 2 OF A JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE AT RISK OF HARM IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Children's Health, Care and Justice Services providing information on the interim report on phases 1 and 2 of a joint inspection of services for children and young people at risk of harm in West Dunbartonshire and the actions being taken by the Community Planning Partnership (CPP) to improve outcomes for children and young people.

After discussion and having heard the Head of Children's Health, Care and Justice Services in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to note the publication of the interim report on phases 1 and 2 of a joint inspection of services for children and young people at risk of harm in West Dunbartonshire; and
- (2) to note that the Community Planning Partnership remains in a period of monitoring and evaluation of progress by the Care Inspectorate and a further report will be prepared by the Inspection Team at a time yet to be confirmed.

INSPECTION OF ADOPTION SERVICES IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Children's Health, Care and Justice Services providing a progress update on the improvement work in relation to the Care Inspectorate inspection of Adoption Services in West Dunbartonshire 2022.

After discussion and having heard the Head of Children's Health, Care and Justice Services in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of the report and the improvement plan contained in appendix 1 to the report.

INSPECTION OF FOSTERING SERVICES IN WEST DUNBARTONSHIRE

A report was submitted by the Head of Children's Health, Care and Justice Services providing an update on the improvement work undertaken in response to the inspection of Fostering Services in West Dunbartonshire.

After discussion and having heard the Head of Children's Health, Care and Justice Services in further explanation of the report, the Committee agreed to note the contents of the report with particular regard to financial considerations and the improvement plan in appendix 1 to the report.

CARE INSPECTORATE INSPECTION REPORTS FOR HILLVIEW CARE HOME

A report was submitted by the Chief Nurse providing information regarding the most recent inspection for Hillview Care Home.

After discussion and having heard the Chief Nurse in further explanation of the report and in answer to Members' questions, the Committee agreed to note the content of the report.

The meeting closed at 2.57 p.m.

DRAFT

**WEST DUNBARTONSHIRE HSCP AUDIT AND PERFORMANCE COMMITTEE
ROLLING ACTION LIST**

Agenda Item	Decision/ Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
REVIEW OF TERMS OF REFERENCE OF THE AUDIT AND PERFORMANCE COMMITTEE	To instruct the Chief Financial Officer and Chief Internal Auditor to schedule a formal members' session to review the Terms of Reference, after the upcoming local government elections to allow for the attendance of any new voting members.	Julie Slavin/ Andi Priestman	November 2022		
STRATEGIC RISK REGISTER	That the Head of Strategy and Transformation would provide an interim update report to the August and Performance Committee on Monday, 27 June 2022.	Margaret-Jane Cardno	June 2022		Complete
2021-22 ANNUAL ACCOUNTS AUDIT PROCESS	To note that additional meetings of the Audit and Performance Committee and HSCP Board may require to be scheduled close to the end of 31 October 2022 to conclude the approval of the 2021/22 Annual Accounts if the audit	Julie Slavin	October 2022		

	process extends beyond the end of September.				
INSPECTION OF FOSTERING SERVICES IN WEST DUNBARTONSHIRE	That the improvement plan would remain as a standing item on the agenda for West Dunbartonshire HSCP Audit & Performance meetings enabling progress to be monitored.	Lesley James	Ongoing		
INSPECTION OF ADOPTION SERVICES IN WEST DUNBARTONSHIRE	That the improvement plan would remain as a standing item on the agenda for West Dunbartonshire HSCP Audit & Performance meetings enabling progress to be monitored.	Lesley James	Ongoing		
2021/22 LOCAL CODE OF GOOD GOVERNANCE AND GOVERNANCE STATEMENT	Initial due dates and revised due dates to be made visible.	Julie Slavin			
INTERIM REPORT ON PHASES 1 AND 2 OF A JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE AT RISK OF HARM IN WEST DUNBARTONSHIRE	Developed action plan to be circulated to all Committee Members.	Lesley James			

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) AUDIT AND PERFORMANCE COMMITTEE**

**Report by Margaret-Jane Cardno, Head of Service Strategy and
Transformation**

27 September 2022

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quarterly Performance Report 2022/23 Quarter One**

1. Purpose

- 1.1** The purpose of this report is to ensure the West Dunbartonshire HSCP Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCPs Strategic Plan.
- 1.2** This report presents the HSCP performance information reported against the strategic priorities for the period April 2022 to June 2022 (Appendix I) for the Committee's consideration.
- 1.3** It includes an Exception Report highlighting those indicators which are currently at red status (not meeting local targets and out with tolerances).
- 1.4** The performance information is presented in order to allow the Committee to fulfil its scrutiny function.

2. Recommendations

It is recommended that the Audit and Performance Committee:

- 2.1** Comment on the content of the HSCP Quarterly Performance Report 2022/23 Quarter One and performance against the Strategic Plan 2019 - 2023 by exception.
- 2.2** Note that due to timing issues this report presents partial Quarter One data.
- 2.3** Note that Quarter Four information previously unavailable to the Committee is also presented in this report and full year data is contained within the Annual Performance Report 2021/22.

3. Background

- 3.1 The Performance Framework monitors the HSCP's progress against a suite of performance measures, as outlined in the West Dunbartonshire HSCP's Strategic Plan.
- 3.2 Development work continues to refine the performance information reported and ensure alignment with local and national developments.

4. Main Issues

- 4.1 The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. To date, targets have been set using local trends and taking into consideration demographic projections. In due course further work will be undertaken to ensure the targets set against each indicator remain appropriate moving forward.
- 4.2 It should be noted that due to timing issues this report presents partial Quarter One data. This is reflective of a similar position in terms of previous reporting on Quarter Four 2021/22. However, the indicators which were incomplete in Quarter Four is presented in this report and full year data is contained in the Annual Performance Report.
- 4.4 The HSCP have 45 performance indicators. Of the 33 reported on in Quarter One, twelve indicators are in Red Status which is out with target tolerances. These exceptions are detailed in Appendix I together with information about improvement actions currently being taken to address these performance issues.
- 4.5 Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.
- 4.6 Importantly they help to demonstrate how the HSCP is ensuring best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
- 4.7 It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

5. Options Appraisal

- 5.1 Not required for this report.

6. People Implications

6.1 There are no people implications arising from the recommendations within this report.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising from the recommendations within this report.

8. Risk Analysis

8.1 There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:

- Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.

8.2 The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCP Audit and Performance Committee is not being asked to take a substantive decision at this time and the report does not have a differential impact on any of the protected characteristics

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Chief Financial Officer and Monitoring Officer within Regulatory Services have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Not required for this report.

13. Directions

Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 2 September 2022

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Appendices: West Dunbartonshire HSCP Performance Report
2022/23: Quarter One April – June 2022















West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Performance Report 2022/23: Quarter 1 April – June 2022

Due to timing issues and service priorities during the current COVID-19 pandemic, both within the HSCP and externally, some data is not yet available. Targets for 2022/23 are currently under review.

It should also be noted that Unscheduled Care data, i.e. hospital data, is subject to change historically.

PI Status		Short Term Trends	
	Alert		Improving
	Warning		No Change
	OK		Getting Worse
	Unknown		
	Data Only		

Early Intervention							
Ref	Performance Indicator	Q1 2022/23				Q4 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late September	95%	Not yet available	Not yet available	94%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late September	95%	Not yet available	Not yet available	95.7%	
3	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	
4	Percentage of child protection investigations to case conference within 21 days	70%	95%			60%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	119	N/A			121	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	34	N/A			22	

Ref	Performance Indicator	Q1 2022/23				Q4 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	15	0			15	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,924	1,460			2,749	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,506	N/A			1,452	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,195	1,104			2,225	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,135	N/A			1,138	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,049	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,056	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	67	Not yet available	Not yet available	62.6	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	18,753	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,156	Not yet available	Not yet available	13,555	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	726	Not yet available	Not yet available	803.6	
18	Number of Attendances at Accident and Emergency 18+	5,750	4,720			5,150	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	Not yet available	24%	Not yet available	Not yet available	25.1%	
20	Number of clients receiving Home Care Pharmacy Team support	300	258			259	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	26%	90%			33%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	100%	95%			97.4%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late September	90%	Not yet available	Not yet available	88.1%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	71%	100%			73%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,888	2,200			1,918	
26	Number of patients with an eKIS record	20,357	N/A			20,509	

Access							
Ref	Performance Indicator	Q1 2022/23				Q4 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,443	N/A		↑	1,425	
28	Number of weekly hours of homecare - All ages	10,854	N/A		↑	10,519	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	538	570		↑	524	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	40.9%	35%		↑	38.1%	
31	Percentage of homecare clients aged 65+ receiving personal care	99%	95%		↑	98.6%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,145	20,945		↓	18,384	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	37.5%	30%		↓	23.6%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	46.2%	32%		↓	36.8%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	75.5%	98%		↑	65.9%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	81.6%	80%		↑	79.5%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	20.5%	80%		↓	32.9%	

Resilience							
Ref	Performance Indicator	Q1 2022/23				Q4 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
38	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	Not yet available	90%	Not yet available	Not yet available	96%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	10	18		↓	6	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	59.8%	90%		↑	45.6%	

Assets

Ref	Performance Indicator	Q1 2022/23				Q4 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	£167.00	GGC average	Not yet available	↓	£163.36	
42	Compliance with Formulary Preferred List	77.17%	78%	⚠	↑	77.13%	




Inequalities

Ref	Performance Indicator	Q1 2022/23				Q4 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
43	Balance of Care for looked after children: % of children being looked after in the Community	90%	90%	✅	↑	89%	
44	Percentage of looked after children being looked after in the community who are from BME communities	76.5%	N/A	📊	↑	71%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%	✅	▬	N/A	







Please find January to March 2022 data below for those indicators we were unable to report on in our Quarter 4 2021/22 Performance Report.

Early Intervention

Ref	Performance Indicator	Q4 2021/22				Q3 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94%	95%	⚠	↑	93.4%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	95.7%	95%	✅	↓	98.6%	
12	Number of emergency admissions 18+	2,049	2,295	✅	↑	2,146	
13	Number of emergency admissions aged 65+	1,056	1,135	✅	↑	1,126	
14	Emergency admissions aged 65+ as a rate per 1,000 population	62.6	68	✅	↑	66.8	
15	Number of unscheduled bed days 18+	18,753	17,735	⚠	↑	19,260	
16	Unplanned acute bed days (aged 65+)	13,555	12,157	⚠	↑	13,842	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	803.6	727	⚠	↑	820.6	
18	Number of Attendances at Accident and Emergency 18+	5,150	4,720	⚠	↓	5,078	

Ref	Performance Indicator	Q4 2021/22				Q3 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	88.1%	90%			95.8%	

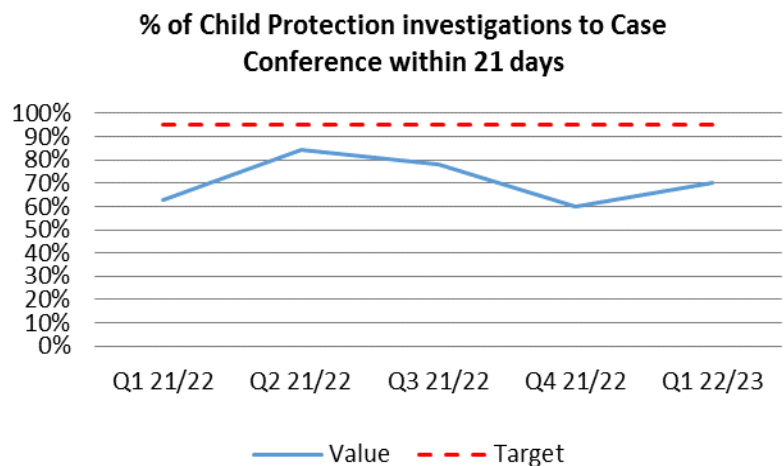
Access

Ref	Performance Indicator	Q4 2021/22				Q3 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	23.6%	30%			20.5%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	36.8%	32%			28.1%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April - June 2022

Performance Area: Child Protection

Quarter	Value	Target
Q1 21/22	62.5%	95%
Q2 21/22	84.2%	95%
Q3 21/22	78.1%	95%
Q4 21/22	60.0%	95%
Q1 22/23	70.00%	95%



Key Points:

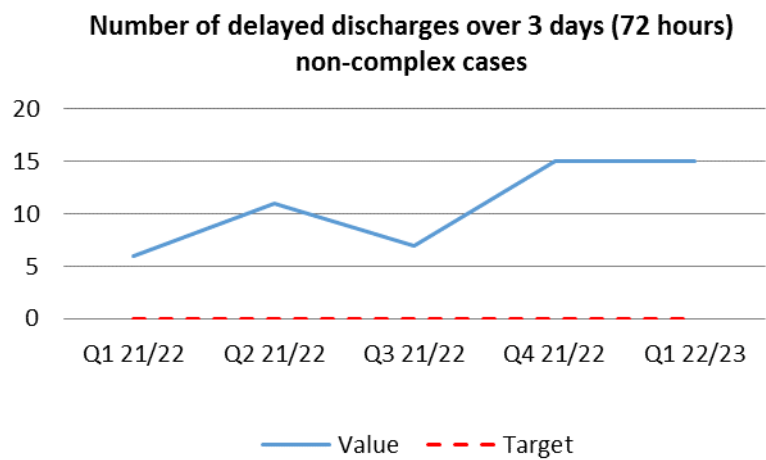
Of the 20 case conferences due to take place during April to June, 14 were carried out within the 21 day timescale. The 6 investigations outwith the timescale were for 2 family groups, one of which was a complex case.

Improvement Actions:

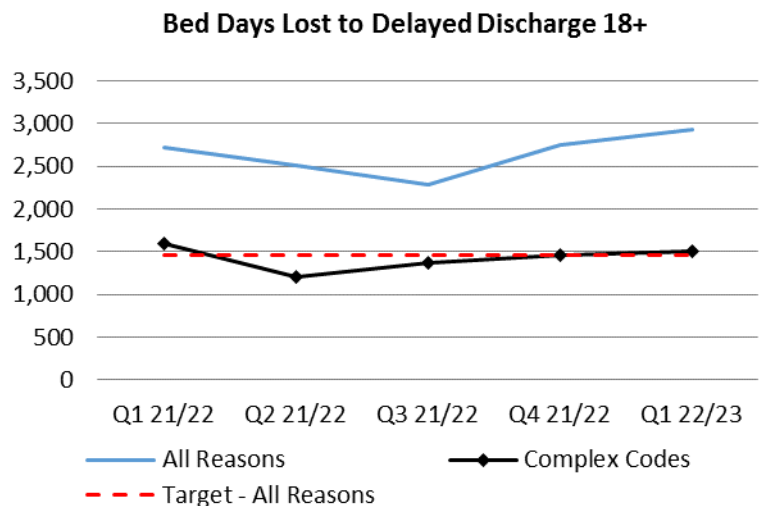
Timescales for a number of key stages in the Child Protection journey are now being routinely monitored through the implementation of the Child Protection Minimum Dataset which is being analysed and reported to the Child Protection Committee on a quarterly basis. This rich dataset should allow us to identify trends, areas for improvement and any recording gaps.

Performance Area: Delayed Discharge

Quarter	Value	Target
Q1 21/22	6	0
Q2 21/22	11	0
Q3 21/22	7	0
Q4 21/22	15	0
Q1 22/23	15	0

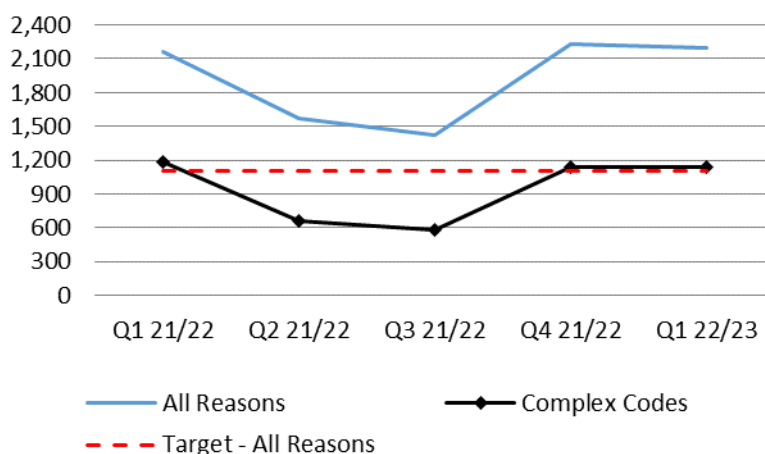


Quarter	All Reasons	Complex Codes
Q1 21/22	2726	1598
Q2 21/22	2505	1210
Q3 21/22	2280	1363
Q4 21/22	2749	1452
Q1 22/23	2924	1506



Bed Days Lost to Delayed Discharge 65+

Quarter	All Reasons	Complex Codes
Q1 21/22	2163	1180
Q2 21/22	1575	662
Q3 21/22	1429	584
Q4 21/22	2225	1138
Q1 22/23	2195	1135



Key Points:

Focused efforts to facilitate hospital discharges in a safe and timely way have continued however delays have remained high throughout the quarter peaking at 41 in the first week of May. There were 62 new delays in the quarter. While the numbers of delayed discharges were high, the majority are shorter delays.

Improvement Actions:

Daily meetings between all 6 Health and Social Care Partnerships and the Health Board are continuing. These meetings provide supportive inputs from peers and senior figures, as well as provide transparency and accountability across the HSCPs and Health Board.

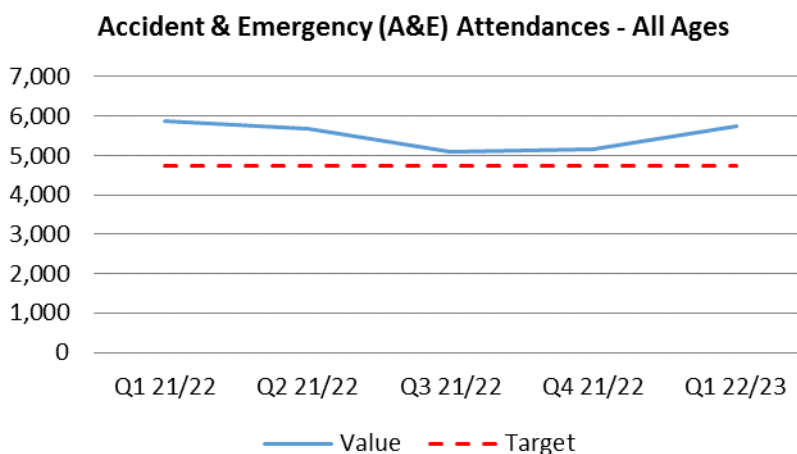
Weekly meetings with a focus on all West Dunbartonshire delays continue with the Discharge Team which has representation from the Hospital Discharge team, Social Work and Mental Health Officer team to facilitate discharges.

Local data is continually monitored and analysed to identify areas for improvement.

Chronology data-gathering complete on long term Adults with Incapacity (AWI) cases and non-AWI cases. This work continues to be used to evidence and identify any bottlenecks or delays in processes.

Performance Area: Attendances at A&E

Quarter	Value	Target
Q1 21/22	5862	4720
Q2 21/22	5692	4720
Q3 21/22	5078	4720
Q4 21/22	5150	4720
Q1 22/23	5750	4720



Key Points:

Performance for A&E attendances has been above target since April 2021, however the time lag in reporting the data has not shown this an exception till this quarter. Targets for 2020/21 and 2021/22 were set in the basis of a number of workstreams and their impact on pre-pandemic figures. Targets are currently under review for 2022/23.

Improvement Actions:

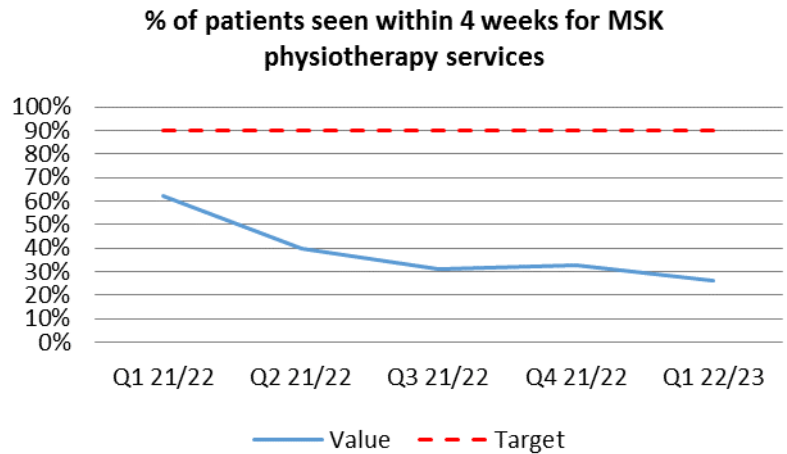
Frequent attenders who are known to Addictions or Mental Health services are identified in a timely manner and interventions are put in place to provide alternative support.

NHSGGC also provide monthly data on frequent attenders which is currently being analysed and will be looked at by services involved.

The pandemic changed people's behaviours in relation to attendance and this is part of the work involved in the revised GGC Board-wide Unscheduled Care Joint Commissioning Plan approved by the IJB in March 2022.

Performance Area: Musculoskeletal (MSK) Physiotherapy

Quarter	Value	Target
Q1 21/22	62%	90%
Q2 21/22	40%	90%
Q3 21/22	31%	90%
Q4 21/22	33%	90%
Q1 22/23	26%	90%



Key Points:

All patients categorised as urgent continue to be seen within 4 weeks.

The number of patients waiting over target is still very high and recruitment of available workforce remains an issue, not only within GGC but nationally.

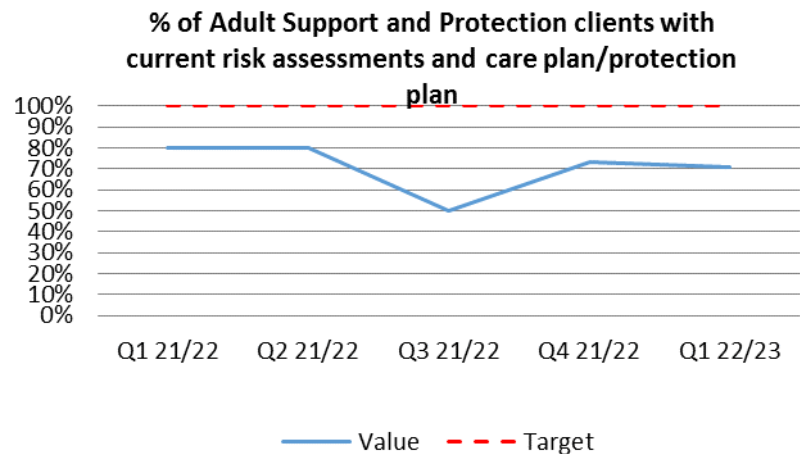
Improvement Actions

11 whole time equivalent staff were recruited within April and May which has helped towards the improvement in the number of patients waiting over the 4 week target across GGC: newly qualified staff have had very little face-to-face experience due to the pandemic and require more time for supervision and support to ensure governance requirements are met.

The MSK service has started a priority project to focus on addressing the routine waiting list.

Performance Area: Adult Support and Protection

Quarter	Value	Target
Q1 21/22	80%	100%
Q2 21/22	80%	100%
Q3 21/22	50%	100%
Q4 21/22	73%	100%
Q1 22/23	71%	100%



Key Points:

5 of the 7 Adult Support and Protection clients during April to June 2022 have a current risk assessment and care plan/protection plan. Increased scrutiny has identified that not all plans are in place and figures for 2021/22 have been amended to reflect this.

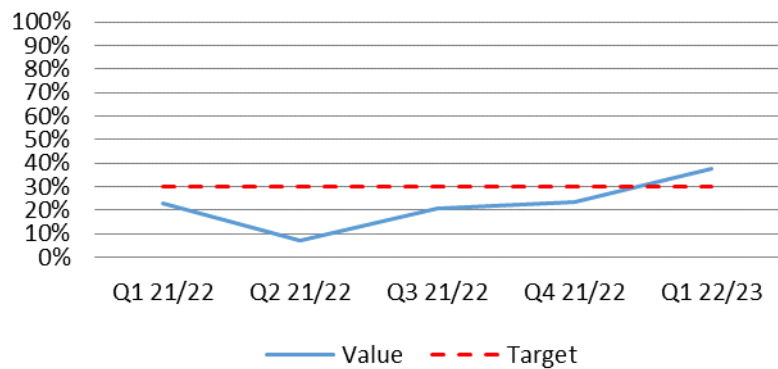
Improvement Actions:

This increased level of scrutiny will continue and processes are being put in place to highlight any gaps to workers involved.

Performance Area: Palliative Care Deaths in Hospital

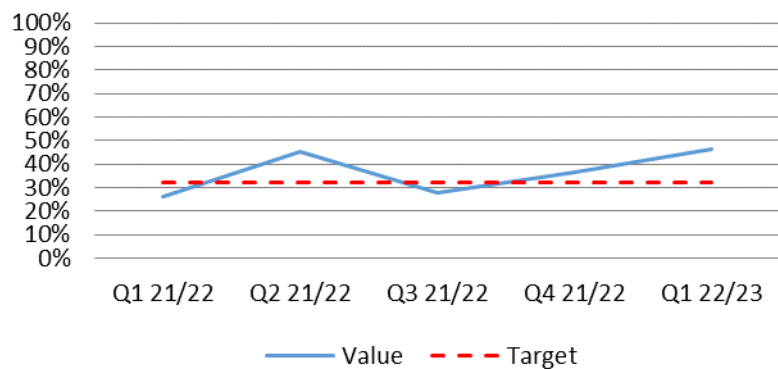
Quarter	Value	Target
Q1 21/22	23.0%	30%
Q2 21/22	6.9%	30%
Q3 21/22	20.5%	30%
Q4 21/22	23.6%	30%
Q1 22/23	37.5%	30%

Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)



Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)

Quarter	Value	Target
Q1 21/22	26.0%	32%
Q2 21/22	45.5%	32%
Q3 21/22	28.1%	32%
Q4 21/22	36.8%	32%
Q1 22/23	46.2%	32%



Key Points:

The District Nursing service strive to ensure people die in their chosen place of care, and most of our patients choose to die at home. However, due to the range of potential and unexpected complexities of non-cancer deaths, it is inevitable that sometimes hospital is the safest place to manage a person’s care.

Another contributory factor in this complex category is the need to also care for carers, and occasionally admissions can happen due to the sense they may have of being overwhelmed by their role at such an emotional time, particularly if the symptoms their loved one is experiencing are significant.

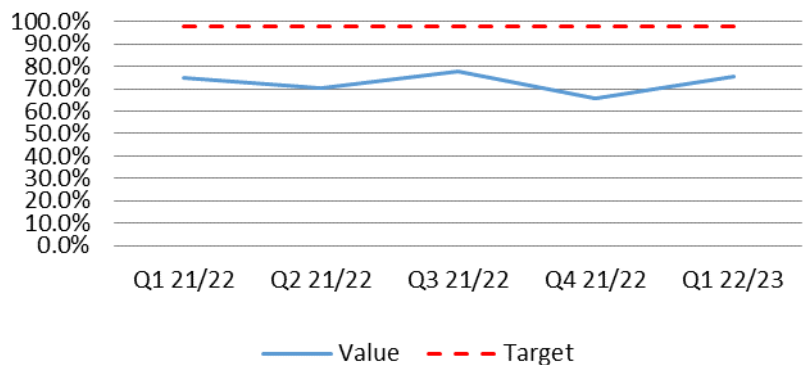
Improvement Actions:

We will continue to strive to ensure people die in their chosen place of care and we will continue to monitor how effectively we have been able to do this while acknowledging the complexities above.

Performance Area: Criminal Justice

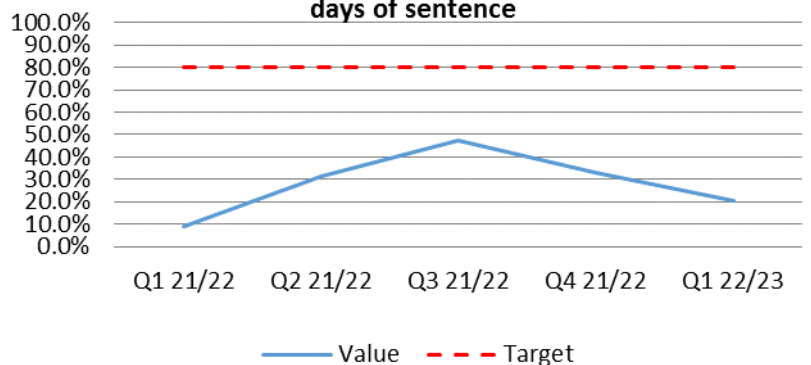
Quarter	Value	Target
Q1 21/22	75.0%	98%
Q2 21/22	70.5%	98%
Q3 21/22	78.0%	98%
Q4 21/22	65.9%	98%
Q1 22/23	75.5%	98%

% Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling



Quarter	Value	Target
Q1 21/22	9.0%	80%
Q2 21/22	31.3%	80%
Q3 21/22	47.6%	80%
Q4 21/22	32.9%	80%
Q1 22/23	20.5%	80%

% Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence



Key Points:

The service has seen a notable increase in orders being imposed.

Improvement Actions:

We have built on learning from the changes introduced during the pandemic, with home learning packs around the reduction of re-offending and substance misuse continuing to provide educational support to individuals subject to a Community Payback Order whilst encouraging learning at home.

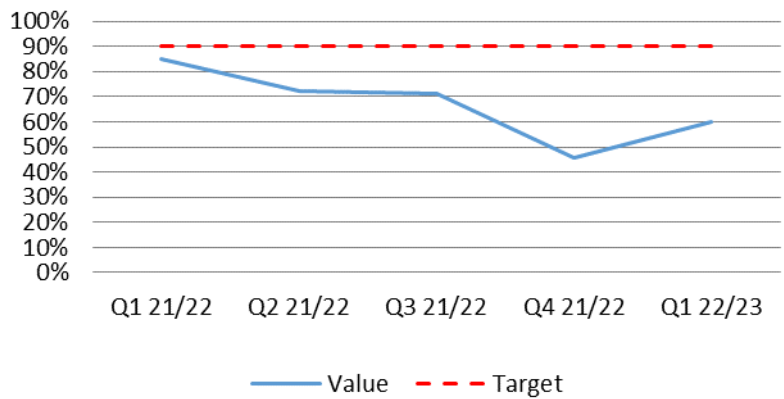
Ongoing collaborative work with the Council’s Greenspace project and colleagues from the Knowetop, Alternatives project contribute to the local authority’s green space initiatives. Third sector partners, Street Cones, continue to deliver creative workshops using online platforms, designed around lived experiences. Our ongoing collaboration with The Wise Group provides additional support opportunities and the Libertie Project ensures service users are not disadvantaged in terms of digital poverty.

Having secured a new workspace for unpaid work orders in 2020/21, work is ongoing to configure these premises to enable the delivery of a wider range of supports and learning. The team continues to maintain face-to-face contact with service users alongside any digital and online support being provided.

Performance Area: Psychological Therapies

% patients who started Psychological Therapies treatments within 18 weeks of referral

Quarter	Value	Target
Q1 21/22	84.8%	90%
Q2 21/22	72.4%	90%
Q3 21/22	71.3%	90%
Q4 21/22	45.6%	90%
Q1 22/23	59.8%	90%



Key Points:

92 people started Psychological Therapies treatments between April and June: 52 waited less than 18 weeks from the point of referral.

There are a number of vacancies across the teams which is impacting caseload capacities.

Improvement Actions:

We are actively processing vacancies as quickly as possible to ensure as little impact on waiting times as possible and the longest waits are being offered appointments across the area as space becomes available.

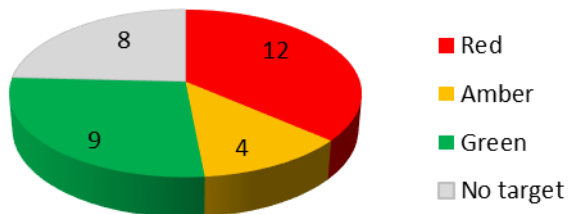
The recruitment process for a Psychology vacancy is underway.

Consultant Psychology at Community Mental Health Team are providing additional clinics.

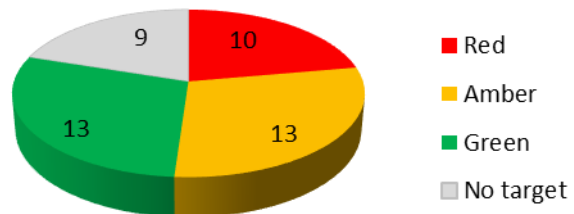
We are continuing the Wellbeing Nurse rollout and continue to monitor waiting times progress via the local Psychological Therapies monitoring group and are currently targeting erroneous data on the dashboard.

Summary of Strategic Plan Key Performance Indicators

Quarter 1: April to June 2022 (Partial Data)



Quarter 4: January to March 2022 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 1 April - June 2022

Within the Model Complaints Handling Procedure developed by the Scottish Public Services Ombudsman (SPSO) is a requirement to report performance in relation to complaints internally on a quarterly basis and publicly on an annual basis in line with the SPSO's Model Complaints Handling Reporting Framework. As part of our commitment to best practice, openness and transparency we will include this framework within our Quarterly Performance Report going forward.

These indicators are set by the SPSO and should provide opportunities for benchmarking and identifying good practice and areas for improvement on a local and national basis.

During April - June 2022 no Stage 2 complaints were upheld by the HSCP and no actions or learning points were identified. It is likely that there was learning from Stage 1 frontline complaints however these will sit within individual records and are not currently collated centrally.

SPSO Indicator	Measure	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	16	21	13	16	13
	Number of complaints direct to Stage 2	8	7	6	10	7
	Total number of complaints	24	28	19	26	20
3	% closed within timescale - Stage 1	Not yet available				
	% closed within timescale - direct to Stage 2	2	1	2	2	3
	% closed within timescale - escalated to Stage 2	1	N/A	N/A	N/A	N/A
4	Average response time - Stage 1	Not yet available				
	Average response time - direct to Stage 2	25	23	23	24	29
	Average response time - escalated to Stage 2	18	N/A	N/A	N/A	N/A

The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is in early development stages.

Indicator 5: Outcomes of Complaints

Stage 2 – Quarter 1 2022/23

Outcome	Model Complaints Handling Procedure		% of total
	NHSGGC	WDC*	
Fully Upheld	0	0	0%
Partially Upheld	0	0	0%
Not Upheld	2	3	100%
Unsubstantiated	0	0	0%
Total	2	3	5

*2 complaints are still ongoing

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) AUDIT AND PERFORMANCE COMMITTEE**

Report by Andi Priestman, Chief Internal Auditor

27 September 2022

Subject: Audit Plan Progress Report

1. Purpose

- 1.1** The purpose of this report is to enable WD HSCP Board Audit Committee members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.
- 1.2** The report also presents an update on the Internal Audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHSGGC) since the Audit Committee meeting in June 2022 that may have an impact upon the WD HSCP Board's control environment.

2. Recommendations

- 2.1** It is recommended that the Audit Committee note the progress made in relation to the Internal Audit Annual Plans for 2021/22 and 2022/23.

3. Background

- 3.1** In April 2021 and 2022, the Audit Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2021/22 and 2022/23 respectively.
- 3.2** This report provides a summary to the Audit Committee of recent Internal Audit activity against the annual audit plan for 2021/22. A summary is also provided in relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC which may have an impact upon the WD HSCP Board's control environment.
- 3.3** This report also details progress in addressing agreed actions plans arising from previous audit work.

4. Main Issues

- 4.1** The audit plan for 2021/22 is now complete. The remaining audit relating to Performance Management and Reporting Arrangements has now been finalised. Planning is now underway for the 2022/23 Audit Plan.

4.2 Performance Management Arrangements (July 2022)

The West Dunbartonshire Health and Social Care Partnership Board (HSCP Board) requires the West Dunbartonshire Health and Social Care Partnership (HSCP) to implement its strategic plan by delivering a range of defined services. To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

To facilitate this the HSCP Board has Performance Management arrangements in place to ensure its Audit and Performance Committee fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCP Board's Strategic Plan.

4.3 The objective of this audit was to provide the HSCP Board Audit and Performance Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to the Performance Management arrangements for monitoring and reporting on the delivery of services and on the programme of work as set out in the West Dunbartonshire HSCP Board's Strategic Plan.

4.4 The overall control environment opinion was **Satisfactory**. Two Green issues were identified as follows:

Adequacy of Procedures/Guidance for Statutory Reporting Process (Green)

No procedures or guidance are in place within the Information Team in relation to the process for data collection, collation and reporting. Although the team is highly experienced, this would be beneficial for any new member staff and for transparency of the process.

Cross-Referencing on Exception Reports (Green)

The audit confirmed that the Quarterly Performance Reports meet statutory guidance for its contents. Reports are generally user friendly but would benefit from cross-referencing between the Exceptions and the Performance Indicators reported.

4.5 The audit identified 2 issues, which we do not consider to be significant, and an action plan is in place to address both issues by 31 March 2023.

4.6 In relation to internal audit action plans, there were no actions due for completion by 31 August 2022. There are 5 current action points being progressed by officers. The current status report is set out at Appendix 1.

4.7 In relation to external audit action plans, there were no actions due for completion by 31 August 2022. There are 3 current actions relating to the WD HSCP Board which are being progressed by officers. The current status report is set out at Appendix 2.

4.8 In relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC, the following reports are relevant to the WD HSCP Board:

West Dunbartonshire Council

4.9 Since the last Audit Committee meeting in June 2022, there was one Internal Audit report issued to the Council, which is relevant to the WD HSCP Board:

Report	Control Environment Opinion	Grading of Issues		
		Red	Amber	Green
Debtors (1)	Satisfactory	0	0	3
Total		0	0	3

(1) This was a limited scope Finance review which identified some enhancements to the control environment which will be implemented by 31 March 2023.

4.10 Internal Audit at West Dunbartonshire Council undertake follow up work on a monthly basis to confirm the implementation of agreed actions. Any matters of concern will be highlighted to the Committee.

NHS Greater Glasgow and Clyde

4.11 A progress update has been provided in September. There were no red rated reports or very high risk issues identified which are relevant to the WD HSCP Board.

4.12 Internal Audit undertakes follow up work to confirm the implementation of high risk and a sample of medium risk recommendations. The results of this follow up work are reported to the NHSGGC Audit Committee with any matters of concern being drawn to the attention of this Committee.

5. People Implications

5.1 There are no personnel issues with this report.

6. Financial Implications

6.1 There are no financial implications with this report.

7. Risk Analysis

7.1 The annual audit plan for 2021/22 was constructed taking cognisance of the risks included in the WD HSCP Board risk register. Consultation with the Chief

Officer and the Chief Financial Officer was carried out to ensure that risks associated with delivering the strategic plan were considered.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues.

9. Environmental Impact Assessment

9.1 There are no issues.

10. Consultation

10.1 The Chief Officer and the Chief Financial Officer have been consulted on the content of this report.

11. Strategic Assessment

11.1 The establishment of a robust audit plan will assist in assessing whether the WD HSCP Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the Strategic Plan.

12. Directions

12.1 This report does not require a Direction.

Author: Andi Priestman
Chief Internal Auditor – West Dunbartonshire HSCP Board

Date: 29 August 2022

Person to Contact: Andi Priestman – Shared Service Manager – Audit & Fraud
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E-mail – andi.priestman@west-dunbarton.gov.uk

Appendices: Appendix 1 – Status of Internal Audit Action Plans at 31 August 2022
Appendix 2 – Status of External Audit Action Plans at 31 August 2022

Background Papers: Internal Audit Annual Audit Plans - 2021-22 and 2022-23

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
AT 31 AUGUST 2022**

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2022

There were no actions due for completion by 31 August 2022.

Section 2 Summary of Current Management Actions Plans at 31/08/2022

At 31 August 2022 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/08/2022

At 31 August 2022 there were 5 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 August 2022 there were no audit action points where the agreed deadline had been missed.

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.08.2022

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
0			

* These actions are included in the Analysis of Missed Deadlines – Section 4

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.08.2022

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion September 2022	4
Due for completion March 2023	1
Total Actions	5

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2022

SECTION 3

Action	Owner	Expected Date
Implementation of HSCP Board Directions Policy (May 2022)		
<p>Adequacy of Reporting on the implementation of the HSCP Board Directions Policy (Amber) A report on the Directions Policy Implementation Action Plan will be taken to the September 2022 meeting of the HSCP Board.</p> <p>The Directions Log to go the September 2022 meeting of the HSCP Audit & Performance Committee for review.</p> <p>Review of Directions Log will be included on forward plans for the HSCP Audit & Performance Committee for the agreed twice a year reviews of Directions Log.</p>	Head of Strategy and Transformation	30.09.2022
<p>HSCP Board Meeting Minutes (Green) Minutes of the HSCP Board Meeting will specifically record Directions approved during the meeting and issuing of approved Directions to be included in the Rolling Action List for HSCP Board meetings.</p>	Head of Strategy and Transformation	30.09.2022
<p>HSCP Board Committee Report Template (Green) Reminder to be sent to all officers of the need to complete the relevant section of the report template, including confirmation if no Direction is required.</p>	Head of Strategy and Transformation	30.09.2022
Performance Management Arrangements (July 2022)		
<p>Adequacy of Procedures/Guidance for Statutory Reporting Process (Green) Procedures or guidance will be produced for data collection, collation and reporting for all statutory reporting such as Annual and Quarterly reports by the end of the Financial Year.</p>	Head of Strategy and Transformation	31 March 2023
<p>Cross-Referencing on Exception Reports (Green) Inclusion in the Quarterly Performance Report a cross-reference in the Exception Report to the Performance Indicators reported is expected to be in place for reporting to the September 2022 meeting of the Audit & Performance Committee.</p>	Head of Strategy and Transformation	30.09.2022

**WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
There are no current actions which have missed their original deadlines.				

**WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
AT 31 AUGUST 2022**

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2022

There were no actions due for completion by 31 August 2022.

Section 2 Summary of Current Management Actions Plans at 31/08/2022

At 31 August 2022 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/08/2022

At 31 August 2022 there were 3 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 August 2022 there was one audit action point where the agreed deadline had been missed.

**WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 31.08.2022

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
0			

* These actions are included in the Analysis of Missed Deadlines – Section 4

**WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.08.2022

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion September 2022	2
Due for completion March 2023	1
Total Actions	3

**WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 31.08.2022

SECTION 3

Action	Owner	Expected Date
2019/2020 Annual Audit Report (September 2020)		
<p>Use of outcome data to shape future plans Actions to be taken to ensure IJB are well informed in its decision making. This will include how teams use data to inform operational decision making whilst also seeking to improve the quality of appropriate information to the IJB.</p> <p>Steps will be taken to consider national best practice in order to support good decision making in line with the delivery of the HSCP Strategic Plan.</p>	Head of Strategy and Transformation	30.09.2022
<p>Best Value The IJB should agree a mechanism for undertaking a periodic and evidenced formal review of how it is achieving Best Value. This should be included and reported through the Annual Performance Report.</p>	Head of Strategy and Transformation	30.09.2022
2020/2021 Annual Audit Report (November 2021)		
<p>Review of Standing Orders The current version of the revised scheme requires formal approval by NHSGGC before submission to the Scottish Government. This can be used as the starting point for a review of Standing Orders.</p>	Head of Strategy and Transformation	31.03.2023*

**WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
2020/2021 Annual Audit Report (November 2021)	Review of Standing Orders The current version of the revised scheme requires formal approval by NHSGGC before submission to the Scottish Government. This can be used as the starting point for a review of Standing Orders.	31.03.22	31.03.23	Although the review of the Scheme of Integration started in early 2020, due to the pandemic the required report did not progress to the NHS Board at that time. This presented an opportunity for the 6 Integration Joint Boards across the NHSGG&C area to develop a consistent Scheme across the GG&C area. The revised Schemes will be taken to the NHS Board and relevant Local Authorities in September 2022, seeking permission to move to public consultation. Final approval of the revised Schemes of Integration by Scottish Ministers is expected to conclude in March 2023. This work currently forms the basis of a review of the HSCP Board's Standing Orders and the Scheme of Officer Delegation and although this work has started it cannot be concluded until the Scheme of Integration has received Ministerial approval.

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) AUDIT AND PERFORMANCE COMMITTEE**

Report by Val Tierney, Chief Nurse

27 September 2022

Subject: Clinical and Care Governance Annual Report 2021

1. Purpose

- 1.1** The Clinical and Care Governance Annual Report 2021 describes the clinical and care governance oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care. The purpose of this report is to provide assurance that health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides. This includes services that are hosted, provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report.

2. Recommendations

- 2.1** Members of the Audit and Performance Committee are asked to note the report. This report will be sent to NHS Greater Glasgow and Clyde as all Health and Social Care Partnerships are requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation of care quality.

3. Background

- 3.1** Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured and that staff are supported in continuously improving the quality and safety of care. This ensures that good performance is highlighted and poor performance is identified and addressed.
- 3.2** The aim in monitoring clinical and care quality aligned to the principles of good governance, is to engage and involve people in ensuring clinical and care quality is associated with public transparency, meaningful accountability requirements and robust organisational arrangements for clinical governance.
- 3.3** The report is structured around the three main domains set out in the National Quality Strategy: Safe, Effective, and Person-Centred Care. The report covers the main priority areas for West Dunbartonshire HSCP.
- 3.4** Each HSCP is requested by NHSGGC to provide an Annual Report of the clinical and care governance activity.

4. Main Issues

- 4.1** The report describes West Dunbartonshire HSCP Clinical and Care Governance arrangements confirming these are in accordance with the Clinical and Care Governance Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance'
1. Information on the safety and quality of care is received
 2. Information is scrutinised to identify areas for action
 3. Actions arising from scrutiny and review of information are documented
 4. The impact of actions is monitored, measured and reported
 5. Information on impact is reported against agreed priorities

These align with the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde:

1. Client-centred services
 2. Developing and applying the knowledge base for professional practice
 3. Safe and reliable services
 4. Enhancing clinical effectiveness
 5. Quality assurance and accreditation
 6. Supporting and developing practitioners
 7. Information, communication and co-ordination
- 4.2** The approach to clinical and care governance within the HSCP is evolving in alignment with NHS Greater Glasgow and Clyde (NHSGGC) Health Board's statutory duty for care quality (The Health Act 1999) and West Dunbartonshire Council Social Work and Social Care governance framework. This approach recognises the complex interdependencies in delivering safe effective person centred care in an integrated context.
- 4.3** The report covers a period of unprecedented demand on health and care services caused by the ongoing Covid 19 pandemic.
- 4.4** Selected examples from service have been used to demonstrate the quality of service provision. These are not exhaustive, but illustrate the range of activity ongoing to realise the three quality ambitions of safe, effective, and person centred and reflect our efforts to strive for continuous quality improvement.

5. Options Appraisal

5.1 N/A

6. People Implications

- 6.1** There are no human resource implications

7. Financial and Procurement Implications

7.1 N/A

8. Risk Analysis

8.1 NHSGGC duty for care quality applies to all services provided with respect to prevention, diagnosis and treatment of illness and includes services that are provided jointly with partner organisations. This legal responsibility for quality of care is equal in measure to their other statutory duties.

8.2 Within the Health and Social Care Partnership the Chief Officer is accountable for ensuring the clinical and care governance requirements specified in the approved integration schemes are appropriately discharged.

8.3 Clinical and care governance is the mechanism by which that responsibility is discharged. Failure to discharge these responsibilities risks breaching a statutory duty for care quality, and could also result in reputational risk to the organisation. Failure to assure clinical and care governance across the new integrated arrangements could result in poor standards of care, poor outcomes for service users and their families.

8.4 The impact of the pandemic on the health and wellbeing of our community revealed itself throughout 2021 resulting in unprecedented demands on service provision and a need to respond at pace. These factors posed a credible risk to care quality making it critically important that we continued to strengthen our care assurance and oversight arrangements in order to secure robust assurance and remain vigilant to any emerging threats to care quality.

8.5 The Care Home sector remained particularly vulnerable to the impact of the pandemic. Enhanced support, oversight and assurance arrangements for local care homes ensured that emerging risks were identified early, robustly managed and care quality maintained. This has provided a solid foundation for partnership working to support ongoing quality improvement ambitions.

8.6 Ongoing efforts are required to strengthen and reintroduce our core audit and self - evaluation activity and to build capacity across the HSCP to improve standards of care and support achievement of our quality improvement goals.

9. Equalities Impact Assessment (EIA)

9.1 Not required as the report does not introduce new policy or strategy. Robust clinical and care governance ensures that the needs of protected groups are considered. All aspects of clinical and care governance seek to address avoidable variations in outcomes for service users.

10. Environmental Sustainability

10.1 N/A

11. Consultation

11.1 All service areas contributed to the report.

12. Strategic Assessment

12.1 Robust clinical and care governance contributes to the achievement of National Wellbeing Outcomes and West Dunbartonshire HSCP's strategic priorities and, the national quality ambitions of the delivery of safe, effective person centred care.

13. Directions

13.1 No direction required

Name

Valerie Tierney

Designation

Chief Nurse

Date 11.08.22

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Appendices: West Dunbartonshire HSCP Clinical and Care Governance Annual Report 2021

Back ground Papers: Nil



West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire
Health and Social Care Partnership
Annual Clinical & Care Governance Report
2021 v8

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Introduction

- 1.1 West Dunbartonshire Health and Social Care Partnership (HSCP) was established on 1st July 2015 as the Integration Authority for West Dunbartonshire in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.2 The Vision of West Dunbartonshire Health and Social Care Partnership is '*improving lives with the people of West Dunbartonshire*' through achievement of our stated strategic outcomes. [About Us - West Dunbartonshire HSCP \(wdhscp.org.uk\)](http://wdhscp.org.uk)
- 1.3 In 2020 the population for West Dunbartonshire was 88340, down 0.7% from 2019 (National Records for Scotland 2021). The numbers of births in West Dunbartonshire in 2021 was 771 which reflects a downward trend from the figure of 845 in 2019. In West Dunbartonshire, 18% of the population are aged 0-15, and 9.7% of the population are aged 16-24. In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25, 6646 (29%). People aged 65 and over make up 19% of West Dunbartonshire's population, which is similar to Scottish population. Currently West Dunbartonshire ranks the third most deprived area in Scotland with 40% of data zones being among the 20% most deprived areas of Scotland.
- 1.4 The approach to clinical and care governance within the HSCP is evolving in alignment with NHS Greater Glasgow and Clyde (NHSGGC) Health Board's statutory duty for care quality (The Health Act 1999) and West Dunbartonshire Council Social Work and Social Care governance framework. This approach recognises the complex interdependencies in delivering safe effective person centred care in an integrated context.
- 1.5 West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) works in accordance with the Clinical and Care Governance Framework¹ as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance'
 1. Information on the safety and quality of care is received
 2. Information is scrutinised to identify areas for action
 3. Actions arising from scrutiny and review of information are documented
 4. The impact of actions is monitored, measured and reported
 5. Information on impact is reported against agreed priorities

WDHSCP CCG also takes cognisance of the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde:

1. Client-centred services
 2. Developing and applying the knowledge base for professional practice
 3. Safe and reliable services
 4. Enhancing clinical effectiveness
 5. Quality assurance and accreditation
 6. Supporting and developing practitioners
 7. Information, communication and co-ordination
- 1.6 The Health and Social Care Standards published in 2018² in response to the Public Service Reform (Scotland) Act 2010, set out what individuals can expect when using health, social work or social care services in Scotland. They aim to ensure better outcomes for everyone, that people are treated with respect and dignity, and that basic human rights are upheld. The Care Inspectorate, Health Improvement Scotland and

other scrutiny bodies all take cognisance of these standards in relation to their work around inspection and registration of health and care services.

- 1.7 The report covers an ongoing period of unprecedented demand on health and care services caused by the Covid 19 pandemic and also reflects subsequent recovery and remobilisation efforts.
- 1.8 The purpose of this report is to provide assurance that robust health and care governance systems are in place to support the HSCP in monitoring and improving the quality of health and care that it provides, including services that are provided jointly with partner organisations, or commissioned from external providers. The principle achievements, risks and challenges to care quality are reflected in the report.
- 1.9 Selected examples from service areas have been used to demonstrate the quality of service provision. These are not exhaustive, but illustrate the range of activity ongoing to realise the three quality ambitions of safe, effective, and person centred.

2. Clinical and Care Governance Arrangements

Figure 1 NHSGGC Corporate Level Clinical and Care Governance Arrangements.

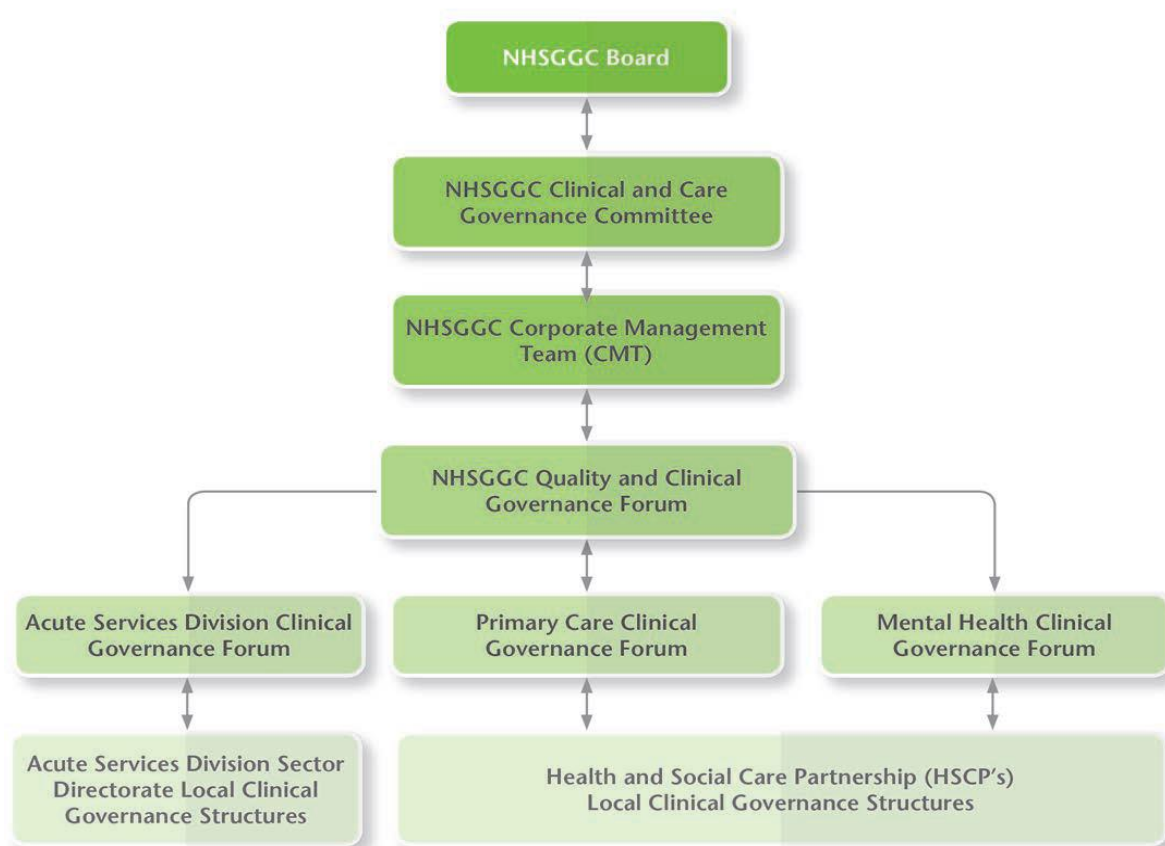
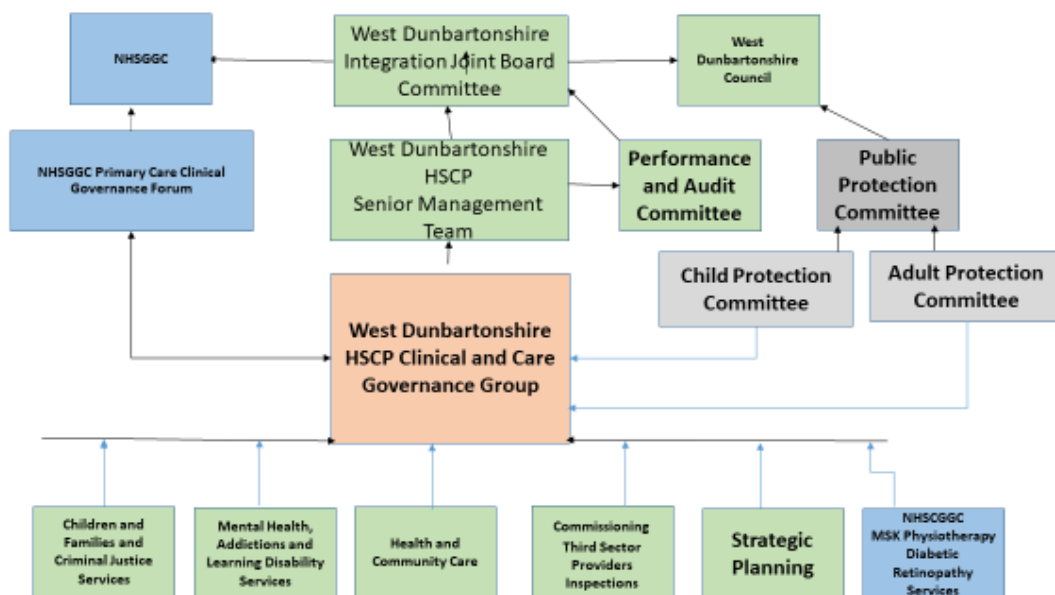


Figure 2: West Dunbartonshire HSCP Clinical and Care Governance Arrangements



2.2 The role of West Dunbartonshire HSCP Clinical & Care Governance Group is to

- a. Consider matters relating to strategic plan development, governance, risk management, service user feedback, complaints, standards, care assurance, education, professional registration, validation, learning, continuous improvement and inspection activity.
- b. Provide assurance to the Health & Social Care Partnership Board, the Council and NHSGGC, via the Chief Officer, that the professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- c. Review significant and adverse events and ensure learning is applied.
- d. Support staff in continuously improving the quality and safety of care.
- e. Ensure that service user / patient views on their health and care experiences are actively sought and listened to by services.
- f. Create a culture of quality improvement and ensure that this is embedded in the organisation by facilitating improvement activity including self-evaluation and clinical governance actions.
- g. Provide oversight and assurance regarding the quality and safety of care including public protection, inspections and contract monitoring.

2.3 The Clinical Director chairs the HSCP CCG group. The membership includes the Chief Social Work Officer, Chief Nurse, Lead Allied Health Professional, Pharmacy Lead, the Heads of Service from all HSCP services areas including hosted services and a representative from NHSGGC Clinical Risk Department.

2.4 Work has focused on inclusion of the social care quality and governance agenda to ensure this is fully reflected within the integrated partnership.

- 2.5 The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of social work services and to ensure that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC). This complementary activity is captured within the Chief Social Work Officers Annual Report which is shared with the Clinical and Care Group to provide assurance on statutory social work functions.
- 2.6 The Clinical Director completes an exception report six times per year to submit to the Partnership Community Clinical and Care Governance Forum (PCCCGF). The exception report is shared with the HSCP Senior Management Team as per local governance arrangement's to ensure all pertinent matters are reported from respective services. HSCP Services also report to board wide Mental Health, Learning Disability, and Specialist Children's Services Governance Systems.

3. Safe

This section provides examples of key learning, improvements and good practice in relation to safe care.

The Covid 19 Pandemic

- 3.1 The Scottish Government changed the Civil Contingencies Act 2004 in order to add Integration Joint Boards to the list of Category One responders. These changes came into effect 16 March 2021. By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.
- 3.2 The HSCP continued to face a range of challenges with respect to the Covid 19 pandemic as we responded to changes in prevalence and related guidance, in order to ensure all appropriate safety measures and risk assessments were in place to minimise risk within the HSCP and the local population. Staff are our most valuable asset in delivering high quality care. They were vulnerable to the stress involved with delivering care during the Covid. In order to deliver quality patient care we recognised the importance of keeping in touch with all staff and responding quickly to the range of new stressors they may be experiencing. A range of measures were employed to keep staff and service users safe during the pandemic. These include, risk assessment of working and care environments, social distancing, testing, provision of personal protective equipment and immunisation.
- 3.3 Covid recovery planning was implemented as we moved through the Scottish Government Road Map using a phased approach to building back better and supporting our journey of continuous improvement.

Covid Vaccination

- 3.4 Covid immunisation is the most complicated, largest vaccination programme ever undertaken by NHS Scotland.
- 3.5 A Mass Covid 19 Vaccination programme was introduced to protect those at the highest risk from serious illness and death. A multi- disciplinary strategic oversight group provided tactical and professional leadership to facilitate delivery of West Dunbartonshire Mass Vaccination Programme which commenced in January 2021. The Joint Committee on Vaccination and Immunisation (JCVI) guidance on prioritisation was followed with the elderly and most clinically vulnerable being prioritised first. Additional support with transport was provided for those who required assistance to attend the vaccination centres. A communication strategy was developed and included a short animation to guide citizens through the vaccination centre experience in West Dunbartonshire. District Nurses delivered a house bound programme and General Practitioners worked in partnerships to ensure optimal uptake amongst all who were eligible for vaccination across West Dunbartonshire. Learning Disability Service Nurses completed Covid vaccinations for service users with complex needs who were unable to attend vaccination centres.
- 3.6 With the support of West Dunbartonshire Council & HSCP Colleagues the NHSGGC programme for Covid Immunisation progressed well within West Dunbartonshire. Table 1 provides a comparison of West Dunbartonshire Covid 19 vaccination uptake with Scotland (at July 2022 amongst those eligible for the vaccine).

Table 1

Total % of eligible population aged 18+ years who have Covid Vaccination	1 st Dose		2 nd Dose		3 rd Dose	
	Scotland	West Dunbartonshire	Scotland	West Dunbartonshire	Scotland	West Dunbartonshire
	91.8	93.3	88.8	90.0	78.7	77.5
Total % of population eligible aged 75 years + who have had 4 th dose Covid 19 vaccine	Scotland			West Dunbartonshire		
	Not available			93.4%		

Older Peoples Care Homes – Enhanced Assurance

- 3.7 Maintaining high quality care in Care Homes continued to be a key focus of work within the partnership. A number experienced Covid 19 outbreaks affecting both staff and residents, reflecting rates of Covid 19 in the local community. Care homes environments continue to be particularly susceptible to the coronavirus with elderly residents at risk of poorer outcomes due to pre-existing conditions. Encouragingly throughout 2021 most residents experienced only mild common cold type symptoms indicating the success of the vaccination programme in preventing the more severe complications of Covid -19 in this vulnerable group. A further round of booster immunisation for Covid 19 commenced in April 2022 for all eligible care home residents.
- 3.8 Care home staff were similarly affected by Covid 19. Care home business continuity plans, robust oversight arrangements, and the provision of mutual aid ensured that safe staffing levels were maintained and that there was no adverse impact on the quality of care received by residents.

- 3.9 West Dunbartonshire HSCP District Nursing staff provided further training and support to staff in care homes with a programme of bite size modules on subjects including infection control, urinary catheter care and recognising sepsis. This helped care home staff recognise the early signs of infection, and with earlier recognition and intervention, prevent admissions to hospital. The Older Adult Community Psychiatric Liaison Nurse has provided training on stress and distress behaviour, which enables staff to identify and support residents effectively within the care home.
- 3.10 NHSGGC Care Home Collaborative and WDHSCP have provided mutual aid to care homes where required. The reduction in the period of mandated self-isolation following infection or exposure to Covid-19 further mitigates the risk to safe staffing within care homes. HSCP day to day relationships continue with individual care homes, the HSCP multi professional Care Home Oversight Group continued to meet weekly throughout 2021.
- 3.11 West Dunbartonshire care homes introduced refreshment trollies which are decorated to look like an old “Ice Cream Van” to create an interest around nutrition and fluid intake. There are a variety of flavoured drinks. This helps residents increase fluid intake and minimise dehydration and also facilitates meaningful interaction.
- 3.12 Queens Quay Care Home was nominated for a Scottish Design award in August 2021, the results of which are awaited. It is a positive affirmation for the hard work and planning to be recognised on a national platform.
- 3.13 The HSCP District Nursing Team delivered Covid 19 vaccinations to all eligible care home residents
- 3.14 Table 2: Provides a summary of the grades awarded to West Dunbartonshire Care Homes inspected by the Care Inspectorate during the time period of this report.

Table 2: Care Inspectorate Activity – 01.04.21 – 31.03.22 Care Home for Older People

Care Home	Date of Insp	Grades						Comment
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5	KQ 7	
Kingsacre	12.07.21	4	4	4	4	4	4	0 – Areas for Improvement 0 - Requirement
Castle View	23.08.21	4	-	-	-	-	4	4 - Areas for improvement 0 - Requirements
Sunningdale	23.11.21	-	-	-	-	-	3	2 - Areas for improvement 1 - Requirement
Queens Quay	09.12.21	5	4	5	6	5	5	1 – Area for Improvement
Clyde Court	24.03.22	3	-	-	-	4	3	7 – Areas for improvement 1 - Requirement

Requirements Made by the Care Inspectorate

Sunningdale Care Home

One requirement to ensure equipment is effectively cleaned to protect residents from risk of infection.

Clyde Court Care Home

One requirement to regrading Infection Prevention and Control Procedures to ensure the environment and equipment are clean and safe for use. Infection Prevention Control Audits to be implemented and findings reviewed with appropriate action taken. Staff training on IPC to be updated/refreshed.

3.15 Table 3: Care Inspectorate Activity – 01.04.21 – 31.03.22 Home for Adults

Care Home	Date of Insp	Grades						Comment
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5	KQ 7	
Alderwood House	12.07.21	4	-	-	-	-	5	2 – Areas for Improvement
Alderwood House	15.02.22	3	-	-	-	-	3	2 – Areas for Improvement

One Requirement made by the Care Inspectorate in relation to an assessment of staff training needs and the service to develop a staff training plan to ensure all staff are appropriately training to fulfil their role within the service.

3.16 Table 4: Care Inspectorate Activity – 01.04.21 – 31.03.22 Housing Support Services

Care Home	Date of Insp	Grades						Comment
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5	KQ 7	
Joans Carers	07.10.21	3	-	-	-	-	2	2 – Areas for Improvement
Joans Carers	01.12.21	3	-	-	-	-	3	4 – Areas for Improvement

Requirements Made by the Care Inspectorate in relation to reviewing the scheduling system to reduce risk of missed visits and full implementation of new electronic scheduling and monitoring system.

- a. Review staff training and monitoring system;
- b. Review quality assurance systems to ensure routine monitoring of services;
- c. Review recruitment procedures to ensure all staff have the necessary recruitment checks completed prior to start date;
- d. Ensure all staff required to register with SSSC or other professional bodies do so within timescales required.

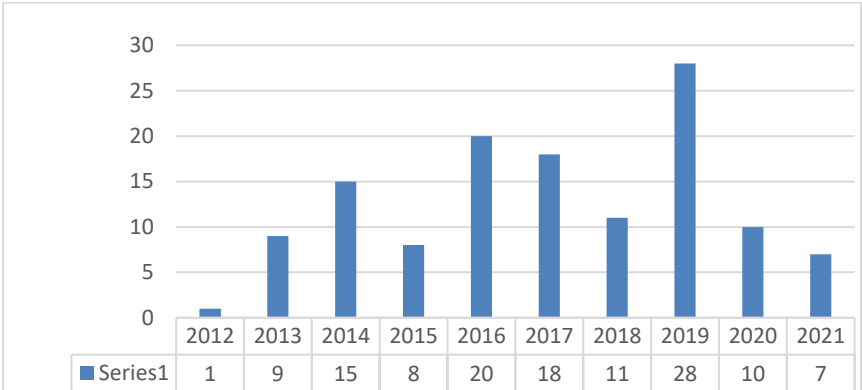
All requirements were confirmed as having been met at follow-up inspection on 01.12.21

- 3.17 The role and responsibilities of the Executive Nurse Directors with respect to older peoples care homes (accountability for provision of nursing leadership, professional oversight, implementation of infection prevention control measures, use of personal protective equipment (PPE) and quality of care) was extended to June 2022 with an expectation that the assurance process continues and that this should be multidisciplinary in its approach.
- 3.18 The HSCP undertook two rounds of Care Assurance Visits during 2021 (March and November) in West Dunbartonshire, reflecting earlier work within the care homes an approach of appreciative enquiry was adopted when using the NHSGGC Care Home Assurance Tool. We continue to work in partnership with the NHSGGC Care Home Hub to support continuous improvement in the standards of care within our care homes related to findings from the care assurance and Care Inspectorate inspections. All care homes who experienced out breaks of Covid 19 in 2021 received infection prevention control (IPC) visits from NHSGGC Care Home Hub ICP Nurses. This provided a further layer of assurance that IPC practice within care homes remained optimal. Care homes have also received support from the NHSGGC Hub in relation to pressure ulcer prevention and care and implementation of food fluid and nutrition standards.
- 3.19 Our multiagency Care Home Oversight group continued to meet weekly throughout 2021. This whole system support to protect residents and staff placed us in a strong position to work together to address ongoing challenges for the care home sector caused or exacerbated by the pandemic, including recruitment and retention of staff, staff absence, occupancy, sustainability and quality compliance.

Clinical and Care Risk Management System

Datix – what we have done to improve risk reporting and management

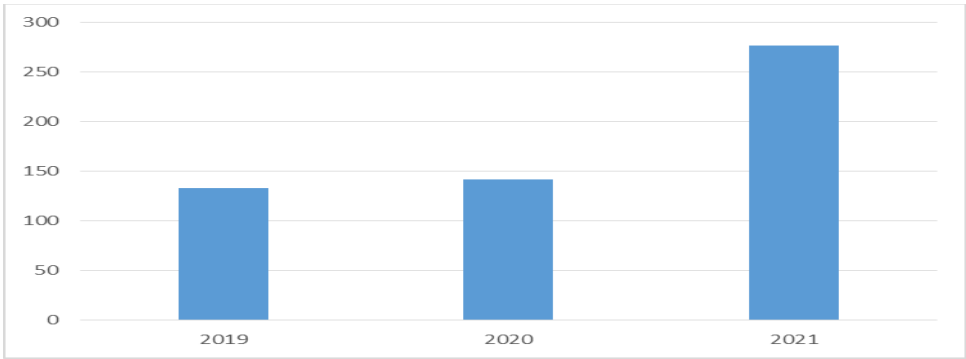
- 3.20 Datix is the NHS Greater Glasgow & Clyde integrated incident, risk management and patient safety system. The Risk Systems team report biannually to West Dunbartonshire HSCP. The results provide an overview of incidents reported across West Dunbartonshire HSCP by health colleagues including hosted services - Musculoskeletal Physiotherapy and Diabetic Retinal Screening Services.
- 3.21 NHSGCC Incident Management Policy mandates 28 calendar days from the date of reporting an incident to final approval. There were 141 overdue Datix ascribed to West Dunbartonshire HSCP Service areas at July 2021 dating from 2012.
- 3.22 Figure 3: Number of Overdue Incidents by the Year the Datix Incident was recorded



- 3.23 Overdue incidents primarily arose due to service redesign or staff changes where services had not informed the Datix Administrator of their new structures and reviewers and approvers. The Datix Infrastructure was therefore out of date with the risk to the organisation that incidents were overdue and had not been reviewed by a manager and the potential risk of a further incident recurring
- 3.24 A learning session was undertaken with the Extended Senior Management Team to ensure the services have the relevant Reviewer & Approver permissions configured. This ensures early identification of this risk, identification of emerging themes, promotes learning and prevents further incidents of a similar nature.
- 3.25 A focussed piece of work was undertaken to support the closure of overdue incidents particularly those greater than one year old. Where there was sufficient information to safely incidents were approved (n =127). Where there was a lack of information assistance was sought from the appropriate practitioner to ensure an investigation was undertaken to mitigate any potential ongoing risk prior to sign off. Fourteen overdue Datix remain under investigation. None precede 2020.

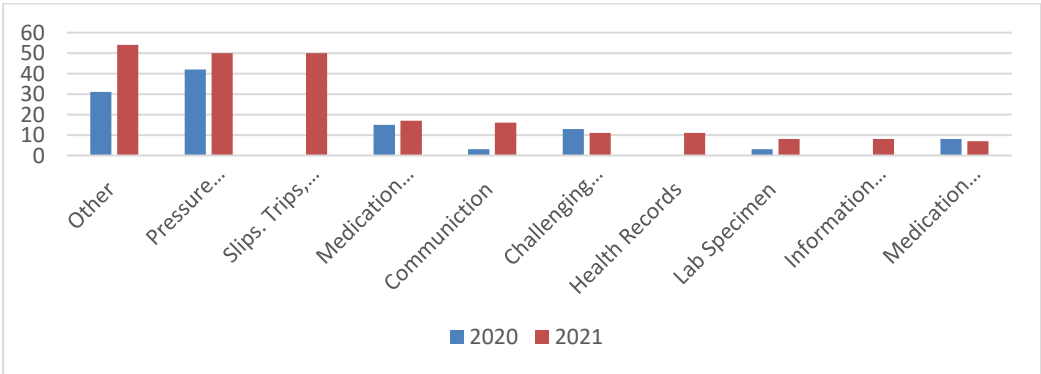
Datix Reporting – Number, Category and Severity

3.26 Figure 4 Number of incidents reported on Datix per year 2019-2021.



Following a slight decrease in incidents reported during the first half of 2021, 142 clinical incidents were reported between July and December 2021. This is a 6% increase on the previous reporting period Jan – June 2021. Total Datix incidents reported in 2021 n = 276. Slips, trips and falls have been included in the 2021 report which accounts for part of the increase in the number of incidents. The remainder of the increase may relate to improved awareness and reporting following the aforementioned improvement activity.

3.27 Figure 5 Datix Incidents by Category – Top 10 Incident Categories



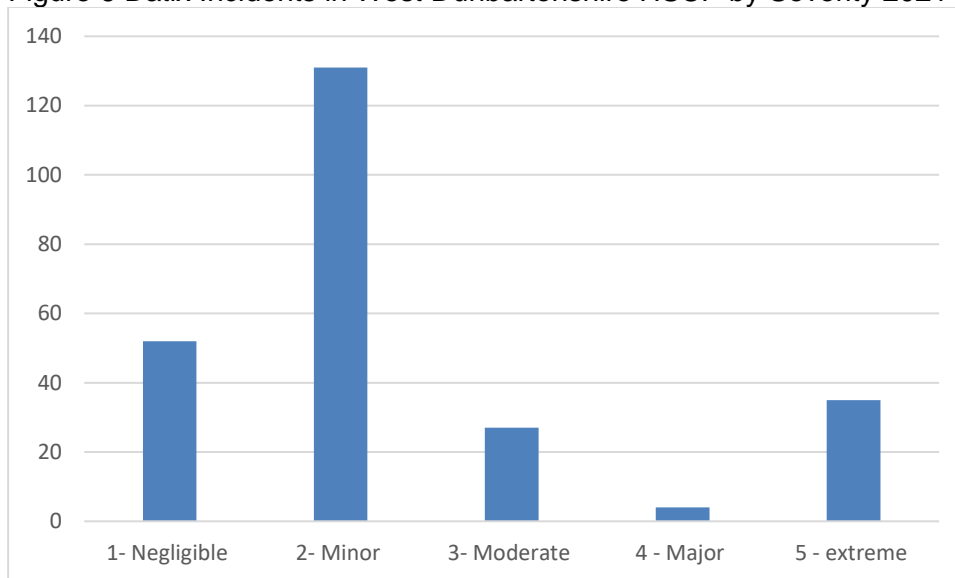
The highest category reported was 'other incidents'. The most common sub categories of these incidents were unexpected deaths which is explored further below. The other category was sudden deterioration and collapse and it was found that none of these incidents could have been anticipated. There were six events in relation to episodes of choking which occurred in Older Peoples Mental Health Services. This was either during meal times or on taking medication. No patient came to harm and appropriate review and care planning was evident in all cases to mitigate risk.

Pressure ulcer incidents were the joint second most frequently recorded category (with an increase in the previous reporting period of 19%). All pressure ulcers were acquired when the service user was on the District Nursing Caseload. They were recorded by community nursing teams and occurred in patient's homes. The NHSGGC 2019 Pressure Ulcer Prevention and Management Policy states that all grade 3 pressure ulcers should be reviewed and if deemed avoidable a significant adverse event review (SAER) should be commissioned. Two of the grade 3 pressure ulcers were classed as unavoidable which means that all care was provided as per policy and best practice. One was considered avoidable and a SAER has been commissioned.

3.28 Datix Incidents by Severity

The severity relates to the impact or consequences of the incident, ranging from negligible (1) to extreme (5). Mental Health and Addiction services experience the greatest proportion of extreme adverse outcomes following reported incidents.

Figure 6 Datix Incidents in West Dunbartonshire HSCP by Severity 2021



*The figures may increase when review of 11 outstanding incidents that occurred during 2021 are reviewed.

All incidents recorded as category 4 or 5 are reviewed to determine whether a significant adverse event review (SAER) ought to be undertaken to illicit learning that may be shared to prevent future recurrence.

Significant Adverse Event Reviews (SAER)

- 3.29 NHSGGC Management of Significant Adverse Events Policy highlights that SAE reviews should be commissioned within ten working days of an incident taking place and concluded within three months of the incident date. The new policy was introduced in November 2020 and a learning session was provided to the extended management team in WDHSCP facilitated by NHSGGC Clinical Risk department. The timeframes stipulated within the policy have proved challenging to achieve and activity has been undertaken within WDHSCP and across NHSGGC to monitor and improve performance in this respect policy requirements.
- 3.30 As at end of December 2021 there were twelve SAERS under review in West Dunbartonshire, with these reviews lasting from two months to three years. Delays can occur at each stage of the SAER process:
- Delays in commissioning the report (delays waiting for Post Mortem Results)
 - Delays in the investigation process (due to arranging interviews, annual leave, sickness absence)
 - Delays with quality assurance
- 3.31 Of the two SAERs which were concluded in 2021 the reviews took 348 and 496 days respectively. This reflects pressure across NHSGGC with respect to capacity to undertake reviews which can be complex and time consuming. A system wide approach to enhancing capacity to undertake SAER more timeously is underway.

Table 2 shows the outcomes of these SAE reviews. Following completion of a SAER a report is completed and learning shared across relevant services within the HSCP and across NHSGGC.

Table 2. SAE Review Outcomes

Investigation Outcome Codes	SAEs
1. Appropriate care: Well planned & delivered	
2. Issues identified but they did not contribute to the event	
3. Issues identified which may have caused or contributed to the event	2
4. Issues identified that directly related to the cause of the event	
Total:	2

If the outcome of a SAER is coded 2 or 3 then a learning summary is produced and this learning is disseminated across NHGGC. Two learning summaries were produced in relation to these SAE. The subsequent actions and improvements undertaken in West Dunbartonshire are detailed at 4.1

- 3.32 All three SAERs commissioned by WDHSCP during 2021 were commissioned within thirty days. This represents an improvement but further work is required to adhere to the policy timeframe of ten days.
- 3.33 Recommendations and actions following completion of a SAER are logged and are followed up by the Clinical Risk team with the relevant service, at three and six months, to ensure progress has been made. If after this timescale the recommendation is still outstanding, the issue will be highlighted via the appropriate management structure. Services can apply specific dates if a valid reasons determine a longer or shorter time is required to complete the recommendation.

3.34 SAER actions West Dunbartonshire HSCP

During 2021

- 11 SAER actions were close – 2 Addictions and 9 for Community Mental Health
- 17 new SAER actions were opened during 2021 – 3 for Addiction services, 3 for Community Mental Health services, 10 for Older Adult Mental Health Services and 1 for Pharmacy. One action remains outstanding.

3.35 Mental Health Services have implemented the following SAER or Severity 4/5 recommendations re

- a. Two inpatient nurses have completed Medical Emergency Training (training for trainers) programme completed and will ensure ward staff have access to local onsite training.
- b. A consistent approach to multi-disciplinary team electronic recording processes is in place.
- c. Ensured that all NHS staff have access to Social Work Carefirst recording system.
- d. Raising staff awareness and required action in regards to Section 53 of the Adult Support and Protection Act definition of harm includes self-harm.
- e. Updated Community Mental Health Team Duty Manager Standard Operating Procedures.
- f. CRAFT (clinical risk assessment) compliance and monitoring is now in place.
- g. Staff ensure risk assessment are updated on a regular basis, all HSCP staff have completed CRAFT training.
- h. Introduction of a NON – Fatal Overdose pathway, information is shared directly via Scottish Ambulance Service. This pathway ensures patients are followed up on an urgent basis and linked directly in to treatment/support.

3.36 General Practitioners (GP) conducted a review of Emergency medical bag protocol in health centres with contents being updated following a Significant Event analysis in Clydebank Health centre. Regular discussion of Significant Event Analyses is undertaken at GP cluster meetings which enables learning points to be shared with all GP practices

Duty of Candour

- 3.37 Of the two SAE reviews that concluded during this reporting period, one met the threshold for organisational Duty of Candour (DoC). The key elements of the duty of candour requirements were met; the family received an apology, they were informed of the review and asked to participate in the review. However the final report was not shared with the family as service was unable to contact them. The second SAER to conclude during this time, while it did not meet the DoC threshold, the key elements required for DoC were met in terms of providing an apology, family involvement and sharing of the final report.

Public Protection

- 3.38 Through the wider Public Protection agenda, the Health and Social Care Partnership works to ensure that people, particularly those at risk, are kept safe from harm and risks to individuals and groups are identified and managed appropriately.
- 3.39 A range of measures are in place including multi agency strategic planning and operational services providing protections to children, young people and adults at risk. They also include robust management of high risk offenders through Multi Agency Public Protection arrangements (MAPPA).
- 3.40 We ensure knowledge skills and awareness across public protection continues to be promoted through single and multi-agency training programmes.

Adult Support and Protection

- 3.41 One of the key priorities for the HSCP and wider partners has been to develop a response to specific areas of harm initially focussing on financial harm and hate crime.
- 3.42 The joint inspection of Adult Support and Protection West Dunbartonshire Partnership took place in May and July 2021. The aim was to provide assurance about the local partnership area's effective operations of adult support and protection key processes, and leadership for adult support and protection. The full report can be found here [Joint-Inspection-of-Adult-Support-Protection-West-Dunbartonshire \(1\).pdf](#)
- 3.43 The Care Inspectorate concluded the partnership's leadership for adult support and protection was effective but with some areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.
- 3.44 The Care Inspectorate concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement
- 3.45 An improvement plan has been developed and is being implemented. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and HMICS will help monitor progress implementing this plan.

Child Protection

- 3.46 An inspection of services for children at risk of harm in the West Dunbartonshire community planning partnership area took place between October 2021 and March 2022.
- 3.47 The aim was to provide assurance on the extent to which services, working together the partnership can demonstrate that:
 - a. Children and young people are safer because risks have been identified early and responded to effectively

- b. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
- c. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
- d. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also considered the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

The full interim report can be accessed here: [Joint inspection of services for children and young people West Dunbartonshire May 2022.pdf careinspectorate.com](#)).

3.48 The Key Messages from the report

- a. The partnership was responding effectively when concerns about children and young people were first identified
- b. Children and young people said they had an opportunity to develop a relationship with a key member of staff
- c. There are discrepancies between how staff saw their practice and what we saw in children and young people's records.
- d. Following the initial identification of harm, the quality of key processes was inconsistent
- e. From reading records, there was little evidence of children's views being solicited or taken into account when decisions were made that affected them.
- f. There was little follow up analysis of the impact of services to improve outcomes for children and young people at risk of harm
- g. To be more impactful, the child protection committee's oversight and scrutiny of data and quality assurance activity required development
- h. Strategic leaders needed to work collaboratively to understand their activity and its impact on children and young people at risk of harm

The partnership has been supported by the Care Inspectorate to develop a robust improvement plan and a multiagency executive oversight group will monitor progress.

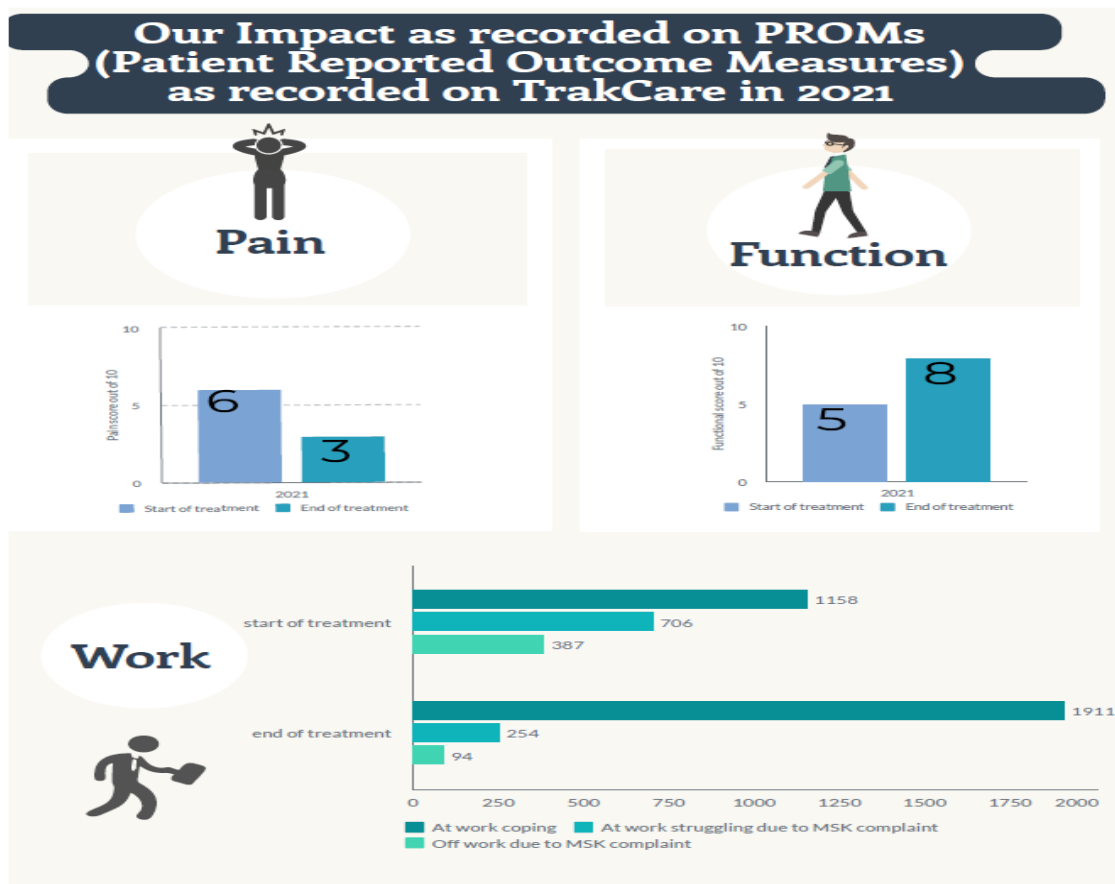
- 3.49 The Musculoskeletal Physiotherapy Service (MSK) introduced Electronic Patient Record/Active Clinical Notes (EPR/CAN). NHSGGC MSK service is the first in Scotland to shift to EPR/ACN. A complaint which was escalated to Ombudsman highlighted that other services/stakeholders were unable to access MSK Physiotherapy records to contribute and ensure the safe care of mutual patients. This shift to EPR/ACN will enhance the safety of patients by ensuring that patient clinical records are accessible to internal and external staff. EPR/CAN has been piloted within two MSK sites and will be rolled out by end December 2022 across NHSGGC.

4. Clinical and Care Effectiveness:

This includes examples of key learning, improvements and good practice in relation to effective care. This can include examples of improving the quality of care (quality improvement, implementing national standards and guidance/ clinical guidelines, or responding to inspection reports or service reviews).

- 4.1 Mental Health Services have implemented the following in response to SAER Recommendations –
 - a. Two inpatient nurses have completed Medical Emergency Training for trainers programme. This ensures ward staff have access to local onsite training.
 - b. A consistent approach to multi-disciplinary team electronic record keeping.
 - c. Ensured all NHS staff have access to Social Work Care-first recording system to enhance information sharing.
 - d. Raised staff awareness in regards to Section 53 of the Adult Support and Protection Act, specifically, that the definition of harm includes self-harm.
 - e. Updated the Community Mental Health Team Duty Manager Standard Operating Procedures.
 - f. Ensured CRAFT (clinical risk assessment framework tool) compliance monitoring is in place.
- 4.2 Regular reviews take place of all drug and alcohol related deaths that occur within West Dunbartonshire. The most recent data confirmed a slight reduction in drug related deaths. Although it is noted there has been an improvement, further improvement is required. The introduction of the out of hours mobile unit will increase accessibility to treatment services and enhance local efforts to prevent drug related harms and deaths locally.
- 4.3 Medication Assisted Treatment (MAT) standards are being implemented locally, a steering group has been formed and a plan to ensure a whole system approach to the standards. The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. To support implementation of the MAT standards the West Dunbartonshire Alcohol and Drug Partnership was the first area in Scotland to take forward human rights based awareness training with 300 staff across partner agencies having participated.
- 4.4 Learning Disability (LD) Services developed a Dynamic Support Register in line with the “Coming home: complex care needs and out of area placements 2018” report and The Coming Home Implementation report published in February 2022. The Team have seen an increase in nursing and health care support worker workforce to support increasing demands and address waiting list times. Work has also focussed on establishing clinics within the LD service for anti-psychotic monitoring and restarting clinics for weight management (face to face) and dementia review (face to face) that had previously been suspended due to Covid. Adult support and protection second worker training has been undertaken by health staff in response to an ASP audit and Learning Disability health staff now supporting WDHSCP ASP rota, as second worker, for LD clients.

- 4.5 NHSGGC Musculoskeletal (MSK) Physiotherapy Service collates Patient Reported Outcome Measures (PROMs) and the graphic below demonstrates the impact that the service makes on patient outcomes in regards to reduction of pain; improvement in function and successful return to work. This data demonstrates effectiveness of patient care within MSK service.



- 4.6 During the pandemic NHSGGC MSK service was meeting the Scottish Government waiting times target of 90% patients being seen within four weeks was due to significantly reduced demand on service provision. From March 2021 demand returned to pre Covid 19 levels. Service capacity was adversely affected by four separate periods of redeployment of staff to support acute colleagues in their pandemic effort. The service redeployed of 80%; 25%; 17% and 13% of the MSK workforce respectively. Reduced capacity coupled with increased demand means waiting times have risen dramatically in 2021/22. The service continues to see all patients who have urgent clinical need within four weeks, but patients have waited longer for a routine appointment.
- 4.7 Advanced Practice Physiotherapists (APP) were introduced to General Practice as part of the Scottish Government Primary Care Improvement Programme (PCIP), primarily to support GP practices in the management of patients with MSK conditions, with a view to releasing GP time for complex care management. NHSGGC now has 30wte APPs across 87 GP practices covering 44% of the GGC population. The NHSGGC GGC wide impact data can be accessed via the following link <https://create.piktochart.com/output/57279523-nhsggc-app-in-primary-care-activity-report-oct-dec-21>

- 4.8 The Health Visiting Team are accredited as a UNICEF Gold Baby Friendly Service³ for excellence in the support of infant feeding and parent infant relationships. The Team Contribute to the work of the National and Regional infant feeding Collaborative which aims to reduce the attrition rate of babies breast feeding at birth and 6 -8 weeks of age by 10%. The focus of this work is with mothers who live in Scottish Index of Multiple Deprivation (SIMD) most deprived areas. The Breast Feeding Support Worker provides additional early support to breast feeding mothers and the breast feeding friendly programme supports wider cultural change to support breast feeding within the community.

Excellence in Care

- 4.9 Excellence in Care⁴ is Scotland's national approach to assuring and improving nursing and midwifery care. The aim is to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment or care. This Quality Management Approach ensures robust processes and systems for measuring, assuring, and reporting on the quality of care and practice. While routine audit activity was suspended during the pandemic as precedence was given to prioritising operational arrangements in accordance with responses required to mitigate against the effects of Covid 19, during 2021 we began re introducing audit schedules and work to develop this quality management and assurance approach across our nursing teams.

Primary Care

- 4.10 General Practitioners in West Dunbartonshire have progressed quality improvement activity across a range of clinical areas including atrial fibrillation screening, remote monitoring of blood pressure, and a post termination of pregnancy contraception support.

General Practitioners have also undertaken an audit of anticipatory care planning with local nursing care homes. Anticipatory care planning is applied to support those living with a long term condition to plan for an expected change in health or social status. It also incorporates health improvement and staying well. Strengthening practice in this area and planning ahead can help people feel more in control and able to manage any changes in their health and wellbeing in line with their expressed wishes.

Work to promote uptake of the Improving the Cancer Journey services increased referrals into the service from general practice. The service offers people a holistic assessment to discuss "what matters to you" at significant points in their cancer journey. It provides dedicated support to all people affected by cancer including families and carers.

- 4.11 The Pharmacy Team has made significant progress in the delivery of the General Medical Service contract. As of August 2021 every practice in West Dunbartonshire HSCP has their patients immediate discharge letters (IDL) processed by the pharmacy hubs and therefore 100% of IDLs in the HSCP are processed by the pharmacy team.

An audit conducted during that time West Dunbartonshire was above the GGC average for percentage of IDLs processed by the pharmacy team. During this same time period special requests were completed in nine GP practices as previously agreed at practice meetings. Overall West Dun had the 4th highest percentage of requests from the acute sector in GGC. The team have also re-introduced two HSCP

wide post myocardial infarct pharmacist led clinics and two HSCP wide chronic pain pharmacist led clinics to support the patients of the HSCP and utilise advanced practice skills of the pharmacists.

- 4.12 Child and Adolescent Mental Health Services (CAMHS) continue to develop the range and delivery of children and young people's community mental health supports and services. An action plan was developed using a 'whole-system' approach in line with Taskforce and National Framework recommendations. A new West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16yrs to 24yrs (26yrs for care experienced young people) has been introduced specifically to support young people who are experiencing 'emotional distress' but not requiring a clinical intervention. Three projects have been introduced to increase physical activity opportunities for at risk young people as defined by the national framework. The CAMH team contribute to the work of Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project that uses a co-production approach, supporting and working with 12-26-year-olds affected by someone else's alcohol or other drug use. Parental support has been enhanced for parents and carers of children and young people with autistic spectrum disorder and other complex needs. A digital route map to provide young people and families with information how to support their mental health and emotional wellbeing, access help and, improve awareness of services.

5. Person-centred Care

This section provides examples of learning, improvements and good practice in relation to person-centred care. Examples are included on how we are improving care experience, in particular how we have responded to comments, complaints or feedback in our efforts to demonstrate learning and achieve improved outcomes.

- 5.1 West Dunbartonshire Alcohol and Drug Recovery Service are working alongside colleagues in Public Health Scotland in a test of change pilot for same day prescribing for Opiate Replacement Therapy. Implementation of Buprenorphine treatment (a long-acting injection) has had a positive impact on the recovery of a number of service users. Addiction staff offer support and guidance to help service users to make a well-informed choice when it comes to the right treatment for them. Patient now have a choice of three forms of Opiate Replacement Therapy.
- 5.2 Following a patient complaint and staff consultation Community Mental Health Teams introduced Mentalisation Based Therapists within the Community Mental Health Teams. Mentalisation-Based Therapy (MBT) is a psychodynamic therapy. The process of mentalising, or the capacity to understand how actions are influenced by mental states, is the focus of MBT.
- 5.3 A new Consultant Psychologist posts within Helensburgh Community Mental Health Team and Primary Care Mental Health Team allows greater number of patients to receive high intensity Psychological Services.
- 5.4 An Occupational Therapy Test of change within Older Peoples Mental Health Services has introduced the Rockwood Assessment to support more robust assessment of fitness to drive motor vehicles.
- 5.5 As part of a review of palliative care services review, the District Nurse Team engaged with families of those receiving palliative and end of life care. A feedback form from the quality improvement toolkit 'Releasing Time to Care' entitled 'how are we doing?' was used to gather feedback. A random sample of families with a family member receiving palliative care at home were selected to complete the form. Twenty

five forms were issued and eight responses were received (32%). Service User and Carer Feedback received included:-

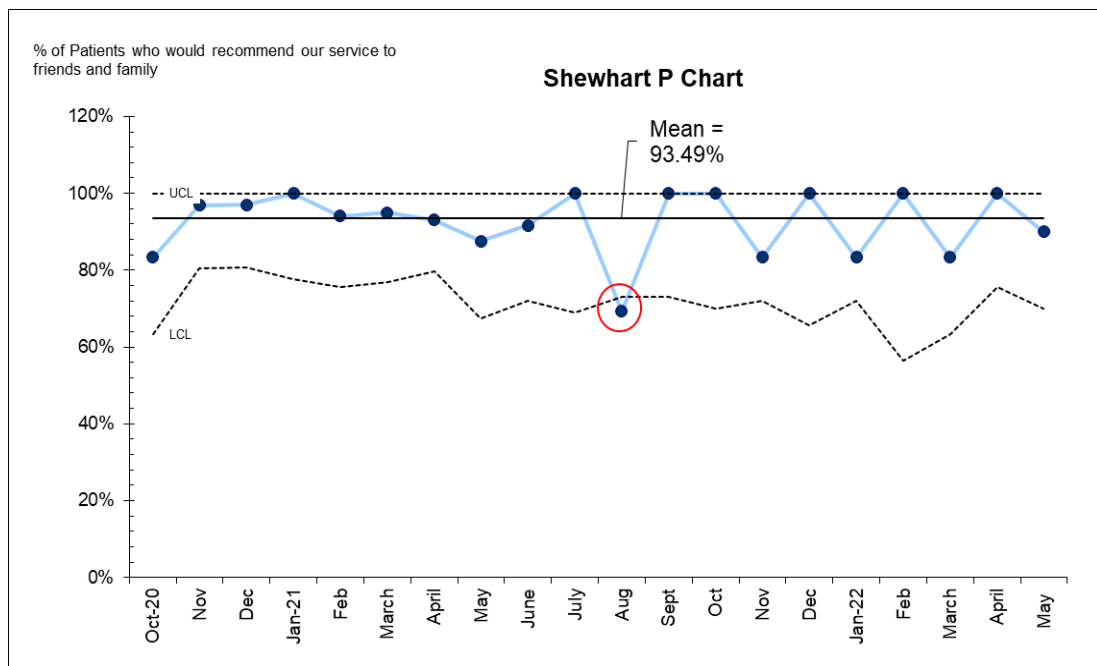
'Excellent care, attentive, quick, compassionate, dignity, respect, professional, quality of staff, genuine'.

We relied on District Nurses. On one occasion the Out of Hours Nurses didn't visit on request in the first instance, but subsequently did visit and were wonderful'.

However the section entitled 'What can we do better?' was left empty in all but one response which stated 'Nothing, can't think of anything, increase nurses, someone to answer calls rather than answer-phone'.

Families appear reluctant to give any negative feedback, despite reassurances that we can utilise any views to support future planning and service improvement. Efforts to develop feedback mechanisms for relatives and patients to complete are ongoing, with the option for staff to assist with completion. Digital solutions are also being explored with stakeholder involvement. This will support meaningful discussions between families and staff, and help identify and drive improvement from the perspective of service users and their families.

5.6 NHSGGC MSK physiotherapy service has created an opportunity for continuous feedback from patients via a webropol link. This is particularly geared to service user experience of virtual care. Data has been collected on 260 patient responses. The run chart below demonstrates the consistently high percentage of patients who would recommend the MSK service to family and friends.



Examples of the qualitative feedback received from patients is provided below:

'My first 3 consultations were by telephone with the 4th a face to face one. I can honestly say the face to face one was the most beneficial of them all. Although clear instructions were given on the telephone calls and followed up with email instructions, the actual hands on treatment on the face to face appointment provided some instant relief to the problem area. I just wish my initial appointment 6 weeks prior had been a face to face one and perhaps I would have experienced some much needed pain relief so much earlier'

'I've been very happy with the level and quality of service I've received in the video meetings, and email and landline correspondence and follow up telephone appointments'

The MSK service has produced and introduced a new website to provide patients with information on the management of their MSK conditions. The website is evidence based and can be accessed via the following link:

<https://www.nhsggc.scot/hospitals-services/services-a-to-z/musculoskeletal-msk-physiotherapy/>

Patients were asked to provide feedback on the website. The feedback was largely positive. Negative comments were received around the need for a self-referral form which service users could complete and submit electronically. In response to these comments the service is working towards an electronic self-referral form which will be accessible on the website. This will enhance access to service provision and negate the need for submission of a paper self - referral form.

5.7 NHSGGC MSK Physiotherapy service led work on optimising Patient Centred Care through Effective and Efficient Use of Appointment Type (Virtual Patient Management (VPM) and Face to Face. The service was required to support the move to Virtual Patient Management (VPM) required at the start of the pandemic in order to minimise face to face contact with patients. A project group was established to ensure that there was the right blend of VPM vs Face to Face service provision moving forward. As part of the group work there was wide-scale consultation with key stakeholders. Stakeholders reported the following key issues

- That a face to face appointment was required at some point in the journey
- Improved clinical diagnosis and communication with face to face consultations

- VPM allowed increased flexibility, reduced time for travel and parking

The findings and subsequent change in practice are outlined below:

- All new patient appointments to be offered face to face but VPM new patient appointments to be available to support patient choice.
- Return patients to be a mixture of face to face and virtual appointments based on clinical need and patient choice.

Hearing lived experience is a priority within the HSCP Participation and Engagement Strategy with a commitment to ensuring all relevant equality groups are included. The pandemic revealed additional opportunities and challenges with digital engagement which we continue to develop and explore.

5.8 As part of the commitment to ensure that the views of children and young people continue to inform evaluation of care quality and drive service development a new online opportunity was developed in partnership with View Point. The online engagement tool includes a version for children with communication difficulties.

5.9 The HSCP has worked on modernising buildings with two new facilities opened over the last year with two new facilities recently opened, Queens Quay Residential Care Home and Clydebank Health and Care Centre. West Dunbartonshire Access Panel and a number of community groups were involved from the start of the design process to ensure the buildings are accessible to all.

5.10 A total of 96 complaints received by the HSCP between 01.04.21 and 31.03.22. Analysis of themes identified two key areas for improvement. The importance of regular review of systems and processes to ensure these remain fit for purpose. The importance of staff communicating timeously, clearly and respectfully with service users and family members.

At this time we have no mechanism to collate compliments and this is work we plan to develop alongside other mechanisms for service users and carers to provide feedback on their care experience.

5.11 As part of this process the HSCP participated in the national “What Matters To You,” campaign led by Health Care Improvement Scotland which aims to encourage more meaningful conversations between people who provide health and social care and the people who receive care and support. Asking what matters most to people involved with health and social care enhances the development of high quality compassionate support, care or treatment focused around what people really need and want. The campaign culminated in What Matters to You Day, we asked for the people of West Dunbartonshire to get involved by joining the conversation. An online survey was created to help us gather information from citizens to help us refine the services we provide to ensure that we meet the health and social care needs of the people we serve.

6. Conclusion

The report evidences how the HSCP Clinical and Care Governance Group has maintained oversight of the key areas of clinical and care quality, creating connections with all governance structures in the Partnership to assure the quality of care provided is commensurate with agreed standards.

The paper illustrates both achievements and challenges experienced with respect to maintaining and improving the quality of care delivered. The examples illustrated demonstrate the breadth of activity evident, across the HSCP and hosted services, in pursuit of the key quality ambitions of delivering safe, effective, high quality person centred care during a particularly testing period of time.

The scale and pace of change in the health and social care system as a result of the pandemic has exceeded anything we have experienced in the past. Service provision has changed at pace and some services may not return to their former delivery models. Health and Social Care Services remain under pressure due to Covid 19 and demographic change, it is therefore more important than ever that we continue to focus on the quality of care delivered as services adapt and evolve to meet the needs of our local community.

References

1. [Clinical and care governance framework: guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot)
2. [Health and Social Care Standards: my support, my life - gov.scot \(www.gov.scot\)](http://www.gov.scot)
3. [Gold Award - A guide for services preparing for re-assessment \(unicef.org.uk\)](http://unicef.org.uk)
4. [Excellence in Care \(healthcareimprovementscotland.org\)](http://healthcareimprovementscotland.org)

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) AUDIT AND PERFORMANCE COMMITTEE**

**Report by Margaret-Jane Cardno, Head of Service Strategy and
Transformation**

27 September 2022

Subject: West Dunbartonshire HSCP Annual Performance Report 2021/22

1. Purpose

- 1.1** The purpose of the Annual Performance Report is to provide an overview of the HSCP's performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2021/22.

2. Recommendations

- 2.1** It is recommended that the Audit and Performance Committee:
- 2.1.1** Recommend to the HSCP Board that the West Dunbartonshire HSCP Annual Performance Report 2021/22 and the Annual Complaints Report 2021/22 be approved for publication.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board (IJB) or Lead Agency model.
- 3.2** Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model.
- 3.3** To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 3.4** The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland)

Regulations 2014. These requirements are adhered to within the 2021/22 Annual Performance Report:

- 3.5** The content and structure of the 2021/22 annual report has been informed by the Scottish Government's 'Guidance for Health and Social Care Integration Partnership Performance Reports' and guidance from West Dunbartonshire HSCP's external auditor in relation to Best Value.

4. Main Issues

- 4.1** The main issues pertaining to the year 2021/22 are contained within the Annual Performance Report (Appendix I). As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period (Appendix II).

- 4.2** The Annual Performance Report summarises the progress made by the HSCP over the past year and it should be acknowledged that this was in the context of the global coronavirus pandemic.

- 4.3** Despite the obvious challenges of the last year, this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community. Teams across the HSCP have embraced innovative new approaches to our key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities, have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

- 6.1** There are no people implications arising from the recommendations within this report.

7. Financial and Procurement Implications

- 7.1** There are no financial and procurement implications arising from the recommendations within this report.

8. Risk Analysis

- 8.1** There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:

- Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being

unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.

8.2 The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCP Audit and Performance Committee is not being asked to take a substantive decision at this time and the report does not have a differential impact on any of the protected characteristics

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Senior Management Team, Chief Financial Officer and Monitoring Officer within Regulatory Services have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Not required for this report.

13 Directions

Not required for this report.

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Designation: Head of Strategy and Transformation
Date: 2 September 2022

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Appendices: West Dunbartonshire HSCP Annual Performance Report
2021/22 (Appendix 1)

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2021/2022

www.wdhscp.org.uk



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Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2021/22 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.

This has been another challenging year as we work our way through the pandemic. As services began to remobilise and increase face-to-face contact towards the end of 2021 we saw the arrival of the more rapidly spreading Omicron variant which, while causing somewhat milder symptoms in the main, impacted hugely on staff absence, affecting the HSCP's ability to staff and deliver services.

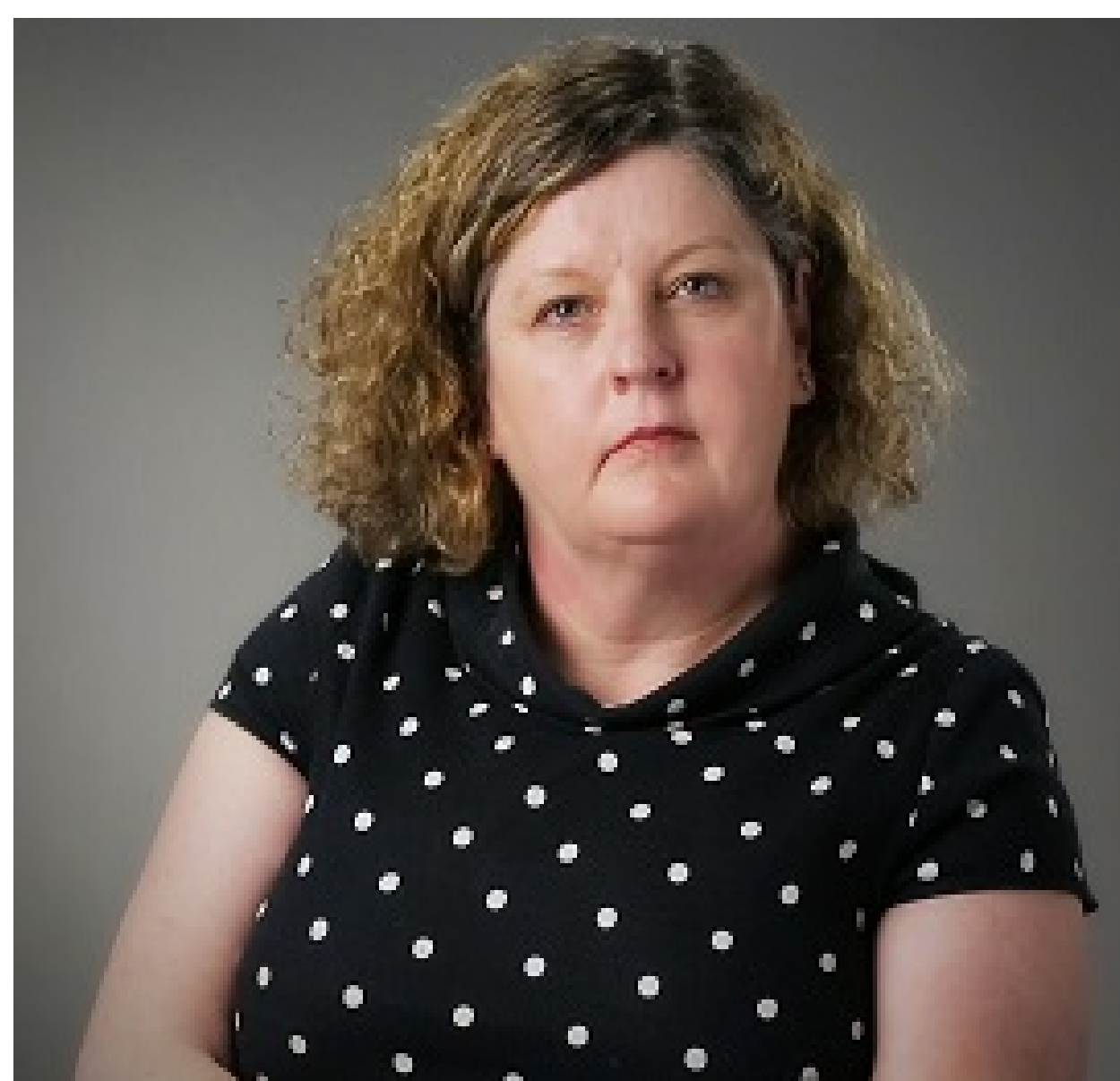
Our hugely successful vaccination programme continued during 2021/22 providing our citizens with some measure of protection against the worst impacts of the virus. While reported cases remained very high in West Dunbartonshire at March 2022 they began to fall as we headed into the Summer months and at the time of writing this report are relatively low. However, as a health and social care provider we remain vigilant and alert to any further developments in the trajectory of the virus and welcome ongoing progress with the development of more effective vaccines.

Despite the obvious challenges of the last few years, the HSCP Board continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community along with the input of those with lived experiences of our services.

While more face-to-face contact is taking place across services, staff continue to embrace innovative new approaches to our key strategic priorities of Early Intervention, Access, Resilience, Assets and Inequalities, and have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

The impact of the pandemic on our communities has yet to fully reveal itself: school closures, increased vulnerability to abuse, mental health pressures, isolation and reduced access to vital services have had a significant impact on our communities. However, not all our communities have been affected equally. The pandemic has exposed deep inequalities that have existed for too long, with the most severe impact on those communities who were already disadvantaged. This, combined with the onset of a cost of living crisis will leave many of our citizens exposed to financial peril and vulnerable to mental and physical health issues. Times ahead will be very challenging and tackling inequality and health inequality will remain at the heart of the HSCP's planning and service development, working to improve lives with the people of West Dunbartonshire.

In closing I would like to extend my personal thanks and those of the Senior Management Team to our staff who have worked tirelessly over the last year to provide vital services and support to the people of West Dunbartonshire.



Beth Culshaw
Chief Officer

Summary

Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2021 to 31st March 2022. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022 and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

Key Achievements 2021/22

During 2021/22 West Dunbartonshire Health and Social Care Partnership (HSCP) made significant progress against the key strategic priorities outlined in our Strategic Plan 2019-2022: early intervention; access; resilience; assets; and inequalities.

Priority 1: Early Intervention

- Continued promotion of child immunisations and breastfeeding by Health Visitors resulting in improved rates.
- Work with NHS Greater Glasgow and Clyde to refresh the Unscheduled Care Joint Commissioning Plan in light of the impact of the pandemic.
- Working in partnership with Turning Point Scotland's Overdose Response Team as part of a range of measures to prevent drug misuse deaths.
- Developing our understanding of our Child Protection processes and the children we protect through collation and analysis of quality data through the Child Protection Minimum Dataset.
- Undertaking a review of our Special Needs in Pregnancy service.
- A reduction in the number of looked after children due to an increase in the number of children's plans revisited through our permanency process, where children have been able to reach positive destinations through permanency planning.

Priority 2: Access

- Full rollout of a new My Life Assessment tool in line with eligibility criteria for social care support.
- A series of 'What Matters To You?' conversations to help improve services for people with a learning disability.
- The development of a new Self-Directed Support Policy.
- Programmes of training delivered within Justice Services covering assessment tools and Trauma Informed Practice.
- Ongoing negotiations with the National Caledonian Team by Justice Services to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire.

Priority 3: Resilience

- A local authority-wide community consultation capturing women's experiences of domestic abuse during Covid-19 lockdown restrictions and their access points for specialist Domestic Abuse service support and information carried out by the Children Experiencing Domestic Abuse Recovery service.
- Development of a West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (26 years for care experienced).
- The expansion of the Scottish Families Affected by Drugs/Alcohol Young Person's Routes Project.
- A comprehensive survey of secondary age children in West Dunbartonshire as part of a Planet Youth pilot.
- Sustained improvement in waiting times for referral to treatment for Child and Adolescent Mental Health Services.
- 83 people participating in Resilience Hub discussions regarding 'Healing Trauma and Connecting People through Community Arts' and 'The First 1001 Days'.

Priority 4: Assets

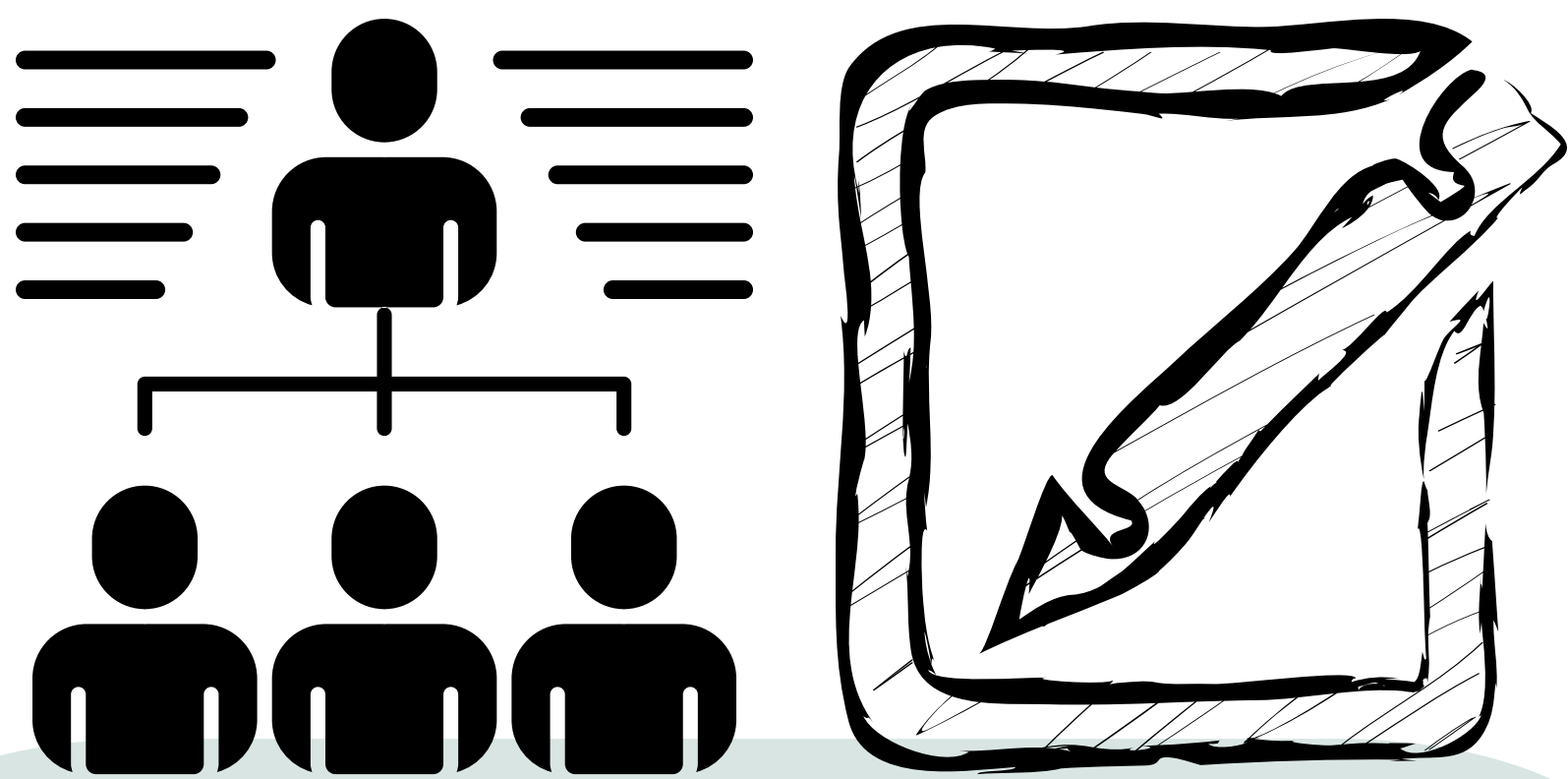
- Mental Health Check Ins for HSCP staff in August 2021 and February 2022.
- An extremely positive first Care Inspectorate report for our new Queens Quay Care Home.
- Participation of some of our care experienced young people in a national campaign for the recruitment of new Children's Hearings Scotland panel members.
- Champions Board staff being part of a national project in relation to care experienced people accessing their care records.

Priority 5: Inequalities

- Work Connect service users featured in the Scottish Mental Health Arts Festival in May 2021 including a documentary exploring the notion of what is normality in the wake of a life-changing pandemic.
- Development of training statistics across the HSCP workforce.
- Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations.

Early Intervention
Access
Resilience
Assets
Inequalities

Overview of the HSCP



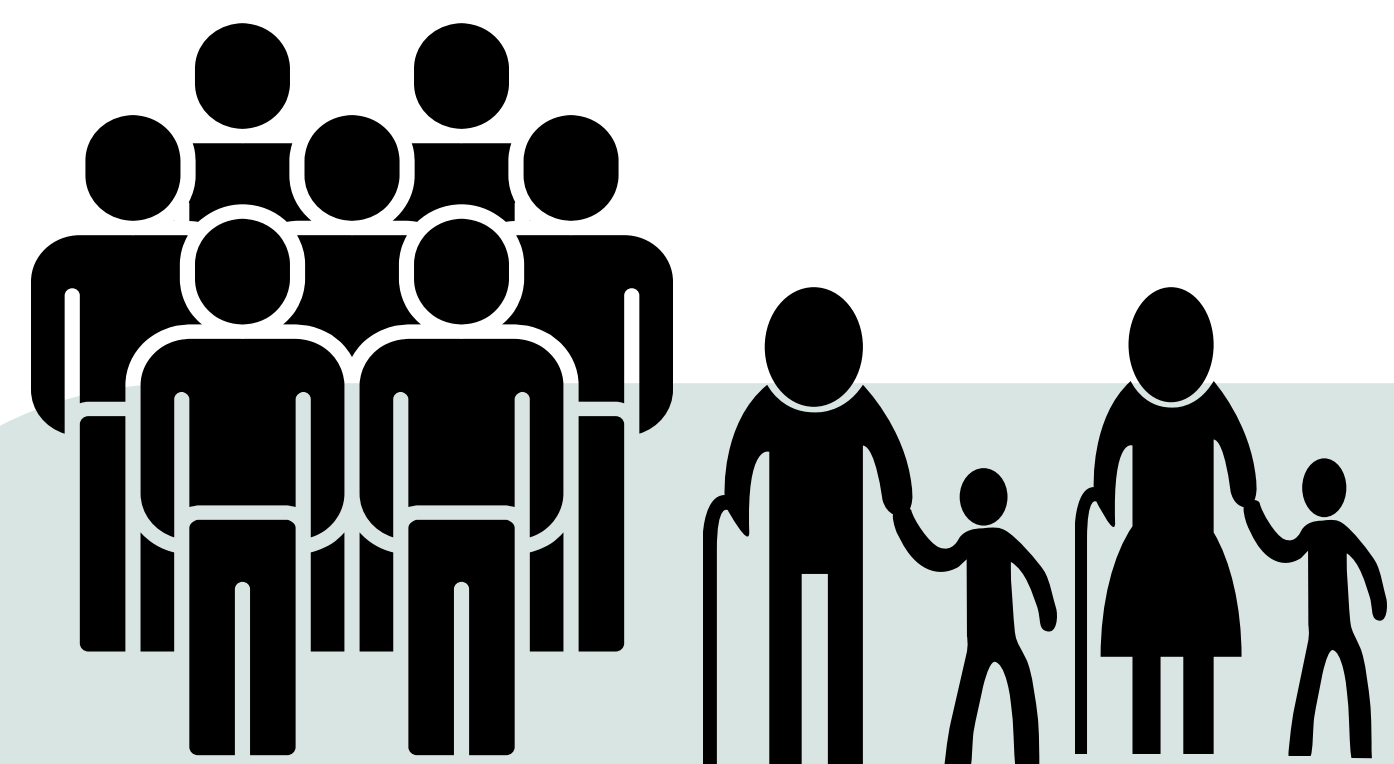
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



Employing 2,265 health and social care staff across Adult, Children's and Criminal Justice services (1,830 FTE)



2021/22 budget of £228 million

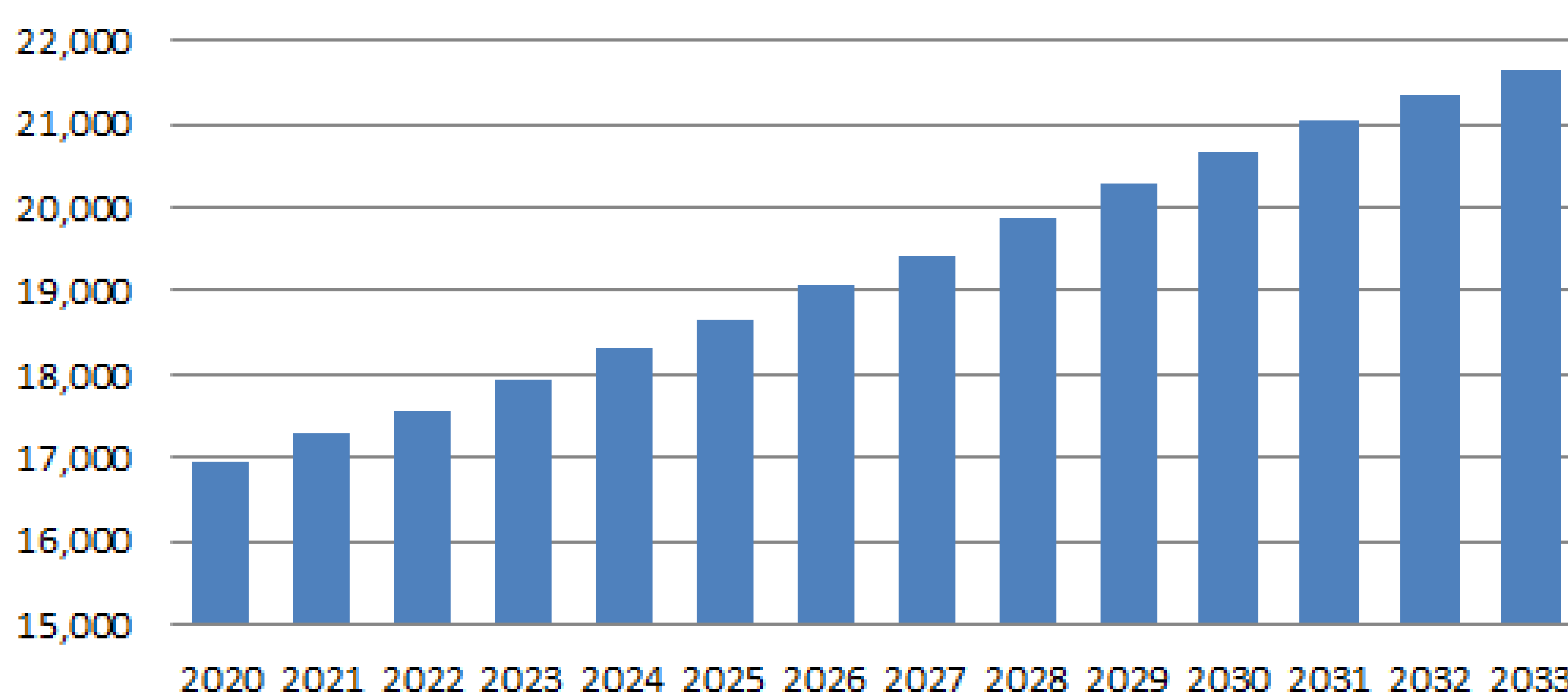


Delivering health and social care services to support the people of West Dunbartonshire: population 87,790

Challenges and Areas for Improvement

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

**West Dunbartonshire Projected Population 65+
(Source: National Records of Scotland)**



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

Specific challenges faced during 2021/22 were:

- The impact of the Omicron variant on staffing levels and our ability to deliver services.
- Continued challenges in relation to the number and length of delayed discharges from hospital.
- Increased demand on Mental Health Services leading to an increase in waiting times for adult Psychological Therapies.
- The redeployment of MSK Physiotherapy staff to support Acute colleagues with the impact of the Omicron wave, leading to extended waiting times for those assessed as requiring non-urgent treatment.
- Recruitment and retention of health and social care staff.
- Continued recording and tracking mechanisms to meet the demand for service and financial information to allow statutory bodies such as the Scottish Government, the Care Inspectorate, National Records of Scotland and Public Health Scotland to monitor the impacts and resource requirements of the pandemic.
- Meeting the requirements for fulfilment of unpaid work orders during Covid restrictions.
- The logistics and complications of delivering online training to new and existing staff.
- Maintaining oversight of vulnerable children while self-isolation and restrictions in place.
- Maintaining the links developed by the Champions Board during the pandemic and the impact on our care experienced young people.
- Encouraging uptake of the Covid and Flu vaccinations across all eligible groups in West Dunbartonshire.

Introduction

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

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

Due to the global Coronavirus (COVID-19) pandemic, paragraph 8 of Schedule 6 of the Coronavirus (Scotland) Act granted public bodies powers to postpone the publication of reports until September recognising the ongoing impact of the pandemic on the provision of vital services to our communities. These powers remain in place.

Overview of the HSCP

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

The HSCP's vision is:

Improving lives with the people of West Dunbartonshire

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

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

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

West Dunbartonshire Health and Social Care Partnership

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

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

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

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

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

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

West Dunbartonshire has an estimated population of 87,790 people and the HSCP has a workforce of approximately 2,265 which equates to 1,830 full time equivalent at March 2022. A large proportion of HSCP staff live within West Dunbartonshire providing services to people within their own communities. Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2021/22 the HSCP had responsibility for a budget of £228 million.

Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2021/22: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2021 and 31st March 2022 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

This second year of the pandemic affords us some comparison with 2020/21. We will see common themes of increased activity as people's behaviour changes in line with the lessening of restrictions and increased social confidence for some, resulting in service demand approaching or returning to pre-pandemic levels.

Policy Context

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

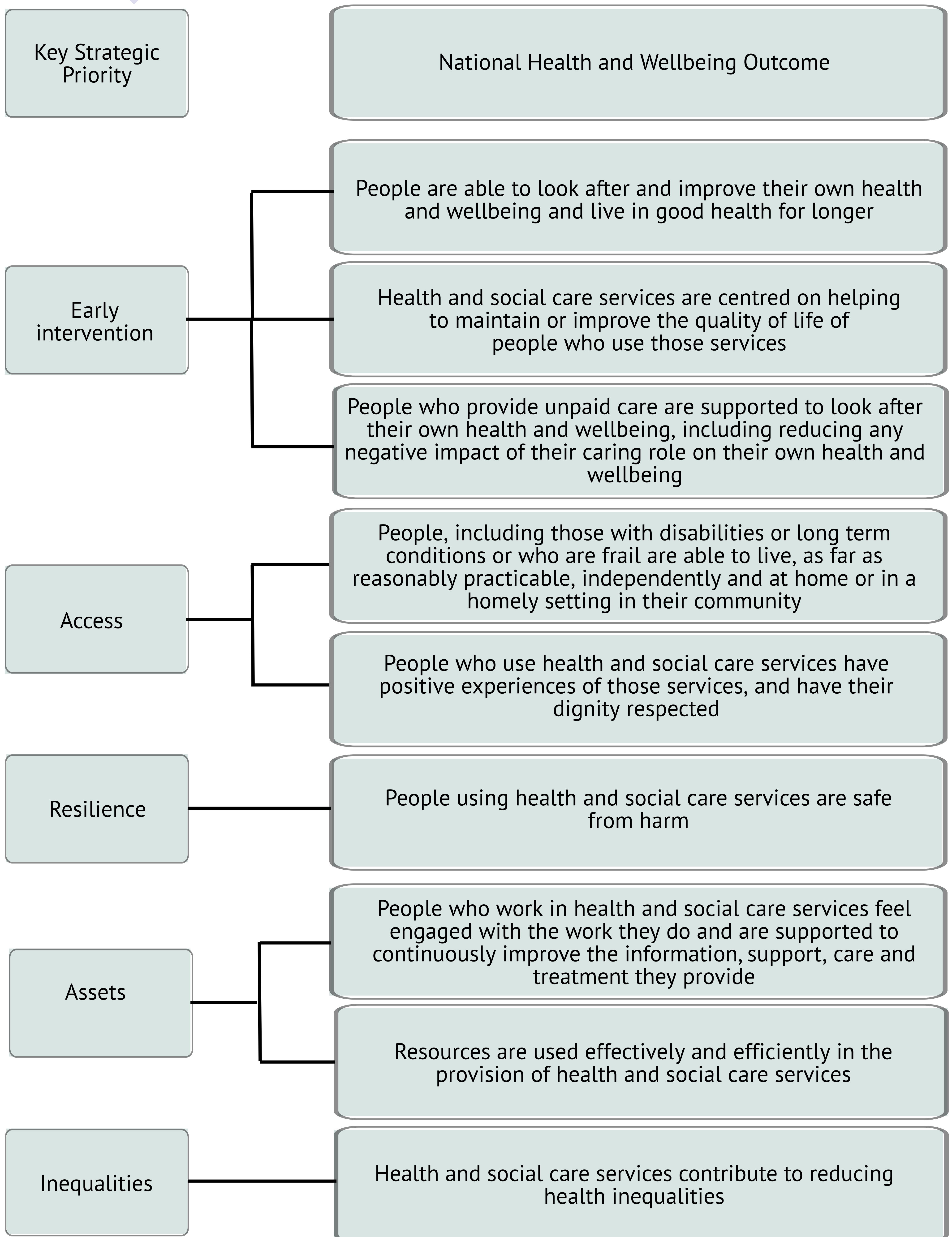
These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

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

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

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

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



Public Protection

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

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

Since April 2020, in response to the impact of the pandemic and subsequent lockdowns, the Scottish Government have been closely monitoring activity in relation to Public Protection with weekly returns covering vulnerable adults and children and their contact with statutory services being submitted.

A key focus has been vulnerable children with multi-agency involvement, experience of care and those registered on the Child Protection Register. Work has been ongoing across the HSCP and Education Services to keep in touch with these children and young people during this difficult period. A specific area of concern is a potential increase in domestic abuse.

Both Adult and Child Protection have been the subject of inspection regimes in 2021/22. The joint inspection of Adult Support and Protection West Dunbartonshire Partnership took place in May and July 2021. The aim was to provide assurance about the local partnership area's effective operations of adult support and protection key processes, and leadership for adult support and protection.

The Care Inspectorate concluded the partnership's leadership for adult support and protection was effective but with some areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement. An improvement plan has been developed and is being implemented. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland will help monitor progress in implementing this plan.

Between October 2021 and March 2022 an inspection of services for children at risk of harm in the West Dunbartonshire Community Planning Partnership area took place. The aim was to provide assurance on the extent to which services, working together, can demonstrate that:

- Children and young people are safer because risks have been identified early and responded to effectively.
- Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.
- Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.
- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspection also considered the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

A full interim report was produced in May 2022.

The key messages from the report were that:

- The partnership was responding effectively when concerns about children and young people were first identified.
- Children and young people said they had an opportunity to develop a relationship with a key member of staff.
- There are discrepancies between how staff saw their practice and what was in children and young people's records.
- Following the initial identification of harm, the quality of key processes was inconsistent.
- From reading records, there was little evidence of children's views being solicited or taken into account when decisions were made that affected them.
- There was little follow up analysis of the impact of services to improve outcomes for children and young people at risk of harm.
- To be more impactful, the child protection committee's oversight and scrutiny of data and quality assurance activity required development.
- Strategic leaders needed to work collaboratively to understand their activity and its impact on children and young people at risk of harm.

The partnership has been supported by the Care Inspectorate to develop a robust improvement plan and a multiagency executive oversight group will monitor progress.

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 Chief Social Work Officer continued to attend the North Strategic Oversight Group during 2021/22 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 compliant 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 2021/22.

In order to support a robust and accountable reviewing process in cases, MAPPA established an Initial Case Review Executive Group. The purpose of this group is to consider all Initial Case Reviews and form a view on whether a Significant Case Review is required.

Access to Information

West Dunbartonshire Council and NHS Greater Glasgow and Clyde as public authorities have a legal requirement to provide requested information in line with the Freedom of Information (Scotland) Act 2002 and the UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018.

The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it, is entitled to be given this information by the authority subject to certain conditions and exemptions set out in the Act. This information should normally be provided within 20 working days of receiving the request. The HSCP's Integration Joint Board also has a responsibility to provide information under FOISA in relation only to the functions of the Integration Joint Board.

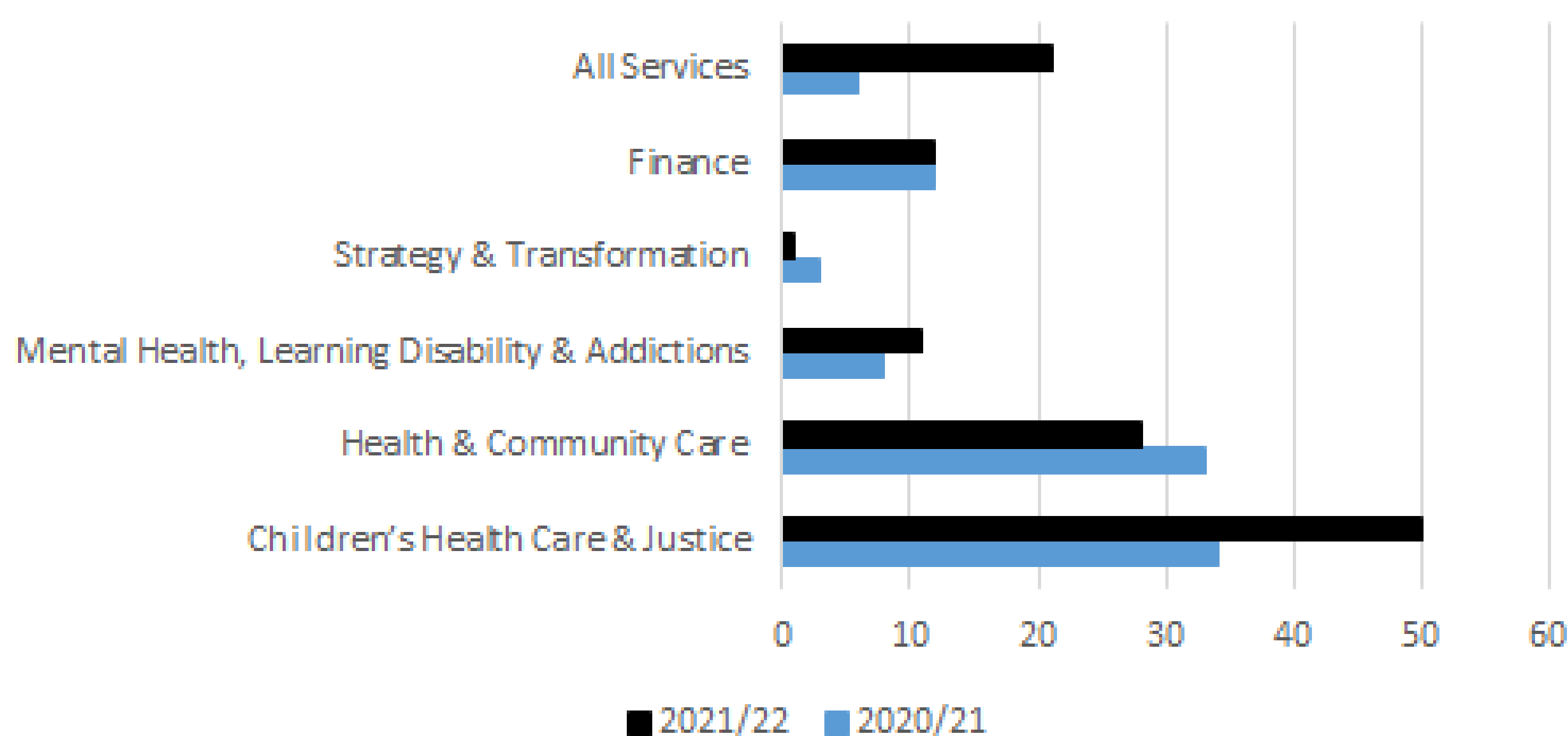
West Dunbartonshire Health and Social Care Partnership

Through television, newspapers and social media, people's right to request information under FOISA, and the power of national or locally aggregated information can have, has become widely known. Public authorities can refuse to provide information under very strict exemptions contained within the Act and individuals have the right to request a review of these decisions by the public authority. If they are subsequently unhappy with the outcome of the review they can appeal the response with the Scottish Information Commissioner.

There were 123 Freedom of Information requests relating to HSCP services received in 2021/22, an increase of 28% on the previous year. The legislation allows public bodies to seek clarification from a requester where there is some uncertainty about the exact information that is being requested. During 2021/22 the HSCP requested clarification in relation to 3 Freedom of Information requests where no response was received.

Of the remaining 120 requests, 88% were responded to within the timescale: an improvement on 74% in 2020/21. Most delays involved responses being collated from a number of different sources across services. The numbers below represent the main service area covered in the request however many requests cover both service delivery and the associated financial information.

Freedom of Information Requests



Often information requests under FOISA relate to information which is already published either on the HSCP, Council or Health Board website or on the websites of organisations the HSCP submits data to, such as the Scottish Government or Public Health Scotland. In that event we will signpost an individual to the published information to maintain the consistency of information held in the public domain.

Under the Data Protection Act 2018 individuals have the right to access their own information held by an organisation. They can do this in the form of a Subject Access Request (SAR). Organisations have one month to provide the information and this can be extended by up to two months if the request is complex or an individual has made a number of requests.

A SAR can also be made on behalf of another individual where the individual has provided their permission. The information collated for a SAR response may contain reference to other individuals or third parties. Where this third party is not an HSCP employee carrying out the functions of their role and authorisation has not been provided to release their information, this information will be removed or redacted from the response.

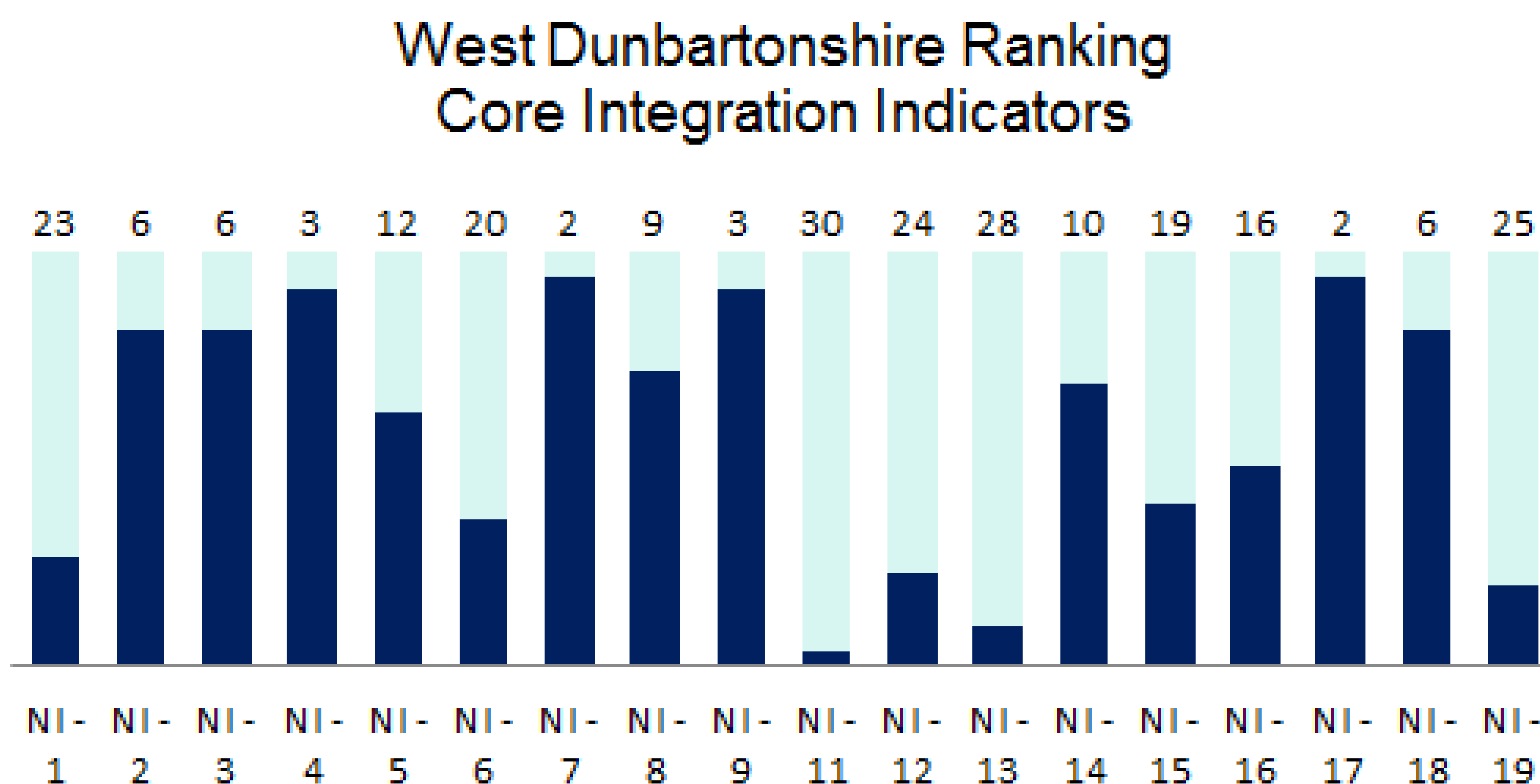
During 2021/22 the HSCP received 150 SARs, almost double the 79 received in the previous year. Responses were issued within the initial or extended timescales for 84% of requests. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff.

National Performance Measurement

Core Integration Indicators

The Scottish Government has developed a suite of 23 Core Integration Indicators to help HSCPs monitor their performance against the National Health and Wellbeing Outcomes and allow for comparison nationally and by partnership. Of these indicators, 5 are not currently being reported nationally.

The chart below shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland and Appendix 1 provides the detail behind the rankings and comparison with national figures. West Dunbartonshire performed better than the Scottish national figure in 11 of the 18 indicators.



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The survey was carried out during 2021/22 and is the first to reflect the impact of the pandemic.

The proportion of West Dunbartonshire residents supported at home who agreed that they were being supported to live as independently as possible moved from the 11th lowest in Scotland in 2019/20 to the 6th highest in 2021/22. Those who thought their health and social care services were well coordinated moved from 10th to 3rd in Scotland and 87.9% of adults being supported at home said they felt safe, also the 3rd highest in Scotland. West Dunbartonshire had the 2nd highest proportion of respondents who agreed that the services and support they receive help improve or maintain their quality of life: 85.7% compared with a Scotland-wide figure of 78.1%.

In 2021 West Dunbartonshire continued to have the 2nd highest premature mortality rate in Scotland, that is the rate of deaths per 100,000 for people aged under 75 years. We had the 8th highest emergency admission to hospital rate and the 4th highest bed day usage for emergency admissions however our readmission after 28 days rate was the 10th lowest in Scotland. These combine to reflect not only the impact of the pandemic but the complex health needs of our population. Delayed hospital discharge continued to be a significant challenge for the HSCP during 2021/22 and the rate of bed days for people aged 75 and over whose discharge was delayed was the 7th highest in Scotland.

WDHSCP services were the 2nd best performing in Scotland for the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2021. The number of inspections carried out since the onset of the pandemic has been greatly reduced meaning services have retained the grades they last received.

Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2021 the percentage of adults with intensive needs being supported at home was the 2nd highest in Scotland at just over 72%: the Scotland figure was 64.9%.

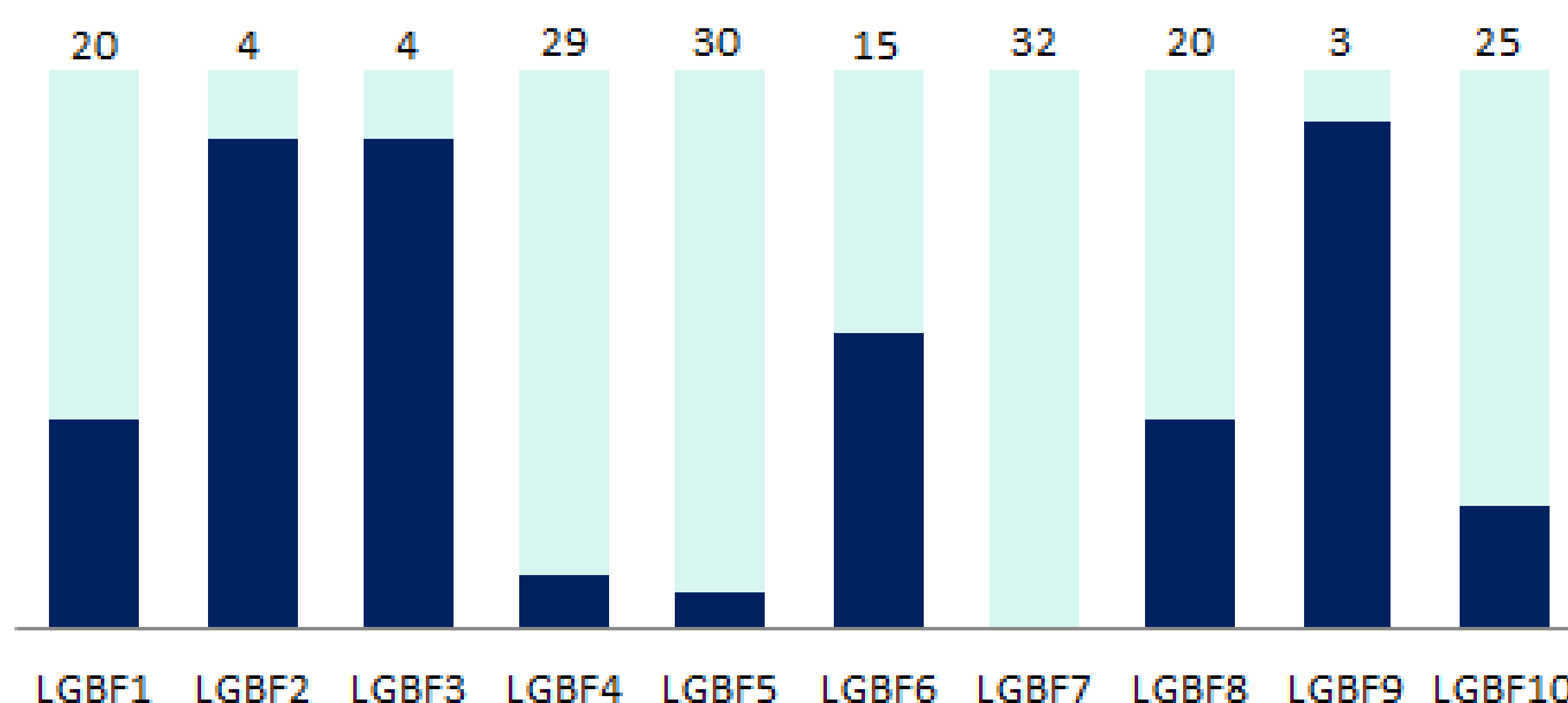
Local Government Benchmarking Framework

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

The chart below shows West Dunbartonshire's position in 2020/21 in comparison with the other 31 Local Authorities in Scotland for those indicators the HSCP has responsibility for and Appendix 2 provides comparison with the national figure.

During 2019/20 new indicators were added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators. To avoid duplication these will not be included in this section or in Appendix 3.

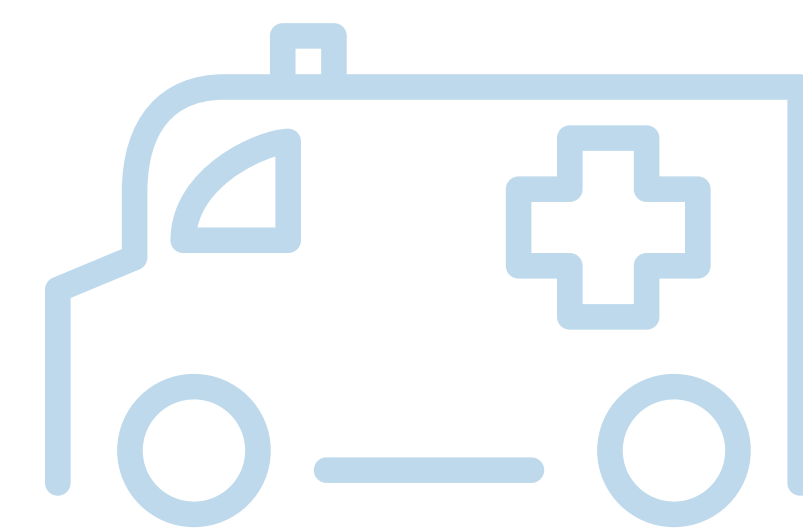
West Dunbartonshire Ranking Local Government Benchmarking Framework



Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 3 of the indicators during 2020/21. West Dunbartonshire had the 4th lowest weekly cost for both children looked after in a residential setting and children looked after in the community: 34% and 32% lower than the Scotland figure respectively. The proportion of people aged 65 and over receiving personal care at home was the 3rd highest in Scotland at 72.87%.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend, with the lowest figure in Scotland; the percentage of Child Protection re-registrations within 18 months; and the percentage of children reaching their developmental milestones. In relation to Direct Payments and Personalised Budgets, these are Options 1 and 2 of Self-Directed Support. This indicator does not take account of expenditure on services for people who select Option 3 under Self-Directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf. The HSCP have carried out significant work during 2021/22, including a programme of training across service areas, to improve effective Self-Directed Support conversations within the assessment process.

The weekly cost for residential care for older people has fallen from the 4th highest in Scotland in 2019/20 to the 8th highest in 2020/21, however this reflects the significant investment locally in our new care homes and support through the transition period.



Ministerial Steering Group

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

As in 2020/21 no national targets were set for 2021/22. Local targets were agreed for 2020/21 on the basis of the potential impact of a number of workstreams, however the pandemic made some of these workstreams difficult to implement or maintain and it was felt reasonable to retain these targets for 2021/22. Only one of these local targets was met in 2021/22. Emergency admissions to hospital of West Dunbartonshire residents aged 18 and over was 3.3% below target although 5% higher than in 2020/21. The number of unscheduled acute bed days used by people aged 18 and over exceeded our target by 8% and numbers were 6% higher than in 2020/21. These numbers combine to show us an increasing length of stay for those admitted to hospital on an emergency/unscheduled basis: fewer admissions but higher numbers of bed days used.

Our local target for the number of bed days used where people's discharge from hospital has been delayed was missed by 75% reflecting the considerable challenges we have experienced with delays since the start of the pandemic. Attendances at Accident and Emergency Departments were almost 16% above target however were still 13% lower than the pre-pandemic rates of 2019/20.

Charts detailing monthly trends for the MSG indicators over the previous 3 years can be found at Appendix 2 and further details of our efforts in relation to hospital activity can be found in the Unscheduled Care section later in this report.

Performance against Strategic Priorities

This section of our report will describe our performance against our 5 strategic priorities during 2021/22 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Early Intervention

- Early Years
- Unscheduled Care
- Partnership Working: Overdose Response Team
- Child Protection and Looked After Children

Priority 2: Access

- My Life Assessment
- Learning Disability Services
- Self-Directed Support
- Justice Services

Priority 3: Resilience

- CEDAR: Children Experiencing Domestic Abuse Recovery
- Children and Young People's Mental Health
- Adversity, Trauma and Resilience

Priority 4: Assets

- HSCP Staff Health and Wellbeing
- HSCP Care Homes
- West Dunbartonshire Champions Board

Priority 5: Inequalities

- Work Connect
- Tackling Inequalities

Priority 1: Early Intervention

Early Years

The Early Years have a profound impact on an individual's future experience of health and wellbeing. The HSCP is committed to improving outcomes and supporting the wellbeing of our children and young people, aiming to give every child the best possible start in life.

We have embedded the principles of the Scottish Government's Getting It Right for Every Child (GIRFEC) into all aspects of children's services across community and specialist health, social work and care services: working to ensure that all children are safe, healthy, achieving, nurtured, active, respected, responsible and included. In implementing GIRFEC, we have continued to focus on preventing crisis and reducing risk for children and families through using timely assessment and the right supports.

The Universal Health Visiting Pathway defines and enhances Health Visitors' responsive way of working with parents and their children. The Health Visiting service focuses on relationship building with the family; ensuring that families' needs are appropriately assessed and responded to in a person-centred and supportive way.

Promotion of immunisations is part of each Universal Pathway contact and the Health Visiting Team attend NHS Greater Glasgow and Clyde Immunisation groups and have strong links with the Immunisation Team. All preschool children are offered a total of five immunisation appointments as they reach the following ages: 8, 12, and 16 weeks; 12-13 months; and 3 years and 4 months of age. Multiple immunisations are offered at each appointment.

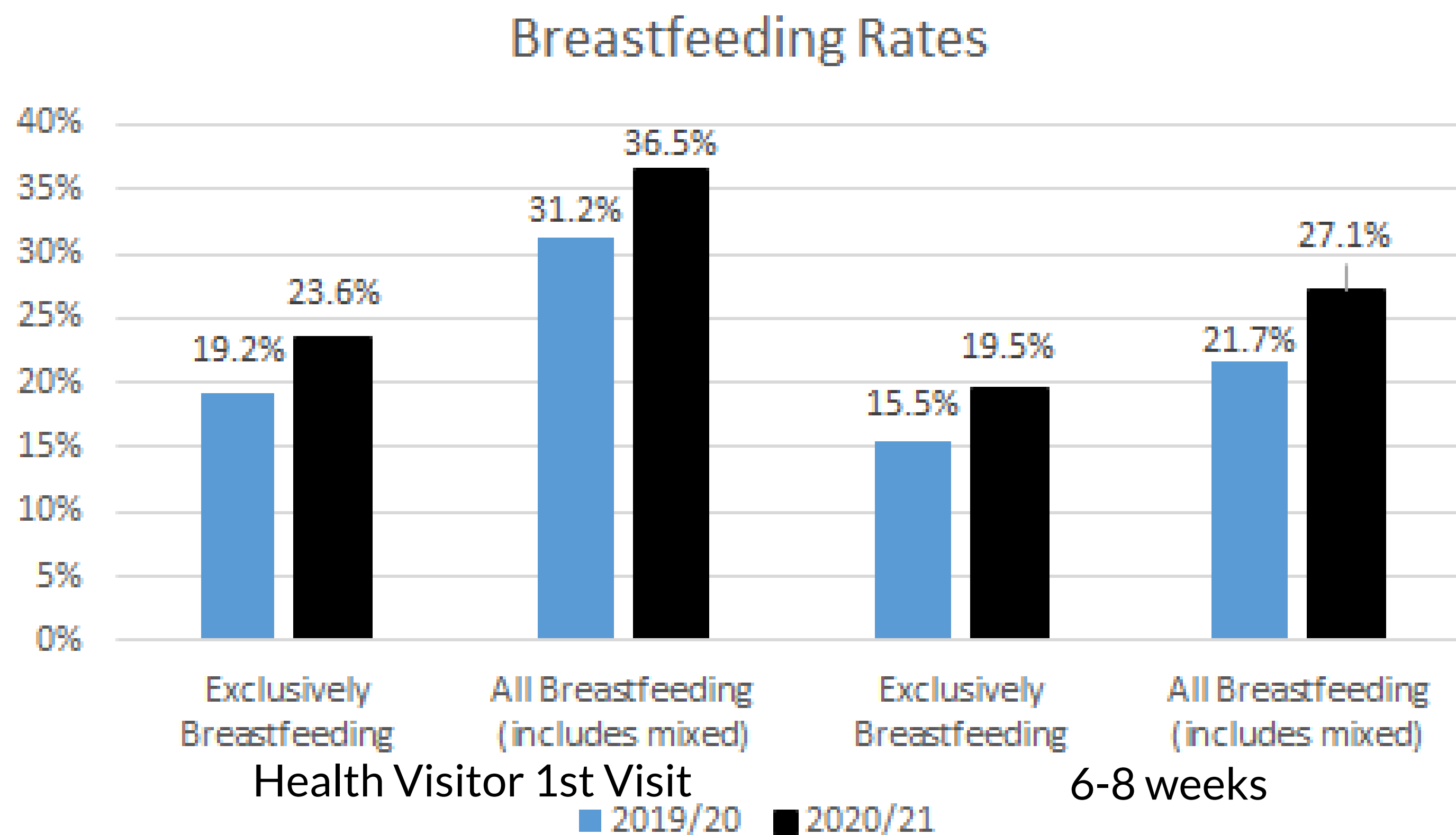
Immunisation Rates 2021/22

	24 months				5 years		
	WDHSCP	NHS GGC	Scotland		WDHSCP	NHS GGC	Scotland
6-in-1	98.2%	97.4%	97.1%	6-in-1	98.5%	97.7%	97.4%
MMR1	94.8%	94.8%	94.4%	MMR1	97.5%	96.4%	96.0%
Hib/Men C	96.3%	94.6%	94.3%	Hib/Men C	97.4%	96.1%	95.6%
PCVB	96.3%	94.9%	94.3%	4-in-1	95.1%	93.5%	92.7%
Men B Booster	96.1%	94.1%	93.9%	MMR2	94.3%	93.0%	92.2%

West Dunbartonshire continues to have high uptake of immunisation in 2021/22 with rates higher than those for the Health Board and Scotland for all immunisations at 24 months and 5 years of age.

The Breastfeeding Team, hosted within Children and Families Health, are promoting, protecting and supporting breastfeeding within West Dunbartonshire. The team was formed during the height of the pandemic in summer 2020. It comprises of a Project Lead, Breastfeeding Support Worker, Health Improvement Practitioner and Midwife.

The team have faced many challenges during the pandemic due to lockdown restrictions but during 2020/21 they saw improved breastfeeding rates and reduced attrition rates, where women cease breastfeeding. This appears mainly as a result of additional early intervention to support breastfeeding women on discharge from hospital.



Public Health Scotland will publish their Infant Feeding Statistics 2021/22 later in the year and sustained improvement is expected. Feedback from women during regular UNICEF UK Baby Friendly Audits, regarding the support they have received from the Breastfeeding Team and Health Visitors, has been excellent. The team continue to maintain the UNICEF Baby Friendly Initiative Gold Award that was achieved by the Children and Families team in September 2018.

The Covid-19 pandemic has had a significant adverse impact on children and families' access to dental health and oral health programmes. The closure of nurseries, dental practices and schools meant all, and particularly our most vulnerable, children were at increased risk of poor oral health. The National Dental Inspection Programme (NDIP) was paused in 2021, however the Detailed Inspection of Primary 1 children in the school year 2019/20 found some improvements in oral health in terms of both an increase in the percentage with no obvious decay experience and a decrease in mean number of decayed, filled or missing teeth. However, the inspection concluded that clear health inequalities persist and reducing dental health inequality must remain a priority.

In consultation with the Chief Dental Officer at Scottish Government and Directors of Education, the NDIP has been remobilised and recently carried out inspections with Primary 1 and Primary 2 children. The decision to inspect Primary 2 children rather than Primary 7 children was made to catch those who missed out in 2021 and are at a critical age where a dental inspection is most beneficial.

Incredible Years Parenting groups have been West Dunbartonshire's main focus in delivering The Psychology of Parenting Project since 2017. This is a multi-agency group work approach which is supported by NHS Education Scotland. Data pre Covid-19 highlighted the impact these groups were having on West Dunbartonshire's most vulnerable children aged between 3-6 years. Since Covid-19 our practitioners have focussed on other ways to support parents.

During 2021/22 there were 160 referrals to the Parenting Office. The referrals were allocated to our Parenting Practitioners, namely our Early Years Outreach Workers and Community Nursery Nurses who found new ways of working with parents through digital formats, as well as signposting to other supports while restricted face-to-face meetings were imposed.

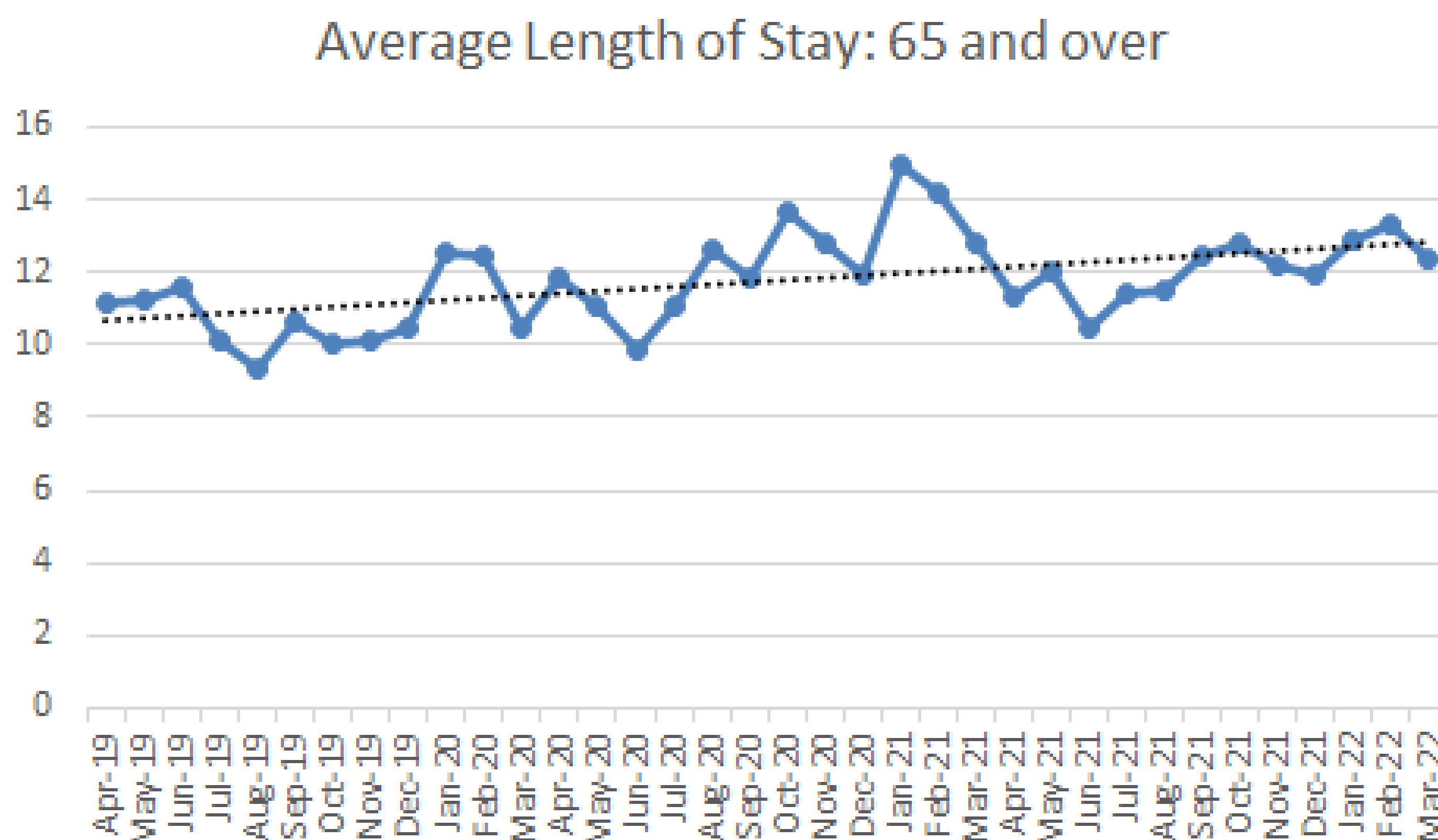
Unscheduled Care

Unscheduled care refers to any unplanned contact with health services including urgent care and acute hospital emergency care. It can be in the form of attendance at Accident and Emergency departments (A&E), hospital Assessment Units, unplanned or emergency admission to hospital and delays in discharge from hospital when a person has been deemed medically fit for discharge. Increased demand on acute hospitals and the impact of an ageing population has resulted in a drive to tackle unscheduled care by developing more early intervention initiatives to prevent unnecessary hospital admissions and to provide more health services within the community.

During 2020/21 the HSCP worked with NHS Greater Glasgow and Clyde (NHS GGC) and the 5 other HSCPs within the Health Board area to develop an Unscheduled Care Joint Commissioning Plan focussed on adapting service models in response to an increasingly older population and changes in how and when people choose to access services: aiming to meet patients' needs in different ways, ensuring services are integrated and that people understand more clearly how to use them.

While unscheduled care was significantly reduced across NHS GGC during 2020/21 as a direct result of the pandemic, when compared with the other 5 HSCPs within Greater Glasgow and Clyde, West Dunbartonshire's use of unscheduled care showed less of a reduction.

2021/22 saw an increase in unscheduled care for West Dunbartonshire residents. There were 4,105 more attendances at A&E by those aged 18 and over than in 2020/21, although this was still 13% lower than 2019/20. Emergency admissions for those aged 18 and over were 5% higher than in 2020/21 although still lower than pre-pandemic. The hospital bed days associated with these admissions were 6% higher than in 2020/21 and were also higher than 2019/20. This equates to a longer average length of hospital stay which is most pronounced when looking at those aged 65 and over.



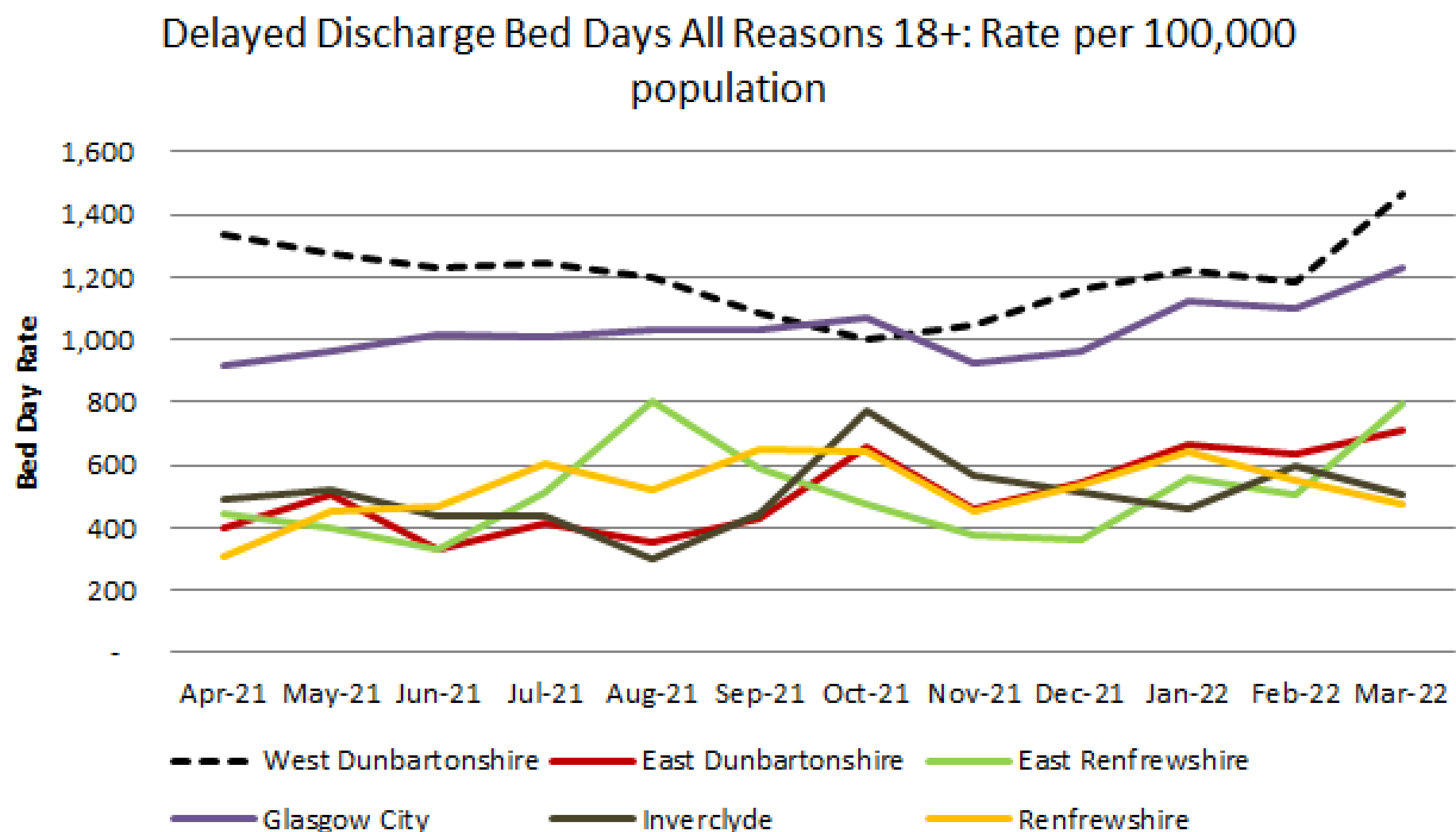
The average length of stay for people aged 65 and over has risen from around 10.5 days in April 2019 to just below 13 days in March 2022, peaking at almost 15 days in January 2021. This could be related to Covid, either prior to or during a hospital admission.

The most formidable challenge in relation to unscheduled care this year has been the volume and length of delayed discharges from hospital. Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes for

individuals and to avoid readmission. A delayed discharge is where a person has been deemed medically fit for discharge back home or to a care home but the discharge is unable to take place. This may be due to lack of services within the community, the availability of an appropriate care home placement, or the person's lack of capacity to make a decision about their future care needs. The latter may entail a guardianship application under Adults with Incapacity (AWI) legislation to allow the decision to be made on the person's behalf: a process which can be lengthy and complex particularly where family members have differing views on the best care setting for their loved one.

Since the HSCP's inception in 2015, West Dunbartonshire had seen an improving trend in the number of bed days lost to delayed discharges with a slight increase in 2019/20. However the number of delays and associated bed days has increased significantly during 2020 to 2022.

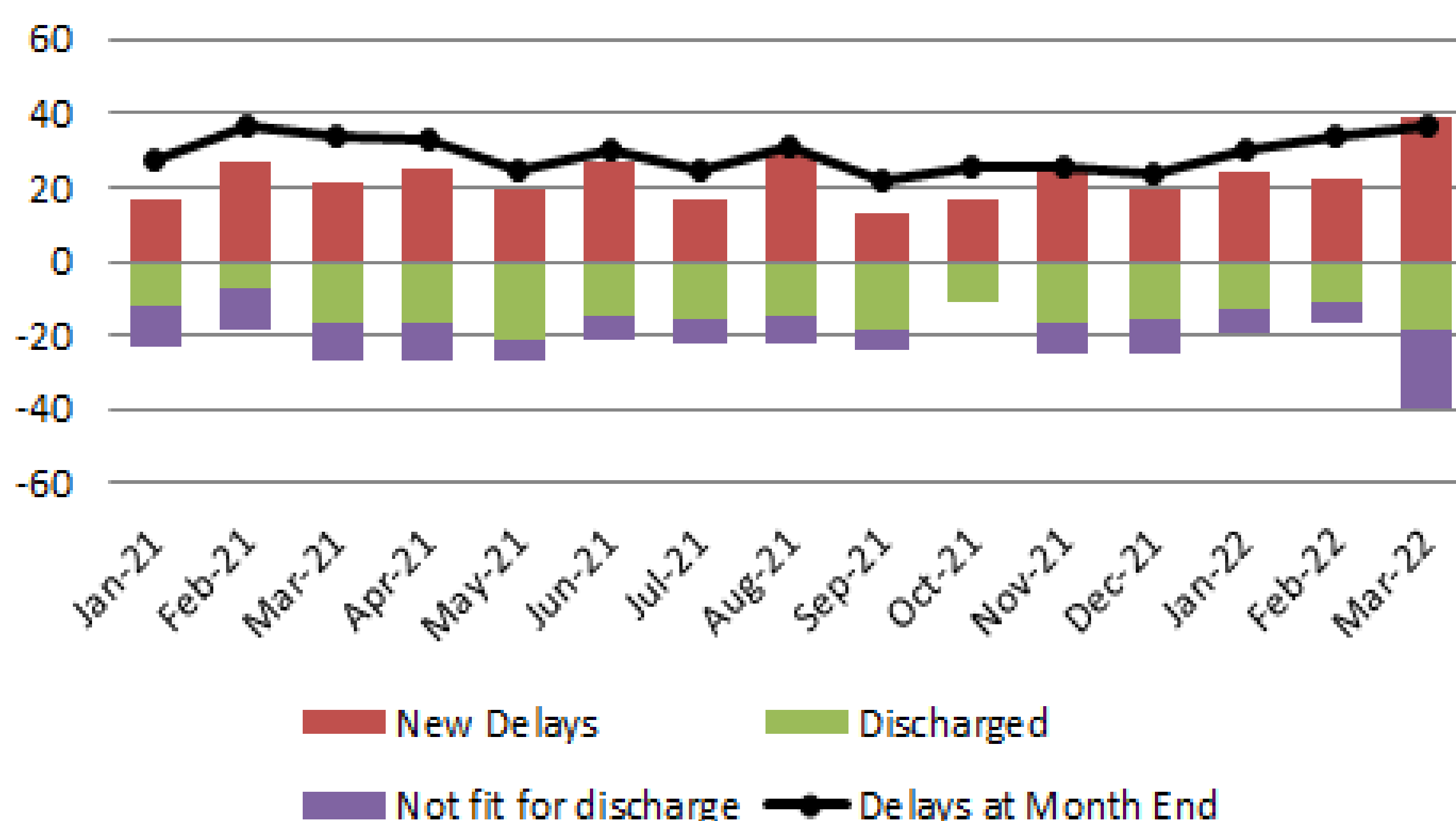
There has been extensive monitoring and scrutiny of delayed discharges within the HSCP and with both the Health Board and West Dunbartonshire Council. Processes have been reviewed and long delays analysed to identify common themes however when looked at as a rate per 100,000 population we continue to have the highest delayed discharge bed day rate in Greater Glasgow and Clyde.



Our Hospital Discharge Team continue to proactively identify people for early assessment to make the discharge process as efficient and timely as possible once a person is deemed medically fit for discharge. They have continued to have an active presence in hospital wards throughout the pandemic, covering the Royal Alexandra Hospital in Paisley and the Vale of Leven Hospital as well as the Glasgow hospitals.

The chart overleaf illustrates the volume of work undertaken by the team and demonstrates that the majority of people delayed are not static. Over the last year significant progress has been made in discharging those with the longest delays and most delays are relatively short.

Monthly Delayed Discharge Activity



There were 279 new delayed discharges in 2021/22. This will include people who are deemed medically fit who then become unwell and are deemed not fit for discharge. Many of these people may then become a new delay again once they recover.

2021/22 saw a refresh of NHS Greater Glasgow and Clyde’s Board-wide Unscheduled Care Joint Commissioning Plan: an update of the plan approved by HSCP Boards including West Dunbartonshire in 2020.

The new plan recognises that the pandemic has had a huge impact on the programme of work agreed through the 2020 plan which had three key themes:

- Prevention and early intervention with the aim of better support to people to receive the care and treatment they need at or close to home and to avoid hospital admission where possible.
- Improving the primary and secondary care interface by providing GPs with better access to clinical advice and designing integrated patient pathways for specific conditions.
- Improving hospital discharge and better supporting people to transfer from acute care to appropriate support in the community.

Actions were agreed in the 2020 plan to address these themes however some of these original actions were paused during the pandemic (e.g. anticipatory care plans) some were overtaken by events (e.g. shorter waiting times in Minor Injury Units) and others were progressed but to a revised timeline (e.g. frailty pathway).

The objective in refreshing the plan was to ensure that it remains relevant and tackles the challenges that face us now, since the onset of the pandemic. The aim is that each patient is seen by the right person at the right time and in the right place. For acute hospitals that means ensuring their resources are directed only towards people that require hospital-level care. The emphasis is on seeing more people at home or in other community settings when it is safe and appropriate to do so.

The plan includes proposals for a major and ongoing public awareness campaign so that people know what services to access when, where and how. Analysis shows that a number of services could be better utilised by patients such as community pharmacists but it is recognised that some services need to change or improve to better meet patients’ needs. Not all of the changes in the plan will take effect at the same time: some need to be tested further and others will need time to be fully implemented.

Partnership Working: Overdose Response Team

West Dunbartonshire Alcohol and Drug Partnership continue to deliver services across the local authority area in line with the Scottish Government's Rights, Respect and Recovery Strategy. The four priorities of which are:

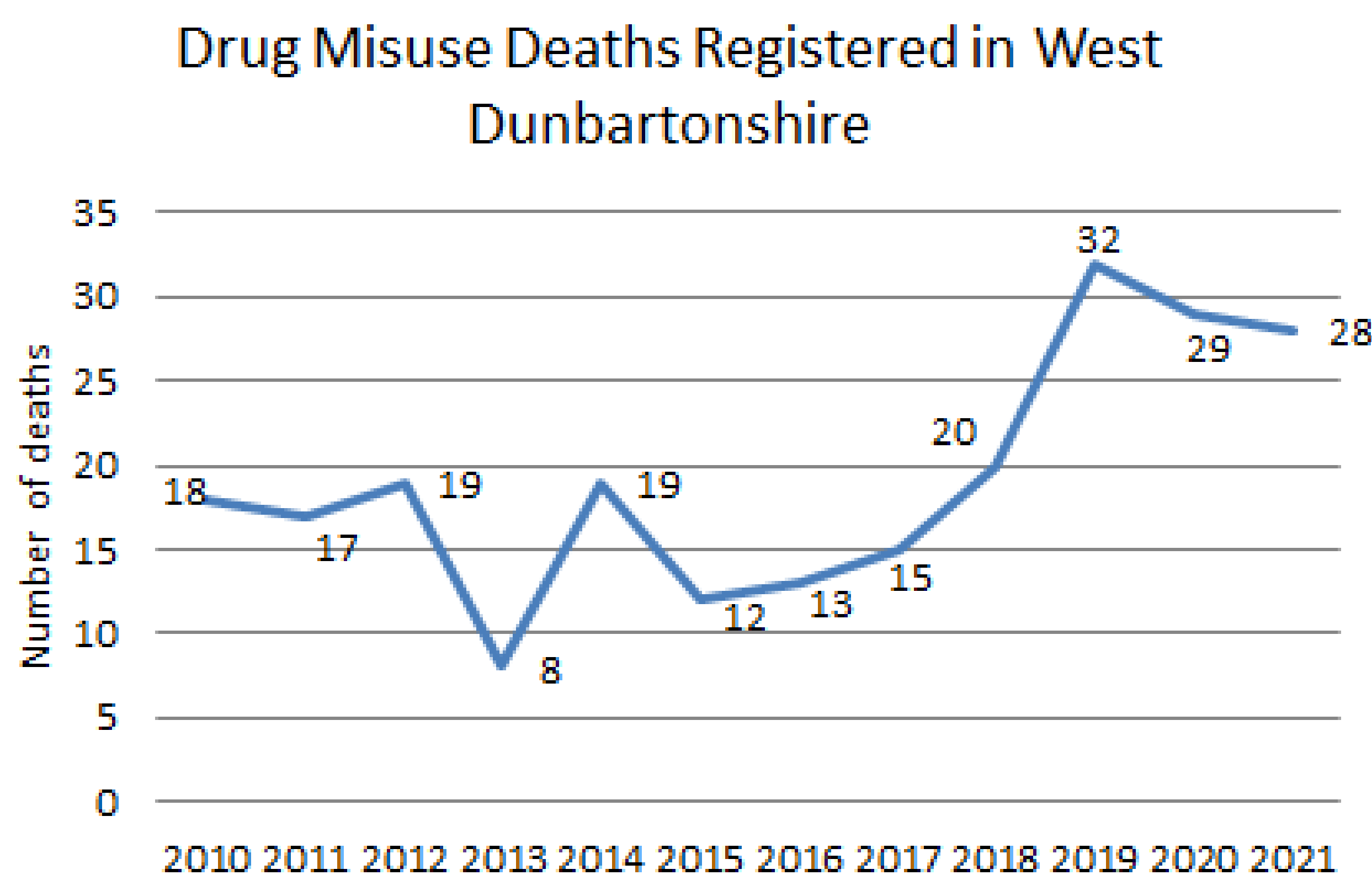
- Education, prevention and early intervention on alcohol and drugs.
- A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths.
- A whole family approach on alcohol and drugs.
- A public health approach to justice for alcohol and drugs.

During 2021/22 there were 920 referrals to addiction services including WDHSCP community addiction teams and our third sector partners Alternatives West Dunbartonshire and Dumbarton Area Council on Alcohol (DACA). This was an increase of 9% on the previous year.

The Scottish Government standard is that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. Of the 920 referrals, 94% started treatment within the target timescale.

There were 1,330 drug misuse deaths in Scotland in 2021, a very slight decrease of 9 on the previous year. This is the first year that the number of deaths has decreased since 2013 however it is also the 2nd highest annual total on record. Public Health Scotland have recognised the challenges of tackling drug deaths during the pandemic and have also highlighted that the pandemic has brought many of the factors contributing to drug deaths more sharply into focus: deprivation, isolation, financial uncertainty and digital exclusion. Males accounted for 70% of 2021 drug misuse deaths and the average age of those who died was 44 years.

There were 28 drug misuse deaths in West Dunbartonshire in 2021: a decrease of 1 on the previous year.

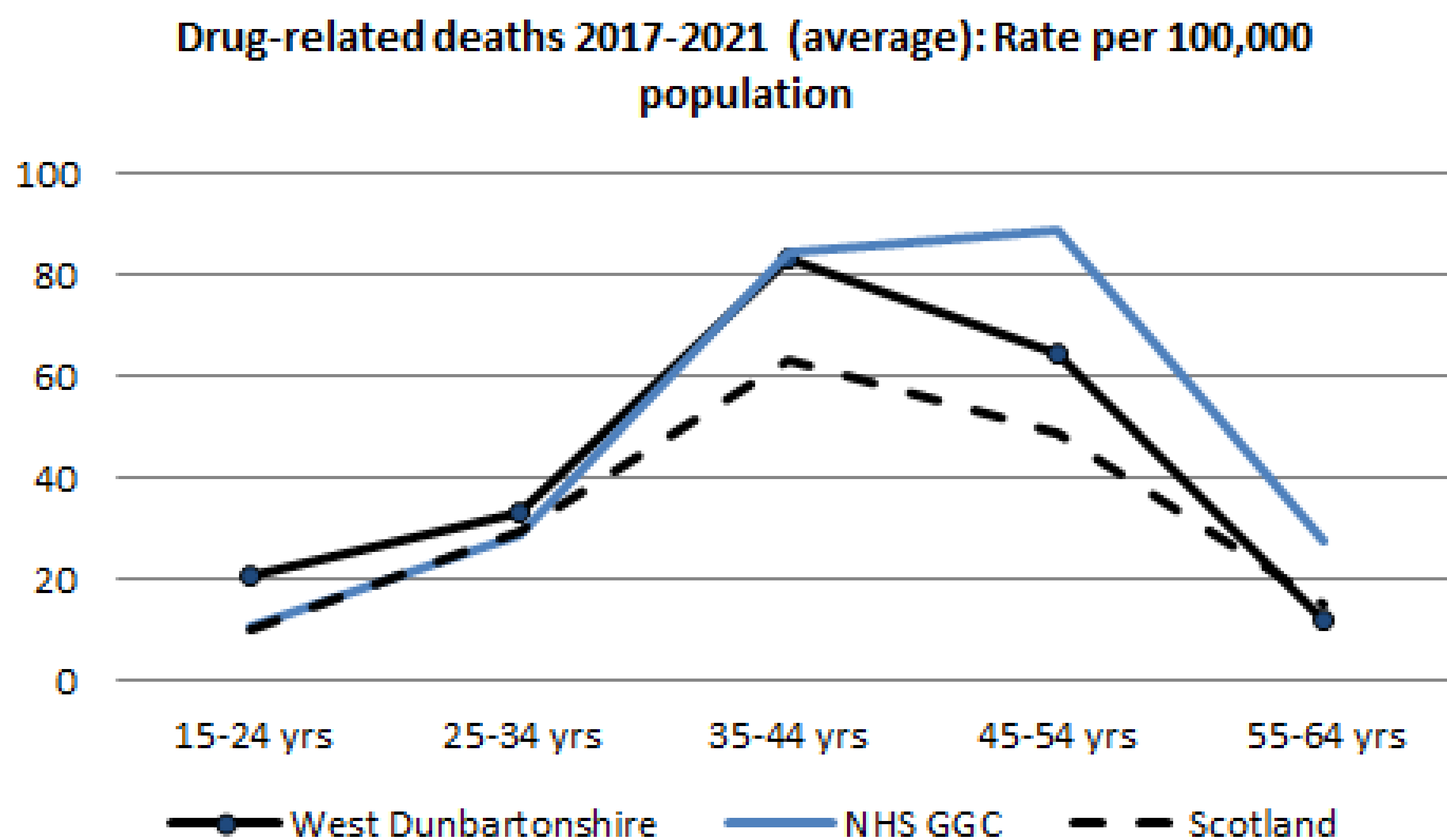


West Dunbartonshire Health and Social Care Partnership

In common with the Scotland-wide figure, the highest death rates averaged across 2017 to 2021 have been for those aged 35-44 years within West Dunbartonshire. Greater Glasgow and Clyde has higher rates among those aged 45-54 years while West Dunbartonshire has almost double the Scotland and GGC rate for people aged 15-24 years.

The National Records of Scotland 2021 report into drug deaths highlights that more than one drug was found in the bodies of 93% of people who died from drug misuse. Polydrug use and non-prescribed street drugs have increased along with the numbers of deaths: benzodiazepines have been implicated in 5 times more deaths in 2021 than in 2015 and the vast majority of those implicated are street benzodiazepines.

NHS GGC has the highest death rate of all health board areas in Scotland and people in the 20% most deprived areas are more than 15 times likely to have a drug misuse death than those in the 20% least deprived.



In September 2021 a non-fatal overdose pathway became operational across Greater Glasgow and Clyde in partnership with Turning Point Scotland. The GGC Overdose Response Team is co-located with West Dunbartonshire Community Addictions Services and 71 referrals have been made by West Dunbartonshire to the Overdose Response Team since the pathway's inception.

There is strong evidence to show that fatal overdoses often follow non-fatal ones. Intervention and providing support as quickly as possible after a non-fatal overdose is therefore a clear way of avoiding or reducing the risk of a fatal overdose.

The Overdose Response Team's aims and objectives are to:

- Reduce and prevent drug-related deaths caused by fatal overdose.
- Improve information and understanding of the extent of non-fatal drug overdose, identify barriers to engagement with services, and inform system change that works for people not services.
- Provide rapid response to near-fatal overdose which provides harm reduction interventions and advice.

The Overdose Response service was developed in line with the Medication Assisted Treatment (MAT) Standards created by the national Drug Death Task Force and published in May 2021 and in particular, Standards 3, 4 and 5, which the Scottish Government expect to be embedded in every Drug and Alcohol Service from April 2022.

MAT Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

The GGC Overdose Response Team works daily in multiagency settings to identify people at high risk of drug-related harm and proactively reaches out to them within 24 to 48 hours.

MAT Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery.

Each Harm Reduction Practitioner is highly trained to deliver evidence-based harm reduction interventions to any client accessing the service.

MAT Standard 5: All people will receive support to remain in treatment for as long as requested.

Even for short interventions, follow-ups are carried out with clients and services to ensure engagement has been active from both sides. If more support is needed, another case is opened and the team engages again with the same client.

Case Studies: Out of Hours Outreach

Support over the Christmas Period 1

'A' experienced a near fatal overdose and was referred to the Overdose Response Team (ORT) by the HSCP's Community Addictions Services to be supported by assertive outreach over the following weekend.

The team successfully engaged with 'A' at their home address which was also a new tenancy. 'A' explained they had been using street benzodiazepines at the point of overdose and were disappointed due to this being a relapse. 'A' stated that their usual drug of choice was alcohol and that they were also on 60mls of methadone daily. 'A' was then given harm reduction information by the Harm Reduction Practitioners who explained the high risk of overdose due to polydrug use, combining methadone with benzodiazepines. The team also made sure the client had a Naloxone kit and Naloxone training. Naloxone is a medication used to reverse opioid overdose.

The referrer then received feedback from the ORT explaining that the individual had agreed to contact the Community Addictions Team the following week and was informed of the interventions completed.

The referrer subsequently asked the ORT to outreach 'A' again over the Christmas period. The harm reduction practitioners carried out a further visit at their home. 'A' explained that they had no money for food and were not due to be paid any benefits. The harm reduction practitioners then supplied 'A' with a food parcel and signposted them to the nearest foodbank so that they could attend in the future. The individual was unaware of this foodbank and thanked the team for information.

The ORT was able to outreach the individual during a time when statutory services were closed and signpost that individual to local community services as well as feedback information to Community Addictions Services on re-opening.

Support over the Christmas Period 2

'B' was referred to the Overdose Response Team by their addiction worker within the HSCP's Community Addictions Services requesting that the client be outreached over the Christmas period while statutory services were closed and a harm reduction intervention delivered. 'B' had recently left residential rehabilitation of their own accord and was residing temporarily in a local hotel.

The referrer also stated that 'B' was on a methadone prescription and was at high risk, not only due to recently leaving rehab, but also due to possibly using illicit drugs on top of their methadone and Christmas being a volatile time for them.

Several attempts were made to engage with 'B' using the mobile number provided by the referrer without success and they were not at the hotel when the Harm Reduction Practitioners attempted to visit them until 27th December.

Due to their chaotic lifestyle the hotel was only being used by 'B' for somewhere to sleep and they spent most of the day at other people's homes and on the street. 'B' was unaware that they had been referred to the ORT although had no issue with the Harm Reduction Practitioners making a visit. 'B' explained that they had left rehab due to other people using drugs there and had found it very hard returning to the community during Christmas. They also explained that they were using street benzodiazepines and had been trying to stay away from heroin by attending recovery meetings in the area.

'B' was given harm reduction information and advice regarding their street benzodiazepine use and provided with a Naloxone kit and training, highlighting the risk of overdose. The Harm Reduction Practitioners then explained that they would check again on the client within the next few days, which 'B' agreed to and they provided contact numbers for the service.

Before the next visit 'B' made a call to the service asking for injecting equipment to be dropped off to them at the hotel. 'B' explained that they had relapsed and were using heroin again and could not get any injecting equipment due to the chemist being closed.

The Harm Reduction Practitioners then met with 'B' at the hotel where they were residing and supplied them with Injecting Equipment Provision, sharps box, water and foil. This also gave the practitioners the chance to deliver more harm reduction advice around 'B's' polydrug use by explaining the half-life of benzodiazepines and the risk of overdose when using heroin with benzodiazepines in their system as well as methadone. 'B' was also provided with a food parcel by the service after explaining their food was stolen in the hotel for which they were very grateful.

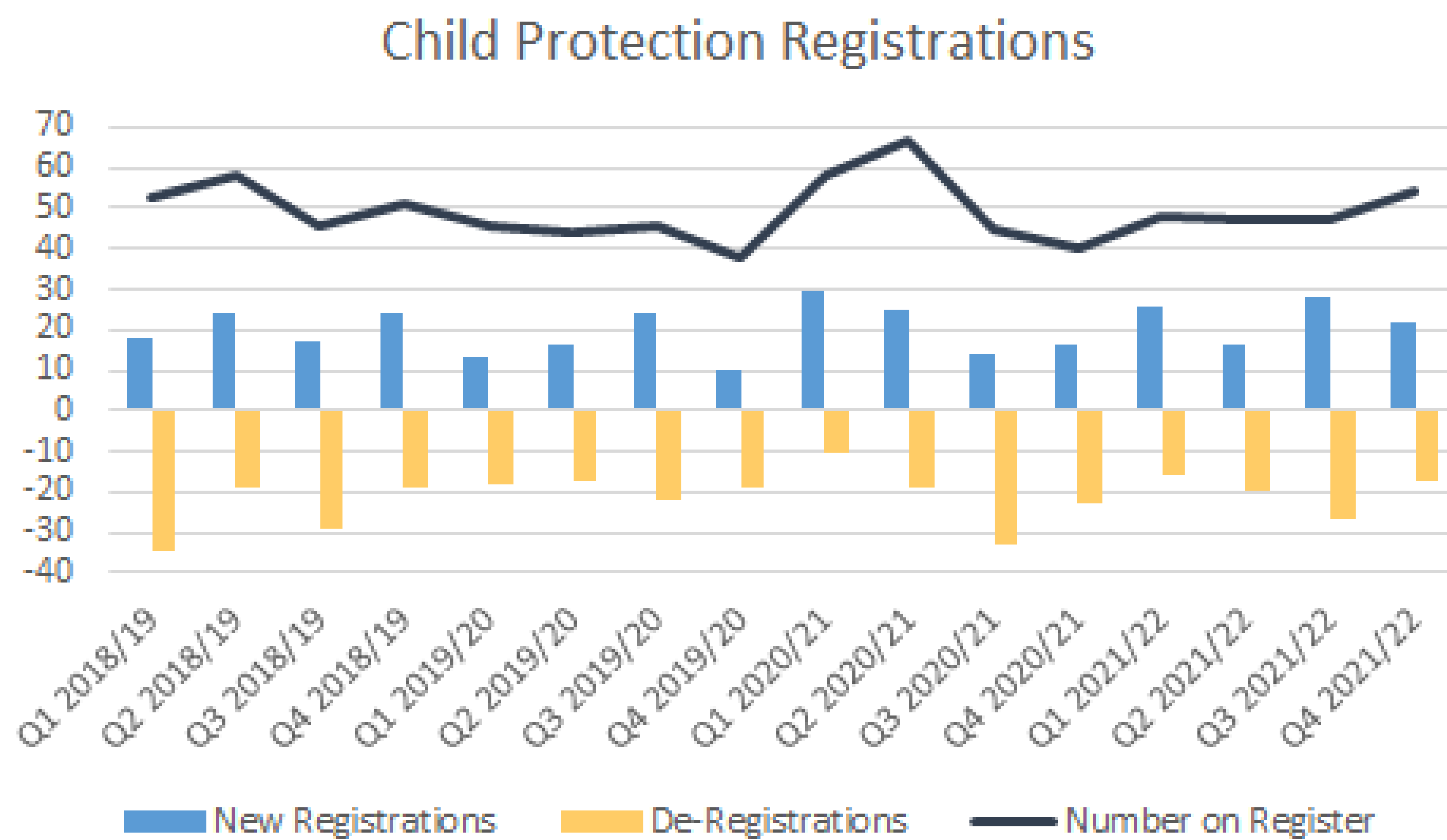
The engagement was fed back to the referrer upon return to work, explaining the interventions carried out over the Christmas period. The addiction worker thanked the ORT for the interventions carried out and continued to engage with 'B' at the hotel.

Child Protection and Looked After Children

To help protect our most vulnerable and at risk children and young people we have continued to develop our local Child Protection dataset which we began to collate in 2020/21, building on the data requirements of the national Child Protection minimum dataset created by the Centre for Excellence for Children’s Care and Protection (CELCIS). The dataset aims to provide the Child Protection Committee with intelligence about our vulnerable children and young people and the workings of our local child protection system. Analysis of the data has already identified areas the Committee wish to explore further and additional indicators have been developed locally.

The Committee have also created a scrutiny group where key partners meet on a quarterly basis to consider the data and provided analytical context or recommendations to the Committee in terms of quality assurance or evaluative work that may be required.

There were 54 children on the Child Protection Register as at 31st March 2022 an increase of 14 on the same point in the previous year. Throughout 2021/22 a total of 92 children were added to the Register and 80 children were removed from the Register.



In comparison with 2020/21, where numbers rose as the initial stages of the pandemic unfolded, the number of children on the Register has remained fairly static throughout 2021/22 with a slight increase in March.

Analysis of the dataset highlighted that the majority (38%) of newly registered children in 2021/22 were within the age range of 0-4 years and 26% were aged 5-10 years. The number of unborn children added to the register rose from 8 in 2019/20 to 9 in 2020/21 and 13 in 2021/22.

In 2020/21 the highest Child Protection concern noted at registration was domestic abuse which was noted in 53% of registrations. This has dropped back to 24% in 2021/22 with parental mental health the highest noted concern at 27% and neglect noted in 24% of registrations. Improved home conditions was the main reason for children being removed from the Register at 56%, followed by the fact that the child was now with other carers at 28%.

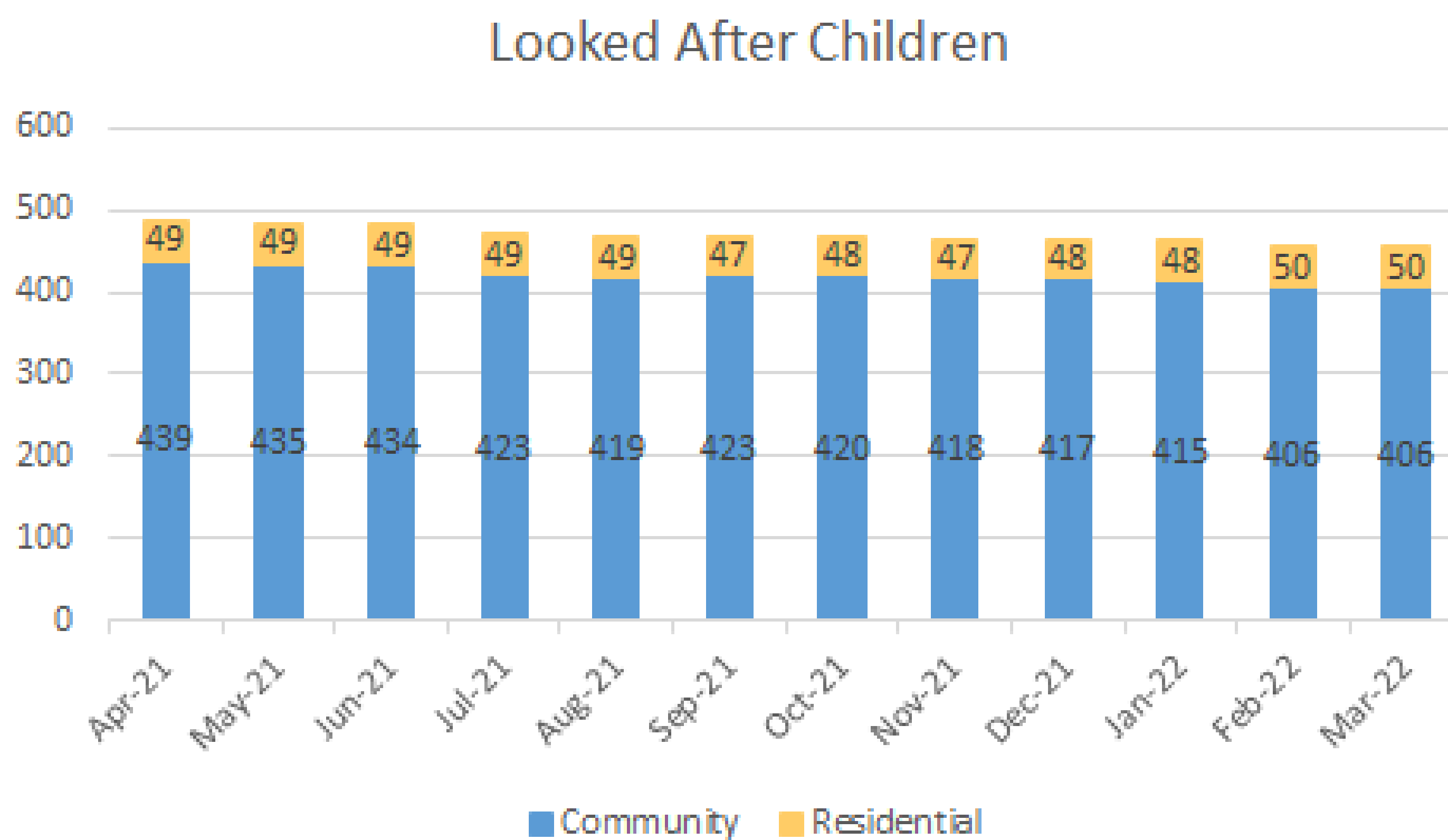
The dataset also covers a range of timescales in the Child Protection process including our target of case conferences being carried out within 21 days of the start of an investigation. Performance peaked at 84% in July to September 2021 but dropped back to 60% in January to March 2022.

West Dunbartonshire Health and Social Care Partnership

A review of the Special Needs in Pregnancy Service (SNIPS) was commenced in 2021/22. This will consider a number of areas: the processes for referral; thresholds across partners; whether the referrals received are appropriate; and the need for a refresh of the SNIPS Guidance reflecting key learning to improve practice where required. A specific dataset for SNIPS is being considered to assist with the gathering of information and supporting analysis to inform the Child Protection Committee. Feedback from parents who have received support will be used to inform practice and service development.

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

The number of looked after children has steadily fallen throughout 2021/22. There were 491 looked after children at the end of March 2021, decreasing by just over 7% to 456 at the same point in 2022. While numbers did rise during the onset of the pandemic, peaking at 517 in August 2020, the position at March 2022 is still considerably lower than the 2019/20 pre-pandemic figures.



This reduction in looked after children is due to an increase in the number of children's plans that have been revisited through our permanency process, where children have been able to reach positive destinations through permanency planning. Additionally, there has been an increase in the number of children being supported through early intervention models, including Alternatives to Care and Family Group Decision Making. This has included positive family assessments by Social Workers, leading to better outcomes at home or within family through kinship arrangements. Notably, it was recognised in a recent inspection that the service's ability to engage with families while building a child back home has had positive, lasting benefits to ensuring there is a reduced chance of a return to formal care.

Further to this, there has been an increase in the number of unaccompanied asylum seeking children referrals and West Dunbartonshire Council are committed to the mandatory scheme where we could see an extra few young people being placed each year which may increase overall numbers of looked after children moving forward.

The HSCP strives to increase the proportion of looked after children and young people who are looked after in the community, to help them maintain relationships and community links, which may result in better outcomes. Throughout 2021/22 this proportion has been slightly below our 90% target at 89%. This is still a very high proportion and the slight dip is more as a result of the number of children looked after in the community reducing significantly, rather than residential placements increasing.

In line with our equalities monitoring, we also monitor the proportion of children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Although there is a slight variance against the overall figure, 71% at the end of March 2022 against 89% for all looked after children, the numbers of BAME children are very low therefore small changes in numbers will see percentages fluctuate more significantly. Looked at overall, 3.7% of looked after children are from BAME communities and 3% of all children looked after in the community are BAME. This 0.7% difference while slight will continue to be monitored.

As at March 2022, 1 in every 14 children in West Dunbartonshire was involved with Children's Social Work Services. At the same point, 108 children were living with foster carers. The average age of these children was 9.5 years and on average they had been in their current placement for around 29 weeks.

An inspection of the HSCP's Fostering Service was carried out in November 2021. While they highlighted several requirements for improvement, the Care Inspectorate also assessed that:

"relationships between children and their caregiver families were positive, caring and lasting. Carers spoke respectfully about children's families and fondly about the children and young people in their care. Children and young people told us that their fostering family cared about them and that they felt part of family life. We saw how fostering families respected the religious and cultural needs of people living with them. Foster carers understood how difficult early life experiences might affect children and young people and used this information to care for them in a way that offered them the most support to get on with their lives. Children and young people were helped to understand their rights and we heard how even very young children could access advocacy services to support their views being heard. This meant that children and young people experienced respectful, compassionate relationships in their living situations."

Training and development activity during 2021/22 has continued to be challenging within Children's Services due to the impact of the pandemic, however training in respect of domestic abuse awareness, risk assessment and core Child Protection training were maintained and three Social Workers have completed the Child Protection Certificate. Engagement by the Child Protection Committee of an external trainer to support the revision and delivery of core Child Protection training and the refresh and development of multi-agency Child Protection training has been key in maintaining these areas of activity.

Sessions were delivered by local Scottish Children's Reporter Administration (SCRA) colleagues to all Children's Social Work staff in the amendment to the Children (Scotland) Act 2020 regarding the participation of siblings, and the right to contact of and between siblings.

Development work was undertaken jointly with partners within Health, Education, Children's Hearings Scotland (CHS) and SCRA to review and redesign the assessment format provided by Children and Families Social Work Services to Children's Hearings. This work was also undertaken in partnership with children and young people facilitated by the Champions Board, and with parents and carers of children subject to a referral. The work was funded by CHS and is also located within West Dunbartonshire's "Better Hearings" agenda for improvement. Local uptake of Partners in Advocacy support to children and young people entering the Hearing process was also positively maintained and indeed slightly improved upon during 2021/22.

Additional funding was approved to support further development of the Health for All post, previously the Looked After and Accommodated Nurse, including work to support the health needs of children in kinship care from the age of six upwards. A link Social Worker is in place to support this activity and maintain awareness of this key outcome for all looked after children, with plans to extend the link role more widely within each locality team.

Priority 2: Access

My Life Assessment

During 2020/21 the HSCP developed a new assessment tool, My Life Assessment (MLA), which along with a screening tool My Life Assessment Screening (MLA-S) was implemented in April 2021.

The MLA was developed and shaped by HSCP staff, third sector partners usually involved in assessment processes, and people with lived experience of HSCP assessment. The MLA is designed to assess the needs, risks and strengths of people accessing health and social care services and inform decisions regarding eligibility criteria for adult social care, personal outcomes and Self-Directed Support options.

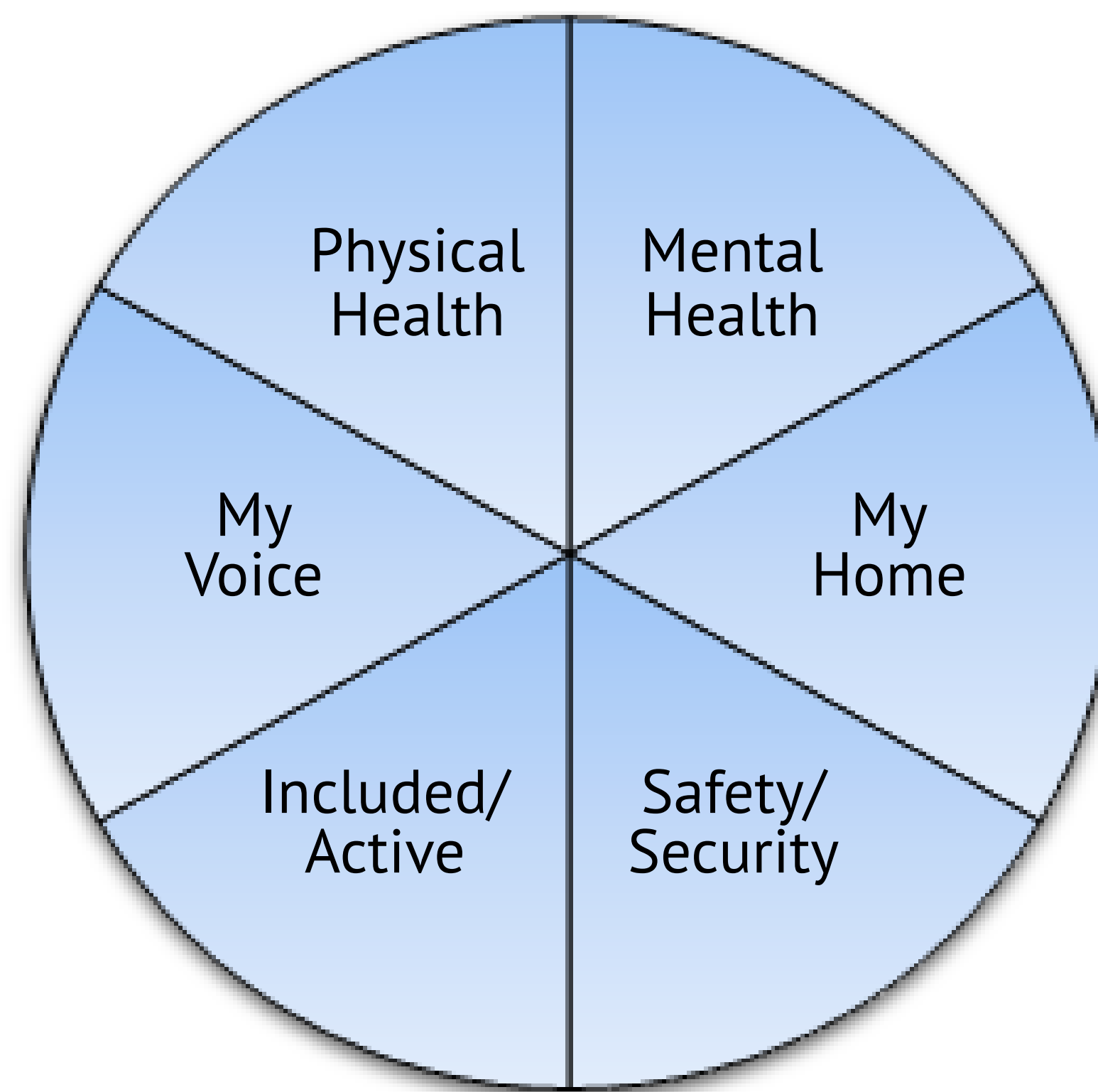
Introduction of the MLA aims to improve the delivery of Self-Directed Support and is one of the HSCP's responses to the Care Inspectorate findings that the HSCP's legacy approach to assessment did not facilitate 'good conversations', was too deficit focused and neglected client strengths, and that it failed to record, report and measure outcomes. The MLA is part of a suite of tools to support service users and staff in assessment and care planning and should be used in a collaborative, strengths and rights-based way.

The MLA-S is the first step in the process and its primary aim is to establish who requires a full MLA as well as who may benefit from support from other non-HSCP services, either instead of or as well as, support from the HSCP. This should ensure people are provided with early help from the appropriate service proportionate to their needs.

During 2021/22, the first year of implementation, 233 MLA-S were completed. These screenings generated 688 outcomes: people may have more than one outcome identified.

My Life Assessment Screening Outcome	Number of times outcome identified
Appears to meet eligibility criteria for HSCP adult social care (substantial/critical risk in one or more Life Areas)	145
Does not appear to meet eligibility criteria for HSCP adult social care (no or low risk for all Life Areas)	17
Appears to be moderate in relation to eligibility criteria for HSCP adult social care (where moderate is the highest rating in any of the Life Areas)	78
Closed to HSCP	16
No service required from HSCP but review in 6-12 months	5
Proceed to full MLA within my service	98
Proceed to full MLA by other HSCP service	71
Referred to other HSCP service	100
Referred to 3 rd sector service (except Carers of West Dunbartonshire)	15
Referred to primary care service (e.g. GP)	11
Referred to Working4U	30
Signposted to community led service (e.g. mutual aid group/hobby/interest/sport/social inclusion group/faith based)	21
Referred to foodbank	6
Adult Carer Support Plan required	18
Young Carer Statement required	Not identified
Referred to Carers of West Dunbartonshire	20
Provided information on self-management activities/resources to access (e.g. online)	16
ASP concern identified and ASP process initiated	5
Child Protection issue identified and Children and Families Social Work notified	Not identified
Child welfare issue identified and GIRFEC process initiated	Not identified
Other	16
Total	688

My Life Assessment



During 2021/22 there were 404 full MLAs completed. The MLA considers six life areas: physical health, mental health, home environment, social connectedness and participation, influence over one's life, and safety and security. The assessment is undertaken to arrive at a conclusion on levels of risk faced by the person which, in turn, informs the level of support required to mitigate this risk. The consequence is that each assessment produces a rating of risk for each of the six life areas. If the person is assessed as substantial or critical in any of the life areas, they become eligible for adult social care services from the HSCP. With that in mind, the approach to monitoring the distribution of risk involves reporting the highest level of risk for a person across each of the six life areas.

Of the 404 people assessed, 47% (191) were assessed as critical while a further 37% (151) were assessed as substantial. People assessed with these levels of risk are eligible for HSCP adult social care in line with the HSCP's Eligibility Criteria for Adult Community Care Policy meaning over four fifths of people assessed exceeded the eligibility threshold.

The eligibility criteria allows for discretion to be applied in terms of providing adult social care for those people assessed as experiencing moderate risk. The data shows that 40 of 42 people assessed as moderate were provided with a service from the HSCP i.e. where discretion could be applied, 95% of the time the person received an HSCP service.

18 people were assessed as low in terms of risk to their health, wellbeing and independent living so were not eligible for adult social care services. However, most were referred to Occupational Therapy and Sensory Impairment Teams or were already receiving an HSCP service prior to their MLA.

Of the 404 people assessed using the MLA, only 78 people (19%) were recorded as having been referred to third sector organisations for support and 67 of these individuals were assessed as experiencing substantial and critical risks as per the adult social care eligibility criteria. Almost all of these referrals were made alongside the HSCP providing support for more critical and substantial risks. While effective partnership and collaborative working remains a key priority for the HSCP, some third sector services can be provided as an alternative to HSCP services.

While they may vary on a case-by-case basis, third sector supports are provided, and in some cases specifically commissioned, to provide early intervention for people experiencing lower levels of risk. Therefore, the 60 people assessed as experiencing low or moderate risk as their highest risk, and some of the 95% who, when assessed as moderate, went on to receive HSCP support could potentially have been well placed to receive support from third sector partners (either as alternative to or as well as support from the HSCP).

Under the Equalities Act 2010 the HSCP is legally required to consider any impact policy changes it either proposes and/or implements may have across the nine protected characteristics contained within the Act: age, gender reassignment, sex, sexual orientation, race, religion or belief, marital and civil partnership status, disability, pregnancy and maternity. Through the Fairer Scotland Duty the HSCP has a responsibility to pay due regard to the impact any policy changes may have from the perspective of socio-economic status.

While having no negative or prejudicial impact is a good place to start, the HSCP has a responsibility to understand the issues faced across the diverse populations it serves and should consider how to develop and deliver services which meet the population's needs. As part of the Equalities Impact Assessment undertaken in relation to the Eligibility Criteria Policy, the HSCP agreed to collate data regarding protected characteristics as part of its monitoring of the implementation of the MLA.

In the first year of implementation 94% of all MLAs completed had all of the equalities fields populated. This might have included a "prefer not to say" option. There were no examples of an MLA where all of the equalities fields had been answered with "prefer not to say". The HSCP will look to build on this as it works to deliver on mainstreaming equalities work and taking a Human Rights-based approach to service delivery.

The HSCP is committed to the implementation of the MLA and MLA-S and will continue to monitor this on an ongoing basis. The Partnership has established a multi-agency Evaluation Advisory Group which will lead on the evaluation of the implementation. Plans are underway to consider both a process evaluation to assess whether the MLA is being implemented as intended and an outcome-focused evaluation to identify the extent to which implementation may be delivering the intended outcomes.

Learning Disability Services

The Covid-19 pandemic has continued to have an impact on people with a learning disability and their access to services during 2021/22. There are 397 people with a learning disability in West Dunbartonshire who are known to, or receiving, HSCP services and a further 24 people living outwith West Dunbartonshire whose support is funded by the HSCP.

Throughout the pandemic, the Learning Disability Respite/Short Break Service continued to provide essential supports and services to carers, families and those in need. While many frontline services have since fully resumed, there are still public health and Covid testing protocols in place for residential respite facilities. Learning Disability Services currently have 95 carers who have been assessed as requiring respite/short breaks.

The HSCP's eligibility criteria means we have an equitable and transparent system for determining funding for Short Breaks that is consistent and easily understood. In addition to traditional respite, the Respite/Short Break Service continues to promote and provide alternative resources to carers through direct payments and flexible respite options. This has extended to sourcing and facilitating emergency accommodation, preventing admissions to hospital and out of area care. Carers have commented that without the ongoing support from the respite service and regular respite and short breaks they would have struggled to maintain their caring role during the last year.

One of our chief aims over the next two years is to achieve the ambitions of the Scottish Government's Coming Home Report 2018 and the Coming Home Implementation Report published in February 2022. Part of the requirement of this Scottish Government funded work is to review areas of service and trial a test of change initiative to inform future practice and service delivery, and to increase individuals' connections to their community, family and friends. It is also to prioritise individuals with complex needs being cared for outwith West Dunbartonshire who could be cared for locally, and to reduce the time individuals stay in hospital away from their usual supports.

One of our key achievements, working with a range of partners across the wider health board area and with Housing and third sector colleagues, is the planned opening in 2022/23 of a newly developed 24-hour support service for a small number of individuals with very complex needs. The role of partnership working has been significant in delivery of this development, with considerable input from Procurement, Contracts, Housing and the Community Learning Disability frontline team.

One of the new tools we are beginning to use to assist us with this policy implementation is called the Dynamic Support Register. This enables us to monitor and discuss how best to intervene at an early point if individuals are admitted to hospital, or are at risk of losing their placements for a variety of reasons. This prevention and early intervention multi-agency approach will support the future sustainability of services for people at risk of placement breakdown and benchmark key criteria required to build resilience within the community-based landscape going forward.

During 2021/22 Learning Disability Services supported 'What Matters to You?' discussions. The intended outcome of these discussions is to create a culture for meaningful conversations between people who provide health and social care and the people, families and carers who use health and social care. This year we took time to listen. By understanding what is important to our staff and service users we can build more supportive, effective relationships, which will hopefully lead to improved quality and effectiveness of care for people and communities. The team will take forward the lessons of these discussions and plan to continue this model of engagement with our stakeholders in future years.

Learning Disability Services have also supported the Mental Welfare Commission for Scotland's visiting programme to adults subject to welfare and/or guardianship. The Commission has made several visits to West Dunbartonshire in 2021/22 raising any concerns with the team, and improving the safeguarding of some of our most vulnerable service users.

The Omicron variant saw increased levels of staff absence across most HSCP service areas late in 2021/22 and day services for people with a learning disability were no exception. This prompted the need to look at how we support individuals with complex needs and challenging behaviour who may not easily access community-based supports and what level of specialist staff training is required to provide this model of service delivery to ensure staff and service user safety and wellbeing is prioritised.

Learning Disability nursing staff have maintained additional responsibilities in relation to the Covid-19 vaccination programme including directly vaccinating those individuals supported by Learning Disability Services who were unable to attend public vaccination centres. The recruitment of two Health Support Workers has provided capacity for nursing clinical activity as well as an additional nursing post to facilitate an improved response for individuals with both a learning disability and a mental health diagnosis.

There is much to be positive about, in spite of ongoing challenges around capacity, commissioning and community-based support options. Communication is key and the HSCP is committed to working in partnership with all stakeholders to ensure real and meaningful engagement with people with a learning disability and their families to enable them to lead high quality lives within their family and/or their community where they experience personalised support consistent with a Human Rights-based approach.

The Keys to Life: Independence, Choice and Control,
Healthy Life and Active Citizen

Scotland's Learning Disability Strategy

Self-Directed Support

Self-Directed Support: A National Strategy for Scotland was published in October 2010. This 10-year strategy set the agenda for Self-Directed Support in Scotland. The subsequent Social Care (Self-Directed Support) (Scotland) Act 2013 was implemented on 1 April 2014. The strategy and legislation were designed to encourage significant changes to how services are provided. They require public bodies to give people more say in decisions about local services and more involvement in designing and delivering them.

Fundamental principles of Self-Directed Support (SDS) are built into the legislation: participation; dignity; involvement; informed choice; and collaboration. Further principles of innovation, responsibility and risk enablement were added. Social care should be provided in a way that gives people choice and control over their own lives and which respects and promotes human rights.

SDS involves offering choice and control to individuals and their carers who are eligible to access social care support services. It is not a separate entity or service, it is the way all adult social care should be provided for those assessed as eligible in line with the HSCP's Eligibility Criteria. If someone is assessed as eligible, this means they can choose from the 4 SDS options on how their needs should be met. Individuals who do not meet the eligibility criteria for adult social care support should be provided with assistance and/or advice on how best to meet their needs. This may include signposting to appropriate services in their local communities.

Self-Directed Support

Option 1: You choose to receive a direct payment to purchase support yourself. You will have access to advice and support from the HSCP

Option 2: The HSCP give you the option to choose your own support while it holds the money and arranges the chosen support on your behalf

Option 3: You choose to have the HSCP select the appropriate support and arrange it for you

Option 4: A mix of options 1, 2 and 3 for specific aspects of your support

In response to the Care Inspectorate's June 2019 'Thematic Review of Self-Directed Support in Scotland: West Dunbartonshire Local Partnership Report', an SDS Improvement Plan was developed by the HSCP. A significant part of this improvement work was the development and implementation of the My Life Assessment Tool and a dedicated training programme. Alongside this was the launch of a SDS iLearn module, My Life Assessment iLearn modules and 'Just Enough Support Training' designed to support staff to, amongst other things, use person-centred thinking tools to gather person-centred information about what, who and where matters to a person, and develop alternatives to just paid support for people. A review of the Area Resource Group process, where funding for packages of care are agreed was also undertaken.

In March 2022 the HSCP Board approved the HSCP's newly developed Self-Directed Support Policy. At the same time recruitment for a dedicated SDS Lead was underway with the remit of driving the changes required to deliver SDS support and maintain a consistent approach to its implementation. The previous Direct Payment and Independent Living Fund team has undergone a service review and all staff now have revised SDS Officer job profiles.

Case Study: Self-Directed Support

John (not his real name) is a 30 year old man who due to a brain operation as a child, suffered damage to his hypothalamus. John has a shunt in his brain, is registered partially sighted and is steroid dependent which can lead to adrenal crisis seizures and requires the use of cortisol injections. John has many other health conditions as a result of the brain injury and the various medications he must take.

John lives at home with his mum who is his main carer and supports him with the many aspects of daily living. He is currently working on his long cane training.

Following the completion of a My Life Assessment by John's Care Manager, 8 hours of social support were agreed as part of John's care package. Originally John was hoping to use the Richmond Fellowship or All Together Care to provide the support as he thought this would be more manageable. Unfortunately neither agency was able to provide the hours of support. John then decided he would like to consider employing his own support worker via Self-Directed Support (SDS) Option 1, Direct Payments.

John's Care Manager and the SDS Officer both provided information regarding managing a Direct Payment and employing staff in the form of a Personal Assistant (PA). Once John had identified a PA, he was supported by the SDS Officer to set everything up. John and the SDS Officer discussed using a managed account company to take away the administration of the Direct Payment and due to John's visual impairment, the SDS Officer worked with the managed account company on his behalf. The managed account company set up third party banking, payroll and insurance and complete the monitoring paperwork on John's behalf. The cost of the managed account service is built in to the Direct Payment funding.

The HSCP Finance Team ensure that John receives his four weekly Direct Payment money and also reconcile the monitoring paperwork to ensure the funding is being used for the agreed support and outcomes identified in John's My Life Assessment. The SDS officer continues to check in with John to ensure the administration of the Direct Payment and PA employment are both going well and to answer any Direct Payment queries John may have.

John is delighted he has chosen Option 1 and is now employing his own PA. Having his own worker has resulted in building up a strong and trusting relationship which is beneficial on a personal level but also on a health level due to the worker being aware of, and able to deal with, John's various health conditions, particularly the administration of the cortisol injection. This allows John and his mum to feel more relaxed and confident as they know that when John is out and about he is well cared for.

John and his PA have quite a flexible arrangement in terms of the times of the support. This allows John to go out and about on the days he chooses and when the activities he is interested in are on. John has been able to try out new activities with his PA and as the PA can drive, the number and variety of activities he can attend has increased. John has always been interested in fishing and this is one of the many activities he is now able to enjoy with the support of his PA.

The support John is receiving is also benefitting his mum as prior to this she was accompanying him out and about. His mum now has some time to herself and is happy knowing John is with someone they both trust. John is gaining independence and confidence by spending time with someone outwith the family whilst enjoying new experiences.

Justice Services

During 2021/22 Justice Social Work services experienced some notable increases in demand compared to the previous year due to the restart of the Scottish Courts after months of closure in response to the global pandemic. This impact is anticipated to continue over the coming years as the backlog of Court cases are heard.

Performance in relation to Social Work reports, Community Payback Orders and Unpaid Work Orders has seen some improvement during the year however the situation remains challenging. There has been a notable increase in orders being imposed during 2021/22. Justice Services have built on learning from the changes introduced during the pandemic, with home learning packs around the reduction of re-offending and substance misuse continuing to provide educational support to individuals subject to a Community Payback Order (CPO), while encouraging learning at home.

In response to the pandemic the Scottish Government temporarily extended the time for completion of unpaid work orders, however this is due to end in 2022/23 and there will be continued pressure in relation to the significant number of outstanding hours. Having secured a new workspace for unpaid work orders during 2020/21, work is ongoing to configure these premises to enable delivery of a wider range of supports and learning. The team continues to maintain face-to-face contact with service users alongside any digital and online support being provided.

During this year we have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations. Ongoing collaborative work with the Council's Greenspace project and colleagues from Alternatives' Knowetop project contribute to the local authority's green space initiatives. Third sector partners, Street Cones, continue to deliver creative workshops using online platforms designed around lived experiences. Our ongoing collaboration with The Wise Group provides additional support opportunities and the Libertie Project ensures service users are not disadvantaged in terms of digital poverty.

Staff continue to provide specialist Justice monitoring and supervision to those on community orders or licences, utilising their skills in risk assessment, and developing individualised intervention programmes to enable service users to address the cause and effect of their offending behaviours on themselves, families and communities.

In line with the national policy of early intervention, the service has seen an increase in those subject to Diversion, in sustained attempts to reduce the number of individuals going through the criminal justice system. During 2021/22, Diversion services were provided to 37 people who had not been convicted of an offence, supporting them not to become involved in the court and justice systems. Individuals were supported to address the underlying cause of their behaviours such as addiction support and mental health, alongside difficulties with emotional wellbeing, housing, income maximisation and employability.

A number of improvement actions completed during 2021/22 include:

- New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff training being completed in Trauma Informed Practice.
- Staff training in the first delivery of Throughcare Assessment for Release on Licence tool.
- Ongoing negotiations with the National Caledonian Team to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire.

Strong partnership working continues to be evident in the planning of support for individuals being released from prison. HSCP Justice and WDC Housing Services work closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy. Justice Services also have positive working relationships with Police Scotland colleagues in the management and support to those assessed as posing a high risk of re-offending.

Priority 3: Resilience



CEDAR: Children Experiencing Domestic Abuse Recovery

CEDAR is a unique Scottish domestic abuse recovery programme that has been operational in West Dunbartonshire for the past 10 years. CEDAR is an evidenced-based, therapeutic, community-based intervention for children and young people aged 4 -16 years who are experiencing social, emotional and behavioural difficulties as a consequence of trauma associated with their experiences of domestic abuse. Embedded in an evidenced-based 12 week therapeutic group work programme for children and young people recovering from domestic abuse (running concurrently with group work sessions for mothers and kinship carers/foster carers/adoptive parents/corporate parents) the resource provides children and young people with a greater understanding of the dynamics of domestic abuse. It also provides a greater understanding of why abuse occurs and supports them in developing skills to cope with a range of issues which directly relate to individual experiences of domestic abuse and psychosocial functioning, with key themes of promoting individual, family and community resilience.

Service development and provision over the past 5 years has included the development of the Early Years Domestic Abuse Recovery 0-4 years (EYDAR) and the Children in Care Domestic Abuse Recovery (CICDAR) models. CEDAR resource developments have evolved and been shaped by integrating the views of those with lived experience who have accessed CEDAR. The resource portfolio has been developed and created using a co-production, asset-based approach. CEDAR has measured impact since its inception to the local authority and has also been independently reviewed during this time. The independent evaluation and service user evaluation of services have evidenced that CEDAR has a significant impact both in the short and longer term for children and young people and their families in recovery from domestic abuse: improving overall outcomes for children and young people affected by domestic abuse in West Dunbartonshire.

During 2021/22 CEDAR activity was significantly compromised and the service was unable to deliver peer group programmes within the community as a result of Covid-19 regulations. However, due to well-established and excellent multi-agency partnerships with Education Services and Child Protection, a Covid-19 risk assessment was carried out that enabled CEDAR to be delivered to children, young people and their mothers in one-to-one settings within schools. This service adaptability has allowed for children and young people and their families to be supported on a one-to-one basis with a total of 40 referrals during the year.

CEDAR has further continued to upskill and build capacity amongst teams by delivering a robust Violence Against Women and Girls (VAWG) training calendar which has been aligned with Child Protection and Adult Support and Protection as part of a wider public protection response to safeguarding individuals from violence and abuse within the local authority.

The CEDAR Co-ordinator and Development and Training Officer roles were mainstreamed into the Social Work Children and Families Team in April 2020. This service development facilitated a transition of service from external funding to centralised funding which prevented a closure of the service and allowed for continued service delivery and development. This in turn ensured that families referred to the service in 2020, before the first Covid-19 lockdown, were provided with a service during 2020 and carried over in 2021 when face to face delivery of the CEDAR programme could resume.

CEDAR carried out a local authority-wide community consultation with the purpose of capturing women's experiences of domestic abuse during Covid-19 lockdown restrictions and their access points for specialist Domestic Abuse service support and information. The survey was open from November 25th 2021 to mark the start of the international 16 days of Action for the Elimination of Violence Against Women and Girls and closed on 1st February 2022.

West Dunbartonshire Health and Social Care Partnership

Covid recovery money from the BIG Lottery underspend allowed CEDAR to successfully procure digital devices, creating a digital library, to ensure families who required specialist VAWG services were not digitally excluded. Devices were shared with VAWG partners in the local authority as part of a wider Covid recovery plan.

CEDAR has also undertaken a mapping and scoping exercise of VAWG activity across the local authority to help inform the strategic priorities for the next 3 years. This document has celebrated the success of VAWG service provision across the local authority and offered recommendations to progress the National Equally Safe strategy priorities at a local level.

CEDAR provides VAWG training for multi-agency partners across the local authority. CEDAR has developed a robust portfolio of training and moved this to a virtual platform as a direct result of Covid-19 restrictions on service provision. Training has been hosted using the Google Classroom platform to ensure that all delivery partners have access to the training materials. Training has been hosted via Google Meet, Zoom and Microsoft Team's virtual platforms. The training calendar has been aligned with the Child Protection and Adult Support and Protection training calendar to establish an integrated Public Protection Training calendar operating a multi-disciplinary delivery model for the first time.

CEDAR co-ordinates and chairs the Equally Safe training sub-group and is a partner in the Child Protection Learning and Development sub-group. CEDAR has also been a key partner with the People and Technology service area to pilot Equally Safe in Practice e-learning modules and to support the Equally Safe at Work accreditation.

Training delivered by CEDAR over 30 sessions during 2021/22 includes:

- Understanding the dynamics of domestic abuse: an introduction
- Working with the practical and social impact of domestic abuse on children and young people
- Working with the Dash-Ric (Domestic Abuse, Stalking and Honour Based Violence) Risk Assessment Tool
- Multi-agency Routine Sensitive Enquiry
- Human Trafficking as VAWG: information and awareness raising session delivered in partnership with the Trafficking Awareness Raising Alliance
- CEDAR Co-facilitator Training: supporting domestic abuse trauma recovery in children and young people (CEDAR, CICAR models)
- Working with women and girls affected by Female Genital Mutilation
- Multi-Agency Risk Assessment Conference (MARAC): information and awareness
- Working with domestic abuse: multi-agency child protection training

Women's Safety and Support Service

The Women's Safety and Support Service is an Equally Safe Funded service which is integrated within Criminal Justice Social Work. It provides specialist responses and interventions to increase the safety and wellbeing of women and girls. The support with women and girls enables convicted perpetrators to be held responsible and accountable for violence against women and girls safely. The risks of further victimisation and harm are assessed utilising nationally agreed risk assessments. Women are supported to develop plans to increase safety and wellbeing and interventions are person-centred, addressing and reducing vulnerabilities. Long-term support offers women consistency and support throughout their recovery plan.

The service also supports women offenders who have additional vulnerabilities and complex needs resulting from multiple experiences of violence against women and girls throughout their lifespan. This support recognises their distinct experiences of violence which contribute to complex vulnerabilities. The service provides this as a core specialist activity as well as integrating wider understandings of a gendered analysis of women's offending within the criminal justice context.

The Women's Safety and Support Service has integrated service user involvement within service development and represents the experiences and priorities of women within national and local agendas.

Children and Young People's Mental Health

'A Fairer, Greener Scotland: the Programme for Government for 2021 to 2022' commits to significant investment to support a comprehensive package of measures to improve mental health services for children, young people and adults. Alongside this the national 'Community Mental Health and Wellbeing Supports and Services: A Framework' has been developed which sets out the kind of support that children and young people should be able to access for their mental health and emotional wellbeing within their community, based on prevention and early intervention.

The framework recognises the rights that children, young people and their families have to accessible, consistent, sustained local support. This is part of the commitment to 'Getting it right for every child' (GIRFEC) and reflects the principles of the UN (United Nations) Convention on the Rights of a Child. The services and support in the framework focus on those aged 5 to 24 years and up to 26 years for care experienced young people. Within West Dunbartonshire a multi-agency Children and Young People's Mental Health Planning Group was established in June 2020 with representation from HSCP Children's Health and Social Work, West Dunbartonshire Council Education and Educational Psychology, Working4U, third sector representation from Y Sort It and West Dunbartonshire Champions Board's young people.

As part of the planning and preparatory phase, Glasgow University was commissioned by the HSCP to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports. Phase 1 of the review sought to understand the prevalence of collaboration within West Dunbartonshire and explore how different sectors work together in supporting children and young people's mental health and emotional wellbeing.

Phase 2 of the commissioned review took place between August 2021 and January 2022 with a focus on engagement with children, young people and their families: seeking their views on local needs in relation to community mental health and wellbeing supports and services. The research explored their experiences of accessing mental health support, mental health information, and their understanding of the resources within the local area. To guide and evaluate the review, a steering group of young people participated in a series of exercises including focus groups.

In 2021/22 West Dunbartonshire received Scottish Government funding of £233,000 to support local implementation of the framework: the ongoing design and delivery of children and young people's community mental health supports and services. £100,000 of this was used to develop a West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (26 years for care experienced). This is a new service to support young people who are experiencing emotional distress not requiring clinical intervention, with the aim of offering an 'Ask once, get help fast' service.

SAMH (Scottish Association for Mental Health) was confirmed as the third sector partner for the first 12 months of the programme in October 2021. As the service provider they aim to contact the young person within 24 hours of referral and provide community-based problem-solving support, wellness and distress management planning, supported connections and signposting. An incremental approach will be taken to roll out the programme, meaning referral sites will become active in a phased way.

Referral pathways for phase 1 of the roll out have been identified as Education (Clydebank High School and St Peter the Apostle High School), Police Scotland and Primary Care.

Other initiatives supported by the additional funding included:

- The expansion of the Scottish Families Affected by Drugs/Alcohol Young Person's Routes Project. Working alongside West Dunbartonshire Alcohol and Drug Partnership and local organisations, the project has a co-production approach, supporting and working with 12-26-year-olds affected by someone else's alcohol or other drug use, to design and test out what works best to support the individual. The group meet weekly and there are many activities including football training, photography workshops and cooking classes.

- Parental support for families where a child has a new diagnosis of autism spectrum disorder delivering bespoke parenting programmes for parents and carers of children with complex needs and neurodiverse issues such as Autism. Training is delivered by a neurodiverse trainer.
- A Digital Route Map to provide young people and families with information about where to go to access help and raise awareness of the range of services and supports other than Child and Adolescent Mental Health Services (CAMHS) and awareness of service criteria for appropriate support to enable a prompt response to any mental health need raised by children, young people and their parents/carers.
- A number of physical activity programmes have been developed during 2021/22 to provide 'at risk' children and young people with access to local, free physical activity opportunities to support their mental health and wellbeing and are due to begin early in 2022/23.

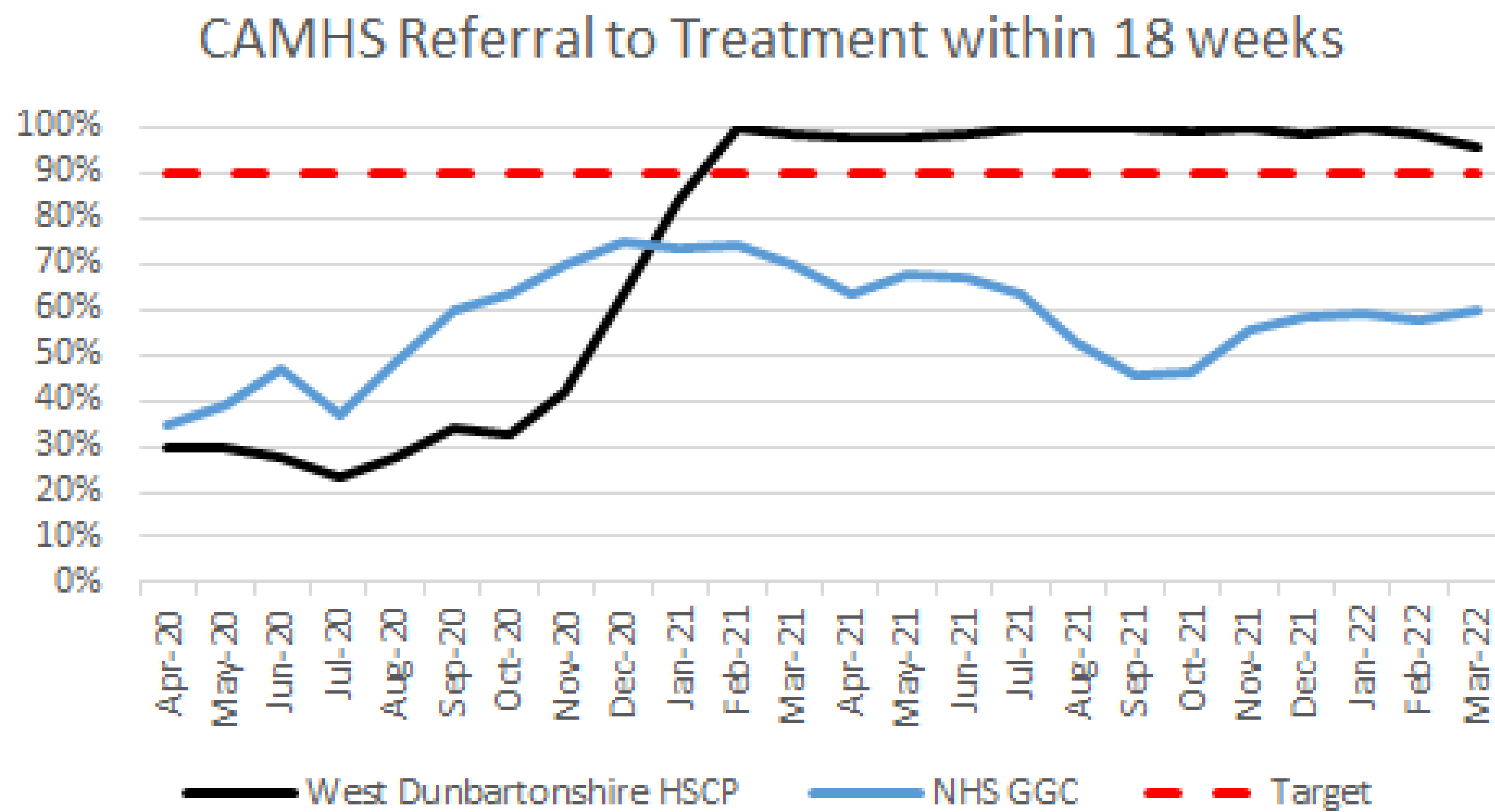


A comprehensive survey of secondary age children was carried out in West Dunbartonshire in October 2021 as part of a Planet Youth pilot. Planet Youth in Scotland is a partnership initiative, led by Winning Scotland, to learn more about what is needed to keep young people safe, healthy and happy. Planet Youth originated in Iceland in the 1990s, and has since been used all over the world to improve the lives of children and young people.

West Dunbartonshire is one of five Scottish pilot sites and the survey findings will be used to design interventions during 2022/23 to address the risk and protective factors identified through the survey and through action planning with local stakeholders including young people. In addition to supporting implementation of the West Dunbartonshire Substance Use Prevention Strategy the pilot interventions will also make a clear contribution to cross-cutting work to protect the mental health of children and young people.

In May 2021 and September 2021 the Scottish Government announced significant additional funding for Child and Adolescent Mental Health Services (CAMHS) through its Mental Health Recovery and Renewal Fund. To make most effective use of this funding NHS Greater Glasgow and Clyde and the 6 HSCPs within the Health Board area agreed to a centralised whole GGC approach to increasing the workforce in the initial stages. GGC-wide priorities agreed for Phase 1 of the funding were:

- Focusing on meeting the waiting times standards of 90% of children and young people starting treatment within 18 weeks of referral and to address any gaps in the CAMHS service specification.
- Expansion of transition timescales for CAMHS from age 18 up to the age of 25yrs old for targeted groups and those who wish it, focussing on joint planning and transitions with adult services initially for Eating Disorders, Trauma, Looked After Children, Learning Disabilities and Neurodevelopmental patient cohorts.
- Clearance of CAMHS waiting list backlog through supporting extension of the existing fixed term waiting list staffing in HSCP teams with substantive enhancement based on demand and capacity modelling and development of workforce plan.



While the GGC-wide picture fluctuates and sits well below the target, performance against the referral to treatment target has seen significant and sustained improvement within West Dunbartonshire from Summer 2020 onwards. Since February 2021 performance has far exceeded the 90% target, sitting at, or very close to, 100% in most months. Referral numbers did drop at the start of the pandemic, however during 2021/22 they have risen to almost pre-pandemic levels and show an increasing trend.

	CAMHS Referrals
2018/19	474
2019/20	482
2020/21	396
2021/22	446

Child and Adolescent Mental Health Services Feedback 2022

"I was listened to and was given the best help." Young person

"Having someone who understood my child's situation and were able to assist her in a professional way. She also needed someone outwith family to listen to her & someone to talk to regarding her problems and concerns." Carer

"The person I eventually worked with 1 to 1 was friendly and understanding." Young person

Adversity, Trauma and Resilience

The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across an individual's life course where it has already occurred. A key component is to develop a trauma-informed West Dunbartonshire through supporting workforce development across the statutory and third sectors, in line with the National Trauma Training Programme developed by NHS Education Scotland.

The National Trauma Training Programme's overarching vision is to develop a trauma-informed and responsive nation and workforce, that:

- is informed by people with lived experience
- recognises the importance of wellbeing in the workforce
- recognises where people are affected by trauma and adversity
- responds in ways that prevent further harm
- supports recovery
- and can address inequalities and improve life chances

West Dunbartonshire's local Resilience Hub meetings, Resilience Film viewings and Trauma Training plans support the development of a trauma-informed workforce. The Resilience Hub is a community of practice with over 400 people. We held two online meetings in 2021/22. The theme for the first was 'Healing Trauma and Connecting People through Community Arts' and had 32 participants. Evaluation showed staff knowledge improved from 5.6 to 8.6 out of 10 after participating. The second Hub meeting focused on 'The First 1001 Days'. Fifty-one participants attended and the evaluation showed that staff knowledge had improved from 7.2 to 8.8 out of 10.

'The First 1001 Days'

Evidence from many branches of science shows us that development during the first 1001 days, from pregnancy until a child is two, lays the foundations for later learning, wellbeing, mental and physical health.

We now know that when experienced in this period, trauma can have a particularly significant impact on children's development.

The brain is particularly plastic and susceptible to influences during this time, so experiences can have greater impact on development with potentially widespread and long-term consequences.

The Resilience film is a documentary about Adverse Childhood Experiences (ACEs) and is a key resource to increase ACEs awareness among the workforce. Two online viewings were held in 2021/22, bringing the total number who have seen the film to approximately 1,200. The evaluation showed that staff knowledge of ACEs improved from 7.1 to 9.0 and 6.1 to 7.8, out of 10.

"It is a reminder that positive outcomes can be achieved despite significant ACEs." Resilience film viewer

Planning is underway to implement the national Trauma Training Programme locally. This is being coordinated by the local Trauma Champion alongside Scottish Trauma-Informed Leaders in Justice, Education and Human Resources.

Priority 4: Assets

Staff Health and Wellbeing



Creating a positive workplace and focusing on the health and wellbeing of our staff is a priority for the HSCP. We recognise that along with embracing new styles of working and tackling the challenges of digital technology, the pandemic has had an impact on both personal and professional lives as staff endeavour to cope with a wide range of issues and feelings, such as anxiety and isolation.

A large proportion of HSCP staff have been delivering frontline services to vulnerable people throughout the entire pandemic while those working remotely have seen the lines blur between family life and work life and the stresses this can entail. People's physical and mental health have been impacted by lengthy restrictions and the disruption to, and availability of, health care services.

Throughout the pandemic both employing organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, have developed a range of resources to enhance the supports in place for our workforce.

In 2020, the NHS Greater Glasgow and Clyde Mental Health and Wellbeing Group established the need for a single Peer Support Framework for all staff working in health and social care across the Health Board and the six HSCPs in Greater Glasgow and Clyde. This forms part of the wider strategy to prevent work-related emotional distress from developing into more significant mental health problems. The proposed model, competency framework, training programme and organisational support has been developed during 2021/22 and will result in all staff having access to peer support.

Peer supporters will provide an informed and confidential resource for staff to share their response to stressful events and respond in a non-intrusive, compassionate, non-judgmental and confidential manner in a supportive environment.

West Dunbartonshire Council ran a series of wellbeing webinars during 2021/22 which were available to all HSCP staff. These covered a number of topics including Supporting a Remote Workforce, Mindfulness, Yoga and The Importance of Sleep. Wellbeing Roundups are shared on a monthly basis and contain details of supports available and upcoming initiatives available to all staff. Alongside a number of online resources, NHS Greater Glasgow and Clyde have continued to hold Mental Health Check Ins in August 2021 and February 2022.

Future wellbeing initiatives will focus on supporting staff through the recovery phase and for some services the remobilisation phase, ensuring psychological support services in particular are promoted to all staff.

The National Wellbeing Hub and National Wellbeing Helpline are national initiatives which have been heavily promoted to HSCP staff. The helpline offers callers a compassionate and empathetic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required.

Coaching for Wellbeing has also been highlighted to staff. This is a service designed to support staff with any of the issues they may be facing during these challenging times. Staff are offered 2 hours of individual online coaching which includes support in building resilience and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling.

Trades Union colleagues have been helpful in promoting these services to their members and suggesting ideas and initiatives to consider.

West Dunbartonshire Health and Social Care Partnership

The longer-term impact of Covid and Long Covid upon staff wellbeing over the next few years is recognised but relatively unknown. At the height of the pandemic NHS Greater Glasgow and Clyde established a Covid Team within the HR Support and Advice Unit to ensure managers and employees were supported in dealing with Covid-related issues and absences. Work has been undertaken in conjunction with Occupational Health Services in both NHS GGC and West Dunbartonshire Council to ensure that on an ongoing basis there is an appropriate and detailed management referral process and a specialist team of occupational therapists, physiotherapy, psychology and occupational health nursing available.

Whilst we do not have the information available to us to directly measure the effectiveness of these support mechanisms, comparison of two staff surveys, the Pulse Survey from 2020 and the iMatter Survey from 2021, demonstrates that staff feel they are cared about, are treated with dignity and respect and are appreciated.

2020 Pulse Survey compared to 2021 iMatter Survey (Weighted Index Value)		
iMatter Question	2020 Pulse Survey	2021 iMatter Survey
I feel my Line Manager cares about my health and wellbeing	73	84
I feel my organisation cares about my health and wellbeing	53	71
I am treated with dignity and respect as an individual at work	71	83
My work gives me a sense of achievement	68	80
I get the help and support I need from other teams and services within the organisation to do my job	55	69
I feel appreciated for the work I do	52	71
I would recommend my organisation as a good place to work	61	74

West Dunbartonshire HSCP are committed to ensuring the dimensions identified in the Fair Work Framework are embedded within our culture and behaviours which will assume greater significance for our organisation as we evolve through the pandemic and are a key focus in our engagement with our workforce and Trades Union colleagues.

- **Effective Voice:** We foster an environment of open and ongoing dialogue with our workforce and Trades Union colleagues and seek out and listen to their views and ideas. In addition to this our HSCP workforce is invited on an annual basis to take part anonymously in the iMatter survey. In 2021, 62% of the HSCP workforce participated in this and the survey has already been rolled out again in 2022.
- **Opportunity:** Equal Opportunity is at the heart of both our NHS and West Dunbartonshire Council policies. We support access to opportunity for all through our recruitment and selection processes, modern apprenticeships and internships. We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities.
- **Security:** There are collective arrangements in place for pay and terms and conditions of employment. Occupational Sick Pay and Pension arrangements are in place for our workforce and we have an established range of flexible working and family friendly policies in place to support staff who have caring and family commitments.
- **Fulfilment:** Learning and development opportunities are available throughout the organisation and we try to effectively utilise individual skill sets in the most effective way. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.
- **Respect:** Mutual respect is an important aspect of our relationships with our workforce and Trades Union colleagues. This is supported through established policies and procedures. We strive to ensure that our workforce feel valued in ways other than through pay or position. Engagement with employees at all levels in the organisation and with our Trades Union colleagues is a priority.

HSCP Care Homes



Queens Quay Care Home which opened in November 2020 underwent its first inspection by the Care Inspectorate in December 2021. The care home, which was nominated for a Scottish Design Award in 2021, received an extremely positive inspection report at a very challenging time for care homes and particularly for a new care home where residents moved from the three existing homes in Clydebank.

Queens Quay Care Home

- How well do we support people's wellbeing? 5 - Very Good
- How good is our leadership? 4 - Good
- How good is our staff team? 5 - Very Good
- How good is our setting? 6 - Excellent
- How well is our care and support planned? 5 - Very Good
- How good is our care and support during the COVID-19 pandemic? 5 - Very Good

As we move through the phases of the pandemic, HSCP staff in our care homes are enjoying the opportunity to organise events with residents' families and friends, with Platinum Jubilee events planned in both homes. Intergenerational activities with local nurseries and schools are also resuming and we continue to encourage apprenticeships to nurture the concept that a career in a care home is a rewarding one, with career opportunities for progression.

Our two Care Homes have identified senior staff to complete the relevant training to allow them to be able to offer placement opportunities for preregistration Student Nurses. This is an exciting development as it will allow future nurses invaluable experiences within residential care settings, recognising the person-centred care that these homes deliver.

The multidisciplinary Quality Assurance visits to care homes continue to be completed every six months, facilitated by a Nurse Team Leader and a Senior Social Worker. This collaborative approach allows resultant reports, which are submitted to the Board Nurse Director of the Health Board, to be robust and comprehensive. The impact of these visits continues to build on our partnership working with the independent sector, linking with the new Care Home Collaborative, towards continuous improvement of care for those in our care homes.

The District Nursing Team continue to work with care homes to deliver the Covid and Flu vaccination programme within the homes and are preparing for the Winter Vaccination Programme 2022 which will involve the vaccination of approximately 500 residents with both Flu and Covid vaccines across West Dunbartonshire care homes. District Nursing staff are also resuming pre-pandemic 'bite size' training sessions with staff, delivering sessions on palliative and end of life care, anticipatory care planning and any other topics identified by staff. This supports an integrated approach to care delivery and enhances relationships.

The Care Home Liaison Nurse role is to work with nursing staff in independent care homes, supporting them in complex nursing care situations e.g. tissue viability and end of life symptom management. This role continues to offer opportunities for partnership working with our independent care providers, promoting shared learning and ensuring best practice in nursing care.

West Dunbartonshire's Champions Board

West Dunbartonshire's Champions Board was established in November 2017 with funding from the national charity, Life Changes Trust. West Dunbartonshire Council has a statutory duty of care, as Corporate Parents, for our care experienced young people. The involvement and support from the Champions Board allows for the delivery of these duties to be encouraged and promoted.

The global pandemic has had a dramatic effect and negative impact on the Champions Board's ability to establish, maintain and develop long-lasting, trusting relationships between our care experienced young people and some of their many Corporate Parents.

That said, during the pandemic the Champions Board have held numerous online activities and events, including online cooking classes, online games, delivery of Christmas dinners, one to one messaging and wellbeing support services, and posting links to support services on our social media platforms.

In 2021/22 several care experienced young people were part of a national campaign for the recruitment of new Children's Hearings Scotland panel members, with our young people being part of the interview team. These were held online due to the pandemic.

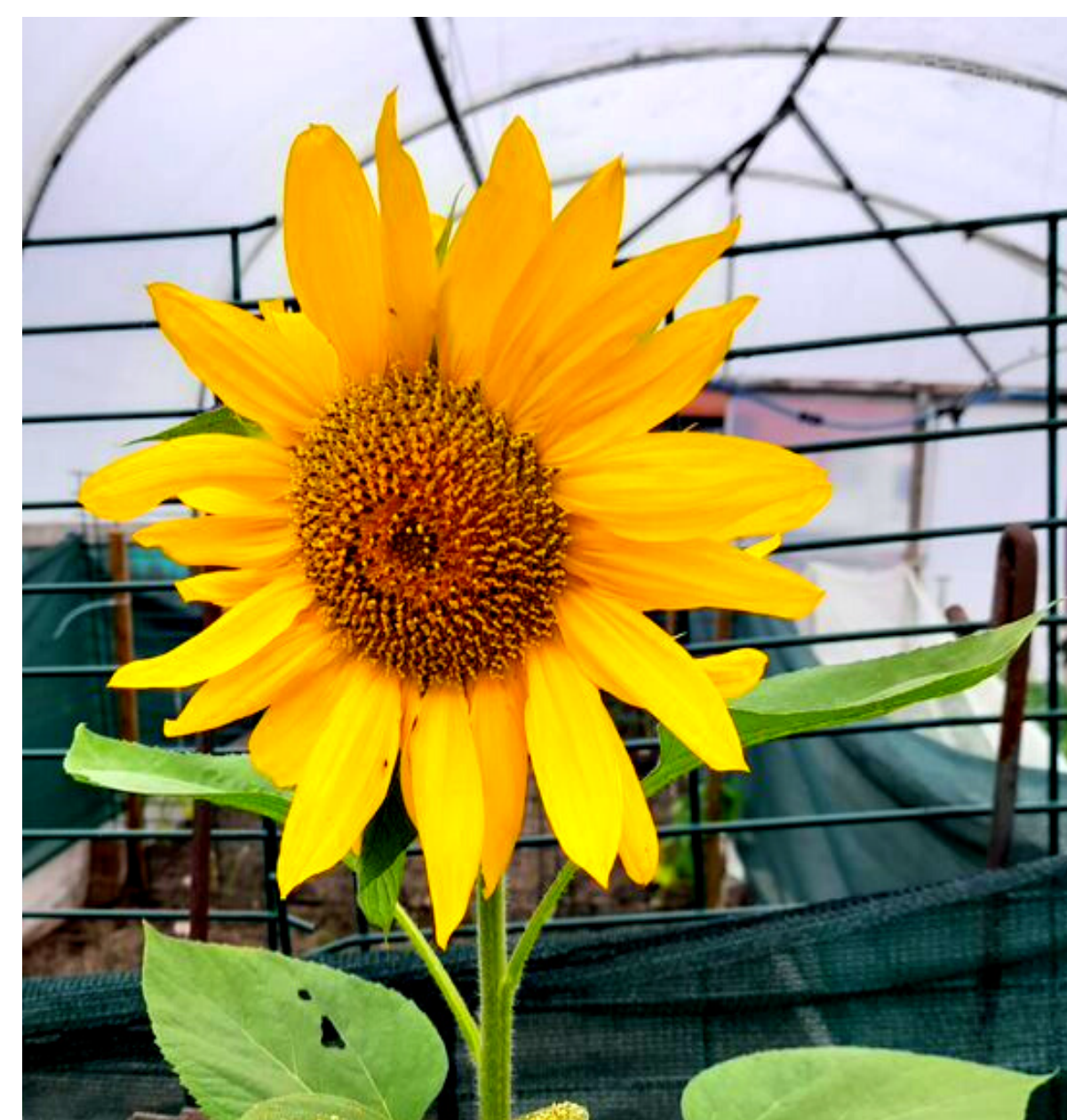
Champions Board staff have also been part of a national project in relation to care experienced people accessing their care records. The final draft of this document called 'Gold Standard – Right to Accessing Care Records' is due to be released in Autumn 2022, and included collaborative working alongside Aberdeen City Council, Who Cares? Scotland, Future Pathways, City of Edinburgh Council, CELCIS (Centre for Excellence for Children's Care and Protection) and Social Work Scotland.

Champions Board staff and young people are currently involved in several working groups and processes, including Children and Young People - Mental Health and Wellbeing, Community Funding Phase 6 – Children and Young People and will be involved in the new recruitment campaign for Children's Hearings Scotland Panel members from September 2022.

Going forward, the Champions Board realise the importance of returning to face-to-face working and engaging young people and Corporate Parents in further activities and events to re-establish existing relationships and make new ones. This will build on awareness of looked after young people and of how Corporate Parents can contribute to young people's improved outcomes. Working alongside our new Promise Team Lead, we are determined to ensure that the fundamentals within The Promise are met and that there are relevant changes made to current policies, procedures and processes which ensure a positive future for our care experienced young people.

Priority 5: Inequalities

Work Connect



Work Connect Specialist Supported Employment Service delivers a suite of meaningful activity to encourage recovery and positive lifestyles. It works to improve transitions into education, learning and work for people with a learning disability, autism, brain injury, poor mental health or in recovery from addiction. The service delivers a person-centred service within the Employability Pathway which includes: vocational profiling; benefits advice; help to prepare a CV; employability skills (sector specific and general); work experience placements; access to training, volunteering, college and employment opportunities and in work support; REHIS (Royal Environmental Health Institute of Scotland) food hygiene accreditation; practical skills and peer-led activity; structured engagement and meaningful activities for over 65s; co-ordination of people and services; promotion of non-discrimination and equality in the workplace; and training to staff/co-workers on disability issues.

With a base in Levensgrove Park, Levensgrove Horticulture Service is a partnership with West Dunbartonshire Council's Greenspace Services to establish training in horticulture and provision of community allotments. Levensgrove provides accessible acreage with green houses, polytunnels, raised beds, ground-works and a training room. There is an emphasis on experiential learning with a monitoring/coaching approach.

Work Connect Social Enterprise Cafes service provides volunteering, training and unpaid work experience opportunities for service users and is particularly beneficial in developing softer skills such as teamwork and communication, providing a route into education, training or employment.

Levensgrove Create is a service user-led group which assists in the development and delivery of non-horticultural activity within Levensgrove Training suite. It offers a range of vocational programmes, which is flexible and adapts to service users' needs. This programme reflects the evidenced employability pathway and offers clients opportunities to gain transferrable and recognised employability skills. Current activities include a creative space where people can explore and develop their creative side in a variety of artistic mediums including drawing, crafts, painting, and model making.

During 2021/22 Levensgrove Park have increased capacity for Work Connect, with a maximum of 45 clients able to be supported each week and 116 people were supported in total throughout the year. A very popular first Catering 4 Success eight week course was delivered with further courses planned for 2022/23.

The year also saw Work Connect service users featured in the Scottish Mental Health Arts Festival in May 2021. A portfolio of creative work and a documentary entitled 'Picture Normality' which was filmed around Levensgrove Park was created in collaboration with local artists. The film features a number of Work Connect service users exploring the notion of what is normality in the wake of a life-changing pandemic. It is the first time in 15 years that West Dunbartonshire has been represented in the national festival programme.

At the time of writing this report the Horticultural Service's greenhouse and polytunnels have produced a bountiful summer harvest of vegetables which service users will use in their catering enterprises and a bumper crop of sunflowers for park visitors to enjoy.

Tackling Inequalities

In February 2022 National Records of Scotland published their Healthy Life Expectancy in Scotland 2018-2020. Worryingly this report showed that, in comparison with the 2021 report, the healthy life expectancy from birth for males in West Dunbartonshire had decreased from 59.1 to 58.1 years and for women from 60.6 to 58.5 years. Healthy life expectancy is the number of years it is estimated an individual can expect to live in good health.

In addition, the emerging information on the unequal impacts of the pandemic on people with protected characteristics have reinforced the commitment and focus on improving implementation of the equalities agenda as an integral part of HSCP Recovery plans. Health and Social Care services remain under pressure due to the pandemic and demographic change, however it is critically important to focus on fairness and equity of services as they are redesigned with the people of West Dunbartonshire.

The Equality Act 2010 (the Act) harmonises and replaces previous equalities legislation and includes a public sector equality duty which replaces separate duties in relation to race, disability, and gender equality. The HSCP remains committed to integrating our obligations in respect of the equalities duties into our approach to strategic planning, performance management and into the day-to-day operational activities of the organisation.

Section 149 of the Equality Act 2010 (the public sector equality duty) referred to as the General Equality Duty ensures public authorities and those carrying out a public function consider how they can positively contribute to a more equal society through advancing equality and good relations in their day-to-day business, to:

- take effective action on equality
- make the right decisions first time around
- develop better policies and practices, based on evidence
- be more transparent, accessible, and accountable
- deliver improved outcomes for all.

To achieve this the HSCP is committed to giving due regard to the three key needs of the general equality duty across all protected characteristics as defined in the Equality Act 2010 by:

- Eliminating discrimination, harassment, and victimisation
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Fostering good relations between people who share a protected characteristic and those who do not



West Dunbartonshire Health and Social Care Partnership

In April 2018 Scottish Government enacted the Fairer Scotland Duty which placed a legal responsibility on the HSCP to actively consider how to reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions. The Scottish Index of Multiple Deprivation measures deprivation across current income, employment, health and education, skills and training, housing, geographic access, and crime and confirms West Dunbartonshire has the joint third highest proportion of data zones 48 (40%) in the 20% most deprived. This means a large proportion of people living in West Dunbartonshire are more likely to experience conditions which can limit their life opportunities.

The HSCP approved a two year Covid-19 Recovery and Renewal Plan - Keep Building Better, A Journey of Continuous Improvement in September 2020. This framework included two strategic principles which reinforce the HSCP's commitment to equalities.

- Adoption of People-Centred Service Design Principles
- Reduce Inequalities

Key actions connected with this included:

- Development of a new HSCP policy development tool which includes equalities as early as possible in the policy development process.
- Adoption of the online West Dunbartonshire Equality Impact Assessment tool to make it easier to complete equality assessments at an earlier stage and more easily involve community and third sector representatives.
- Completion of an enhanced strategic needs assessment for adult and older people with an expanded population view section covering demographics, socio-economic issues, equalities and housing to ensure a strong data-informed approach to address equality considerations and ensure equality mainstreaming in the development of the forthcoming Strategic Plan.

The HSCP continues to ensure the particular needs, characteristics and circumstances of different service users are considered and in 2020/21 embarked on an equalities improvement work programme. This included:

- the creation of a refreshed Equalities Working Group with new Terms of Reference
- established regular pattern of meetings to drive forward the work of the Equalities Working Group
- review of best practice to embed a consistent approach to mainstreaming equalities issues across the HSCP
- creation of an Equalities Improvement Action Plan with key priorities of: leadership; training; data and access; communications; best practice; and awareness raising.

In November 2021, an update to the HSCP Board highlighted that progress has been made in relation to:

- Awareness raising and training by promoting the existing NHSGGC and WDC suite of Equalities Training.
- Development of training statistics across the HSCP workforce.
- Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations
- Reviewing Equalities information on the HSCP website.
- Building the Leadership responsibility and capacity for equalities across the HSCP through an extended management team session.

West Dunbartonshire Strategic Needs Assessment for Adults and Older People is due to be published in June 2022 and makes stark reading in terms of equalities and health inequalities.

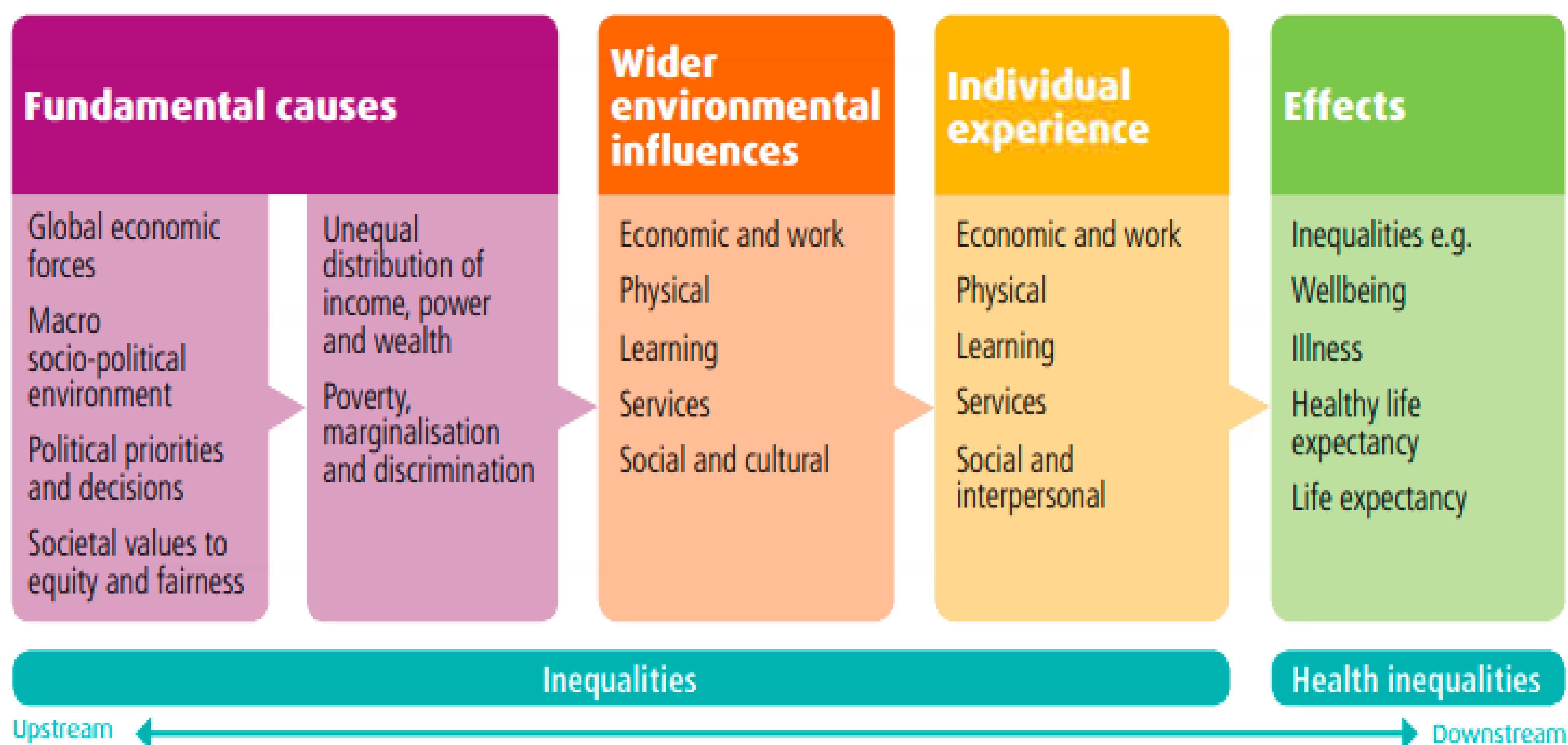
- Life expectancy is lower than the Scottish average.
- 29% of adults have limiting long term physical or mental health conditions in 2019.
- 23.2% of the population were prescribed drugs for anxiety, depression or psychosis in 2020/21.
- 41% are anticipated to be in fuel poverty by April 2022.
- Domestic abuse rates are the 2nd highest in Scotland.
- 42% of household heads will be 60+ by 2028 - highlighting our aging population.
- 51% of all dwellings are flats.

West Dunbartonshire Health and Social Care Partnership

In addition to these West Dunbartonshire had the 2nd highest premature death rate, the 8th highest emergency admission to hospital rate and the 4th highest hospital unplanned bed day usage in Scotland in 2021, highlighting the complex health needs of our population. Rates of cancer, coronary heart disease, stroke, hypertension and substance use disorders are all higher in West Dunbartonshire than in NHS Greater Glasgow and Clyde and Scotland.

The NHS Health Inequalities Policy Review in 2013 states that 'inequalities are caused by a fundamental inequity in the distribution of power, money and resources. This has an impact on the opportunities for good-quality work, education and housing, etc. In turn, these determinants shape individual experiences and health throughout life.' This is illustrated in the figure below.

Health inequalities: theory of causation (summary version)

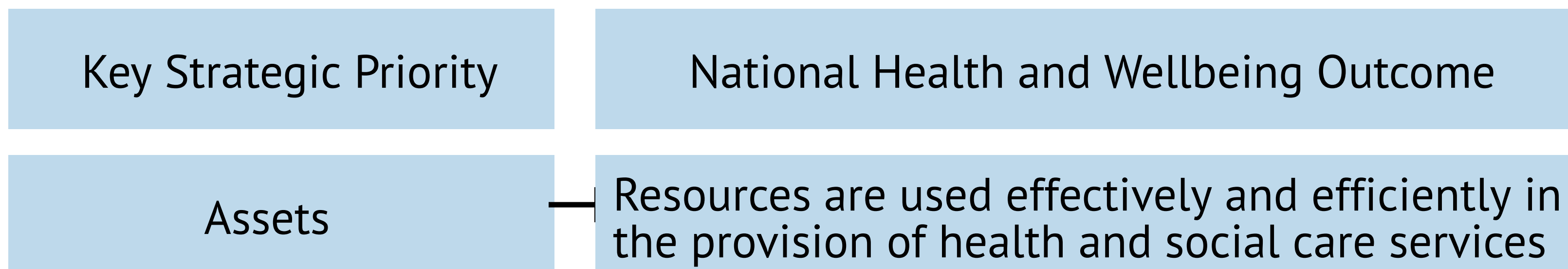


With the economic impact of the Covid-19 pandemic on individuals, communities and future funding and a cost of living crisis looming, the figure above becomes more concerning. Times ahead will be very challenging and the HSCP will strive to protect our people from the worst impacts of inequality where possible.

Our Strategic Needs Assessment will inform our next Strategic Plan and tackling inequality and health inequality will remain at the heart of our planning and service development, working to improve lives with the people of West Dunbartonshire.

Best Value and Financial Performance

The nine National Health and Wellbeing Outcomes are set out earlier within this report. This chapter aims to demonstrate the effective and efficient use of our financial resources as required by National Health and Wellbeing Outcome 9 as it aligns to one of our five key strategic priorities, as illustrated below.



The HSCP Board has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between the quality and cost of health and social care services. The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership's financial affairs (s95 of the Local Government (Scotland) Act 1973). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

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

During 2021/22 the HSCP continued to face significant challenges in the face of the ongoing pandemic, these were magnified over the winter period with staff continuing to provide high standards of front line health and social care. The Scottish Government provided both COVID-19 and Winter Pressures funding for 2021/22, and has committed to some recurring and non-recurring funding to support the impact in 2022/23 and beyond.

The Annual Report and Accounts for the period 1 April 2021 to 31 March 2022 provides a detailed financial overview of the year and the levels of funding from all our partners. Some of the key tables and messages are extracted below including the final outturn position and the movement in reserves.

The HSCP Board approved the 2021/22 revenue budget on 25 March 2021 of £170.097m to deliver on all delegated health and social care services. This opening budget position is subject to many changes through the course of the financial year as further funding streams are received, in the main from the Scottish Government to support a range of policy commitments. As well as the core budget there is a further allocation of a "Set Aside Budget" which is made available by the Health Board to the HSCP Board, in respect of "those functions delegated by the Health Board, which are carried out within a hospital setting". The proposed set aside budget at the 1 April 2021 was £30.851m, however this too is subject to change in line with actual activity and demand for these services by our West Dunbartonshire population.

While there were budget gaps identified, the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, a number of operational adjustments and the application of reserves. All financial performance reports presented throughout the year to the HSCP Board are available on the HSCP website: <http://www.wdhscp.org.uk/>

Budget Performance 2021/22

The final 2021/22 budget available for delivering directly managed services was £190.985m (excluding Set Aside), which included £9.024m to address the Covid-19 pandemic. The total net cost of providing these services was £178.232m, resulting in a reported surplus of £12.753m (subject to audit). This is detailed in the table below along with comparative data for the last four financial years of the West Dunbartonshire HSCP Board on 1st July 2015.

Budget Performance 2021/22 (plus previous years 2017/18 to 2020/21)

2017/18 Net Expenditure £000	2018/19 Net Expenditure £000	2019/20 Net Expenditure £000	2020/21 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2021/22 Annual Budget £000	2021/22 Net Expenditure £000	2021/22 Underspend/ (Overspend) £000
44,110	45,008	45,526	45,717	Older People, Health and Community Care	49,856	48,336	1,520
2,782	3,007	2,884	3,214	Physical Disability	3,528	3,106	422
20,901	22,511	24,899	25,500	Children and Families	26,449	26,033	416
9,034	8,949	9,431	10,244	Mental Health Services	11,471	10,575	896
2,921	2,568	2,885	2,933	Addictions	3,625	3,363	262
15,740	16,655	17,158	16,868	Learning Disabilities	18,085	17,933	152
1,597	1,351	1,301	1,392	Strategy, Planning and Health Improvement	2,022	1,501	521
23,962	25,738	27,427	29,955	Family Health Services (FHS)	29,532	29,532	0
19,887	19,383	19,432	19,003	GP Prescribing	19,969	19,690	279
5,777	6,254	6,370	6,247	Hosted Services - MSK Physio	6,899	6,528	371
741	755	824	719	Hosted Services - Retinal Screening	836	720	116
0	0	0	(6)	Criminal Justice - Grant funding	136	0	136
993	1,892	3,604	4,468	HSCP Corporate and Other Services	9,195	5,776	3,419
			5,840	Covid-19	9,024	4,781	4,243
283	270	281	329	IJB Operational Costs	358	358	0
148,728	154,341	162,022	172,423	Cost of Services Directly Managed by West Dunbartonshire HSCP	190,985	178,232	12,753
17,066	29,522	31,223	36,149	Set aside for delegated services provided in large hospitals	36,346	36,346	0
927	577	661	505	Assisted garden maintenance and Aids and Adaptions	527	527	0
11,997	11,289	11,021	11,467	Services hosted by other IJBs within Greater Glasgow and Clyde	11,042	11,042	0
(6,337)	(6,128)	(6,655)	(6,390)	Services hosted by West Dunbartonshire IJB for other IJBs	(6,672)	(6,672)	0
172,381	189,601	198,272	214,154	Total Cost of Services to West Dunbartonshire HSCP	232,228	219,475	12,753

The total cost of delivering all health and social care services amounted to £219.475m against funding contributions £232.228m, including notional spend and funding agreed for Set Aside of £36.346m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptions of £0.527m and net spend and funding of Services hosted by other IJB's with Greater Glasgow and Clyde of £4.370. This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £12.753m.

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

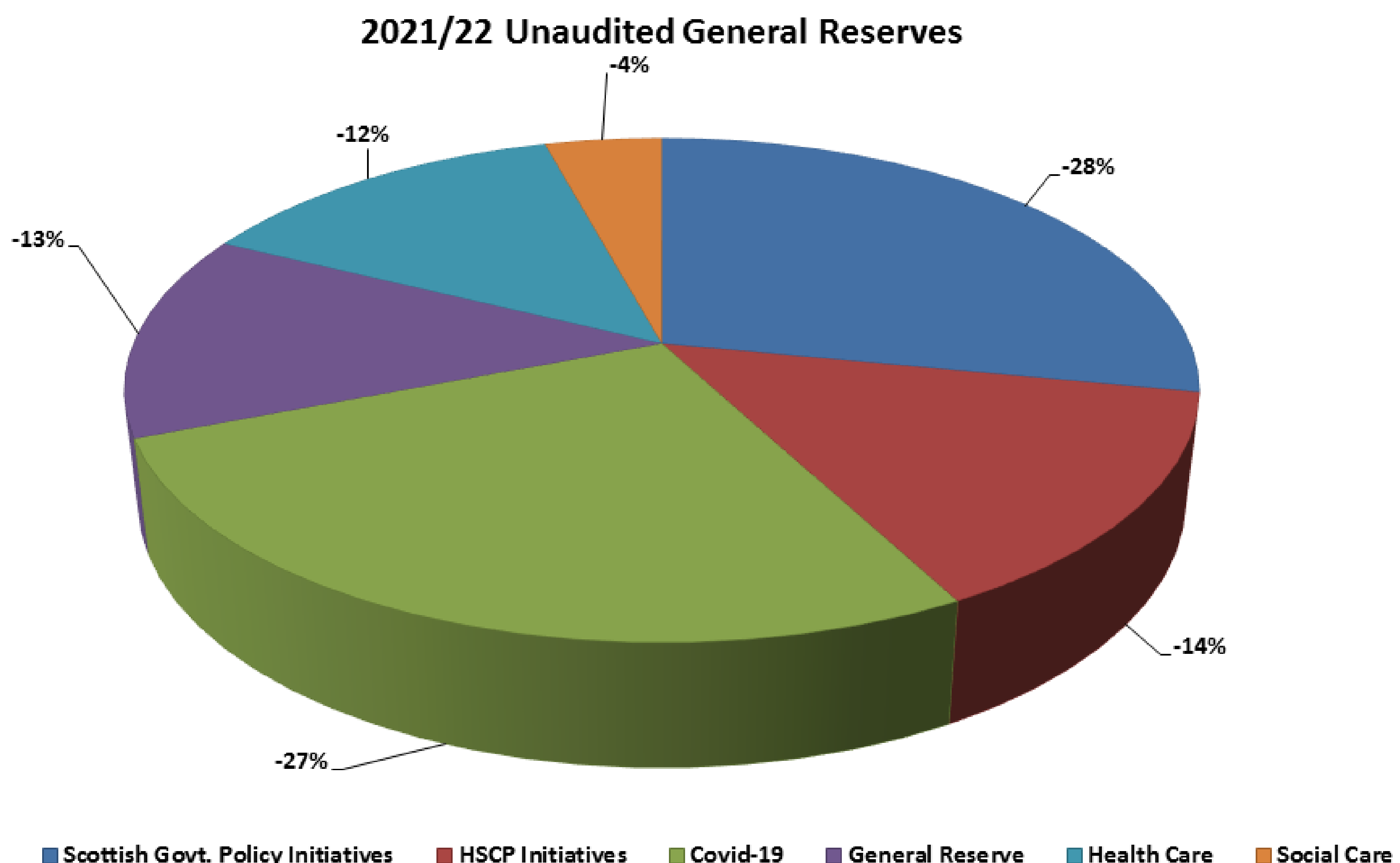
- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership, Covid Recovery and Service Redesign and Transformation. Further explanation is provided under “Key Messages”; or
- Unearmarked Reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated.

The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. Therefore the current policy strives to hold 2% of total budget in unearmarked reserves, for 2021/22 this was approximately £3.9 million.

West Dunbartonshire Health and Social Care Partnership

The diagram below provides a high level representation on the type of reserves held to be utilised in the delivery of our strategic priorities and national policy commitments.

High Level Analysis of 2021/22 Earmarked and Unearmarked Reserves



The following sections below provide details on the main areas of under and overspends reported in 2021/22:

- The Set Aside outturn position is shown as a nil variance as remains a notional budget to the HSCP Board. While the actual activity or consumption of set aside resources for the West Dunbartonshire population is detailed above, there is no formal cash budget transfer by NHSGGC. The actual expenditure related to our HSCP for 2021/22 was calculated as £36.346m.
- COVID-19 – Scottish Government funding for the impact of COVID-19 on health and social care services was distributed to HSCPs and Health Boards based on costs captured within each individual organisation's Local Mobilisation Plan, submitted on a quarterly basis. The table below provides a summary of the main expenditure categories and the income received. The final position was a transfer to earmarked reserves of £4.243m, to add to the £4.970m brought forward from 2020/21.
- Mental Health Services – underspend of £0.896m due to an underspend in core services arising from recruitment challenges, Mental Health Recovery and Renewal Funding and additional Action 15 funding in year.
- Addictions Services – underspend of £0.262m mainly due to the continued funding of fixed term posts from the Alcohol and Drug Partnership (ADP) reserves along with additional Scottish Government funding allocations in 2021/22. A commissioning group is being set up to support ongoing developments in relation to this service area and will be monitored through the Alcohol and Drug Partnership.
- Hosted Services – underspend of £0.487m due to ongoing recruitment challenges across both MSK Physiotherapy and Diabetic Retinal Screening.
- Physical Disability – underspend of £0.422m primarily due to reduction in costs within a number of Self-Directed Support Packages not being fully delivered due to COVID-19 restrictions or through individual choice. In addition only half planned respite was able to be accommodated. For 2022/23 all packages have now returned to pre-pandemic levels and some at enhanced levels.

West Dunbartonshire Health and Social Care Partnership

- HSCP Corporate and Other Services – the main components of the underspend relate to additional Primary Care funding allocated in year which will be held in an earmarked reserve to fund ongoing spend and Winter Pressures Funding received late in 2021 to be utilised to enhance Care at Home, Multi-Disciplinary Teams and additional Health Care Support Workers. Recruitment is underway but remains a challenge.
- Older People, Health and Community Care – this service grouping covers older people’s residential accommodation, care at home and other community health services. Residential accommodation realised a saving of £0.772m mainly due to recruitment challenges along with the impact of COVID-19 admission restrictions and delays in assessing clients for residential packages. For Care at Home services the additional Winter Pressures Funding, the application of COVID-19 funding and recruitment challenges realised a net saving of £0.516m after an increase in overtime and agency costs.
- Carers – significant work was completed in 2021/22 to implement the West Dunbartonshire’s Carers Strategy 2021 and the Carers Development Group is now fully established. However the full allocation of Scottish Government Carers Act implementation funding was not fully utilised, as some services including respite were impacted by COVID-19 restrictions and £0.591m will be transferred to an earmarked reserve to support carers in future years.

The movement in earmarked reserves is an overall increase of £12.541m, bringing the closing balance to £29.981m. There were a number of drawdowns and additions amounting to £8.173m and £20.715m respectively.

The movement in unearmarked, general reserves is an overall increase of £0.212m, bringing the closing balance to £4.579m which is slightly in excess of the 2% target as set out in the Reserves Policy.

The HSCP continued to detail its response to the COVID-19 pandemic within the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2021/22 was submitted in late April and detailed full year costs for the HSCP of £5.767m as detailed below.

2021/22 Covid-19 Spend against Funding

Covid-19	2020/21 £000's
Covid-19 Pressures	
Additional PPE	5
Flu Vaccination	7
Community Hubs	36
Additional Care Home Placements	7
Additional Capacity in Community	319
Additional Staff Costs	992
Staff Wellbeing	39
£500 Thankyou Payments	986
Additional FHS Prescribing	85
Additional FHS Contractor Costs	23
Social Care Provider Sustainability Payments	1,500
Increased costs of Service Provision	574
Loss of Income	392
Other	508
Unachievable Savings	1,084
Offsetting Cost Reductions	(1,014)
Remobilisation Costs	
Adult Social Care	35
Reducing Delayed Discharge	179
Other	10
Total Spend	5,767
Opening Earmarked Reserve for Covid Pressures	(4,970)
Grant Funding for Social Care £500 Thankyou Payment	(752)
Grant Funding for Third Party Provider £500 Thankyou Payment	(234)
Additional Funding from LMP Quarterly Returns	(131)
Further Covid Funding 2021/22	(8,893)
Total Income	(14,980)
Excess funding transferred to Earmarked Reserves	(9,213)

Medium Term Financial Outlook

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

Throughout 2021/22 West Dunbartonshire HSCP Board continued to strive to deliver on its strategic priorities as well as responding to and adapting services as the impacts of the COVID-19 pandemic continued to dominate the daily lives of the people of West Dunbartonshire.

We have demonstrated our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves and add to them in 2021/22, supports our short and medium term position as we face the challenges 2022/23 will bring and the development of our new 2023 Strategic Plan, shaped by our Strategic Needs Assessment.

The first Medium Term Financial Plan (MTFP) was approved by the Board on 25 March 2020 covering the period from 2020/21 to 2024/25. This was refreshed as part of the 2022/23 Revenue Budget exercise and approved by the Board on the 21 March 2022 and covers the period 2022/23 to 2026/27.

The HSCP Board revenue budget for 2022/23 to deliver our strategic priorities is £219.442m, including £33.620m relating to set aside and £0.705m relating to budget managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations. The budget identified a potential funding gap of £1.117m which will be addressed through an application of earmarked reserves (£0.349m), maintenance of the GP Prescribing budget (£0.357m) and a number of minor budget adjustments (£0.411m).

In 2022/23 the HSCP will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and its Project Management Office (PMO). We will respond to these challenges by continuing to build on the strong governance frameworks already in place and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

The ongoing reaction to and recovery from the pandemic adds a further layer of risk to our financial stability going forward. The indicative budget gaps for 2022/23 and 2023/24 are detailed below and illustrate the scale of the risk. These will be subject to change as the full impact of the 2022/23 pay settlements for public sector workers is revealed in relation to the funding received as well as other inflationary and service demand pressures arising from the current cost of living crisis.

Indicative Budget Gaps for 2022/23 to 2024/25

Indicative Budget Gaps	2022/23	2023/24	2024/25
	£000	£000	£000
Indicative Revenue Budget	185,117	189,386	194,268
Indicative Funding (including application of earmarked reserves)	185,117	186,572	188,644
Indicative Budget Gaps	0	2,815	5,623

The challenging financial landscape for all of our funding partners (i.e. the Scottish Government, WDC and NHSGGC) in relation to ongoing COVID-19 costs, inflation, UK Government policy commitments (e.g. the 1.25% increase in National Insurance Contributions) and Scottish Government policy commitments (e.g. Mental Health Recovery and the National Drugs Mission), protracted the annual budget setting exercise. This was exacerbated by delays in the confirmation of local shares of national funding streams.

The medium term financial plan sets out the broad key themes on how we will work towards minimising future pressures and remain financially sustainable. These are:

- 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;
- Prioritise 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;
- Equity and Consistency of approach – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; 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, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

The HSCP Board is clear that it needs to be as financially well placed as possible to plan for and deliver services in a difficult financial climate, whilst maintaining enough flexibility to adapt and invest where needed to redesign and remodel service delivery moving forward depending on the funding available in future years.

Through 2022/23 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks from the implementation of the Scottish Government's recent resource spending review: "Investing in Scotland's Future".

This review recognises that difficult choices lie ahead with regards to funding all public sector bodies in the face of rising inflation, a global economy recovering from a two year pandemic and the impact the war in Ukraine is having on the food and fuel supply chain.

Currently 44% of devolved resource spending in Scotland is for health and social care. The review commits to increased investment in frontline staffing and the establishment of the National Care Service.

We await the publication of the Scottish Government's refreshed Medium Term Health and Social Care Financial Framework to provide some realistic working assumptions for 2022/23 and beyond.

Good Governance

As stated above, the HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively, i.e. demonstrate Best Value.

The HSCP Board is the key decision making body, comprising of six voting members, with one from each partner organisation assuming the role of Chair and Vice Chair. West Dunbartonshire Council nominates three elected members and NHSGGC Health Board nominates three non-executive members. There are also a number of non-voting professional and stakeholder members on the HSCP Board. Stakeholder members currently include third sector, Carer and staff-side representatives; professional members include the Chief Officer and Chief Financial Officer.

The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives.

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

The business of the HSCP Board is managed through a structure of strategic and financial management core leadership groups that ensure strong integrated working. A summary of this is illustrated below.



Impact of Covid-19 Response on Governance Arrangements

The governance framework in which the HSCP Board operates has continued to be impacted by the partnership's response to the Covid-19 pandemic. Business continuity processes of those charged with the delivery of health and social care services had to mobilise rapidly to support vital frontline services to meet the challenge of the pandemic and adapt, as appropriate, current governance frameworks.

The HSCP Board continued to work alongside partners to participate in the both the local and wider response to the pandemic.

The Chief Officer and the HSCP Senior Management Team, through their roles as senior operational leaders within WDC and NHSGGC formally contributed to the pandemic response and recovery plans by being key participants in Covid-19/Business Continuity response, tactical and strategic resilience groups.



Governance 2021/22

The 2021/22 Internal Audit Annual Report for the HSCP Board identifies no significant control issues and recognised there were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community.

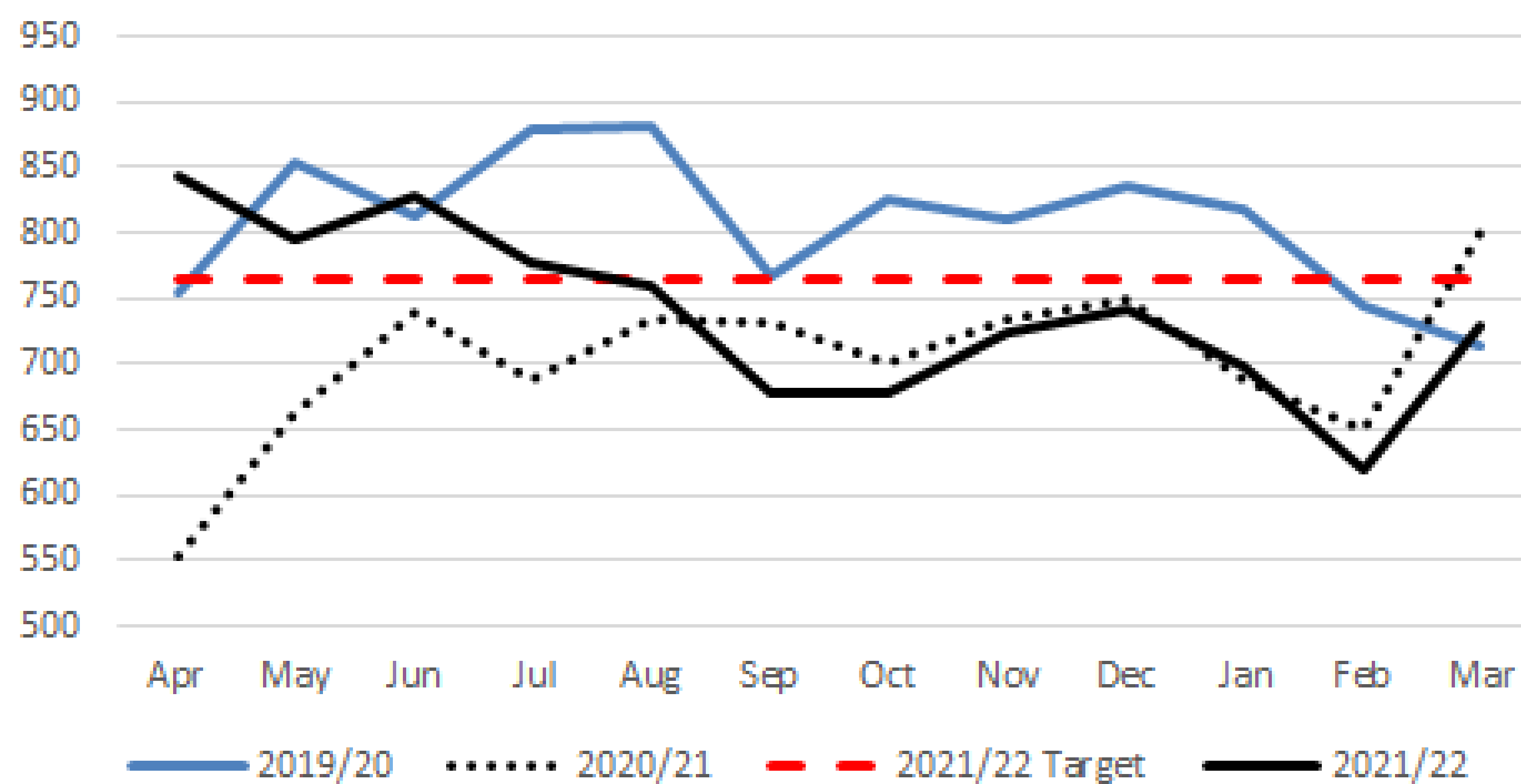
Overall the Chief Internal Auditor's evaluation of the control environment concluded that reasonable assurance could be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2022 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

Appendix 1: Core Integration Indicators

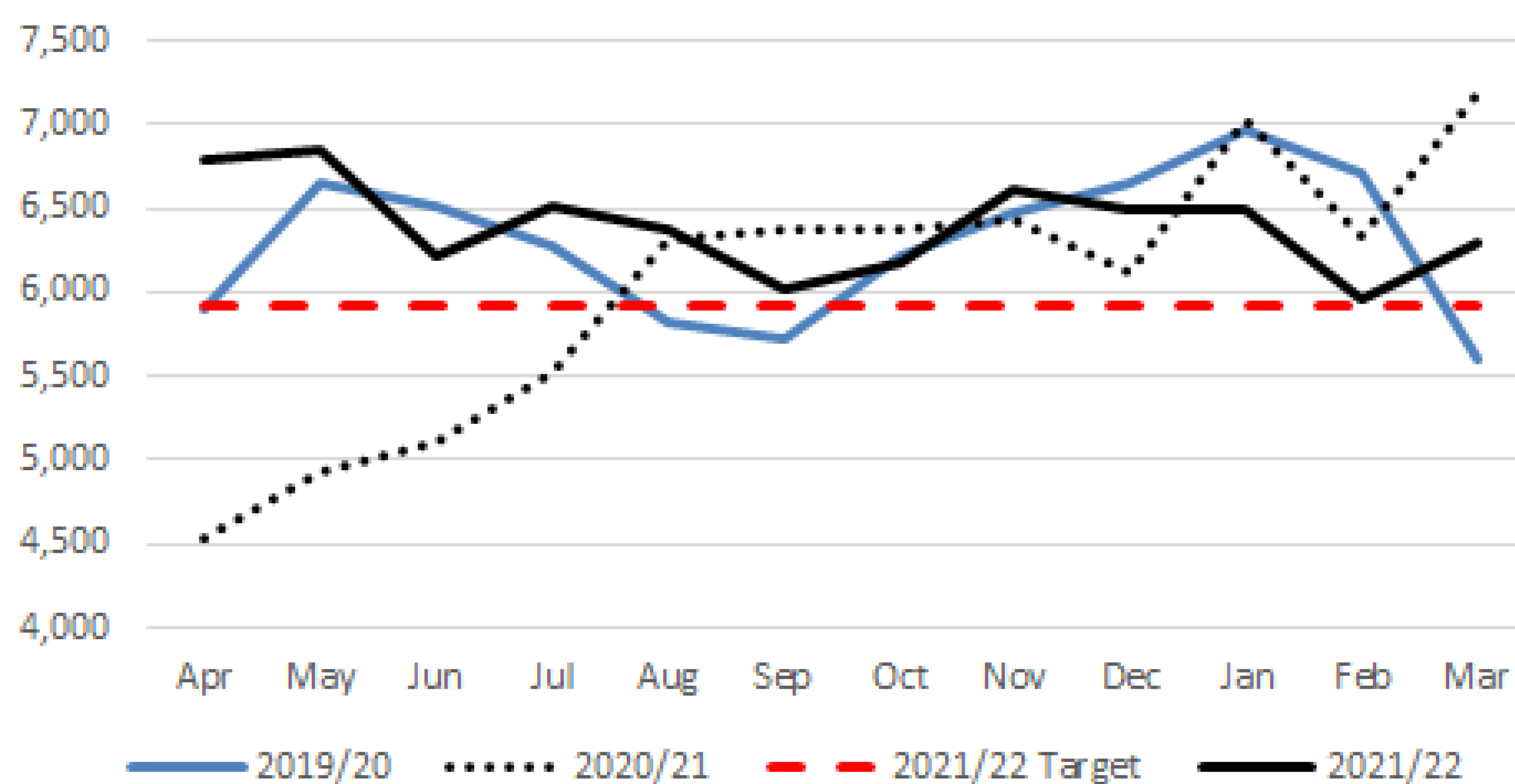
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.9%	90.9%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%	78.8%	6	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	2021/22	75.1%	70.6%	6	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2021/22	77.2%	66.4%	3	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2021/22	77.5%	75.3%	12	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2021/22	64.6%	66.5%	20	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2021/22	85.7%	78.1%	2	
NI-8	% of carers who feel supported to continue in their caring role	2021/22	31.7%	29.7%	9	
NI-9	Percentage of adults supported at home who agree that they felt safe	2021/22	87.9%	79.7%	3	
NI-11	Premature mortality rate per 100,000 persons	2021	627.2	465.9	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2021	13,156	11,636	24	
NI-13	Rate of emergency bed days per 100,000 population for adults	2021	133,255	109,429	28	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges	2021	96	110	10	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2021	90%	90.1%	19	
NI-16	Falls rate per 1,000 population aged 65+	2021	22.7	23	16	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections	2021/22	87.7%	75.8%	2	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2021/22	72.1%	64.9%	6	
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2021/22	972	761	25	

Appendix 2: Ministerial Steering Group Performance

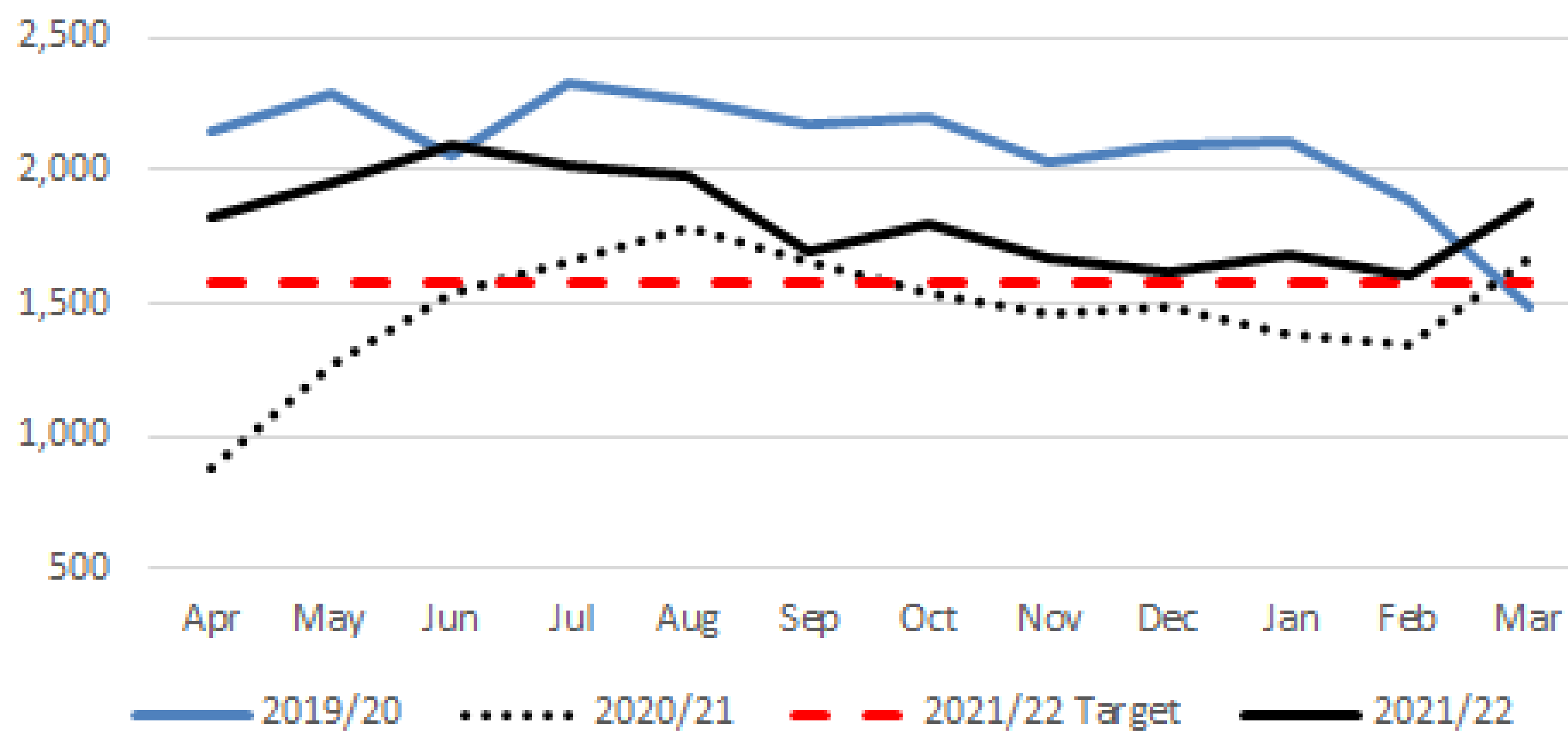
Number of Emergency Admissions 18+



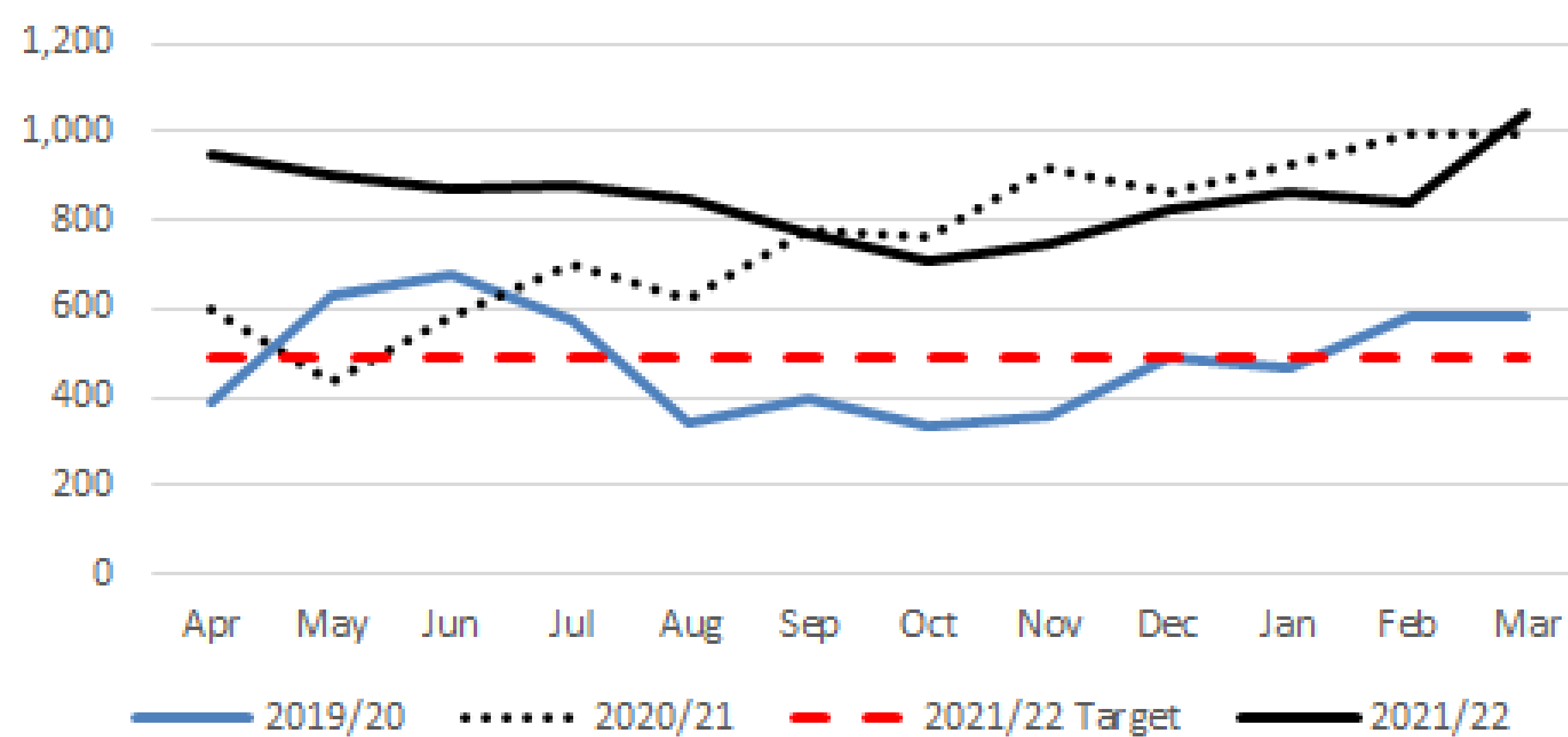
Number of Acute Unscheduled Bed Days 18+



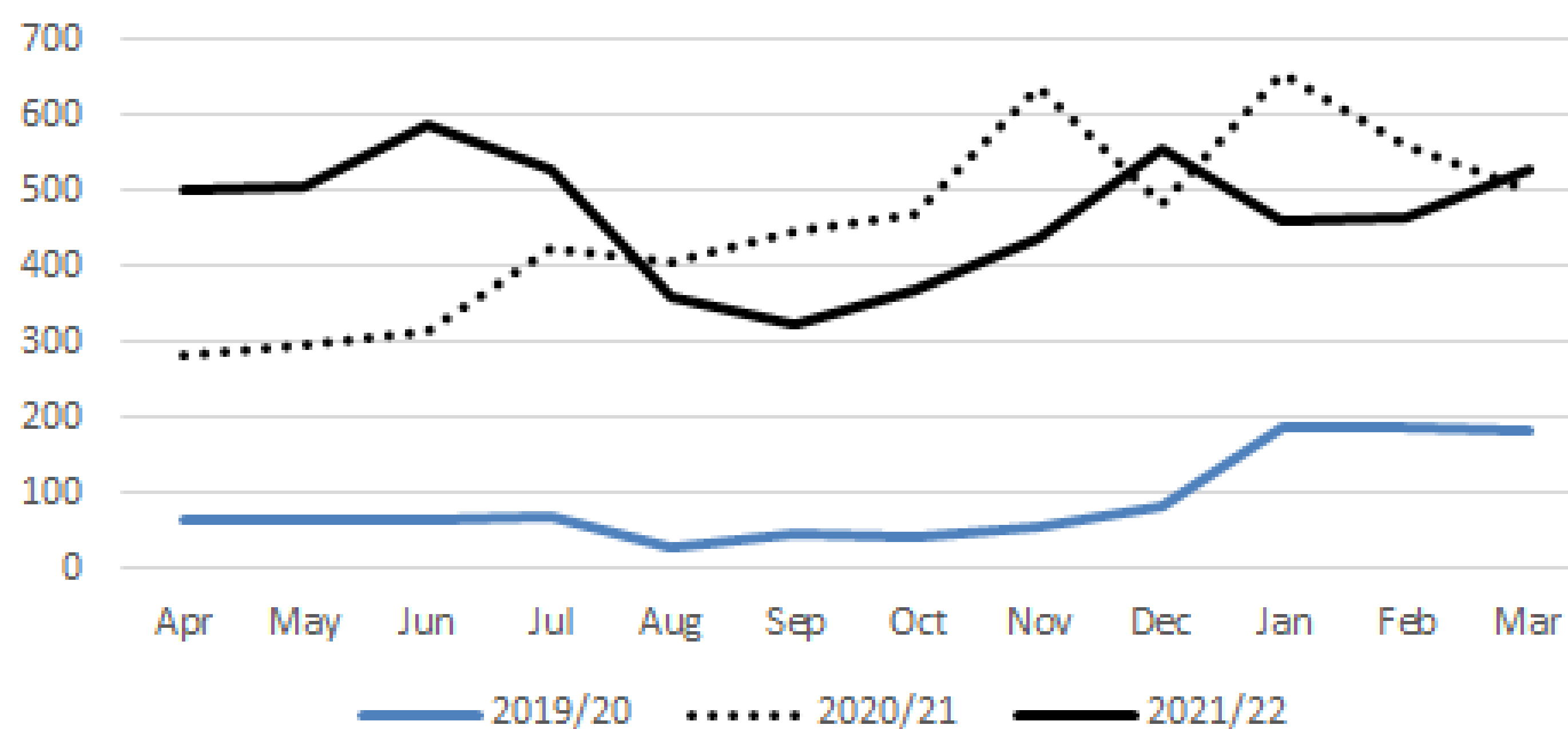
Number of Accident & Emergency Attendances 18+



Number of Delayed Discharge Bed Days 18+: All Reasons







Number of Delayed Discharge Bed Days 18+: Complex Codes


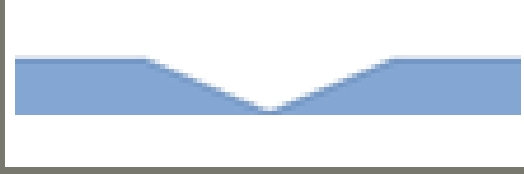

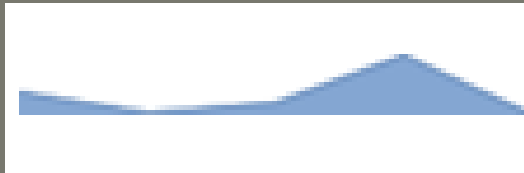



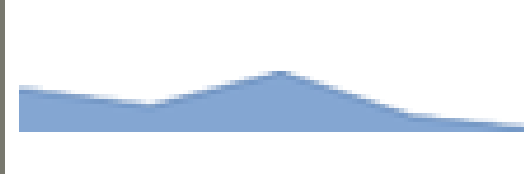





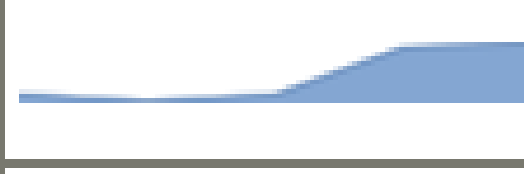









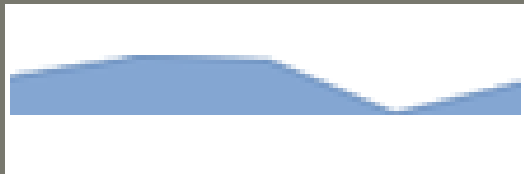







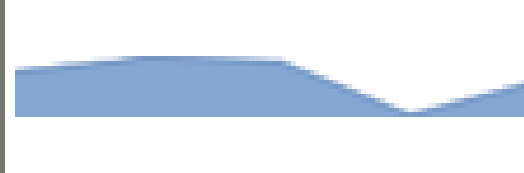




Appendix 3: Local Government Benchmarking Framework

Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2020/21	88.17%	90.30%	20	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2020/21	£2,885	£4,380	4	
LGBF3	The gross cost of "children looked after" in a community setting per child per week £	2020/21	£259.90	£382.18	4	
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	2020/21	78.92%	85.06%	29	
LGBF5	% Child Protection Re-Registrations within 18 months	2020/21	13.89%	6.95%	30	
LGBF6	% Looked After Children with more than one placement within the last year	2020/21	17.85%	16.79%	15	
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults	2020/21	2.07%	8.13%	32	
LGBF8	Home care costs for people aged 65 or over per hour £	2020/21	£29.32	£27.62	20	
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home	2021	72.87%	61.71%	3	
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)	2020/21	£587	£432	25	

Appendix 4: HSCP Strategic Plan Key Performance Indicators

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

Priority 1: Early Intervention					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.60%	94.80%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	98.10%	97.50%	95%		
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Percentage of child protection investigations to case conference within 21 days	72.80%	69.40%	95%		
Number of delayed discharges over 3 days (72 hours) non-complex cases	14	15	0		
Number of bed days lost to delayed discharge 18+ All reasons	9,177	10,260	5,839		
Number of bed days lost to delayed discharge 18+ Complex Codes	5,481	5,623	N/A		
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	6,885	7,392	4,417		
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	3,538	3,564	N/A		
Number of emergency admissions 18+	8,437	8,875	9,180		
Number of emergency admissions aged 65+	4,119	4,492	4,537		
Emergency admissions aged 65+ as a rate per 1,000 population	246.2	266.3	271		
Number of unscheduled bed days 18+	72,243	76,758	70,940		
Unplanned acute bed days (aged 65+)	51,056	54,016	48,626		
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,052	3,202	2,906		
Number of Attendances at Accident and Emergency 18+	17,677	21,782	18,800		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.60%	25.20%	24%		

West Dunbartonshire Health and Social Care Partnership

Priority 1: Early Intervention					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Number of clients receiving Home Care Pharmacy Team support	1,379	1,248	1,030	✓	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	67%	33%	90%	●	
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	94.80%	95.20%	95%	✓	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	96.60%	94%	90%	✓	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	100%	70%	100%	●	
Number of people receiving Telecare/Community Alarm service – All ages	1,986	1,918	2,200	⚠	
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	296	311	N/A		
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	61	59	N/A		
Number of patients with an eKIS record	21,101	20,509	N/A		

Priority 2: Access					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Number of people receiving homecare – All ages	1,340	1,425	N/A		
Number of weekly hours of homecare – All ages	10,309	10,519	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	515	516	570	⚠	
Percentage of people aged 65 and over who receive 20 or more interventions per week	38.50%	38.10%	35%	✓	
Percentage of homecare clients aged 65+ receiving personal care	98.30%	98.60%	95%	✓	
Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	19,220	18,384	20,945	⚠	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	14.50%	18.80%	30%	✓	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	37.10%	35.10%	32%	⚠	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	74%	72%	98%	●	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	65%	80.60%	80%	✓	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	7%	30.20%	80%	●	

Priority 3: Resilience					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	98.40%	96%	90%	✓	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	7	18	✓	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	58.30%	68.50%	90%	●	

Priority 4: Assets					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient (Annualised)	£158.51	£168.58	£173.79	✓	
Compliance with Formulary Preferred List	78.22%	77.16%	78%	⚠	

Priority 5 – Inequalities					
Performance Indicator	2020/21	2021/22			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	88.17%	89%	90%	⚠	
Percentage of looked after children being looked after in the community who are from BME communities	73.30%	71%	N/A	📊	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	100%	75%	✓	

Appendix 5: Care Inspectorate Grades 2021/22

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Queens Quay Care Home	No previous inspection			09-Nov-21	5 – Very Good 4 – Good 5 – Very Good 6 – Excellent 5 – Very Good 5 – Very Good	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? How good is our care and support during the COVID-19 pandemic?
<p>Areas for Improvement: 1</p> <p>1. The provider should have their quality assurance systems reviewed and brought up to date. Staff should have training on the benefits of quality assurance and audits, so they understand how this helps them provide high levels of good quality care. This should include a full audit of all personal plans prior to transferring information to their new electronic 'Icare' system.</p>						
West Dunbartonshire Fostering Service	26-Apr-18	4 – Good N/A 5 – Very Good N/A	Care and Support Environment Staffing Management and Leadership	10-Nov-21 ↓	3 – Adequate N/A N/A 2 – Weak 2 – Weak	How well is our care and support planned? How good is our setting? How good is our staff team? How good is our leadership? How well do we support people's wellbeing?
<p>Requirements: 5</p> <p>1. By 30 April 2022, the provider must ensure that all foster care families understand their role in relation to protecting the children and young people in their care.</p> <p>2. By 30 April 2022, the provider must ensure that all children in need of permanent foster care have their assessments completed and plans carried out without unnecessary delay.</p> <p>3. By 30 April 2022, the provider must take steps to support young people to remain with their foster carers post 18 years.</p> <p>4. By 30 April 2022, the provider must ensure the management vision for the service is communicated and that appropriate systems are in place to support quality assurance and improvement within the service.</p> <p>5. By 30 April 2022, the provider must ensure a clear, outcome focused Child's Plan is in place and accessible to children using the fostering service.</p>						
West Dunbartonshire Adoption Agency	26-Apr-18	4 – Good N/A 5 – Very Good N/A	Care and Support Environment Staffing Management and Leadership	10-Nov-21 ↓	3 – Adequate N/A N/A 2 – Weak 2 – Weak	How well is care and support planned? How good is our setting? How good is our staff team? How good is our leadership? How well do we support people's wellbeing?
<p>Requirements: 3</p> <p>1. By 1 February 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives.</p> <p>2. By 30 April 2022, the provider must ensure that the management vision for the service is communicated and that the appropriate systems are in place to support quality assurance and improvement within the service.</p> <p>3. By 30 April 2022, the provider must ensure a clear, outcome focused Child's Plan is in place with statutory timeframes recorded as part of the action planning.</p>						

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) AUDIT AND PERFORMANCE COMMITTEE**

Report by Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disability

27 September 2022

Subject: Alcohol and Drug Partnership Update

1. Purpose

- 1.1** The purpose of the report is to inform the HSCP Audit and Performance Committee of the progress in relation to the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs in relation to the expectations of local governance arrangements for Alcohol and Drug Partnerships.

2. Recommendations

- 2.1** The Audit and Performance Committee is asked to note the progress in relation to section 4 of the report.

3. Background

- 3.1** All ADPs submitted strategies to the Scottish Government in September 2020. The West Dunbartonshire ADP Strategy 2020-25 was submitted in September 2020.
- 3.2** The national policy landscape in relation to alcohol and drug harms has moved significantly since December 2020. The Scottish Government has committed an additional £250 million for alcohol and drug service delivery over the course of the next parliament. There will also be added focus on accountability, and improved outcomes for individuals, families, and communities.

4. Main Issues

4.1 Key Progress

There have been a number of key areas of progress in contributing to meeting the outcomes developed by the ADP since the last report to the Audit and Performance Committee. These include developing a Recovery Oriented System of Care (ROSC) governance structure to progress areas of work. Measurable actions will be included within an updated delivery plan in accordance with the Partnership Delivery Framework.

Several successful funding submissions were developed which have resulted in resources to develop local delivery in tackling the national mission to reduce drug harms and drug deaths. These include;

- £500k for an approach to work with people with multiple and complex needs
- A dedicated substance use rights advocacy service to support the implementation of the Medication Assisted Treatment (MAT) Standards
- Support for partners to access monies for developing service provision that contribute to local outcomes.

4.2 ADP Outcome - Fewer West Dunbartonshire Residents Will Develop Problematic Alcohol and Drug Use

There are key areas of progress that were taken forward during the last reporting period. These include;

- West Dunbartonshire continues to deliver its 10 year Substance Use Prevention Strategy recognised as a national early adopter of whole system working.
- One of 5 national pilot sites for the Icelandic prevention model (Planet Youth). Over 200 local S3 participated in the survey.
- Working in partnership with Educational Services to refresh their Education Policy and update curriculum for excellence on Substance Use
- Active participation in NHS GGC Prevention Group & NHSGGC Licensing Group
- Active participation in the AFS Licensing Network.

4.3 ADP Outcome - West Dunbartonshire Communities will Access from and Benefit From Integrated and Person Centred Support to Achieve Their Recovery

There are key areas of progress that were taken forward during the last reporting period. These include:

- Development of Governance Structures to contribute to meeting the above ROSC outcome;
- Successful submission of several funding bids to the Corra Foundation;
- Development of Constituted Recovery Community;
- Development of dedicated substance use rights based advocacy service;
- Development of a mobile harm reduction unit targeting people most at risk;
- Development of Lived/Living Experience Panel that will contribute to a co-production approach locally, and feed into the National Collaborative of Lived/Living Experience and Human Rights Framework;

4.4 ADP Outcome - Children and Families residing in West Dunbartonshire who are affected by alcohol and drug use will be safe, healthy, included, and supported

There were key areas of progress that were taken forward during the last reporting period. These include;

- £65K to support a Whole Family Support Approach
- Multi-year funding to expand support for young people affected by problematic alcohol and drug use
- Improved partnership working with the Community Planning Partnership Nurtured DIG

4.5 ADP Outcome -Vulnerable West Dunbartonshire Residents are diverted away from the Justice System where possible, and those within the Justice System are fully supported

There were key areas of progress that were taken forward during the last reporting period. These include;

- The development of an Arrest Referral Scheme
- Successful funding submission to provide support for people with multiple and complex needs

4.6 Medication Assisted Treatment (MAT) Standards

The Scottish Government took ministerial direction as part of the Public Bodies (Scotland) Act 2014. This was taken to ensure implementation of the Medication Assisted Treatment (MAT) Standards.

Public Health Scotland published a baseline report of progress in meeting these standards. A RAG status was utilised to evidence progress against the first five standards. West Dunbartonshire ADP were assessed as

- MAT Standard 1 (Same Day Access) Red
- MAT Standard 2 (Choice) Amber
- MAT Standard 3 (Assertive Outreach and Near Fatal Overdose) Amber
- MAT Standard 4 (Harm Reduction) Amber
- MAT Standard 5 (Retention) Amber

A detailed project plan has been developed to ensure the ADP will implement the Medication Assisted Treatment (MAT) Standards in accordance with Scottish Government timescales. The ADP will be required to submit a progress report in October and at agreed intervals to evidence progress in implementing these standards.

Public Health Scotland recently facilitated a local workshop in relation to the

implementation of the Medication Assisted Treatment (MAT) Standards. The feedback received from Public Health Scotland was extremely positive who suggested that the co-production approach taken in West Dunbartonshire is the method that they wish to be adopted across Scotland.

4.7 ADP Delivery Plan

The ADP is required to develop a delivery plan in accordance with the Partnership Delivery Framework agreed with the Scottish Government. The ADP is currently updating the Delivery Plan to take into account several changes in national policy that have occurred since 2021. The delivery plan will be finalised at the next ADP meeting in November 2022. This will also form the basis of performance reporting on the Pentana performance reporting system.

4.8 ADP Risk Register

The ADP is currently developing a risk register. This will also feed into the West Dunbartonshire Public Protection Risk Register. Initial risks that have been identified include;

- Commissioning and Procurement
- Contract Monitoring Processes
- Financial Arrangements adhering to the Partnership Delivery Framework
- Partnership arrangements with relevant local governance structures
- Performance Monitoring
- Implementation of Medication Assisted Treatment (MAT) Standards
- Recovery Oriented System of Care
- Lack of involvement of Lived/Living Experience within ADP Governance Structures
- High levels of alcohol and drug harms and deaths in comparison to the population of West Dunbartonshire

4.9 ADP Self-Assessment Submission to Scottish Government

The recently completed self-assessment identified a number of areas that require development to meet the relevant quality standards contained within the Partnership Delivery Framework. An improvement plan has been developed which will be further informed by a governance review that will be undertaken across the ADP.

4.10 Annual Report Submission to the Scottish Government

The ADP submitted the Annual Report to the Scottish Government. This provided a detailed description of how the ADP is meeting the outcomes contained in the Rights, Respect, and Recovery Strategy. This is appended as Appendix 1

5. Options Appraisal

5.1 Not applicable

6. People Implications

6.1 The work to deliver on the work within the ADP is within existing staffing structures

7. Financial and Procurement Implications

7.1 There are no direct financial implications associated with this paper.

8. Risk Analysis

8.1 A risk register will be developed for the ADP. This will be finalised later in 2022.

9. Equalities Impact Assessment (EIA)

9.1 An equalities impact assessment is required for the West Dunbartonshire ADP strategy in accordance with the Fairer Scotland Duty. This will be developed and published in accordance with legislation.

10. Environmental Sustainability

10.1 Not applicable

11. Consultation

11.1 There is no consultation required for this report.

12. Strategic Assessment

12.1 The ADP coordinates the HSCP response to alcohol and drugs and inequalities in line with the Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs.

13. Directions

13.1 Not applicable

Name Sylvia Chatfield

Designation Head of Mental Health, Addictions & Learning Disability

Date 29th September

Person to Contact Barry Sheridan
Email barry.sheridan@ggc.nhs.scot.nhs.uk

Appendices: Appendix 1

ADP Annual Report Submission to the Scottish Government

Background Papers Public Health Scotland MAT Standards Supplementary Report

https://www.publichealthscotland.scot/media/14315/v41_mat-bench-report_recombined_0766.pdf

**ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT
2021/22:**

- I. Delivery progress**
- II. Financial framework**

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot

NAME OF ADP: **West Dunbartonshire ADP**

Key contact:

Name: **Barry Sheridan**

Job title: **ADP Strategy Officer**

Contact email: **barry.sheridan@ggc.scot.nhs.uk**

I. DELIVERY PROGRESS REPORT

1. Education and Prevention

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please select those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input type="checkbox"/>
Events/workshops	<input type="checkbox"/>
Please provide details...	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details...	
Other	<input type="checkbox"/>

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify...

No Smoking Day 9th March 2021, Alcohol Awareness Week 15-21st November 2021, Planet Youth(Icelandic Prevention Model) Survey Oct 2021, Smokefree Play Parks initiative

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- | | | |
|-------------------------------------|-------------------------------------|---|
| Teaching materials | <input checked="" type="checkbox"/> | |
| Youth Worker materials/training | <input type="checkbox"/> | |
| Promotion of naloxone | <input type="checkbox"/> | |
| Peer-led interventions | <input type="checkbox"/> | |
| Stigma reduction | <input type="checkbox"/> | |
| Counselling services | <input type="checkbox"/> | |
| Information services | <input type="checkbox"/> | |
| Wellbeing services | <input type="checkbox"/> | |
| Youth activities (e.g. sports, art) | <input checked="" type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Planet Youth (Icelandic Prevention Model) |

1.4 Please provide details of where these measures / services / projects were delivered.

- | | | |
|---|-------------------------------------|---------------------------|
| Formal setting such as schools | <input checked="" type="checkbox"/> | |
| Youth Groups | <input checked="" type="checkbox"/> | |
| Community Learning and Development | <input type="checkbox"/> | |
| Via Community/third Sector partners or services | <input checked="" type="checkbox"/> | |
| Online or by telephone | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- | | |
|-----|-------------------------------------|
| Yes | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

1.6 What proportion of license applications does Public Health review and advise the Board on?

- | | |
|------|-------------------------------------|
| All | <input checked="" type="checkbox"/> |
| Most | <input type="checkbox"/> |
| Some | <input type="checkbox"/> |
| None | <input type="checkbox"/> |

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

- West Dunbartonshire continues to deliver its 10 year Substance Use Prevention Strategy recognised as national early adopter of whole system working
 - o One of 5 national pilot sites for Icelandic prevention model (Planet Youth). Over 200 local S3 participated in survey
- Working in partnership with Educational Services to refresh their Education Policy and update curriculum for excellence on Substance Use
- Active participation in NHS GGC Prevention Group & NHSGGC Licensing Group
- Active participant in AFS Licensing Network



2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (*select all that apply*)

Fibro scanning	<input checked="" type="checkbox"/>	
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>	
Community alcohol detox		<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>	
Alcohol hospital liaison		<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)		<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings		<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/>	
Psychosocial counselling		<input checked="" type="checkbox"/>
Other		<input type="checkbox"/> Please provide details...

2.2 Please indicate which of the following approaches services used to involve lived experience / family members (select all that apply).

For people with lived experience:

- Feedback / complaints process
- Questionnaires / surveys
- Focus groups / panels
- Lived experience group / forum
- Board Representation within services
- Board Representation at ADP
- Other Click or tap here to enter text.

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Plans are in place to incorporate lived/living experience within the ADP governance structures and contribute to the National Collaborative.

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

West Dunbartonshire ADP consulted with LLE communities on several occasions during 2021/22. This involved the opportunity to input into the local needs assessment, involvement in funding submissions to external funding organisations, and development of recovery communities across the area. The feedback received has informed service design for people affected by problematic substance use.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- Planning, I.E. prioritisation and funding decisions
- Implementation, I.E. commissioning process, service design
- Scrutiny, I.E. Monitoring and Evaluation of services
- Other Please provide details...

Please give details of any challenges (max 300 words)

There will be considerable work required to develop recovery communities within the area. Initial work took place to recruit LLE volunteers. These local people received training in rights based awareness by Reach Advocacy.

2.5 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

- a) Yes
 No

b) If yes, please select all that apply:

- Peer support / mentoring
 Community / Recovery cafes
 Naloxone distribution
 Psychosocial counselling
 Job Skills support
 Other

Third sector partners provide a range of volunteering and employability opportunities for people with lived/living experience people. The ADP was the first in Scotland to take forward a system wide rights based awareness approach. Several of the lived/living experience community have also received rights based qualifications delivered by Reach Advocacy.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Click or tap here to enter text.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

- Yes
No

Please provide details (max 300 words) [Click or tap here to enter text.](#)

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

[Click or tap here to enter text.](#)

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

- Yes
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

Initial work was taken forward in 2021/22 to develop a constituted rights based recovery community. Volunteers were recruited, trained. The recovery community also developed their own policies and procedures. Plans are in place to incorporate a holistic approach aimed at tackling wider inequalities.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services
The majority of services
Some services
No services

Please provide a summary of progress (max 300 words)

This is an area for development.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (*mark all that apply*)

- Alcohol harms group
Alcohol death audits (work being supported by AFS)
Drug death review group
Drug trend monitoring group / Early Warning System
Other [Please provide details...](#)

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

Due to resources this is not able to be actioned

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

The ADP has a quarterly review group where deaths are discussed. Drug deaths are reported to the Public Protection Chief Officers group.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

The ADP has reviewed its governance structure to incorporate a ROSC within the area. This is an area that requires further development.

3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP contribute to the wider children's partnership through the community planning partnership

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved

Stayed the same

Scaled back

No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved

Stayed the same

Scaled back

No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes

No

b) If yes, please select all that apply below:

Signposting

One to One support

Support groups

Counselling

Commissioned services

Naloxone Training

Other

The ADP have plans to develop this further in 2022/23 There are voluntary organisations who provide a service, however this has not been funded due to lack of resources. It is expected that the group will be supported to become a constituted group.

3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved
Stayed the same
Scaled back
No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

[Click or tap here to enter text.](#)

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

The ADP are hoping to develop this further in 2022/23

b) If no, when do you plan to do this?

[Click or tap here to enter text.](#) **The ADP are hoping to develop this further in 2022/23**

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (*select all that apply*)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mutual aid	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
No
No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)
 Although there is no prison in the area, it is our intention to progress this with Scottish Prison Service. In addition, we will be discussing locally how West Dunbartonshire Justice Social Work, Addictions and Homeless Services can assist people they are supporting who are returning to the community

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

Information sharing	<input checked="" type="checkbox"/>
Providing advice/ guidance	<input checked="" type="checkbox"/>
Coordinating activities	<input checked="" type="checkbox"/>
Joint funding of activities	<input type="checkbox"/>
Access is available to non-fatal overdose pathways upon release	<input type="checkbox"/>
Other	<input type="checkbox"/> Click or tap here to enter text. West Dunbartonshire ADP and CJP key leads have been aligning strategic planning and service delivery across frameworks in preparation for the publication of the new community justice strategy. The key leads are active members of both the ADP and CJP. The new local Community Justice Outcome Improvement Plan will be developed during 2022-2023

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

Information sharing	<input type="checkbox"/>
Providing advice/ guidance	<input type="checkbox"/>
Coordinating activities	<input type="checkbox"/>
Joint funding of activities	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution	<input type="checkbox"/>
Exercise and fitness activities	<input type="checkbox"/>
Peer workers	<input type="checkbox"/>
Community workers	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution	<input checked="" type="checkbox"/>
Exercise and fitness activities	<input type="checkbox"/>
Peer workers	<input type="checkbox"/>

Community workers

Naloxone

Other

 During 2021-2022, an Arrest Referral Scheme was

implemented within the local Police Scotland Clydebank Custody Suite, funded by Drug Deaths Taskforce monies. Local alcohol and drug third sector partners deliver the Arrest Referral Scheme. The model of delivery will be reviewed during 2022-2023 to increase the levels of uptake, the current model is reliant of Police Scotland colleagues via telephone referral, the intended review will explore an on-site presence from the Providers. If an individual is admitted to prison and is in receipt of ORT, the prison contacts the service prescribing this to confirm both the prescription and the willingness of the service to continue this on release. Prior to release from prison the addiction staff contact the service in order to continue with any clinical treatments in the community. This has worked well for the continuation of prescribed methadone and buprenorphine. There has been no indication that the process being used does not work. Should there be a requirement under a release order for the individual to engage with treatment services, this is normally arranged prior to release through criminal justice social work as they have the statutory responsibility of monitoring the order. Again there has been no indication that this does not work.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

The WDADP is identifying significant improvement activity in relation to governance and service. During 2021-2022 the West Dunbartonshire Community Justice Partnership was established and alignment with other frameworks to reduce duplication is a key area of focus between both local Partnerships. During 2022-2023, a new national community justice strategy will be published and further progress is expected in relation to strategic and operational alignments..

II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,091,131
2021/22 Programme for Government Funding and National Mission Funding	837,700
Additional funding from Integration Authority	1,666,600
Funding from Local Authority	78,356
Funding from NHS Board	24,000
Total funding from other sources not detailed above	
Carry forwards	594,000
Other	
Total	4,291,787

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	47,200
Community based treatment and recovery services for adults	2,997,100
Inpatient detox services	
Residential rehabilitation (including placements, pathways and referrals)	72,800
Recovery community initiatives	
Advocacy services	
Services for families affected by alcohol and drug use (whole family Approach Framework)	
Alcohol and drug services specifically for children and young people	30,100
Drug and Alcohol treatment and support in Primary Care	
Residential Rehab	
Whole family Approach framework	71,000
Outreach	124,000
Other	78,356
Total	3,420,556

Additional finance comments

Balance of approx. £871,000 (Total Income from all sources less Total Expenditure from all sources), equals closing IA ADP Earmarked Reserves balance as at financial year ended 31/03/2022. This will be drawn down in future years to support expenditure related to the delivery of the specific priorities set out by Scottish Government linked to additional ADP funding allocations. The underspend committed to

Earmarked Reserves has occurred mainly as a result of recruitment and commissioning challenges in relation to the new funding allocations received in 2021/22

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
(HSCP) AUDIT AND PERFORMANCE COMMITTEE**

Report by Margaret-Jane Cardno, Head of Strategy and Transformation

27 September 2022

Subject: Implementation of Directions Policy and Review of Directions Log

1. Purpose

- 1.1** The purpose of this report is to provide the HSCP Audit and Performance Committee with an update on the implementation of the Directions Policy, which was approved by the HSCP Board on the 23 September 2020 alongside an opportunity to review the implementation of Directions issued between the 30 September 2020 and 31 March 2022.

2. Recommendations

It is recommended that the HSCP Audit and Performance Committee:

- 2.1** Note the progress made in respect of the implementation of the Directions Policy.
- 2.2** Note that no changes to the Directions Policy will be recommended to the HSCP Board as part of a recent review as the Policy remains compliant with the most recent Scottish Government Guidance.
- 2.3** Note and comment on the implementation of Directions issued from 30 September 2020 until 31 March 2022.
- 2.4** Consider recommending to the HSCP Board that they seek a further report on the work of the Carers Development Group for presentation at their meeting in November 2022.
- 2.5** Agree any further issues which require escalation to the HSCP Board, at their meeting of 27 September 2022.

3. Background

- 3.1** On the 23 September 2020 the HSCP Board approved a new Directions Policy to ensure compliance with the practice set out in statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services. This Policy was implemented on the 30 September 2020.
- 3.2** In respect of governance the HSCP Audit and Performance Committee have responsibility for maintaining an overview of progress with the implementation of Directions, escalating key delivery issues to the HSCP Board. On the 27 August 2022, the HSCP Board will consider a version of this report. As a result of reporting deadlines any issues which the HSCP Audit and Performance

Committee wish to escalate to the HSCP Board will be raised by means of a verbal update by the Head of Strategy and Transformation.

4. Main Issues

- 4.1** Directions are the legal basis on which the Local Authority and Health Board deliver services that are under the control of the HSCP Board. As a legal requirement, the use of Directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 4.2** The HSCP Board makes decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions necessitate Directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly.
- 4.3** The Scottish Government noted that many IJBs had a minimalist approach to Directions and had an insufficiently robust audit trail. Furthermore, significant variation had developed over how Directions were being used across Scotland. As such, the Scottish Government issued statutory guidance on the matter, to clarify its expectations and to aid the development of local policy.
- 4.4** The revised statutory guidance on Directions underpins the Direction Policy. The Policy complies with the guidance by setting out a clear framework for the issuing and review of Directions and confirming governance arrangements.
- 4.5** Between January and May 2022 Internal Audit conducted an audit of the implementation of the Direction Policy. This was in accordance with the 2021/22 Internal Audit Plan, as agreed by the West Dunbartonshire HSCP Audit and Performance Committee.
- 4.6** The objective of this audit was to provide the Audit and Performance Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to the Boards policy on Directions. The report, published in June 2022, identified one AMBER issue which Internal Audit considered to be individually significant and, two GREEN issues which if implemented by management would enhance the control environment. The full report can be found in Appendix I of this report.
- 4.7** All the actions highlighted in the Internal Audit Report, have been addressed, with further assurance provided by reference back to the original implementation action plan as shown in Appendix II of this report.
- 4.8** There is a requirement to review the Directions Policy every two years, or sooner in the event of new guidance or good practice becoming available. The Internal Audit report has supported a review of the Policy by the Head of Strategy and Transformation. No changes to the Policy will be recommended to the HSCP Board as part of this review as the Policy remains compliant with the most recent Scottish Government Guidance.
- 4.9** Between the 30 September 2020 and the 31 March 2022 the HSCP Board issued 22 Directions.

4.10 The RAG status of the 22 Directions issued are as follows:

20	Green	The implementation of the Direction is proceeding as planned.
2	Amber	The implementation of the Direction has some issues but will finish successfully.
0	Red	The implementation of the Direction has significant issues.

4.11 Appendix III of this report provides an update on the two Directions which have experienced some issues in respect of their implementation. The Committee will note that both of these Directions pertain to the work of the Unpaid Carers Development Group, and although the delays in this instance have been unavoidable the Committee may wish to recommend to the HSCP Board that they seek a further report on the work of the Carers Development Group for presentation at their meeting in November 2022.

4.12 Although the vast majority of Directions are proceeding as planned there is an emerging issue in respect of the recruitment of staff within the employ of West Dunbartonshire Council. Work is ongoing to identify a suitable process to expedite the recruitment of posts within West Dunbartonshire Council including the establishment of a suitable forum to provide assurance that all posts have gone through a diligent process within the HSCP and have been consulted on with the appropriate Parties.

5. Options Appraisal

5.1 An options appraisal is not required in respect of the recommendation within this report.

6. People Implications

6.1 There are no people implications arising from the recommendation within this report.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising from the recommendation within this report.

8. Risk Analysis

8.1 There are no risks arising from the recommendation within this report.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required as the recommendation within this report does not impact on those with protected characteristics.

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment is not required in respect of the recommendation within this report.

11. Consultation

11.1 The Chief Officer, Chief Finance Officer, Monitoring Solicitor, Internal Auditor and the Senior Management Team have been consulted on this report.

12. Strategic Assessment

12.1 The recommendation within this report supports the HSCPs strategic priority pertaining to access, by ensuring there is full transparency in respect of the HSCP Boards scrutiny process.

13. Directions

13.1 A direction is not required in respect of the recommendation within this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 2 September 2022

Person to Contact: Margaret-Jane Cardno
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Appendix: Implementation of HSCP Board Directions Policy Internal Audit Report (Appendix I)

Policy Implementation Action Plan (Appendix II)

Directions Categorized as Amber (Appendix III)

Background Papers: [Board Approval of Directions Policy Item 11 23 September 2020](#)



IMPLEMENTATION OF HSCP BOARD DIRECTIONS POLICY

MAY 2022

FINAL REPORT

Control Environment Opinion:

SATISFACTORY

In our opinion *isolated* areas of control weakness were identified which, whilst not systemic, put some service objectives at risk.

	RED	AMBER	GREEN
FINDINGS	0	1	2

Final Distribution

To: Beth Culshaw, Chief Officer, WD HSCP Board
Margaret-Jane Cardno, Head of Strategy and Transformation

cc: Julie Slavin, Chief Financial Officer, WD HSCP Board
Audit Scotland

1. EXECUTIVE SUMMARY

Introduction

This audit was conducted between January and May 2022 in accordance with the 2021/22 Internal Audit Plan, as agreed by the West Dunbartonshire HSCP Audit and Performance Committee.

Background

The West Dunbartonshire Health and Social Care Partnership Board (HSCP) requires the West Dunbartonshire Health and Social Care Partnership (HSCP) to implement its strategic plan by delivering a range of defined services. To facilitate these arrangements the HSCP issues binding Directions to its key delivery partners, West Dunbartonshire Council and Greater Glasgow & Clyde NHS Board. These Directions are made under the Public Bodies (Joint Working) (Scotland) Act 2014.

Directions made by HSCP to partner organisations enable stakeholders to easily identify major decisions taken by the HSCP and help them understand changes being made to services. It is therefore important that Directions made by the HSCP fully comply with the HSCP's policy and procedures on Directions, which were approved by the HSCP on 23 September 2020.

Objectives

The objective of this audit is to provide the HSCP Audit and Performance Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to the HSCP's policy on Directions.

Scope & Approach

The review focussed on the high level processes and procedures in relation to the HSCP's policy on Directions and concentrated on identified areas of perceived higher risk, such as not fully complying with the policy and not adequately reporting on the progress being made with implementing the policy. To facilitate this process it was planned that the scope of the audit focussed on the key risks outlined in the agreed Terms of Reference set out at Appendix 1.

The audit approach was planned to fall in line with the agreed Terms of Reference and included:

- Review of HSCP Board and Audit & Performance Meeting Minutes and the HSCP Directions Policy.
- Review of Directions Policy Action Plan.
- Review of Process of Issuing of agreed Directions and of the Directions Log.

Summary Findings

There was one AMBER issue which we consider to be individually significant and which is summarised in the following table. This issue is set out in more detail at Section 2 of this report, together with management's intended action to strengthen the control environment. In addition, two GREEN issues were identified which if implemented by management would enhance the control environment. These are set out in more detail at Section 2 of this report. (The audit Grading Criteria is provided in Appendix 2).

Adequacy of Reporting on the implementation of the HSCP Board Directions Policy

AMBER

The HSCP Board approved the Directions Policy on 23 September 2020. An implementation action plan was put in place to implement the new policy. This included the requirement to introduce and maintain a Directions Log and that the log would be reviewed twice a year by the Audit and Performance Committee and the HSCP Board.

The audit has identified that although a Directions Log has been introduced and maintained, the log has not yet been reported to the Audit and Performance Committee or the HSCP Board to carry out their scrutiny roles in relation to the implementation of the Directions Policy. In addition, there has been no follow up report presented to HSCP Board on the implementation action plan progress.

Conclusions

The overall control environment opinion for this audit review was **Satisfactory**. Specific audit issues highlighted were as follows:

- Currently, although a Directions Log has been introduced and maintained, the log has not yet been reported to the Audit and Performance Committee or the HSCP Board to carry out their scrutiny roles in relation to the implementation of the Directions Policy. In addition, there has been no follow up report presented to HSCP Board on the implementation action plan progress.

Acknowledgements

The co-operation and assistance of all staff during the audit was greatly appreciated.

Andi Priestman
Chief Internal Auditor

Sheila Bronson
Internal Auditor

2 DETAILED FINDINGS

	FINDING	RISK/IMPACT/RULE BREACH	AGREED ACTION	RESPONSIBILITY DUE DATE
AMBER	<p><u>Adequacy of Reporting on the implementation of the HSCP Board Directions Policy</u></p> <p>The HSCP Board approved the Directions Policy on 23 September 2020. An implementation action plan was put in place to implement the new policy. This included the requirement to introduce and maintain a Directions Log and that the log would be reviewed twice a year by the Audit and Performance Committee and the HSCP.</p> <p>The audit has identified that although a Directions Log has been introduced and maintained, the log has not yet been reported to the Audit and Performance Committee or the HSCP to carry out their scrutiny roles in relation to the implementation of the Directions Policy. In addition, there has been no follow up report presented to HSCP on the implementation action plan progress.</p>	<p>The HSCP and Audit and Performance Committee has not received formal assurance on the implementation of the Directions Policy in order to scrutinise the level of compliance with the policy requirements.</p>	<p>A report on the Directions Policy Implementation Action Plan will be taken to the September 2022 meeting of the HSCP Board.</p> <p>The Directions Log to go to the September 2022 meeting of the HSCP Audit & Performance Committee for review.</p> <p>Review of Directions Log will be included on forward plans for the HSCP Audit & Performance Committee for the agreed twice a year reviews of Directions Log.</p>	<p>Head of Strategy & Transformation HSCP</p> <p>30 September 2022</p>

	FINDING	RISK/IMPACT/RULE BREACH	AGREED ACTION	RESPONSIBILITY DUE DATE
GREEN	<p><u>HSCP Board Meeting Minutes</u></p> <p>The audit identified that HSCP Board Meeting minutes do not specifically record when a Direction has been approved during a meeting.</p>	<p>Where HSCP Board meeting minutes do not record the approval by HSCP Board of Directions there is a risk that that meeting attendees and other internal and external stakeholders may not be able to easily identify if a Direction has been approved which could result in a Direction not being issued to the relevant organisation.</p>	<p>Minutes of the HSCP Board Meeting will specifically record Directions approved during the meeting and issuing of approved Directions to be included in the Rolling Action List for HSCP Board meetings.</p>	<p>Head of Strategy & Transformation HSCP</p> <p>30 September 2022</p>
GREEN	<p><u>HSCP Committee Reports Template</u></p> <p>Testing identified general compliance with use of the revised Committee Report template however some reports did not include the relevant section on Directions though it was noted that for a number of reports a Direction was not applicable.</p>	<p>Where the Directions section is not included within the report, there is a risk that the requirement for a Direction has not been properly considered, included or issued.</p>	<p>Reminder to be sent to all officers of the need to complete the relevant section of the report template, including confirmation if no Direction is required.</p>	<p>Head of Strategy & Transformation HSCP</p> <p>30 September 2022</p>

Terms of Reference

Overall Audit Objective

To review the adequacy and effectiveness of the governance, risk management and controls surrounding the West Dunbartonshire Health & Social Care Partnership Board (HSCP B) Directions policy which mitigate the key risks detailed below.

Risks

- 1 Adequate arrangements are not in place to completely and effectively implement the WD HSCP B's Directions Policy.
- 2 Adequate arrangements are not in place to regularly provide key stakeholders with accurate and relevant information regarding the implementation of the WD HSCP B's Directions Policy.

Internal Audit Report Findings – Risk/Impact Grading Criteria

<p>Report Grading & Criteria</p> <p>Business Risk/Impact (Actual or Potential)</p>	<p>GREEN</p> <ul style="list-style-type: none"> • Process improvements/efficiencies may be actioned if it is cost-effective or at management’s discretion – in consultation with IA. • To be managed by the appropriate service manager. • Low risk - can be prioritised to fit in with wider business activities and priorities (normally start within 6 months of audit) • Will not be reported in any Committee papers. 	<p>AMBER</p> <ul style="list-style-type: none"> • Mandatory - corrective action must be taken (some exceptions agreed by IA) • To be overseen to completion by Head of Service. • Remedial action to address an amber issue should start within a “<i>reasonable</i>” timescale (normally within 3 months of audit) • Will be reported in Audit Committee papers. 	<p>RED</p> <ul style="list-style-type: none"> • Mandatory – immediate corrective action must be taken. • To be overseen to completion by a member of the Corporate Mgmt Team. • Remedial action to address a red issue should start <i>immediately</i>. • Will be reported in Audit Committee papers.
<p>Financial</p> <p><i>Actual or potential loss which will impact either the Income & Expenditure Account or Balance Sheet within any twelve-month period (i.e. loss of profit or loss of asset)</i></p>	<ul style="list-style-type: none"> • Process improvement identified which will enhance operational efficiency. • Non-material control weakness. 	<ul style="list-style-type: none"> • Material impact at Service level. 	<ul style="list-style-type: none"> • Material impact at Corporate Level.
<p>Reputation</p> <p><i>Actual or potential impact to the reputation of the Council in the external environment. This includes the views held by the regulator.</i></p>	<ul style="list-style-type: none"> • Isolated, non-systemic, or restricted scope events that may have a limited impact on our standing with any of our business partners/stakeholders. 	<ul style="list-style-type: none"> • Events that may tarnish our reputation with a specific customer, group or third parties. • Moderate impact on our standing with our key partners/stakeholders. 	<ul style="list-style-type: none"> • Strong likelihood of or actual adverse comment in the national media. • Significant impact on our standing with any of our key partners/stakeholders
<p>Legal & Regulatory</p> <p><i>Actual or potential impact arising from operational/management failure that leads to a failure to comply with regulation or legislation.</i></p>	<ul style="list-style-type: none"> • Isolated, non-systemic, or limited scope events which statutory body would not consider the need for additional supervision activity. 	<ul style="list-style-type: none"> • Events that may lead statutory body to consider increasing level of supervision activity; and damaging the ongoing relationship. 	<ul style="list-style-type: none"> • Events/breaches resulting in the strong likelihood of increased levels of supervision from a statutory body.
<p>Operational</p> <p><i>Actual or potential impact arising from any operational/management failure that leads to an inability to maintain a quality service to any of the Council’s stakeholders (staff, service users, customers, suppliers, regulators etc)</i></p>	<p>Impact upon the delivery of a Service area’s plan/objectives, such as:</p> <ul style="list-style-type: none"> • Affecting a small number of stakeholders. • Small (non-systemic) errors, omissions or delays in operational plans, processes, projects or systems. • Non-material failure at Service level. 	<p>Impact upon the delivery of a Service area’s plan/objectives, such as:</p> <ul style="list-style-type: none"> • Affecting a moderate number of stakeholders. • Non-material systemic errors, omissions or delays in operational plans, processes, projects or systems. • Material Control failure impacting at Service level. 	<p>Impact upon the delivery of the Council’s Corporate objectives:</p> <ul style="list-style-type: none"> • Affecting a significant number of stakeholders. • Material systemic errors, omissions or delays in strategic or operational plans, processes, projects or systems. • Material control failure impacting at Corporate level.
<p>Timescale for start of agreed action</p>	<p>Discretionary (6 months)</p>	<p>Reasonable (3 months)</p>	<p>Immediate</p>

Internal Audit Report – Overall Environment Opinion

<p>Strong</p>	<p>In our opinion there is a sound system of internal controls designed to ensure that the service is able to achieve its objectives.</p>
<p>Satisfactory</p>	<p>In our opinion isolated areas of control weakness were identified which, whilst not systemic, put some service objectives at risk.</p>
<p>Requires improvement</p>	<p>In our opinion systemic and/or material control weaknesses were identified such that some service objectives are put at significant risk.</p>
<p>Unsatisfactory</p>	<p>In our opinion the control environment was considered inadequate to ensure that the service is able to achieve its objectives.</p>

Policy Implementation Action Plan
Based on extract from HSCP Board Paper 23 September 2020

Guidance Requirement	Action (agreed 23 September 2020)	Update (July 2022)
A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required	The amended committee report template will comply.	This action was completed upon implementation of the Policy and the committee report template compliant. In June 2022 Internal Audit highlighted that where a Direction was not required report authors were, in some instances, removing this section of the committee report. Report authors have received additional advice and support and the report template has been further improved to provide a standard form of words.
Directions should include detail on the required delivery of function and financial resources	We will adopt a standard template approach to framing directions which meets the core recommendations of the guidance	Action complete.
The content of a direction should be informed by the content of a report on the function(s) approved by the HSCP and should be contained in the same report, using a standard format	We will ensure that each direction issued will have an associated report, which details the background and reason-giving rise to the direction.	Action complete.
Directions should be issued as soon as practicable following approval by the HSCP, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both.	The Chief Officer will formally issue a direction on behalf of the HSCP through an email communication with one or both of the respective Chief Executives, copying in the HSCP	Action complete

<p>Each in their role as accountable officers to the relevant statutory body</p>	<p>Chief Finance Officer, HSCP Board Chair and Vice Chair.</p>	
<p>A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the HSCP Board and used as part of performance management processes, including audit and scrutiny</p>	<p>Introduce and maintain a direction log. Given that, directions are likely to support strategic decisions, service redesign and medium-term actions the log will be reviewed twice a year by Audit and Performance and HSCP Board.</p>	<p>The Directions Log has been developed and maintained.</p> <p>In June 2022 Internal Audit noted that neither the HSCP Board or the Audit and Performance Committee had reviewed the action log.</p> <p>This has been addressed in the September 2022 reporting cycle and the forward planner updated to capture the requirement to report to the Audit and Performance Committee on a six monthly basis.</p>
<p>In addition to the above, the guidance describes the form directions will typically take, asking that directions describe the: – Scope and scale of the function – Finance involved – Scale and nature of change – Those impacted by the change – patients, people who use the services, carers, local communities, staff or others – Timescale for delivery</p>	<p>Introduce a direction template that will be completed by report authors and accompany reports to HSCP Board and Audit and Performance</p>	<p>Action complete.</p>

DIRECTIONS CATEGORISED AS AMBER

<u>Direction Number/Date of Issue</u>	<u>Functions Covered</u>	<u>Those Impacted</u>	<u>Resources Committed</u>	<u>Update</u>
HSCP B000001MJC26112020 26 November 2020	Direction to implement WDHSCP's Local Carers Strategy.	Carers both adult and young carers, patients, people who use services, local communities, staff and others.	Funding will come from the SG Carers Act funding. Specific funding will be agreed and allocated after completion of the detailed carers' strategy implementation action Plan	Good progress has been made in the development of the Action Plan and an annual report was presented to the HSCP Board in January 2022 outlining progress regarding implementation. There has been unavoidable delay in recruiting to the Unpaid Carers Liaison Officer position. This has had an adverse impact on the pace of implementation of the action plan. Interviews for this post have now taken place and a preferred candidate has been identified.
HSCP B000019JB21032022 21 March 2022	Direction to implement a pilot to streamline Self-Directed Support (Direct Payment / Option 1) for Unpaid Adult Carer Short Breaks	Carers both adult and young carers, patients, people who use services, local communities, staff and others. The direction is intended to reduce the impact of caring on unpaid carers by providing access to short breaks. Carers will have identified individual outcomes they expect to achieve which aggregately will support the HSCP to deliver on its strategic	WDC is directed to invest the £0.266m earmarked reserves in the pilot of streamlined access to SDS Option 1 (Direct payment) for unpaid carers. Approve the approach to the pilot described in the proposal 2. Agree for the HSCP Board to receive an update on the progress of the pilot six months post implementation	Delays have been experienced in respect of the recruitment of the Unpaid Carers Liaison Officer and the SDS Lead. These have now been addressed with the SDS Lead recently taking up post and a preferred candidate identified for the role of Unpaid Carers Liaison Officer.

		<p>priorities of early intervention, supporting access to services and tackling inequalities and, ultimately, the vision of “Improving lives with the people of West Dunbartonshire”. The direction speaks to National health and wellbeing outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p>	<p>3. Approve the £0.266m earmarked reserves to be invested in the pilot of streamlined access to SDS Option 1 (Direct Payment) for unpaid carers.</p>	
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