

**West Dunbartonshire
Health and Social Care Partnership**

Chief Social Work Officer Annual Report

2021-2022

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I am delighted to present my first Chief Social Work Officer annual report in West Dunbartonshire.

This report provides a summary overview of Social Work activity across West Dunbartonshire over 2021/22 and does not cover all aspects of the diversity of Social Work practice within the HSCP. Reference is made to scrutiny partners and their broad findings over the past year and areas of continued focus for improvement, including improvements, challenges, and service performance information.

The annual report provides an overview of Social Work services but crucially it provides an opportunity to highlight the many good practice areas, and cross cutting work taking place across Social Work services in West Dunbartonshire with partner agencies.

The clarity of objective of the shared ambition to deliver earliest and preventative services to enable children and adults to live their best lives in community settings where possible is clear across all delivery areas. The shared understanding of the impact services make, not simply activity, is at the heart of all social work delivery, and the culture change in services to ensure meaningful participation and self-direction is growing. The voice of those receiving services being 'their own experts' and those with lived experiences help us deliver person centred services of today and develop a model of services fit for the future.

Social Work protects and supports people from before birth to end of life, working with families, individuals and partners. It does so by providing or purchasing services designed to promote the safety and independence of people who need or use services, and to contribute to community safety by reducing re-offending. The Third and Independent Sectors are key partners in service delivery and need to be a greater integral part of service delivery in West Dunbartonshire. Social Work services are provided 24 hours each day of the year. They are provided in partnership with a range of stakeholders, including people who use or benefit from them.

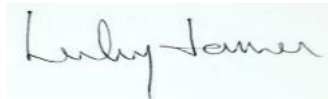
The Social Work services workforce is diverse and includes Social Workers; Occupational Therapists; Residential and Day Care Staff; Home Care Staff; Mental Health Officers; and people working with Children, Adults and Justice Services. Services are delivered by a skilled, dedicated workforce who require support, training and effective leadership to undertake complex and often challenging work.

This year, has seen services able to more fully recover and reset from a pandemic driven service response, with increased numbers of staff returning to the work place and buildings more accessible to services user particularly since early 2022. Staff vacancies across services areas is a notable challenge across nearly all service delivery areas.

It is to the credit of the entire Social Work and Social Care workforce that vital services in West Dunbartonshire have continued throughout pandemic and beyond and is testament to the dedication, commitment and individual effort of each Social Worker, Social Care worker and manager in providing a continuity of service through these unprecedented times, where those with the greatest inequalities in life have been most impacted through the pandemic. Unfortunately, the impact on citizens and communities is still not fully visible and is likely that additional needs for families and individuals will be evident for some time to come.

I would like to extend my sincere thanks to everyone who contributed to the writing of

the this report, I intend to develop an executive summary locally, to ensure reach and visibility widely to celebrate the vital contribution that Social Work continues to make to the lives of children, young people and adults in our communities.

A handwritten signature in black ink on a light blue background. The signature is cursive and reads "Lesley James".

Lesley James
Chief Social Work Officer
Head of Children's Health, Care and Justice

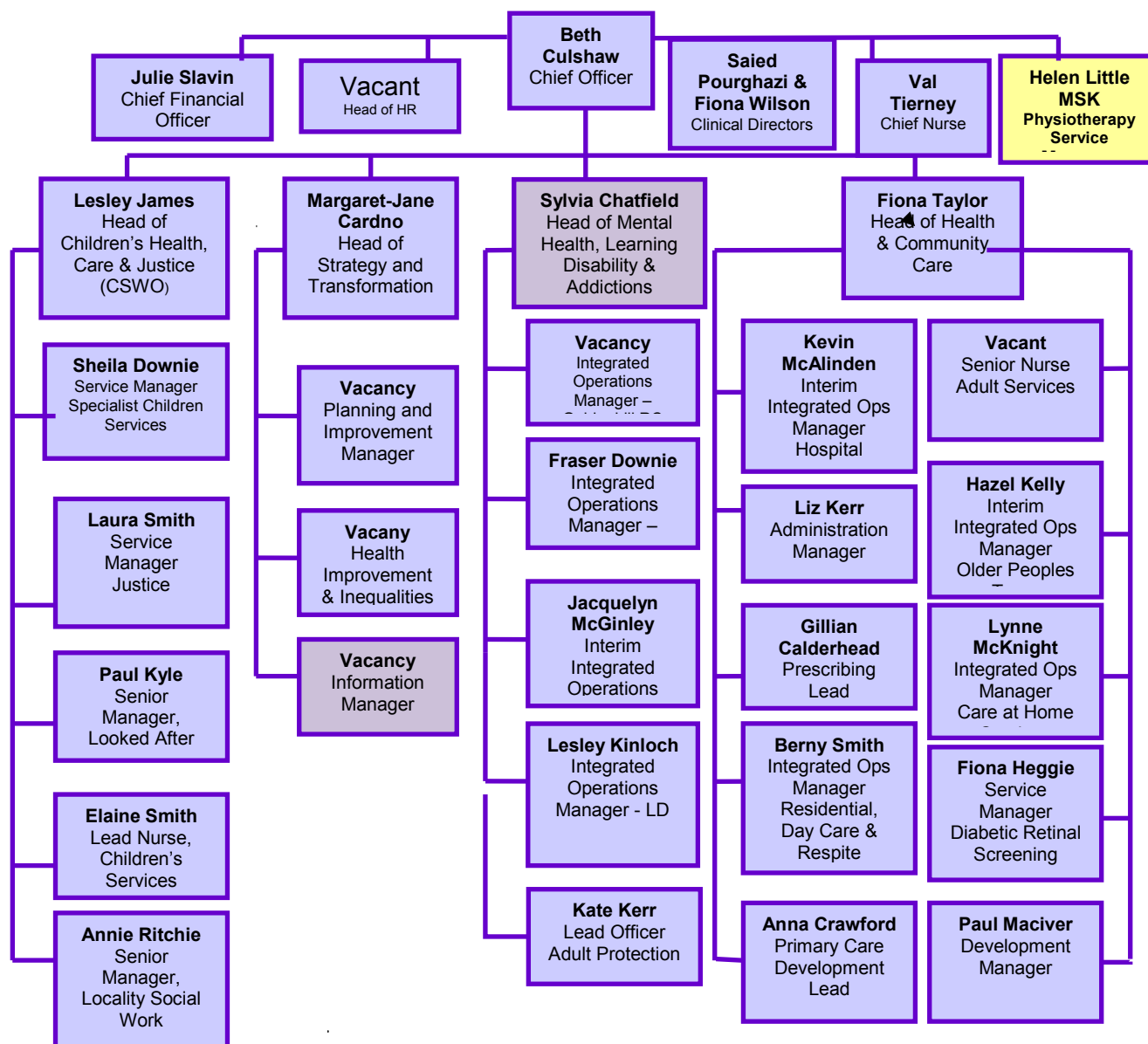
1. Governance and Accountability

1.1 Role of the Chief Social Work Officer:-

1. There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of Social Work services whether directly provided or commissioned.
2. The CSWO has responsibility for overall performance improvement and the identification and management of corporate risk in so far as these relate to Social Work services. The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and Social Care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.
3. The role assists the Council and the Integration Joint Board to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the SSSC Codes of Practice.
4. The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social Work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.
5. West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice reporting to both the Chief Officer of the HSCP and the Chief Executive.
6. The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the Health and Social Care Partnership (HSCP) Board.
7. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a Local Authority's statutory functions as they relate to Social Work services. The CSWO fulfils the functions of both Council and the Health & Social Care Partnership.
8. The CSWO assists the Local Authority, Integration Joint Board and their partners to understand the complexities and cross-cutting nature of Social Work delivery – particularly in relation to issues such as:-
 - Corporate parenting;
 - Child protection;
 - Adult protection;
 - The management of high-risk offenders.

9. The role also contributes to supporting overall performance improvement, management of corporate risk and a wide range of national and local outcome.

West Dunbartonshire HSCP Structure



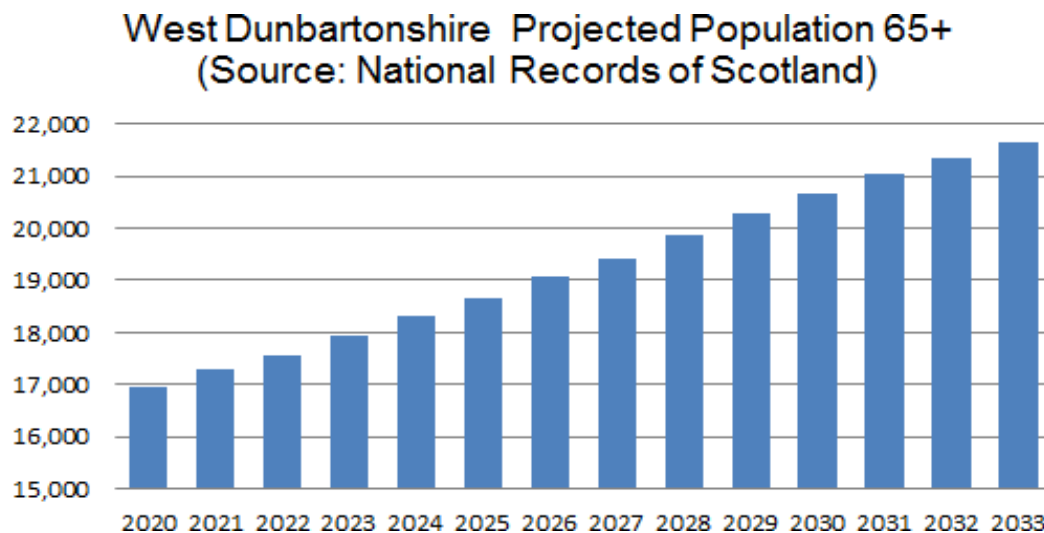
10. Within the structure of HSCP focus on preventative and participative service approaches to improve the outcomes of those who use services, their carers and their families.

- 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;
- Justice Social Work;
- Community Mental Health, Learning Disability and Addictions services within Integrated community teams and inpatient services.

1.2.1 In 2020, the population of West Dunbartonshire was 88,340 (National Records)

for Scotland, 2021). This is a decrease of 0.7% from 88,930 in 2019. Over the same period, the population of Scotland remained almost the same with only an increase of 0.05%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.

1. The number of births in West Dunbartonshire in 2020 was 771 which, in common with a number of other Scottish local authorities, was much lower than the figures of 845 in 2019. In West Dunbartonshire, 18% of the population are aged 0-15, slightly higher than Scotland (17%), and 9.7% of the population are aged 16-24, which is smaller than Scotland (10.4%). In terms of overall size, the 45 to 64 age group remains the largest age in 2020, with a population of 25,6646 (29%).
2. 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 (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inver Clyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020¹).



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.

1.3 CSWO and Partnership Arrangements

1. The Chief Social Work Officer participates in a range of groups and forums to ensure the proper delivery of social work functions. These include the 'Nurtured' and 'Safe' Delivery & Improvement Groups (DIGs) which lead on the relevant strategic priorities of West Dunbartonshire Community Planning Partnership as well as the Public Protection Chief Officer Group, the HSCP Board, HSCP Audit & Performance Committee and the Senior Management Clinical & Care Governance group.
2. These arrangements support work with a range of key partners including the

Council, NHS Greater Glasgow & Clyde, third sector, Police and Scottish Children's Reporter Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local strategic priorities. The CSWO is a non-voting member of the HSCP Board.

Nurture – Delivery Improvement Group (DIG)

3. The Nurture DIG is the multi-agency strategic planning group for services for children across the Community Planning Partnership (CPP). It is one of the 6 Sub-groups under the Community Planning. The Nurture DIG is a multi-agency partnership that is responsible for the implementation of GIRFEC across all of our services and produces the Integrated Children's Services Plan, a statutory plan under the Children and Young People (Scotland) Act 2014.
4. In 2022 a sub group structure as part of its ongoing activity during 2020-21, the Nurtured Delivery and Improvement Group published the integrated children's services plan for 2021-23, with the strategic outcomes themed around the SHANARRI outcomes for children and young people (safe, healthy, achieving, nurtured, active, respected, responsible and included).
5. The plan is currently being reviewed and a subgroup structure has been developed this year reflecting both the key priorities for Integrated Children's Service planning and strengthening collaborative delivery of priorities given the challenging local and national program for children ahead.
6. The sub group structure reporting to the Quarterly Improvement Group are:
 - Children's Rights Voice and Participation;
 - GIRFEC;
 - The Promise;
 - Family Support;
 - Mental health & Wellbeing.

1.4 Clinical and Care Governance

1. The Clinical and Care Governance process applies to all services provided and commissioned by the Health and Social Care Partnership. Clinical and Care Governance is the responsibility of all who work within or on behalf of the organisation, delivery therefore requires an integrated approach with an emphasis on joint working and collaboration.
2. We have built on the existing professional and service governance arrangements in place in NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) as our HSCP clinical and care governance arrangements mature and develop across integrated arrangements.
3. As West Dunbartonshire HSCP continues to integrate governance mechanisms for services within partnerships we must ensure that core principles and elements of Clinical and Care Governance are consistently and effectively applied and coordinated across the full range of services including all service areas within HSCP, services commissioned by the HSCP and third sector providers. A subgroup arrangement for social work and social care services is being developed and chaired by the CSWO.

4. West Dunbartonshire HSCP Clinical and Care Governance Group (WDHSCP CCGG) will work in accordance with the Clinical and Care Governance Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details the following 'Five Process Steps to Support Clinical and Care Governance':
 - Information on the safety and quality of care is received;
 - Information is scrutinised to identify areas for action;
 - Actions arising from scrutiny and review of information are documented;
 - The impact of actions is monitored, measured and reported;
 - Information on impact is reported against agreed priorities.
5. WDHSCP CCGG will ensure that effective arrangements, structures and procedures are in place to support oversight and scrutiny of care quality in order to provide assurance that all services delivered or commissioned by the HSCP are safe, effective, person centred, responsive to local needs and support clinical and care staff to continuously improve health and social care services in order to enhance the lives and health of those within our community. The group will provide this assurance to West Dunbartonshire Integration Joint Board, NHS Greater Glasgow and Clyde Health Board (NHSGGC&CHB) and, West Dunbartonshire Council (WDC).
6. Reporting Arrangements:
 - The Clinical and Care Governance Group (CCGG) has an advisory function. Decisions of the CCGG require ratification by the HSCP Senior Management Team by the Integration Joint Board.
 - West Dunbartonshire HSCP CCGG will report via the HSCP Senior Management Team to the Integration Joint Board.
 - The CCGG will provide an exception report to the Primary Care & Community Governance Forum (PCCCGF) at each meeting for the purposes of reporting at the next PCCCGF.
 - The CSWO will provide the CCGG with their Annual Report.
 - The Clinical Director will provide the CCGG with the Clinical Governance Annual Report.
 - Both these reports will be made available to the Integration Joint Board each year and the Clinical Governance Annual report will also be submitted to the NHS GG&C Board Clinical Governance Committee.
 - The CCGG will receive appropriate updates from the locality groups of any relevant issues, which require highlighting.
 - Updates from the Adult Support and Protection Committee, the Infection Control group, and Child Protection Committee will be provided at each meeting.
 - Updates concerning new and Emerging Risks will also be considered by the CCGG.
 - The Group will also consider minutes / updates from the PCCCGF, and take cognisance of other Governance Forums, specifically Mental Health and Learning Disability Fora, Specialist Children's Services and appropriately respond and consider the impact of any recommendations made for the HSCP, and take appropriate steps to instigate any actions.
 - Any additional minutes or matters of concern relevant to Clinical and Care Governance from other HSCP, Health Board or Council groups should be

brought to the attention of the CCGG by the relevant Heads of Service e.g. reports from external scrutiny bodies regarding HSCP or commissioned services, or via exception reports from local service areas clinical and care governance fora.

1.5 Public Protection Chief Officers Group (PPCOG)

1. West Dunbartonshire's multi-agency Public Protection Chief Officers Group (PPCOG) is responsible for the strategic co-ordination of public protection services in West Dunbartonshire and is chaired by the Council Chief Executive. Core membership also includes the Chief Nurse: Public Protection (NHS Greater Glasgow & Clyde), the Divisional Commander (Police Scotland) and the Chief Officer (HSCP). The Chief Social Work Officer, the Council's Chief Education Officer and the Locality Reporter Manager (Scottish Children's Reporter Administration) also attend the PPCOG. The group scrutinizes the strategic direction and performance of services for child protection, adult protection, multi-agency public protection arrangements (MAPPA) for the management of high risk offenders, violence against women and the Alcohol & Drugs Partnership.
2. During 2021-22, the PPCOG has reviewed its risk register, aligned to the development of single registers held by each of the strategic committees as identified above. PPCOG will receive a high level risk report on a quarterly basis informed by relevant strategic committees to provide the necessary oversight and will determine any required intervention by PPCOG. A new Chief Executive and Chair of the group has recently been appointed and a review of the collective data sets and performance information across the partners is being undertaken to strengthen oversight and scrutiny.
3. The Performance and Assurance Reporting Framework (PARF) provided PPCOG members with a quarterly report on performance against targets for child protection, adults at risk and vulnerable adults, and high risk offenders and included this year the national minimum data set for children. PPCOG are developing the reporting of additional data, from across the group held by each of the key partners to enable richer layering of data to strengthen strategic oversight.

1.6 Child Protection Committee

1. The Child Protection Committee vision 'Child protection is Everyone's Responsibility' supports Scottish Government's vision that Scotland is the best place in the world to grow up. For this to happen, all children, including our most vulnerable, must have access to the support they need to help them have positive outcomes. West Dunbartonshire's Child Protection Committee provides a local, strategic partnership to achieve the best outcomes for all our children. The committee has strong representation across the multi-agency partnership and is independently chaired.
2. The Committee has met quarterly during 21/22 moving to bi-monthly in 22/23 and fulfils the functions as defined in the National Guidance for Children Protection in Scotland 2014.

1.7 Key achievements from work plans over 2021/2022

1. Implementation of National Learning Review Guidance and implementation multi-agency review teams and case groups to produce learning from significant case reviews.
2. Aligned to the significant case reviews, improvement plans have been created with clear governance and scrutiny arrangements in place.
3. The creation of two protection posts to support Learning and Development and Quality Assurance across Adult and Child protection systems.
4. The implementation of a sub group structure in line with Protecting children and Young People Guidance 2019;
 - Self-Evaluation and Quality assurance;
 - Communication and Engagement;
 - Learning and Development;
 - Policy and Practice.
5. Audits have become routine for all children who have had a second child protection plan put in place within 2 years of their child protection plan ending.
6. A Multi-agency training calendar has been developed for practitioners and managers.
7. Face to face training for conference and core group chairs been delivered.
8. Integrated assessment documentation has been revised with strengthened SMART Plans, incorporating plain English principles and will be part of Carefirst recording system in 2022.
9. The development of IRD steering to progress improvement from self-evaluation and phase 1 and 2 of Joint Children services Inspection.
10. Ongoing implementation of Joint Inspection Improvement Plan.

1.8 Key Challenges

1. Across the partnership staffing pressures and vacancies exist which impacts on attendance and capacity both within the delivery of single agency services and multi-agency partnership working. A single template is being developed to routinely gather and report vacancy challenges, and include in risk registers as appropriate. This information will be routinely reported to PPCOG.

1.9 Adult Protection Committee

1. The Adult Protection Committee is independently chaired with a broad representation for all key partners. The committee meets quarterly and has identified its key priorities based on 2022 Joint inspection of Adult Support and Protection, and local self-evaluation and case reviews.
2. The joint inspection of Adult Support and Protection West Dunbartonshire Partnership took place in May and July 2021. 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. An improvement plan has been delivered 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.

1.10 Key achievement from work plan in 2021-22

1. Despite the restrictions arising from the pandemic, a range of training and development sessions were delivered between April 2021 and July 2022.
2. The main focus was on the statutory duties of Adult Protection and ensuring training was delivered to Council Officer's and second workers. Sessions on ASP roles and responsibilities, including Case Conference Chair, were also delivered to Integrated Operational Managers and Senior Social Workers.
3. Basic Awareness training was delivered via Microsoft Teams throughout 2021 and an iLearn module launched on the West Dunbartonshire learning platform in July 2022. Whilst mandatory for social care staff, all council staff are able to access the training.
4. The Lead Officer worked with Carers of West Dunbartonshire to produce a YouTube ASP Awareness video, this was released in November 2021.
5. The Adult Protection Committee will introduce a training sub group to take forward a multiagency adult support and protection training plan that is responsive to the needs of the workforce and shares learning resources.

1.11 Multi-Agency Public Protection Arrangements (MAPPA)

1. West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, Police Scotland, NHS Greater Glasgow & Clyde, NHS Highland and the Scottish Prison Service which are all deemed 'responsible authorities'. A dedicated MAPPA coordinator provides professional advice and guidance within a small MAPPA Unit, which supports responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.
2. MAPPA brings together the expertise and resources of key agencies to develop and deliver plans to protect the public from being harmed by sexual and violent offenders, including restricted patients.
3. The overarching objective of MAPPA is to protect the public from harm. This includes having the correct resources in place to enable people who have committed offences to meaningfully work on changing their behaviour. This is where multi-agency public protection arrangements are not just about restrictions and the management of risk. They also focus on ensuring people have access to the services they need, whether these be related to health, housing, substance misuse or reducing their offending.
4. Any person assessed as presenting a high risk of harm to the public is subject to very strict supervision and monitoring to help reduce that risk. This can include living in approved accommodation, being subject to restrictions about visiting certain places or having contact with specific people.
5. Offenders subject to MAPPA must report regularly to the police or their Supervising Criminal Justice Social Worker, alongside unannounced visits to their home address.
6. MAPPA is directed and overseen by the North Strathclyde Strategic Oversight

Group. It consists of senior representatives from each of the Responsible Authorities, with representatives of the Duty to Co-operate agencies attending as appropriate.

7. The group meets 4 times per year and is driven by strategic priorities and a business plan which addresses the areas of responsibility identified in MAPPA National Guidance 2016.
8. People subject to MAPPA are from the following categories, set down in Law:-
 - Registered Sex Offenders (Category 1);
 - Restricted Patients (Category 2);
 - Other risk of serious harm offenders who meet certain criteria (Category 3).

1.12 Community Justice Partnership

1. West Dunbartonshire historically delivered the Community Justice agenda through a SAFE delivery Implementation Group (DIG) a subgroup of community planning. In February this year a recommendation was taken to WDC Community Planning Partnership that a dedicated subgroup, namely a Community Justice Partnership, would be implemented with a discrete and specific focus on improvement and service development to deliver improved outcomes for those who have come into contact with the justice system.
2. It is clear that the required preventative focus, support from custody, and community and strength based approach cannot and should not be delivered by Justice Services in isolation. In addition, the required reach to many adults not engaged with Justice Services requiring additional support to improve outcomes is considerable.
3. The Community Justice Partnership has had a series of Workshops throughout 2022 to ensure a shared understanding and vision exists across the partnership. The national development of the Outcomes Performance Improvement Framework (OPIF) is enabling the new Partnership to set a baseline of current activity against nationally agreed aims and indicators.

1.13 Alcohol and Drug Partnership (ADP)

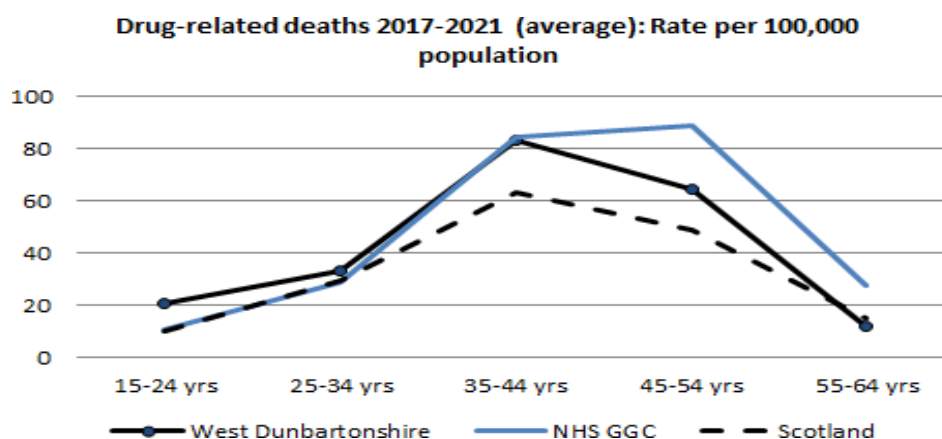
1. The ADP oversees a broad range of activity to minimise the harms caused by substance misuse. The ADP priorities support the aims and principles of the Integration Joint Board and reports to PPCOG.
 - Improve health, early intervention and prevention;
 - Reduce prevalence of alcohol and drug use;
 - Promote and provide opportunities for recovery;
 - Support children and families affected by substance use;
 - Reduce the impact of substance use on communities;
 - Provide high quality treatment and support services;
 - Medicated Assisted Treatment (MAT) standards.

1.14 Performance Highlights 2021/22

1. During 2021/22 The Alcohol and Drug Partnership (ADP) has implemented several improvements to governance arrangements. This has provided a clear

emphasis on performance management, commissioning and procurement, and partnership working that focuses on service delivery. The ADP has also had a specific focus on the improvement recommendations by the Scottish Government and endorsed by COSLA, which seeks to support the national mission to tackle drug deaths within Scotland.

2. The ADP has taken forward the implementation of the Medicated Assisted Treatment (MAT) Standards from April 2022. These new standards will enhance access to alcohol and drug services and will also ensure that those accessing services can involve their families within the decision making process. In addition the ADP has been successful in a recent application for additional funding to support people with severe and multiple complex needs.
3. Advocacy services will provide a dedicated rights based advocacy service to support the delivery of the MAT Standards. This service will have two appointed employees embedded across all Addiction Services in West Dunbartonshire.
4. 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.
5. 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. Poly-drug 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.



6. 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 Addiction Services and 71 referrals have been made by West Dunbartonshire to the Overdose Response Team since the pathway's inception.
7. 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.

8. 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.

1.15 Chief Social Work Officer Oversight

The CSWO has maintained oversight of social work practice and performance by a range of means, including:

1. Quarterly Social Work governance meetings with operational managers for Adult Social Work services and the Heads of Service for Health & Community Care and Mental Health, Learning Disabilities & Addictions.
2. Six weekly Oversight and management the lead officer (child protection) and independent joint Chair of the Adult Protection Committee and Child Protection Committee.
3. This year the development of Protection Team meetings with lead officers Heads of Adult and Older People's Service shortly to include the quality assurance officer Protection and Learning and Development Officer.
4. Core member of Alcohol and Drug Partnership (ADP).
5. Core member of Clinical and Care Governance (CCG), taking forward a subgroup of Social Work and Social Care oversight which will report to CCG meeting bi-monthly moving to quarterly.
6. Access and oversight of performance data for all social work and social care service areas.
7. Oversight quarterly meeting with Heads of Service in Adults and Older people.
8. Regular engagement with staff across the service Oversight of SCR / ICR and since adopted Learning Review's including notifications.
9. Care Home Oversight Group meeting weekly.
10. Oversight of self-evaluation activity across services.
11. Complaints and service user feedback being further development by 22/23.

1.16 Statutory Functions (Chief Social Work Officer)











1. The performance of the service, for the purpose of this annual report, principally focusses on those which relate directly to those conferred to the Chief Social Work Officer. Some other areas of performance have been included to provide further information on service activity. Reference is made to other scrutiny and performance bodies and groups.
2. There are specific areas where statutory decision making functions sit directly with the Chief Social Work Officer by name.
3. These mainly relate primarily to restriction of individual liberty and the protection of individuals and the public. These include:-
 - acting as a guardian to an adult with incapacity where the functions relate to the personal welfare of an adult and no other suitable adult has been able to be appointed;
 - decisions associated with the management of drug treatment and testing orders;
 - carrying out functions in relation to a breach of a supervised release order;
 - implementation of a secure order authorisation;
 - review of secure placements and removing a child from secure accommodation;
 - the transfer of a child's residence subject to a supervision requirement in cases of urgent necessity;
 - the role of the Chief Social Work Officer in responsibility for joint arrangements for MAPPA;
 - responsibility to ensure Mental Health Officer functions are delivered in accordance with professional standards.

To this end, a range of management information has continued to be provided to the CSWO and operational managers to inform service delivery. This includes:

1. Quarterly performance and review data for child protection, adult protection and MAPPA (also reported to the Public Protection Chief Officers Group);
2. Monthly management information report for children's and justice services (including service demand, initial response, case allocations and performance against key performance indicators) – this report is also shared with the HSCP Chief Officer and Council Chief Executive;
3. Registered practitioners subject to performance improvement plans or other formal measures including referral to the Scottish Social Services Council (SSSC);
4. Professional practice discussion as part of quarterly meetings with the Link Inspector from the Care Inspectorate;
5. Use of bench marking of data including data set out below:

1.17 Local Government Benchmarking Framework (LGBF)

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.

Code	Performance Indicator	Year	WD HSCP	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	

2. Service Quality and Performance

Overview of how service are performing

2.1 Justice Services

1. Justice Services have continued to provide support, interventions and monitoring to those subject to statutory orders and licences. Despite the impact of Covid-19 on service delivery we have continued throughout to discharge our duties in relation to public protection and the reduction of reoffending.
2. There are clear governance structures around Justice Service internally via the IJB, PPCOG and Safe DIG. We continue to meet with our Link Inspector from the Care Inspectorate and provide quarterly and annual unit returns to the Justice Division of the Scottish Government.

3. The operational management team is due to be extended from funds from Scottish Government. As an integral part of the service, this will strengthen oversight of best practice and accountability to the senior management team.

2.2 Community Payback Orders (CPO)

1. As outlined below, the service has seen a notable increase in orders being imposed. 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 (CPO) whilst encouraging learning at home.
2. 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.
3. Having secured a new workspace for unpaid work orders in the previous year, 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.
4. Staff continue to provide specialist Justice monitoring and supervision to those on community orders or licenses, utilising their skills in risk assessment, individualised intervention programmes to enable service users address the cause and effect of their offending behaviours on themselves, families and communities.

2.3 Drug Treatment and Testing Orders (DTTO)

1. The DTTO service is provided by an integrated care team hosted by West Dunbartonshire and working across East Dunbartonshire, West Dunbartonshire and Argyll and Bute, to support individuals whose offending is primarily due to their established addiction issues, encouraging recovery, reduced offending behaviour and promoting stability.

2.4 Diversion from Prosecution







1. During 2021-22, Diversion services were provided to 37 people whom 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.



2.5 Prison Throughcare

1. The provision of services to individuals prior to their release from custody and into the community continues to support successful reintegration into the service users' local communities.

2.6 Women's Safety and Support Service

1. The Women's Safety and Support Service (WSSS) is an Equally Safe Funded service (March 2025) which is integrated within CJSW. 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 VAWG 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.
2. The service also supports women offenders who have additional vulnerabilities and complex needs resulting from multiple experiences of VAW throughout their lifespan. This support recognises the intersectionality of complex vulnerabilities which their distinct experiences of violence contributes to. The WSS service provides this as a core specialist activity as well as integrating wider understandings of a gendered analysis of women's offending within criminal justice context.
3. The WSS Service has integrated service user involvement within service development and represents the experiences and priorities of women within national and locality agendas.
4. The Equally Safe in Practice Framework highlights the need to encourage and integrate Violence Against Women training across organisations nationally and locally which, supported by developing policy and protocols, will improve practice and support the main-streaming of the Violence Against Women agenda. The WSS Service has contributed within the locality by performing learning needs analysis and developing and delivering training through partnership arrangements and leading on the CPD opportunities within CJSW in relation to delivering effective services tackling VAWG.
5. The service outcomes are reported bi-annually to fund managers (Inspiring Scotland) and annually via National Performance Framework. The service is projected to receive in excess of 200 referrals, 2021-2022 having received 157 new and re-referrals October 2021-July 2022 and supporting an additional 24 from the previous year.

Justice Social Work Figures 2019-2022	2019-20	2020-21	2021-22
Criminal Justice Social Work Reports	636	455	576 
Community Payback Orders	426	234	341 
Drug Treatment and Testing Orders	12	5	18 
Diversion from Prosecution	30	21	37 
Throughcare (Community)	50	32	25 
Throughcare (Custody)	50	22	30 

Home Circumstance Reports	143	119	94 
Home Detention Curfews	19	17	18 

- During 2021/22, Justice Social Work services experienced some notable increases in demand compared to the previous year. This is fully reflective of the impact of the global pandemic which saw the re start of Scottish Courts, the full impact is anticipated to continue over the coming years as the backlog of Court cases are heard, resulting in increased work for Justice Services.

2.7 Improvement Actions

A number of improvement actions been completed during 2021/22 including:

- 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;
- Throughcare Assessment for Release on Licence – West Dunbartonshire staff having being trained in the first delivery of this tool;
- Ongoing negotiations with the National Caledonian Team to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire;
- Refurbishment work commenced on the Unpaid Work workshop to facilitate greater opportunities for service users;
- Additional Government funding has enabled the service to commence recruitment, to provide additional capacity alongside further support in the additional provision of services to our local courts including bail supervision and structured deferred sentences as an alternate disposal.

2.8 Key Challenges

- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector. This means we are only able to enter into short-term contractual arrangements, which creates difficulties in both the recruitment and retention of suitably qualified staff. Justice Services do not have the ability to reduce demand on our statutory services therefore a robust funding model is essential.
- Work is underway nationally to review funding to the Criminal Justice system, Justice Social Work Services and the Caledonian System. The majority of justice expenditure is funded by ring-fenced Section 27 grant. The current funding formula for Justice Social Work was introduced 4 years ago and is based on current workloads, rurality and the social and economic costs of crime.
- Continued backlog of unpaid work hours: whilst the Scottish Government has extended the time for completion of unpaid work orders, there will be continued pressure in relation to the significant number of outstanding hours.
- High numbers of Domestic Abuse offending within the local authority: staff are

listed to attend national training on the Caledonian system.

2.9 Key Strengths

1. Strong partnership working evident in the planning of support for individuals being released from prison. Our Justice and Housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
2. Positive working relationships with Police Scotland colleagues in the management and support to those assessed as posing a high risk of re-offending.
3. 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.
4. Referrals from the Crown Office and Prosecution Service (COPFS) have significantly increased. In line with 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. We continue to have regular meetings with the COPFS service through the local community justice forum.

2.10 MAPPA

1. The CSWO continues to attend the North Strategic Oversight Group and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (local authorities, Police Scotland, Scottish Prison Service and Health).
2. The MAPPA Unit's Performance Report noted 100% compliance with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliance with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales – no exceptions were reported during 2021-22.
3. 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 (SCR) is required.
4. Within West Dunbartonshire, one Initial Case Review was completed in October 2021, following the death of a service user. From this review it was established that there was nothing any of the agencies involved could have done to foresee or prevent his suicide and as such, no requirement for an SCR. It has highlighted however the need, on a national level, for 'vigilante activities' and outings of service users to be address.

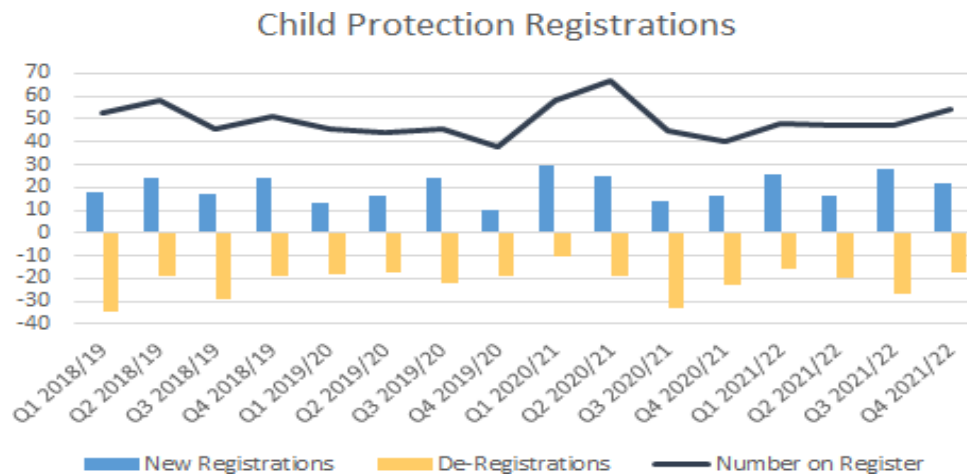
2.11 Children and Family Services

1. The integrated model of services within the HSCP ensures cross cutting service delivery with Social Work, Health Visiting, and includes Family and School nursing and CAHMS services. The following section provides an overview of performance and service delivery but does not cover each and every delivery aspect. The report provides a focus on Social Work services, and performance associated health team's delivery on an early years and a GIRFEC agenda.
2. Due to the ongoing and unpredictable nature of the pandemic during 2021 and into 2022, children's Social Work services continued to work flexibly using remote technologies and flexible work spaces to maintain services during this period. Covid-19 oversights were maintained as described in the previous CSWO report, with strong links to partners in respect of the most vulnerable children and assurance provided in respect of oversight, visibility of children and maintenance of children's plans in this context. Contact arrangements were kept under close review due to the impact of the virus with plans in place to support and mitigate any potential impact on relationships; however some drift is evident in children's plans in this area due to staffing issues and pandemic related restrictions on direct work which we are continuing to work through.
3. Throughout the period of the pandemic, Violence against Women Operational Partnership arrangements were maintained with key actions in respect of direct support and development of both additional publicity and opportunities for victims to access support and advice. MARAC and MATAC arrangements were ongoing with the local MARAC within WD having commenced at the onset of the pandemic, and taking place monthly throughout. Referral rates to MARAC are high with the Police remaining the primary referring agency. Safe Lives have observed MARAC twice to date offering feedback in respect of local strengths and areas where we may further develop. These actions will be taken forward within the local MARAC steering group. Further evaluation of MARAC locally is required to ensure impact of the multi-agency MARAC group is being fully identified. This will be an area for focused activity in 23-24.
4. There has been a fluctuating impact on staffing levels due to the impact of the virus, however home working and other flexible approaches have been successful in maintaining service delivery; in addition, WD have experienced some movement out of children's Social Work services as staff take up opportunities elsewhere; recruitment has been challenging in line with the national context, however the utilisation of agency staff and focus on caseloads and prioritisation of work has again maintained service delivery in respect of key functions.
5. Vacancies have been highlighted on the PPCOG risk register as a consequence of both the pandemic and the national context around recruitment, specifically in respect of the retention and recruitment of experienced staff.
6. The service developed in its capacity to utilise technology including the use of digital platforms for a range of purposes, including for looked after children to maintain relationships with their families during lockdown. Child protection and other meetings were undertaken using teleconferencing facilities which (notwithstanding some of the challenges) facilitated ongoing multi-agency collaboration and planning for those children and young people most at risk.

7. Oversight of performance and demand has continued, with managers receiving monthly data reports and more specific weekly data which focuses on achievement of key timescales for children's hearings, reports to case conference, initial referral discussions (IRDs) and current child protection investigations and most importantly taken required actions to ensure performance is of an expected standard.
8. In 2021 the service launched an adult services "Parental Strengths and Capacity Assessment" to be undertaken by adult Social Work services colleagues for individuals with caring responsibilities for children. This is a significant development, strengthening the shared responsibility for the safety and wellbeing of children and young people, adding significantly to the quality of assessments for children where parental mental health, addiction or other issues may impact on their ability to provide safe, nurturing care.
9. Furthermore, work on the local Carers Strategy has developed, with a specific focus on arrangements for young carers and young adult carers. An action plan which develops the statutory requirements for young carers' statements will seek to provide a more sustainable approach to local support and the provision of respite opportunities for young carers.
10. Support and respite arrangements for children with additional support needs were initially paused during the first months of the pandemic, however, these have been gradually scaled up in accordance with national guidance; transition planning for young people with additional support needs has also been maintained, with specific additional aspects of the Carers Strategy identified for parents of children moving into adult services by providing support towards the development of an adult carers statement (where required), as a key element of the transition planning process.

2.12 Child Protection Minimum Data Set

1. 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.
2. 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.
3. 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.

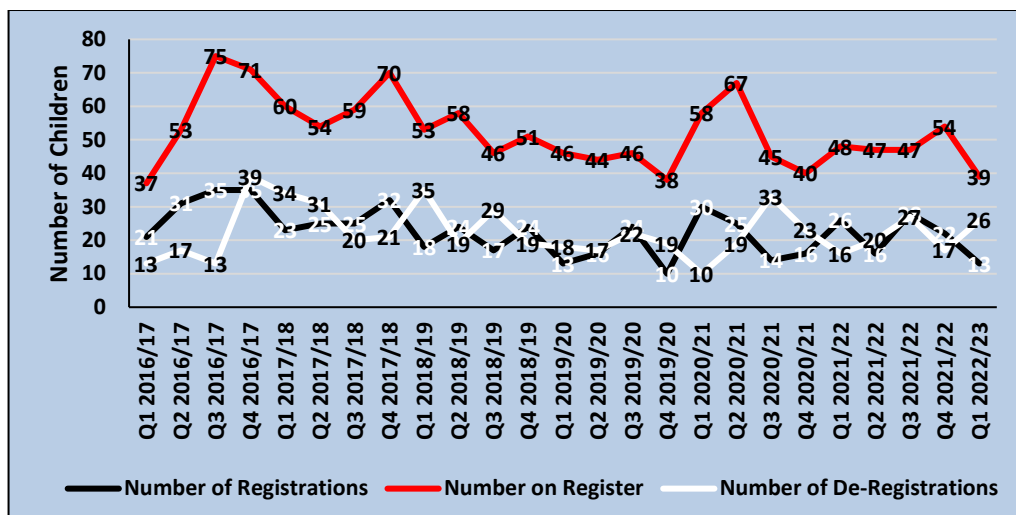


4. In comparison with 2020/21, where numbers rose as the initial stages of the pandemic unfolded, the number of children on the Register has remained fairly static throughout 2021/22 with a slight increase in March.
5. Analysis of the dataset highlighted that the majority (38%) of newly registered children 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.
6. 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%.
7. 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.
8. Child protection planning and immediate response to risk and concern referrals remain an area of strength across the partnership however there are improvement areas identified in respect of ongoing risk assessment activity and effective planning to mitigate / reduce risk locally.
9. A revision of SMART planning documents and IRD processes is currently being taken forward as part of a strengthened approach.
10. The announcement of an inspection of Children and Young People at Risk of Harm commencing late summer 2021, reporting in May 2022 with formative feedback in October of 2021 and again in February 2022, highlighted strengths and areas for improvement aligning broadly with the local assessment of strengths and developmental needs across the partnership.
11. Key improvement messages include; strengthening collaborative Leadership Improvement in quality assurance, using data to drive progress and strengthen the voice of children, young people and their families in planning and co-designing services.

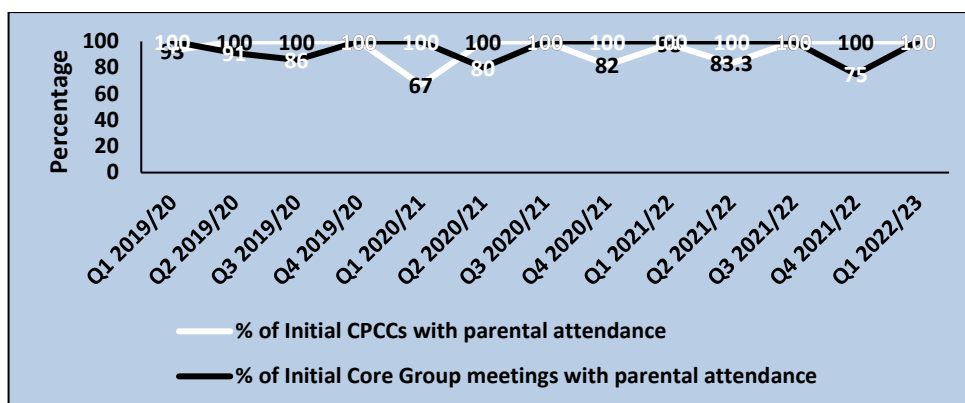
12. A comprehensive plan to develop and improve children's social work services within children's services partnership, is well underway.
13. The HSCP agreed with CSWO recommendation to support the implementation of several new posts to strengthen oversight and planning in children's Social Work service, including a reviewing team for Looked After children, an additional Senior Manager post to support capacity and improvement, an independent Fostering and Adoption Chair and an integration post and GIRFEC lead to support Integrated Children Service planning and GIRFEC refresh. The posts are initially funded for 2 years.
14. A range of practitioner's and operational managers and senior manager attended learning events delivered by the Care Inspectorate in June to July this year. For almost all this was the first opportunity staff had had to come together to focus on practice and learning for over 2 years.
15. In addition a number of social workers have completed the Child Protection Certificate and training in respect of domestic abuse awareness, risk assessment (Dash) and core child protection training. Engagement by the Child Protection Committee of an external trainer to support the revision and delivery of core child protection training for many staff across the organisation further training is planned in October regrading assessment planning and chronologies for practitioners.
16. Development work was undertaken jointly with partners within health, education, Children's Hearing Scotland (CHS) and SCRA in 2021 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.
17. In addition 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 this period.
18. Additional funding was approved in 2022 to support further development of the Health for All Service (previously LAAC Nurse) the name having been reviewed and retitled following engagement and consultation with young people.
19. The extension of support will now include the health needs of children in kinship care from the age of six upwards.

2.13 Child Protection Register, Registrations, De-Registrations and Re-Registrations

Number of Children (including Pre-Birth) on the Child Protection Register, New Registrations, De-Registrations, and (see table) Re-Registrations within 3, 6, 12 and 24 months of de-registration



2.14 Parental or Carer Attendance at Initial Child Protection Case Conferences and Initial Core Group Meeting



1. Inclusion of parents and carers demonstrated strong performance and this use of technology has supported inclusion through pandemic. However from self-evaluation and recent inspection inclusion and involvement of children required to be strengthened. This data will be considered in our reported data set going forward in 23-24.
2. A review of the Special Needs in Pregnancy Service (SNIPS) was commenced in 2021/22 and is being supported by CELCIS.
3. 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.
4. 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.

2.15 Children and Young People's Mental Health

1. National Policy and investment to support measures to improve mental health and emotional wellbeing services for children, young people and adults remains

a priority. Locally within the Nurtured Delivery and Improvement Group, a working group for children and young people's mental health and wellbeing community supports and services was established in June 2020. The group works in line with the national framework which promotes a 'whole system' approach and sets out the supports that children and young people (aged 5-24 years or 26 years old if care experienced) should be able to access for their mental health and emotional wellbeing within their community.

2. During 2020-22, Glasgow University were commissioned by the Health & Social Care Partnership on behalf of the wider Community Planning Partners to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports.
3. The review sought to understand the prevalence of collaboration and explored how sectors worked together to support children and young people's mental health and emotional wellbeing. Phase two involved engagement within a co-production approach to seek the views of children, young people and their families on local needs. The final report sets out key recommendations and six areas for development and will inform further action planning processes for children and young people's community mental health and wellbeing services and supports.
4. A number of short term projects have been delivered to support children and young people with emotional wellbeing, isolation and loneliness, access to physical activity opportunities and support for parents and carers of children with complex needs. The planning and development of a new distress brief intervention associate programme is also in progress; this new service will provide time-limited support to young people experiencing distress.
5. The HSCP Board approved the 2020-21 revenue budget on 25 March 2020 which included specific funding streams from the Scottish Government including Primary Care, Mental Health Action 15, Alcohol and Drug Partnership, Carers, Scottish Living Wage and Investment in Integration.

2.16 Distress Brief Intervention Service

1. In March 2022, a new West Dunbartonshire Distress Brief Intervention Associate Programme - 'Ask once, get help fast' for young people aged 16yrs to 24yrs (26yrs for care experienced young people) commenced. The new service supports young people who are experiencing 'emotional distress' and do not require clinical interventions. The service delivers face-to-face and telephone support, offered within 24hrs of referral. The new service continues to use learning from the national programme and other Associate Programme areas while taking an incremental approach to implementation. The first phase of workforce development in relation to the new service focused on Primary Care, Education and Police Scotland.

2.17 Scottish Families Affected by Drugs/Alcohol Young Persons Routes Project

1. The Children and Young People's Community Mental Health Supports and Service Working Group supported a financial contribution to Scottish Families Affected by Alcohol and Drugs' Young Persons Routes Project. The contribution supported the project's CORRA Foundation application to increase the

workforce capacity in West Dunbartonshire. 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.

2.18 Parental Support

1. A bespoke parenting programme for parents and carers of children with complex needs and neurodiversity issues such as Autism is now in place. This was delivered by a neurodiversity trainer during 2021/22 with 90 parents and carers completing the courses. The courses included Understanding Autism, Understanding Sensory Needs, Anxiety and Distressed Behaviour, and Managing Anger.

A visual representation is available for the work outlined above and is available <https://create.piktochart.com/output/59283515-cyp-update-2021-22>. This information can be broken down if a specific section is required.

2.19 Children's Houses

1. West Dunbartonshire has three Children's House's namely; Blairvadach, Craigellachie and Burnside the achievements in supporting the young people who live there are detailed below:

Blairvadach is a residential care home operated by West Dunbartonshire Council as part of their children and young people's services. It is registered to provide care and support to a maximum of 6 young people.

Burnside Children's House is a residential service for children and young people. Burnside House is located within the picturesque village of Alexandria near Balloch providing care and support to up to 6 young people.

Craigellachie is a seven-bedded house located in Clydebank and has been providing love and support to the children and young people in their care for over 50 years and it is a legacy that they are extremely proud of.

2.20 Care Inspections 2021-22

1. How well do we support children and young people's rights and wellbeing?

Graded 6, Excellent August 2022

"The young people living in Blairvadach were kept safe, both emotionally and physically by a truly caring, highly skilled, and confident staff group, who understood the unique risk each young person faced. The highly trusting, respectful relationships with young people, combined with a culture of non-judgement, consistently offered the opportunity for young people to make safer choices. Young people were central to the safeguarding process and their individual strengths and vulnerabilities informed a truly collaborative approach to risk management. One young person told us 'I've learned to call staff if I need them, and they will come get me'".

2.21 Family time, family support and the return to family when ready

1. Supporting young people and their families. A key part of our work is to be alongside our young people and their families, working closely and together with parents, grandparents and other people (who are important to our young people) to establish and improve relationships and wherever possible to support them through difficult times and to return to their families when ready to do so.
2. Also in addition, over the past two years, we have supported the return to family of four young people; initially, this is facilitated by supporting and prioritising young people spending time with family and maximising this when it is going well or supporting families when relationships are difficult and time at home is fraught. In this way, we work in a responsive manner and offer a listening ear, practical support and advice in the difficult times as well as ongoing support to families during their graduated transition to returning home.
3. This ongoing support and contact with staff from Blairvadach happens regularly and long term so long as families and young people still value these relationships. We also offer opportunities for young people who have moved on, to visit, meet, and be in touch if that's what they want or need.
4. Recent examples of our therapeutic approach includes, piloting Equine Assisted Learning, Building a Pizza Oven, Introducing the John Muir Award and starting our bee-tanical garden at Blairvadach.

2.22 Equine Assisted Learning

1. This idea was borne from one of our team members, her own interest in this and her passion and love for horses and the therapeutic benefits she felt herself in spending time with them. She completed her training, approached management to discuss the possibility of introducing this with our young people in across West Dunbartonshire.
2. When her training was complete, this was progressed. Firstly by successfully sourcing funding via The Children and Young People's Mental Health and Wellbeing fund, and by approaching local stables (near Helensburgh), who would be able to provide the space, horses and resources required. When all this was in place the offer of this opportunity was offered to young people in all of the children's houses and involved with other services across the authority. Two groups of young people successfully completed the 10-week programme.

2.23 Building a bespoke wood fired Pizza Oven and Cooking Pizza's

1. All six young people were involved at various stages building the oven, as well as a number of members of the staff team too. We had our first pizzas on 27 June 2022.

2.24 The John Muir Award plan for the coming year

1. We are extremely fortunate, in that where we are situated is a place with a variety of stunningly beautiful wild settings close by, examples include a shingle beach across the road, Glen Fruin, Loch Lomond and the Trossachs National Park and we also lie at the very start of the John Muir way which would allow us to (as John Muir himself put it) "saunter rather than hike" at least the first part of it after all "it's a good thing, to make short excursions every now and then". We

will carry this out ourselves with 2 members of staff initially with individual young people and wherever we can manage a small group of 3 young girls aged between 10 and 14 depending on their individual needs and plans on given days.

2.25 Memory books

1. Beautiful memory books that were maintained for each young person, and the pictures around the house were celebratory and reflected the love the young people told us they felt.
2. The young people we have now would benefit from achieving the John Muir Award. Aside from the learning and sense of achievement, this would offer it will also help increase their self-esteem, resilience and will help them form positive relationships with the adults who provide their care. These relationships are central to young people's recovery from early trauma and are important because it allows young people to learn how to trust adults again. It would also give them the scaffolding that enables them to develop in to young adults and achieve the milestones in their lives, which would allow them to become successful adults.

2.26 Unaccompanied young people

1. At Blairvadach we have been fortunate enough to have three young people from Vietnam living with us since 2019, two are still residing at Blairvadach and the other has moved on and is very happily living in England. The young person recently came back to visit us at Blairvadach. He said that he is settled in a relationship and planning his new life in the UK.
2. For all three young people we were able to locate and access ESOL language course for English and once completed get them enrolled into English classes at West College Scotland, all three boys can now speak English. One of our young people now works most days of the week locally in Helensburgh; staff have secured funding for him to sit his motorcycle CBT test. The other is still enrolled full time at West College Scotland learning English and staff have helped him to access care-experienced bursary.

2.27 Importance of feedback

1. As part of our Children's Houses we look for feedback every year from all stakeholders connected to us. The last four years has seen an increase in positive responses from professionals and some of their quotes are as follows:

"Staff are in regular contact with the service when there are concerns regarding a young person's mental health / behaviour and do their utmost to offer care and strategies tailored to individual needs".

"The staff group are very receptive to other agencies contacting them, the communication between them and my own team is excellent".

"The young people living at Blairvadach are looked after a caring and most professional staff group, who always look after the young people in their care's best interests".

"Staff are informative and always keep me updated whether this is minor or

major”.

2.28 Feedback from our young people:

“It was better than I expected, enjoyable and a good laugh at times.”

“Building the pizza oven will be one of my memories of Blairvadach.”

“I felt involved in my personal plan and staff listened to me.”

“Staff help me to go to college every day and this makes me feel good.”

“The staff helped me to take the train and the bus, taught us how to use them.”

“Staff helped me with family time, I now stay at my mums every weekend.”

“I like that the staff are good to talk to and I like that the house has been done up”.

“Everyone listens to me”.

“Staff at Craigellachie are a pleasure to work with.”

2.29 Roll-out of Dyadic Developmental Psychotherapy approach (Level 1) training to staff

1. As with all the children’s houses in West Dunbartonshire Dyadic Development Psychology (DDP) therapy has been implemented supporting us to meet all areas of The Promise. This approach encourages working with young people and their family and or other key people involved in their care. It raises awareness of trauma and its impact on young people’s development and how this might affect their behaviour and supports staff to interact and talk with young people with this informed approach.
2. It highlights use of a PACE approach in our interactions i.e. to be Playful, (to allow us to attune and match young people’s mood and emotions), Appreciative, (of the young person’s point of view and what they are telling us about how they feel), Curious (to wonder why a young person feels the way they do, or wonder what their behaviour is really telling us) and finally to be Empathetic (to really try to understand how young people are feeling). Most of our residential teams have attended the 4 day long Dyadic Developmental Psychotherapy course the remaining completing in 2022.

2.30 The Promise

1. Following publication of the independent care review in February 2020, The Promise Scotland was established to enable Scotland to ‘Keep the Promise’ to care experienced children and young people, in the broad context of changes to policy, culture and practice to enable children and young people to grow up ‘loved, safe, respected and able to realise their full potential’. Work on the Promise to 2030 will be included in three 3-year plans, complemented by an annual Change programmer.
2. The local commitment to the Promise principles is reflected in many of our staff,

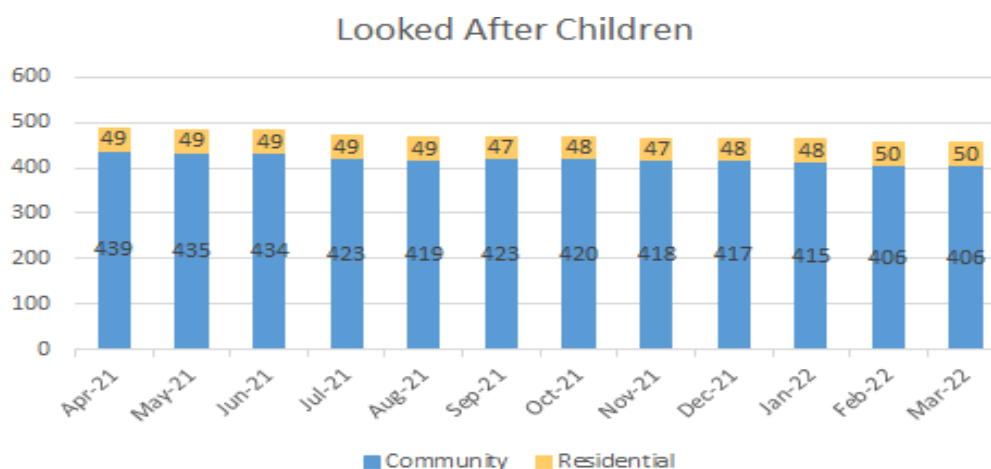
children and young people who contributed to the findings of the independent care review and are already committed to ensuring the change required is met positively, as referenced above.

3. Since the creation of The Promise, teams across the HSCP and key partners within the Nurtured Delivery and Improvement Group as part of West Dunbartonshire Community Planning have met with the national Promise team to consider how existing practice can be built on to continue our local improvement journey to children and young people.
4. The Promise is at the centre of the vision for redesigning children's Social Work services in the next year, recognising that established models for services do not always work effectively for everyone and reflecting the commitment to making services better, using a whole community approach to support those most in need.
5. During the last quarter of 2020-21, funding from the Promise Partnership Fund was secured to enable a fixed term dedicated lead officer post. Supported by match funding from the HSCP Board to develop the post for two years, the post will support corporate parents and other stakeholders to understand and develop changes to practice and other developments that uphold The Promise at a local level and support staff, partners, children and young people, to assist with the developments around the first Promise Plan for 2021-2024.
6. Our Promise Lead took up post in May 2022 and is supporting implementation of our multi-agency approach through The Promise subgroup as part of our integrated children's services planning arrangements and working closely with the Champions Board.

Developing our trauma informed workforce is a key priority aligned to The Promise.

Implementation of the national Trauma Training Programme locally:

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.



7. 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.

8. This reduction in looked after children is due, in part 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.
9. This has included positive family assessments by Social Workers, leading to increased numbers of children remaining at home. This reduction in looked after children is due in part to an increase in the number of children's plans that have been revisited through our permanency process and a reduction in looked after children at home. Furthermore 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 number of looked after children moving forward.
10. The service strives to increase the proportion of looked after children and young people who are looked after in 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. At March 2022, children were placed with 107 fostering households, of which 52 were registered with West Dunbartonshire Council and 56 were provided by external agencies. Carers provide a mix of short breaks, interim, long term and permanent placements and fostering is key to ensuring better outcomes for children within loving homes.

12. Over the last year, the Family Placement service, comprising Fostering and Adoption teams, has continued to assess people wishing to be foster carers, adoptive parents and supported carers. The service has also provided support and training to existing carers and despite, the pandemic, there has been a steady, positive interest in both fostering and adoption across West Dunbartonshire.
13. Staff have developed other ways to work with carers and prospective adopters including regular online support meetings and informal drop-in sessions to enable carers to come together for peer support and to share views around a variety of issues, including those arising from Covid-19. All foster carer reviews took place within timescales and the team has used this learning to schedule all reviews for the year ahead, ensuring support, evaluation and oversight of fostering placements. Improvement activity has been progressed following the recent Care Inspectorate inspection of fostering and adoption services to ensure progress on permanency planning is achieved without delays and that oversight and independent scrutiny of children's plans is in place.

2.31 Champions Board

1. West Dunbartonshire's Champions Board was established in November 2017, with funding from a national charity, Life Changes Trust. Funding has now been mainlined by the HSCP.
2. The global pandemic, starting in March 2020, has had a significant impact on their 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 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.

3. The Champions Board have also had several care experienced young people who have been 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. This was also held online, due to the pandemic.
4. 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 August/September 2022, and included collaborative working alongside Aberdeen City Council, Who Cares? Scotland, Future Pathways, City of Edinburgh Council, CELCIS and Social Work Scotland.
5. Going forward, the Champions Board will reset its activity, recognising the importance of both returning to face to face working, and further engaging young people and Corporate Parents in further activities and events to re-establish existing relationships and develop new awareness and interest from looked after young people to truly embed how corporate parent can contribute to young peoples improved outcomes.
6. Working alongside the Promise Team Lead, the Champions role has a clear role in supporting the cultural change required and strengthen the voice and reach of the Champions Board within West Dunbartonshire.
7. 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 the new recruitment campaign for Children's Hearings Scotland Panel members.

2.32 Family Support Services

1. The right support to families is central to delivery of The Promise and family support services must be accessible, flexible and responsive to family's needs.
2. The Alternative's to Care team, delivered by Social Work services, prevents young people entering care systems where it is safe to do so.

3. The team works intensively in partnership with families and young people supporting families safely stay together. The team works with families to identify kinship option where required and supports family time arrangements across West Dunbartonshire.
4. The service operates at evening and weekends and has an on call element for families in crisis.
5. A family group decision making service is co- located within the overall model to enable families to be the experts in their own lives and arrives at plans of support that work for them.
6. The service is currently being evaluated to determine the outcomes currently being delivered and will align with the wider family support work which is taken place across the HSCP and Council as part of a developing family support strategy available.

2.33 Parenting

1. Incredible Years Parenting groups have been West Dunbartonshire's main focus in delivering The Psychology of Parenting Project (PoPP) since 2017. This is a multi-agency group work approach which is supported by NES. 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.
2. In the period between April 21-March 22 160 referrals were made to support families. Referrals are down from pre Covid-19 as people realised temporarily no parenting groups were able to be delivered. This position has now changed.
3. 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.
4. Three small trial online parenting groups were held 2021-22 using the Incredible Years Programme with 15 parents attending only 7 completed the programme. Four evaluations returned showing improved SDQ scores.
5. Thirty one parents were supported through a Triple P Programme 20 completed with 90% showing positive change in their behaviour management.
6. All practitioners were encouraged to signpost West Dunbartonshire parents to *Solihull Online Support* and 172 parents signed up between April 21-22.
7. It is recognised that our existing data fails to highlight other significant support our practitioners have given to children & families who are supported through our Health Visiting teams especially and going forward improvement to data collection and evaluation is being prioritised.

2.34 Universal Pathway

1. Since the new financial year the Children & Families team within West Dunbartonshire have begun to collate local data relating to the delivery of the

Universal Pathway by our Health Visiting staff. Our Covid-19 recovery journey began by implementing the full pathway which had been amended throughout the pandemic. The full Pathway was initiated again in 2021.

2. The Revised Universal Pathway for pre-school children was published by the Scottish Government in October 2015. The pathway begins during the antenatal period and follows children until they transition to primary school around the age of 5 years. It involves 11 contacts with parent and child, which should be delivered as face-to-face home visits. 'Standardised' developmental reviews of the child are undertaken at five set age points; 1st visit (between 10 and 15 days), 6-8 weeks, 13-15 months, 27-30 months, and 4-5 years. The underlying ethos of the pathway is of early relationship building between health visitors and parents/carers, opportunities to identify health & wellbeing needs as they arise and the provision of early intervention strategies including multiagency support following the principles of Getting It Right For Every Child (GIRFEC).
 - 1st visit: The data shows high completion of the 1st visit with a completion rate over 95% compared to 98% across the Board area.
 - 6-8 week: The data shows high completion of the 6-8 week visit with a completion rate over 99% in line with NHSGGC results
 - 13 – 15 months: The data shows completion over 95.5% compared to 94% across the Board area
 - 27-30 months: The data shows completion falling from 94.5% to 92.2%
 - 4-5 years: The data shows completion >90% across with some improvement in the last quarter.
3. Non-completion of the 1st visit is generally due to an infant remaining in hospital due to illness or prematurity, or transfer in to NHSGGC outwith the age range for this visit. Local processes ensure no infant is lost to follow up.
4. Uptake of later assessments are likely to be impacted by parents/carers declining the assessment or repeated DNA. A proportion of children may have transferred in outwith the assessment window. Local reporting should be used in caseload management with Team Leads discussing all children who have not had a review as scheduled to ensure a legitimate reason for no assessment and that they are safe as per the 'was not brought policy'. During the pandemic staffing issues, people shielding within the family home, outbreaks within the family home and parent declining the assessment will all have impacted on service delivery. Covid-19 absence, child care issues exacerbated by Covid-19, and increased levels of sickness absence continue to have impact in the last year alongside catch up with overdue contacts. Given the challenges that staff faced delivering the service throughout the pandemic the performance achieved is commended.

2.35 Family Nurse Partnership (FNP)

1. School Nursing and Health Visiting sits within the HSCP Children's Health, Care Justice within an integrated partnership approach. FNP services are located in West Dunbartonshire and are a hosted service as part of wider GGC services.
2. The significant contribution to children outcomes and health improvement as

part of a GIRFEC approach cannot be overstated.

3. Since 2021, FNP GGC has continued to maintain Core Model Elements - quality measures; 1:1 supervision, team meetings including triadic child protection supervision and psychology consultation meetings through a blended approach with a move back to face to face meetings as per Covid-19 recovery plans. Accompanied home visits are now being carried via face to face methods. The existing challenges highlighted in 2021 reporting in relation to adhering to license requirements due to the Covid-19 pandemic have now been significantly mitigated, with a return to face to face visiting on the whole. Some adaptations remain in place in relation to Covid-19 prevalence and response to this Family Nurses have delivered the programme digitally depending on the Covid-19 risk assessment required.
4. Strengthening communication pathways with maternity services and other partners has been a focus in Covid-19 recovery and notifications which have not been sent timeously continue to be followed up via a micro-strategy report to ensure optimal 16+6 weeks fidelity where possible. In addition, in respect of the antenatal pathway, an in-depth analysis of the data is currently being undertaken with our Children's Services colleagues to identify specific areas to work with maternity services on improvement. The impact of the majority of the workforce with less than 4 years' experience in FNP is evident and aligns with our rapid expansion.
5. Currently, 4 out of the 7 supervisors are progressing through the FNP Supervisor learning programme. We currently have 14 family nurses undertaking the FNP learning programme and Supervisors continue to support pre learning and consolidation in this regard. Local quality assurance and monitoring systems remain in place. The FNP Lead is meeting with the new Supervisors regularly and a robust induction programme is in place.
6. The FNP Advisory Board (FAB) meetings are held quarterly and well represented by a range of stakeholders. Hosting arrangements have now been finalised in Glasgow City HSCP providing a robust governance structure and reporting lines. The Assistant Board Nurse Director is now chairing the FAB which ensures a board wide focus. There are 7 data managers supported by a systems administrator to continue to ensure processes are streamlined and work is also ongoing in this regard. Following further embedding of the FNP TURAS data system a GGC Clinical Data Group has been established to ensure optimal data processes and ensure a seamless link with the National Data Users Group.
7. A measure was set in relation delaying 2nd pregnancy through a collaborative piece of work with Sandyford Sexual Health services which aimed to train Family Nurses in delivery of Seyanna contraceptive injection. Currently 45% of Family Nurses are trained in Seyanna press with rolling programme of training delivered throughout 2021/22. Figures below provide an early indication of success in reduced subsequent pregnancies:

2.36 Alignment

Year	Number of Subsequent Pregnancies	Total Clients (Baby DOB)	% No. of Subsequent Pregnancies
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2019	66	208	32%
2020	82	251	33%
2021	52	255	20%

1. 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.
2. 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, health, 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.
3. The Universal Health Visiting Pathway defines and enhances Health Visitors responsive way of working with parents and their children. The pathway provides a vehicle by which we are able to comply with the legislation, deliver and build on the GIRFEC Policy, and highlights the health visiting role through home visiting. 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.

2.37 Immunisation Data

1. Promotion of immunisations is part of each Universal Pathway contact and the Health Visiting Team attend NHS Great Glasgow and Clyde Immunisation groups and have strong links with the Immunisation Team.
2. 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. For data purposes the table below shows the Primary Immunisation Uptake Rates for April 2021 – March 2022 and West Dunbartonshire are consistent or higher than the overall percentages for NHSGGC and Scotland for this cohort. Promotion of immunisations is part of each Universal Pathway Contact and Team Leads attend the Board Immunisation groups and have strong links with the Team Leads in the Immunisation Team.

Primary Immunisation Uptake Rates	West Dunbartonshire 722 children total	NHSGGC 10, 589 children total	Scotland 47,327 children total
6-in-1	No. 698 96.7%	No. 10,255 96.8%	No. 45,584 96.3%
PCV	No. 699 96.8%	No. 10,209 96.4%	No. 45,614 96.4%
Rotavirus	No. 685 94.9%	No. 10,025 94.7%	No. 44,507 94%
Men B	No. 696 96.4%	No. 10,117 95.5%	No. 45,260 95.6%

Immunisation Rates 2021/22 (From Annual Performance Report)

	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.

2.38 School Nursing Service

- During July 21-June 22, the School Nursing Service has experienced an increase in demand for its service with 74 referrals in this 12 month period for support to children experiencing emotional and mental health difficulties. The Service is currently on the Risk Register and only able to prioritise referrals from CAMHS, GP and Social Work due to staffing pressures. The School Nurse staffing profile is expected to improve over the next 18 months with a proactive approach to recruiting and training SCPHN School Nurses who have expressed a desire to work in West Dunbartonshire. Despite having a small resource, the Team have received very positive feedback from using a client satisfaction Webropol survey at time of discharge. From 24 respondents in the past year 37% have stated that their/child's issues are a lot better and 63% some improvement.

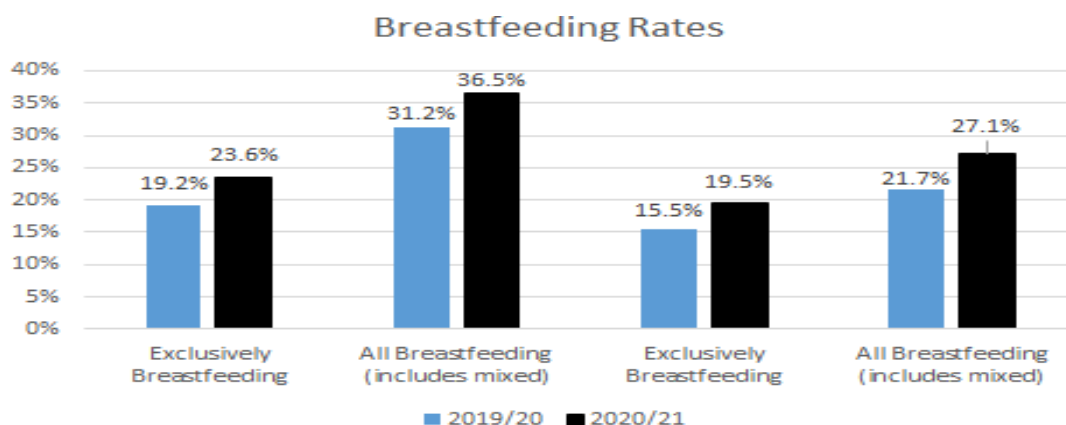
School Nursing Data	Apr-22	May-22	Jun-22	Q Total
Total Number of IRDs Received and Reviewed	42	7	41	90
Total Number of A&Es Received	189	250	268	707
Total Referrals received	2	7	4	13
Total Referrals on waiting list			18	18

2.39 Infant Feeding

- 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 due to lockdown restrictions but are solution focused and have improved breastfeeding rates and reduced attrition rates during the period April 2020 – March 2021.
- This appears mainly as a result of additional early intervention to support breastfeeding women on discharge from hospital. The ISD for April 2021 – March 2022 statistics are eagerly awaited. Feedback from women during regular UNICEF UK Baby Friendly Audits and anecdotally regarding the support they have received from the Breastfeeding Team and Health Visitors has been

excellent. The team continue to maintain the UNICEF BFI Gold Award that was achieved by the Children and Families Team September 2018 and were again reaccredited in recognition of the work on September 2022.

3. The Breastfeeding Team, hosted within Children and Families Health, are promoting, protecting and supporting breastfeeding with 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.
4. 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.
5. 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 their have received from 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 2022.



Health Visitor 1st Visit

6-8 weeks

2.40 Addiction Services

1. Addiction services during 2021-22, received 917 referrals for people experiencing problems with drug or alcohol requiring assessment for treatment and support. 93% of referrals were seen within 21 days, exceeding the Scottish Government HEAD target of 90%. The pandemic significant changed the landscape for treatment services where we had to adapt, develop and adopt a blended approach. We introduced the Red, Amber, and Green (RAG) status to help us identify and manage risk affectively. A total of 21,187 appointments have been offered which is an increase of 9% on the 2020-21 figures. This highlights how our health and social care staff have continued to ensure our most vulnerable and high risk adults with chaotic and complex drug and alcohol use could engage with services. In relation to assessment and management of risk, Addiction services continue to receive and process a high number of vulnerable adult referrals (260), which represents 16% of the total received from

the HSCP.

2. In an effort to improve communication of appropriate referrals with the wider services we have initiated a co-production approach. An example of this co-production has been a fortnightly meeting with our colleagues in Criminal Justice.
3. The MAT Standards were also implemented in April 2022 where we are required to evidence that we are meeting the expectations from the Scottish Government. The Ministerial direction of the MAT Standards have provided significant challenges in relation to how we deliver and embed these Standards through our current service model.

2.41 Adult Services

My Life Assessment

1. During 2020/21 the HSCP developed a new assessment tool, My Life Assessment (MLA), which along with a screening My Life Assessment Screening (MLA-S) was implemented in April 2021.
2. 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 decision regarding eligibility criteria for adult social care, personal outcomes and Self-Directed Support options.
3. Introduction of the MLA aims to improve the delivery of Self-Directed Support and is one 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.
4. The MLA is the first step in the process and its primary aim is to establish who required 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

2.42 Adult Mental Health

1. Within Community Mental Health Services in the last year we have seen a lot of changes in our staffing complement. We have successfully recruited to a permanent Senior Social Work post which covers staff in both Community Mental Health Teams in our area, ensuring a consistent, high standard of care across both of these teams. Our teams have experienced a high turnover of Social Work staff, however we have successfully recruited to all posts, including two additional Social Work posts to support outstanding reviews and delayed hospital discharges which were negatively impacted on by the Covid-19 pandemic. In order to support the Social Work team we are also in the process of recruiting to a two year, fixed term Social Work Assistant post to support the whole team.
2. Our Social Work staff are co-located with our health colleagues in Community Mental Health Teams and continue to work in a close, collaborative way to support the health and social care needs of the residents of West Dunbartonshire. Staff are adjusting to better define social care roles and tasks but this is having a positive impact, with the Social Work service being able to meet their targets for assessment, delivery of service and review.
3. Staff are continuing to work in a hybrid model, with some days in the office and some home working. Appointments are being carried out in person, on the telephone and using video technology, however there has been a significant increase in face to face contacts as we are emerging from the Covid-19 pandemic.

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

4. We have also introduced a specific service to our inpatient wards in Gartnavel Royal Hospital, with one of our Social Workers working across Community Mental Health Team and inpatient services. This means we are quickly able to identify any potential for delayed discharge much earlier in the admission process. It has allowed the development of relationships within these services and ensures a consistency of approach for our service users who have had to use inpatient services. Interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 decreased markedly during the initial lockdown period. Subsequent to the easing of restrictions, there was a significant increase in activity, albeit not unexpected and is likely to be due in part to the impact of the pandemic on people with existing mental health conditions and those who were unknown to services but found the circumstances of the pandemic to be challenging.
5. One impact of the pandemic was the decrease in community support provision which impacted on care packages. The increase in hospital admissions of older people with dementia subject to compulsory measures might reflect this. Reduced home support services, closure of day centre provision, and respite services are likely to have contributed to the wider impact on people's mental health and wellbeing needs and increased reliance on carers and informal support networks.
6. Vacancies in the Mental Health Officer (MHO) team were successfully filled and the service is once again at full complement. In addition, a Social Worker from another team successfully completed the MHO training programme and will be eligible to practice.

2.43 Ability to deliver statutory functions and key risks to delivery

1. The staff have been active supporters of the new Adult Support and Protection

rota and have been involved in enquiries, investigations and case conferences for Adults across all our Care Teams. This was developed to ensure a co-ordinated system of responded was in place to ensure all concerns referred to service were responded to in a systematic and timely manner.

2. In addition to this, we have introduced a duty worker rota for Mental Health services internally, with some of this work having being previously dealt with by both Health and Social Care staff within Mental Health Teams. This worker covers West Dunbartonshire Social Care Mental Health Services on a daily basis, dealing with any vulnerable adult/police concern reports, referrals and general enquiries into our social work team. This provision has had a positive impact on the consistency of approach, timeous response to enquiries and governance arrangements for our Social Work team.
3. Priority issues include review of all clients in receipt of a care package and we are in the process of managing this with the addition of new staff to the team, introduction of new processes for transitions of care from children's to adult services and maximising use of Self Directed Support within our client group. We have successfully recruited to all our vacant posts and are just awaiting final checks for three new members of staff who should have a start date within the next few weeks.

2.44 Mental Health Officer (MHO) Service

1. 2021-22 could be considered as a period during which the Mental Health Officer Service continued to operate within the context of the ongoing on Covid-19 pandemic, against a backdrop of easing restrictions and evolving operational processes. Whilst this experience has been shared by all services, the statutory nature of the MHO service is such that change must be managed with full cognisance of the prescribed functions ascribed to MHO work.
2. MHOs are employed by West Dunbartonshire Council, and, in common with other colleagues, were afforded the opportunity to consider what might be their preferred work location. Almost 50% of the core MHO team (including the service's dedicated forensic Social Worker), expressed their preference to work from home on a full-time basis. Other members of the team continued to work on a *blended* basis (i.e. – based between their home and the office environment). As evidenced during the original period of pandemic lockdown, it is entirely possible for MHOs to work effectively from their home or office base, however this inevitably impacts on the dynamic of the team, and navigating this has presented a number of challenges.
3. The period 2021/2022 has seen significant developments in terms of procedural changes (on a local basis). In order to streamline referral processes, it has been arranged that the designated MHO Service email mailbox acts as a primary gateway, and this has resulted in more efficient processing and progressing of all referrals and correspondence to the service. Responsibility for managing this system is shared between the Senior MHO, team MHOs, and the team admin support officer. We have established processes whereby there is increased coherence in terms of the interface between referral processes, data storage, and throughput. Allied with this, we have developed rapid alert processes with a view to identifying, at the earliest opportunity, when referrals require a degree of prioritisation. The most notable illustration of this development resulting in improved outcomes can be witnessed in the efficient and expeditious processing

of cases relating to hospital delayed discharge cases where a guardianship order is deemed necessary.

4. The average time period between receiving formal intimation of an application being pursued and a MHO being appointed to complete the relevant assessment and report is less than 48 hours, and often immediate. This is despite the year on year increase in the overall numbers of guardianship applications, and a very significant volume of Mental Health (Scotland) Act 2003 that continued to place demands on the service.
5. In terms of Adults with Incapacity work, a number of themes have been apparent during the period 2021/22. The backlog of pending applications that developed as a result of the initial pandemic lockdown continues to impact on all stakeholders. Existing guardianship orders that were due to be reviewed were afforded an extension period, and there remains a legacy whereby work that would have been undertaken during 2020/21 remains outstanding, and this continues to place pressure on the MHO resource.
6. Allied with this, the Sheriff Court continues to experience significant challenges in processing backlogs that developed whilst the civil justice system was all but suspended. This has resulted in delays in hearings being scheduled to consider lodged applications, and this can impact on the outcomes for service users (again, this is perhaps most keenly experienced in relation to hospital discharge cases where an Adult lacks decision making capacity). The Sheriff Clerk reports that staff shortages and turnover (with new staff requiring appropriate training) has also contributed to difficulties experienced.
7. Another service that has experienced a sharp rise in demand is the local Independent Advocacy Service. Delays in securing advocacy intervention impacts significantly on the work undertaken by MHOs and other staff endeavouring to ensure that service users and carers are appropriately consulted and afforded to participate in key decision making processes. This pertains to both Mental Health and Incapacity components of MHO practice, but also more broad care assessment and planning.
8. With regard to quality and improvement, several processes have been introduced and existing systems refined with a view to streamlining processes. An example of this is the ongoing review of the Adults with Incapacity Authorisation Group (AAG). The intention is to fully utilise the CareFirst system and integrate the AAG process in order to make this more accessible, ensure greater efficiency, and to enable more accurate data reports to be produced. The AAG is a critical provision in terms of ensuring that care plans are progressed in the most appropriate and timely manner, whilst providing oversight and scrutiny in respect of human rights and ethical considerations. Refining the existing process will enhance the experience for practitioners, but, more crucially, will contribute to the best outcomes being secured for service users and their carers.
9. The core MHO team remains fully staffed. In contrast to the experience of other areas of the service during the 2021/22, there has been little turnover in staff, and this has ensured continuity of service. Unfortunately, there are no social workers currently undertaking the MHO training programme. Several colleagues have expressed an interest in undertaking the course programme 2023/24, and the established screening and nomination process is progressing in that regard.

There are now 3 Senior Social Workers (including the Senior MHO) who are MHO accredited, and this is proving very beneficial in terms of offering more options for the chairing of meetings, but also in increasing awareness of the role of MHOs and functions of the service in other areas of the organisation.

10. In 2021, the Scottish Government made additional, ring-fenced funding available to all local authorities with the specific purpose of supporting MHO service provision. Discussion is ongoing as to how West Dunbartonshire's allocation (£44K for period 21/22) could most effectively be utilised to enhance local service delivery.

2.45 Social Circumstances Reports

1. During period May 2021 – May 2022, the MHO service completed 53 Social Circumstances Reports (SCR). This is a significant increase over previous years and comes at a time when the volume of 2003 Act work is placing additional resource pressure on all MHO services across the country. SCRs, while not a mandatory MHO duty, provide important information and further assessment that serves to inform care and treatment plans. As the Mental Welfare Commission for Scotland notes:

Understanding a person's wider circumstances is important to be able to consider the social context that might have contributed to the detention and what options might be available to help with treatment and recovery. The SCR aims to provide that detail on a person's circumstances. Mental Health Act Monitoring Report 2020 – 2021, (Sep 2021, pp24)

2.46 MHO Duty System

1. During the period May 2021 – May 2022, the MHO duty service received 135 referrals that required MHO attendance to assess (*call-outs*) an individual in respect of potential detention under the terms of the Mental Health (Care & Treatment) Act 2003.
2. This figure represents an increase of approximately 100% in the total number of call-outs from the equivalent period covering 2019 – 2020 (please note that the data for period 2020 – 2021 is significantly influenced by the initial pandemic lock-down, and, as such, does not provide a meaningful comparison).

2.47 Guardianship Case Conferences

1. 34 Adults with Incapacity (AWI) case conferences were convened during the period May 2021 – May 2022. This is broadly in line with previous period (excepting the pandemic lockdown which saw a suspension of all but the most urgent AWI business).
2. During the May 2021 – May 2022 period, 85 new guardianship orders are recorded. This contrasts with the figure of 27 during the 2020 – 2021 period that was very much impacted by the pandemic lockdown, but also marks a significant increase over previous years. The highest number of recorded new orders was 57 during period 2015 – 2016, with an average annual figure circa 43. The increase is most likely attributable to the backlog of cases created by the pandemic. The consequence of this has been a very significant resource demand on the service.

2.48 Learning Disability Services

1. In 2021-22 the Learning Disabilities service continued to implement the key recommendations from the national strategy (Keys to Life, 2013) and have embedded its four strategic outcomes, Independence, Choice and Control, Healthy Life and Active Citizen, in support planning and care review processes.
2. The integrated approach to service delivery across community health and care, as well as third sector providers, has supported the delivery of effective and targeted specialist services, prioritised around the key aims of people with a learning disability using an outcome-focused approach to promote person-centred assessment and planning. This has been achieved at a time of immense challenge due to the pandemic, which required significant adjustment to service provision to meet client and carer need.
3. Risk assessments helped to ensure the most vulnerable people continued to receive support during restrictions and lockdown – this was particularly important when day-care provision ceased, albeit the service operated an emergency support for clients in critical need. Some day-care support roles moved to enhance this community support whilst frontline services such as housing support, supported living and care at home continued to offer face to face contact.
4. Carers in particular have had to meet the challenge of reduced day care services and the service sought to support them during this time, whilst also recognising their resilience and capacity to navigate the challenges of lockdown and restrictions over the past year. Meanwhile, the Work Connect service supported the wider community through the Council's resilience group, including welfare calls and food parcel distribution to vulnerable residents.
5. Other developments included review of the Transition Group that supports joint working with key partners including education, children's services and other adult services who contributed to improvements in the transition of young people with additional support needs (including learning disability) into adult services. More young people had their adult service needs identified up to two years in advance, in recognition of the importance of this significant transition for young people to support their care in a person-centred, compassionate approach.
6. Joint work with colleagues in housing services and housing developers also progressed during 2020-21 to identify future housing stock that can best support people within a 'core and cluster' model of support. A number of people moved to new build accommodation within the Dumbarton harbour area and the service will continue to work in partnership to expand on further housing provision during this year.
7. Covid-19 has continued to have an impact on our service users, services and staff. Our nursing staff have maintained additional responsibilities in relation to the Covid-19 vaccination programme including directly vaccinating those individuals on our caseload who were unable to attend public vaccination centres. However, we have increased capacity in the health team with the recruitment of two health support workers which frees up time for nursing clinical activity, and an additional nursing post to facilitate an improved response for individuals with both a learning disability and a mental health diagnosis. Our

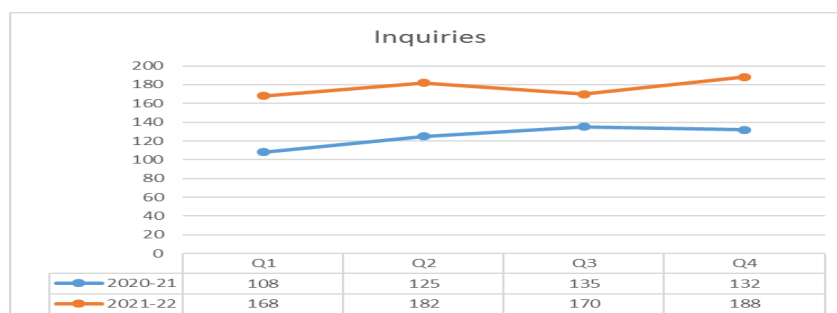
team psychiatrist has also taken on new responsibilities in relation to clinical governance, so together with the enhanced team of other health professionals, this will help drive forward our work on improving standards and delivering high quality care for our user group and their Carers.

8. We have lost some very experienced social work practitioners through retirement and in pursuit of new challenges elsewhere. We have a new Senior Social Worker in post and despite a very challenging national workforce situation are working hard, with some good success, to fill all the vacancies.
9. The primary aim over the next two years is to achieve the ambitions of the Coming Home Report (2018) and the Scottish Government, Coming Home Implementation Report (February 2022). Part of the requirement of this Scottish Government funded work is to review areas of our service and trial a test of change initiative to inform future practice and service delivery consultation and to increase individuals' connections to their community, family and friends.
10. It is also to prioritise individuals with complex needs being cared for out of area who could be cared for locally, and also 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 within West Dunbartonshire Health and Social Care Partnership (WDHSCP), in particular Social Work, Housing and third sector colleagues, is the planned opening in the second part of this year, of a newly developed 24 hour support service for 5 young males with very complex needs.
11. 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.
12. The Dynamic Support Register is a tool that 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, or perhaps more at risk because of other aspects in their lives. 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.
13. This year West Dunbartonshire Learning Disability Team 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 in future years.
14. The Learning Disability Team has supported the Mental Welfare Commission for Scotland visiting programme to adults subject to welfare and/ or guardianship. The Commission has made several visits to our area this year, raising any concerns with the team, and improving the safeguarding of some of our most vulnerable service users.

15. The Local Authority day service has struggled with staffing over the Covid-19 pandemic and is having to think radically about how to 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. The priority for this year is to stabilise the staff team and deliver robust behaviour support plans, if required. Most social care services have had specific challenges this year, particularly around staffing, however, we continue to use eligibility criteria to ensure we are providing care and support to those with critical or substantial need, in the first instance.
16. Throughout the Covid-19 pandemic, the Learning Disability Respite/Short Break Service continued to provide essential supports and services to carers, families and those in need. Whilst many frontline services have since fully resumed, there are still public health and Covid-19 testing protocols in place for residential respite facilities.
17. Since June 2022 the Respite/Short Break Service, in compliance with public health and in partnership with care providers, moved from a crisis service to resuming short breaks for non-critical referrals. It is with great relief that we are now able to ensure all our carers have opportunities for a much needed break from their caring role. Learning Disability Services currently have 95 carers who have been assessed as requiring respite/short breaks and since April 2020, Dunn Street Respite has provided 514 nights respite to 34 carers.
18. By using our eligibility framework we have an equitable and transparent system for determining funding for Short Breaks that is consistent and easily understood. Additional to traditional respite, the Respite/Short Break Service continue 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.

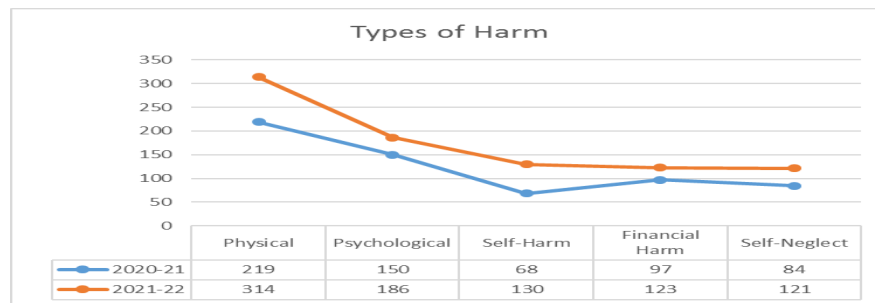
2.49 Adult at Risk Referrals

1. The number of adult at risk referrals reached 708 in 2021-22 comparable to 500 in 2020-21 which is an increase of 42%. A Quarter on Quarter comparison shows a continuous increase in the number of referrals.



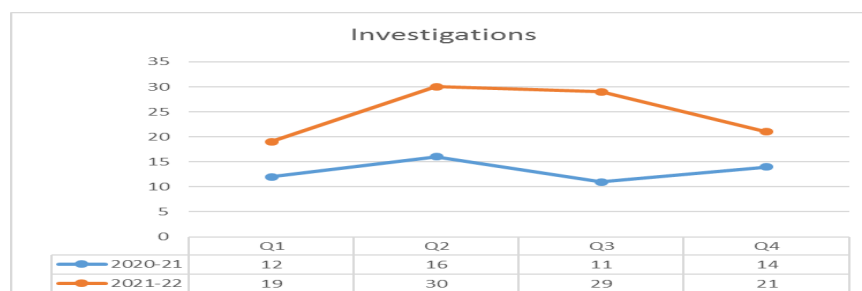
2. A breakdown of the 708 referrals received shows 356 were repeat referrals for 124 clients and 352 were single referrals. This is a total of 476 individuals being referred in 2021-22.

- 72% of Adults at Risk Inquiries were completed within 5 working days from point of referral (509 of 708).
- The top 5 types of harm being reported continue to be Physical Harm, Psychological harm, Self-Harm, Financial Harm and Self Neglect. Physical Harm continues to be the predominant harm reported year on year with Psychological Harm being the 2nd highest. Self-Harm, Financial Harm & Self Neglect continue to be in the top 5. Their positioning within the top 5 has changed in comparison to 2020-21.



2.50 Investigations

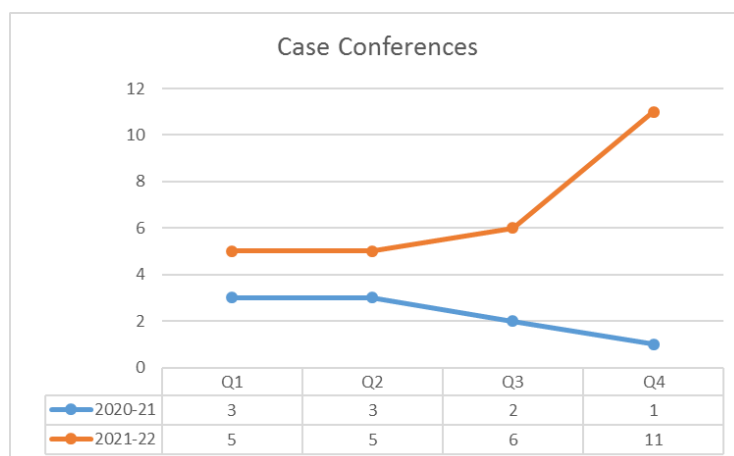
- The number of investigations reached 99 in 2021-22 comparable to 53 in 2020-21 which is an increase of 87%. A Quarter on Quarter comparison shows a continuous increase in the number of referrals.



- A breakdown of the 99 investigations shows 8 were repeat investigations for 4 clients and 91 were single investigations. This is a total of 95 individuals requiring further investigation in 2021-22.
- 90% of investigations were commenced within 8 working days from point of referral (89 of 99).

2.51 Case Conferences

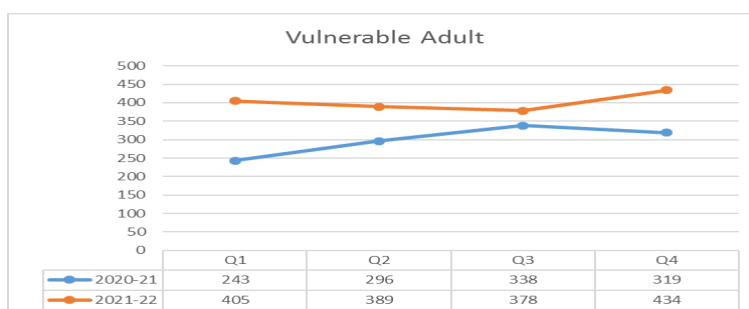
- 27 case conferences were held during 2021-22. In comparison to 9 in 2020-21 this is an increase of 200%. A Quarter on Quarter comparison shows a significant increase in the number of case conferences being convened.



2. A breakdown of the 27 case conferences in 2021-22 show all were individual cases.
3. 41% of case conferences were commenced within 20 working days from point of referral (11 of 27).

2.52 Vulnerable Adult Referral

1. The number of vulnerable adult referrals reached 1606 in 2021-22 comparable to 1196 in 2020-21 which is an increase of 34%. A Quarter on Quarter comparison shows a continuous increase in the number of referrals.



2. A breakdown of the 1606 referrals received shows 1304 were repeat referrals for 268 clients and 572 were single referrals. This is a total of 840 individuals being referred in 2021-22.
3. An Adult Support and Protection Duty System was introduced in April 2022 to provide a more robust response to supporting and responding to adults at risk of harm. This builds on the success of increasing the capacity of the duty system during the pandemic. A range of professionals and teams from across the HSCP cover the duty system on a rota basis. Working in this way also provides opportunities for staff to share skills and knowledge when working with colleagues from different service teams.
4. A rota has also been introduced to ensure independent Chair availability for ASP Case Conference's Chair and the new ASP duty system will be subject to evaluation of impact early in 2023.
5. Senior Management will continue to monitor and evaluate the ASP Duty system to ensure the effectiveness and ongoing development of systems to support the work of adult support and protection.

2.53 Challenges

1. The full capacity to undertake audit and review work was impacted in the 2021-2022 period. The APC plan to set up a quality assurance and data subgroup to oversee and strengthen multiagency audit activity is now in place and planned audit activity informed by APC data is back in place as part of our on-going improvement activity.

2.54 National and Local Guidance

1. A National revised Adult Support and Protection Guidance Suite was launched in July 2022. This guidance includes revised Codes of Practice, Guidance for Adult Protection Committees and Guidance for General Practice. A National Implementation Group is being set up to embed the revisions into practice and process.
2. West Dunbartonshire partnership will undertake the necessary steps to review and update local policies and guidance to reflect the revisions and to uphold multi-agency awareness of key processes and best practice.
3. Adult Support and Protection Learning Review Guidance was issued, in May 2022, to replace the current ICR/SCR process. A local joint Adult and Children Committee Learning Review Process has been drafted and will be implemented following agreement from the Adult and Child Protection Committees. A Learning Review sub group will be set up to support this process.

2.55 Public Protection

1. 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.
2. 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. This has been used locally to add to oversight and scrutiny of performance for example children seen on the child protection register.
3. 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.
4. The Covid-19 pandemic had a very significant impact on statutory activity related to interventions under the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2003.
5. In terms of the Adults with Incapacity (Scotland) Act 2000, there was a

suspension of all but the most urgent Sheriff Court business during the initial lockdown period (April to August 2020). A small number applications were processed and orders granted on the basis that the welfare of individuals was considered to be significantly compromised should statutory measures not be in place.

6. The consequence of this suspension in activity was a considerable backlog of applications and renewal applications to be addressed once court restrictions started to ease.
7. Some provision was made within temporary amendments to legislation to process (among other things) statutory interventions, as outlined in sections 16 and 17 of the Coronavirus (Scotland) Act 2020. The team ensured adherence to all relevant legislation and good practice guidance and continued to liaise closely with key partners, particularly colleagues in Community Health and Care.

2.56. Local Authority Residential Care Homes and Independent Care Homes

1. As we move through the phases of the pandemic the staff in our Local Authority Care Homes are enjoying the opportunity to organise events with residents' families and friends. A weekly oversight group is in place made chaired by the Chief Nurse, with attendance from the Clinical Director and CSWO, third sector representation and those with a quality assurance oversight role. The group has met more frequently during period of pandemic as necessary to ensure scrutiny of both commissioned and Local Authority care provision.
2. Currently we are not able to resume intergenerational activities within local nurseries and schools, and encourage apprenticeships to nurture the concept that a career in a Care Home is a rewarding one, with career opportunities for progression. We would hope to resume this activity going forward in 2023.
3. The two Local Authority Residential 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.
4. The multidisciplinary Quality Assurance visits to care homes continue to be completed every 6 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.
5. The Care Inspectorate conducted a full inspection in Queens Quay in December 2021 which covered all 5 standards as below:-
 - I experience high quality care and support that is right for me.
 - I am fully involved in all decisions about my care and support.
 - I have confidence in the people who support and care for me.
 - I have confidence in the organisation providing my care and support.

- I experience a high quality environment if the organisation provides the premises.
6. In addition to this they also inspected under key question 7, which was required to be reported to Parliament for openness and transparency. A new tool on wellbeing, infection prevention and control and staffing that has been agreed with Health Protection Scotland and Healthcare Improvement Scotland and has been used to carry out this inspection. Key question 7 inspection is focussed around infection control measures, PPE and staffing and the impact on individual's well-being.

Grades awarded

STANDARD	GRADES
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

The inspection was very positive. This was the first inspection since the opening of Queens Quay.

7. The inspectors reported Queens Quay was a well led service, they observed staff delivering kind and compassionate care; and noted staff had a detailed knowledge of their residents' likes/dislikes/preferences and treated residents with dignity and respect.
8. Five care plans were examined, which evidenced person centred planning and were outcome focused. They highlighted care plans had been developed around the residents' particular interests, preferences and it was evident staff used a person-centred approach. They acknowledged the focus of all of the service's operations was to achieve good outcomes for the residents. The inspectors stated they witnessed residents experiencing safe and kind care being delivered and staff were observed to be very warm, caring and compassionate in their interactions with residents. The inspectors also highlighted the effective joint working with health professionals and the excellent links with their local health centre, which had a positive impact on resident's health and care.
9. They stated the care home was spotless and free of odours and informed residents. They found the service to be fully compliant with pandemic infection control measures and the Scottish Government's 'Open with Care' directives had been enthusiastically followed to enable residents to be reunited with their families.

There was one area of improvement:

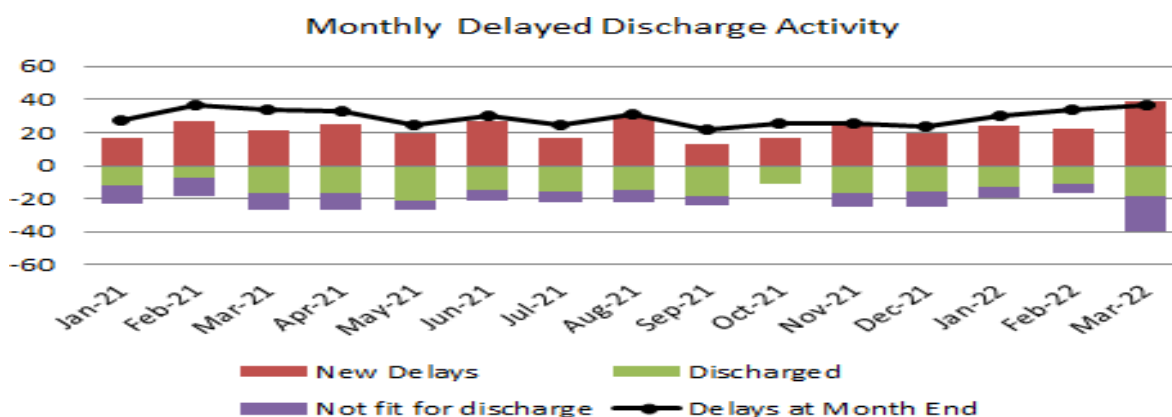
10. The provider should have their quality assurance systems reviewed and brought up to date.

11. The inspectors stated they had confidence in the management and leadership of Queens Quay, but reported systems for quality assurance needed to be fully implemented and were confident that this area for improvement will be addressed and that future evaluations of the service would reflect that improvement.

2.57 Integrated Teams

1. The District Nursing Team continue to work with Care Homes to deliver the Covid-19 and Flu vaccination programme within these Homes and are preparing for the Winter vaccination Programme 2022 to vaccinate approximately 500 residents with both Flu and Covid-19 vaccines across the HSCP. 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.
2. 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 as an opportunity for shared learning and ensuring best practice in nursing care and we will continue to engage with managers to ensure that the HSCP supports them.
3. Following an ICR Learning review the resultant action plan identified a number of areas for improvements across the HSCP but with specific improvement areas within Community Health and Care. A number of resultant actions have been implemented successfully and are monitored via the Clinical Care and Governance route.
4. One action has been the instigation of a 'Complex Care Management' group, implemented as a test of change across Integrated Adult Care, District Nursing and Care at Home to assure the Head of Service that there is a platform to ensure that any services users that staff have concerns about are promptly identified and discussed in a multidisciplinary manner. This group meets two weekly to discuss service users staff have raised concerns about to ensure that there is read across all services and issues can be identified and addressed promptly. These structured meetings are minuted, and have standard operating pathways to ensure robust record keeping to demonstrate discussion and decision making.
5. The HSCP has revised the Supervision Policy and assurance that this is being followed and audited across all social care teams is reported again via the Community Health and Care Clinical and Care Governance group.
6. Delayed Discharges remain a challenge within West Dunbartonshire and the Head of Service has implemented a range of quality improvement initiatives over the past year to address this. The complexity of managing delays continues to be a challenge and improvement work will continue to be a priority over the next year. The importance of ensuring adults with capacity issues are safeguarded is key as is ensuring the completion of My Life Assessment to inform planning for those awaiting discharge. The Social Work team that leads in this are ensuring the balance between timely discharge and rights based services aligned to

assessed needs and where possible consider SDS options



2.58 Care at Home

1. The HSCP commissioned a review of the Care at Home Service and this is being implemented using the 'Double Diamond' process. Now in the 'develop' phase the previous stages have revealed a wealth of information and improvement opportunities which will be developed and implemented in the 'deliver' phase supported by service improvement within the HSCP to ensure strengthening of quality assurance and review and targeting of resources most appropriately to need.

3. Resources

3.1 Financial Pressures

1. The HSCP Board is operating within a complex and evolving Scottish Government policy landscape coupled with a challenging and potentially worsening UK economic outlook. Decisions on an appropriate and prudent level of un-earmarked reserve versus the delivery of strategic priorities and supporting our communities out of the pandemic and cost of living crisis is multi-layered, but financial sustainability in the short, medium and longer term must be maintained to allow the HSCP Board to invest proactively and drive out efficiencies through better ways of integrated working.
2. Public sector pay negotiations effective from 1 April 2022 have yet to be settled and any potential funding for Integration Authorities via their partners also remains outstanding. The HSCP Board approved 2022/23 budget assumed pay inflation in line with the parameters set out within the Public Sector Pay Policy, which ranges from approximately 2.4% to 2.9% depending on salary bandings. The Scottish Government has already announced £140m of additional funding for local authority staff and it is expected that it will announce additional funding for health board staff, however it is unknown at this time what level of support may pass through to Integration Authorities. It should also be highlighted that a significant proportion of both earmarked reserves and un-earmarked reserves have arisen due to difficulties in recruiting both qualified and unqualified health and social care staff. This problem is not unique to West Dunbartonshire and is likely to continue this year and into the medium term.
3. The WDC review into the most appropriate split of residential school placements has not yet concluded as securing robust, financial information from providers

has been challenging. However regardless of this delay, the decision of the Council, is that any change to the allocation should be effective from the 1 April 2022. If the 80/20 (HSCP/WDC) split is deemed more appropriate than the current 50/50 split, this additional cost pressure (circa £2m depending on current and future placements) could not be supported within the HSCP's current budget allocation. If no additional budget is provided by WDC, this cost would have to be covered by savings across social care services and supported by general reserves.

3.2 2021/22 Financial Position

1. The HSCP Board approved the draft 2021/22 Annual Accounts for submission to external audit in June 2022. The tables below are extracted from those accounts and provide information on the scale of the integrated budget required to deliver on both health and social care services and the outturn position as at 31 March 2022.

Table 1: Extract from WD HSCP 2021/22 Unaudited Accounts – Budget Reconciliation

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved on 25 March 2021	97,853	72,244	170,097
Rollover Budget Adjustments	(204)	507	303
Covid-19	9,024	0	9,024
Primary Care	2,866	0	2,866
Adult and Older People Services	2,735	1,777	4,512
Children's Services	1,115	103	1,218
Family Health Services	1,553	0	1,553
Other	1,118	617	1,735
Reported Budget 2021/22	116,060	75,248	191,308
Funded from Earmarked Reserves	0	(323)	(323)
Funded from Partner Organisations	116,060	74,925	190,985

Table 2: Extract from WD HSCP 2021/22 Unaudited Accounts - Final Outturn against Budget 2021/22

West Dunbartonshire Integration Joint Board	2021/22 Annual Budget £000	2021/22 Net Expenditure £000	2021/22 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People, Health and Community Care	49,856	48,336	1,520
Physical Disability	3,528	3,106	422
Children and Families	26,449	26,033	416
Mental Health Services	11,471	10,575	896
Addictions	3,625	3,363	262
Learning Disabilities	18,085	17,933	152
Strategy, Planning and Health Improvement	2,022	1,501	521

Family Health Services (FHS)	29,532	29,532	0
GP Prescribing	19,969	19,690	279
Hosted Services - MSK Physio	6,899	6,528	371
Hosted Services - Retinal Screening	836	720	116
Criminal Justice	136	0	136
HSCP Corporate and Other Services	9,195	5,776	3,419
Covid-19	9,024	4,781	4,243
IJB Operational Costs	358	358	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	190,985	178,232	12,753
Set aside for delegated services provided in large hospitals	36,346	36,346	0
Assisted garden maintenance and Aids and Adaptions	527	527	0
Total Cost of Services to West Dunbartonshire HSCP	227,858	215,105	12,753

The key explanations and analysis of budget performance against actual costs are detailed below:

- Covid-19 – the Scottish Government funding for Covid-19 is received via NHS GGC and transferred to HSCPs in line with the LMP process of submitting financial information. However, the vast majority of Covid-19 related expenditure is with Social Care Services. As the accounting for the HSCP's integrated services are contained within both partners' ledger systems, the required funding is transferred at the year-end. The final position was a transfer to earmarked reserves of £4.243m.
- Children's Services – underspend of £0.416m is mainly due in recruitment challenges within Children's Specialist Health Services. The costs of Community Placements, including Residential Schools exceeded the budget allocation by just over £0.250m, after allocating approximately £0.500m to Covid-19 funding.
- 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.
- 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, MDTs and additional Health Care Support Workers. Recruitment is underway but

recruitment remains a challenge for all HSCPs and Health Boards.

- 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, as reported to the 21 February HSCP Board 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.
- To provide further detail of the social care budget versus actual position, the table below extracts this from the overall integrated position detailed above.

Table: 3 Extract from WD HSCP 2021/22 Unaudited Accounts – Social Care Expenditure

Social Care Net Expenditure	Annual Budget	Actual Outturn 2021/22	Actual Variance
	£000's	£000's	£000's
Strategy Planning and Health Improvement	1,013	678	335
Residential Accommodation for Young People	2,926	2,772	154
Children's Community Placements	5,628	5,634	(6)
Children's Residential Schools	3,398	3,656	(258)
Childcare Operations	4,507	4,730	(223)
Other Services - Young People	3,487	3,147	340
Residential Accommodation for Older People	6,925	6,426	499
External Residential Accommodation for Elderly	8,224	7,951	273
Sheltered Housing	1,351	1,315	36
Day Centres Older People	1,180	1,157	23
Meals on Wheels	22	38	(16)
Community Alarms	(6)	88	(94)
Community Health Operations	2,913	2,818	95
Residential - Learning Disability	8,832	8,698	134
Physical Disability	2,351	1,913	438
Day Centres - Learning Disability	2,153	2,138	15
Criminal Justice (Including Transitions)	136	-	136
Mental Health	2,477	2,478	(1)
Care at Home	13,076	12,560	516
Addictions Services	744	1,180	(436)
Equipu	285	300	(15)
Frailty	138	144	(6)
Carers	1,218	627	591
Integrated Change Fund	0	-	0
Covid-19	0	4,157	(4,157)
HSCP - Corporate	1,947	940	1,007
Net Expenditure	74,925	75,545	(620)

4. 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. The current policy strives to hold 2% of total budget in unearmarked reserves, for 2021/22 this was approximately £3.9 million.

5. A robust review of all earmarked reserves has also been undertaken by the HSCP Senior Management Team. Given that 65% of earmarked reserves are from the Scottish Government (Table 2 below) and have conditions and outcomes attached there is reduced scope to “free-up” a significant element. Also the Scottish Government have made it a condition of funding that all current earmarked reserves must be exhausted before any 2022/23 funding will be released e.g. Primary Care Improvement, ADP and Mental Health Recovery and Renewal. There is however, potential flexibility within some of the newly created reserves for Winter Planning and other HSCP Board approved earmarked reserves. Further work requires to be undertaken by Heads of Service to determine whether other local HSCP priorities can be delivered in tandem with Scottish Government required outcomes.

Table 4: Extract from WD HSCP 2021/22 Unaudited Accounts – Movement in Reserves

Balance as at 31 March 2021 £000	Total Reserves	Transfers Out 2021/22 £000	Transfers In 2021/22 £000	Balance as at 31 March 2022 £000
	Scottish Govt. Policy Initiatives			
(4,970)	Covid	4,781	(9,024)	(9,213)
(1,559)	Primary Care	1,414	(2,247)	(2,392)
(1,574)	Adult and Older People Services	984	(4,005)	(4,595)
(423)	Children's Services	943	(289)	(569)
(266)	Carers Funding	0	(591)	(857)
(842)	Other	5	(943)	(1,780)
	HSCP Initiatives			
(1,706)	Service Redesign Transformation	161	(714)	(2,259)
0	Complex Care	0	(560)	(560)
(300)	Community Empowerment	0	0	(300)
(4,516)	Recovery / Renewal in Services	344	(1403)	(5,575)
0	Other	0	(318)	(318)
	Prescribing			
(1,284)	Prescribing	0	(279)	(1,563)
(17,440)	Total Earmarked Reserves	7,832	(20,373)	(29,981)

6. The table below detail expenditure in relation to commissioned spend across Social Work services.

21/22 Spend on payment to other bodies									
	Residential	Respite	Payments to other bodies	Kinship payment	WDC Fostering and Adoptions	Section 12 /29	Payments to NHS	Direct payment	Total
Mental Health	1,144,151		1,810,777				329,717	15,318	3,299,963
Learning Disabilities	779,101	487,082	11,761,574					570,693	13,598,450
Addictions	550,184		777,785						1,327,968
Community Placements			2,657,184	2,023,816	1,027,251				5,708,250
Other Services - Young People		276,266	691,972			93,715	398,442	65,227	1,525,621
Residential School and Continuing care	3,477,689		1,071,923						4,549,612
Physical Disabilities	1,423,455	28,079	1,026,133					493,692	2,971,360
Older people residential	12,613,638	103,471	282,959					90,206	13,090,274
Day services older people			135,955					6,298	142,253
Community Health Operations			197,523						197,523
Community Alarms			118,109						118,109
Sheltered housing			393,707						393,707
Homecare			2,619,224					211,171	2,830,395
Carers Act			538,829						538,829
Headquarters and strategy			478,628						478,628
Covid			3,404,945						3,404,945
	19,988,219	894,898	27,967,226	2,023,816	1,027,251	93,715	728,159	1,452,604	54,175,887

3.3 Medium Term Financial Outlook

1. 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.
2. 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.
3. 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.
4. 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).
5. In 2022/23 we 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.
6. 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.
7. 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.

4. WORKFORCE

4.1 Workforce Planning

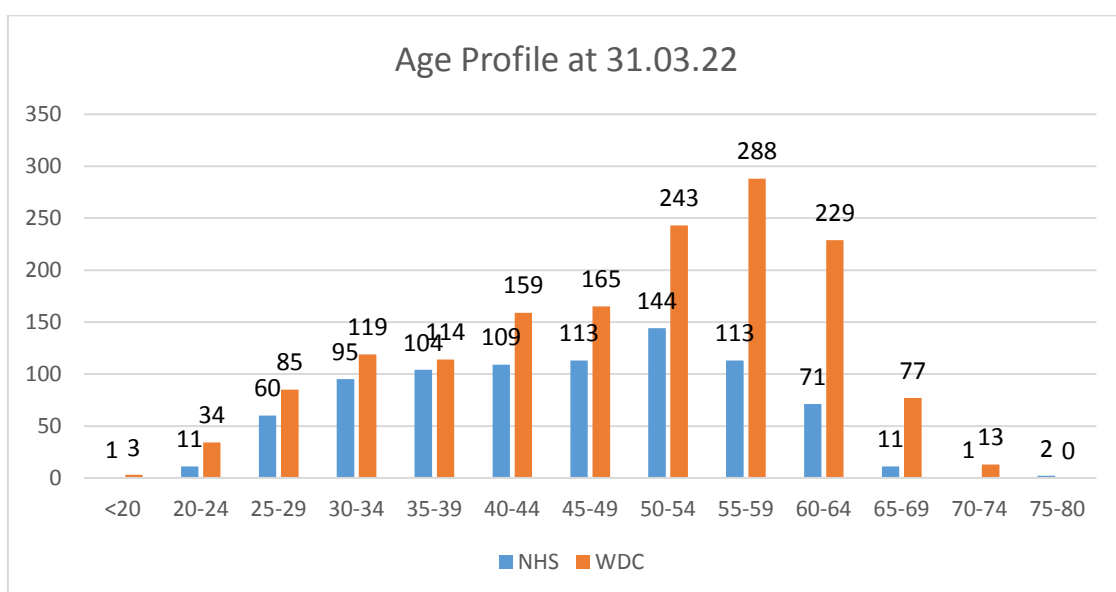
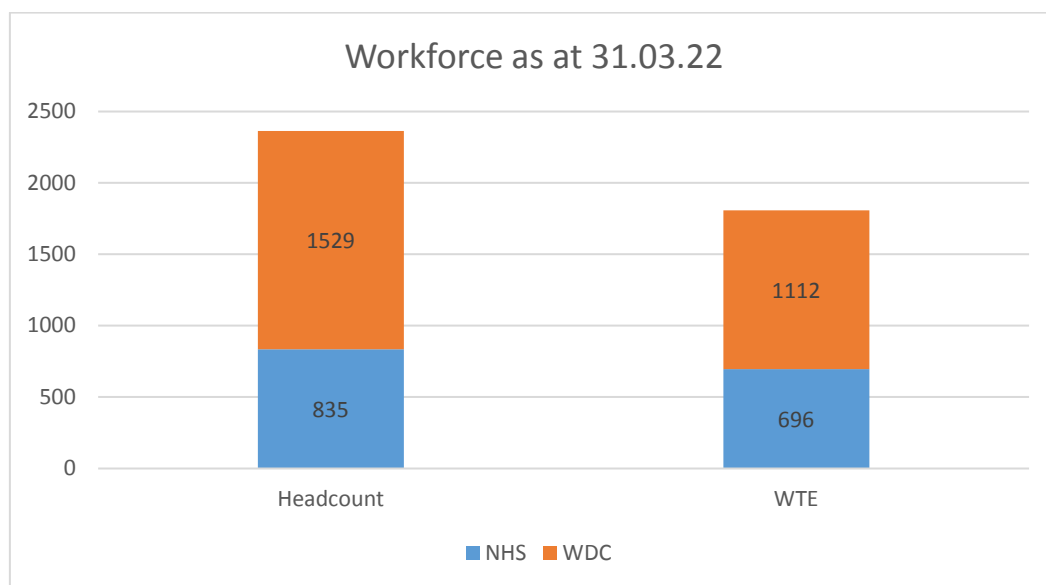
1. Through this report with specific reference to both the resources section and highlighted in the service performance and overview highlighted the significant issues of staffing availability and recruitment which has had an impact in nearly all areas of service delivery.

- Never has there been a greater need for workforce planning and development to be supported nationally to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. The National Workforce Strategy for Health and Social Care in Scotland states 'Our workforce is at the heart of delivering Health and Social Care services to the people of Scotland. Over 400,000 skilled and compassionate people work in many different roles and settings, in an integrated way. As the largest workforce in Scotland, they reach into every aspect of life and every community in Scotland. As national and local governments working together, we see and value this every day'

Without a local and cohesive national strategy threat to the quality of services we can deliver are very real.

- West Dunbartonshire HSCP developed a 5 year workforce strategy in 2022.

4.2 Workforce Split



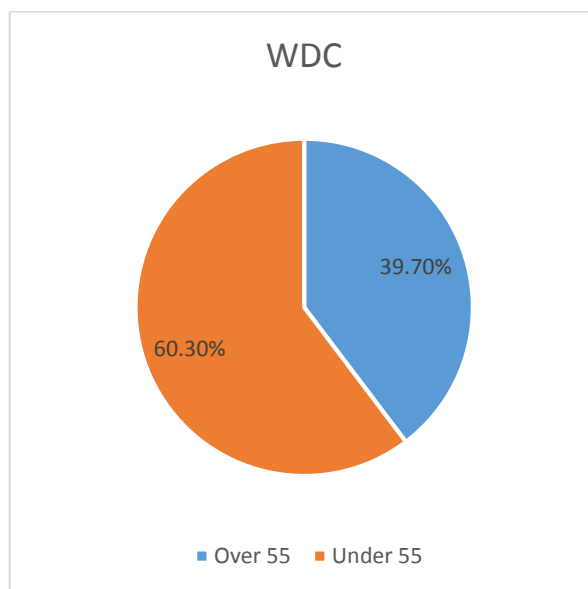
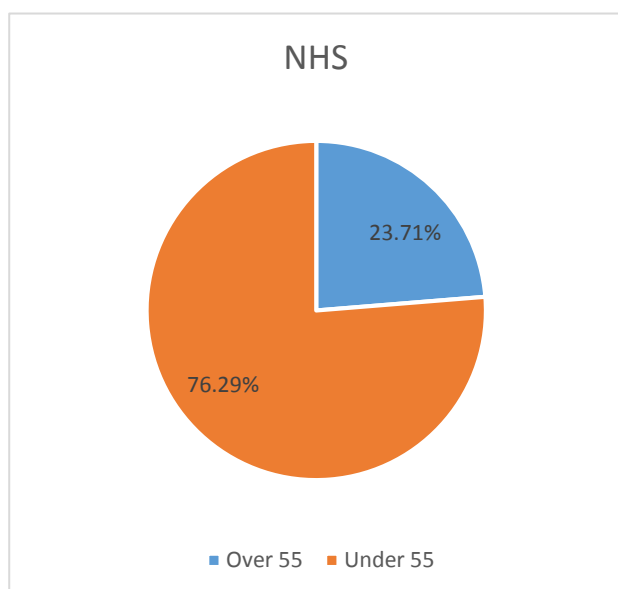
- The age profile for staff in West Dunbartonshire HSCP indicates that the majority

of our workforce are over the age of 45. Whilst this does not present an immediate risk, we do need to be mindful of the importance of succession planning and the implications of an ageing workforce in coming years.

Age Band	NHS	WDC	Total
<20	1	3	4
20-24	11	34	45
25-29	60	85	145
30-34	95	119	214
35-39	104	114	218
40-44	109	159	268
45-49	113	165	278
50-54	144	243	387
55-59	113	288	401
60-64	71	229	300
65-69	11	77	88
70-74	1	13	14
75-80	2	0	2
TOTAL	835	1529	2364

2. More than a third of the workforce (34.05%) of the workforce are aged 55 years and over. This presents a significant risk in terms of retiral of a sizeable proportion of the workforce within in the next 5 to 10 years. This is a significantly higher risk with West Dunbartonshire Council staff as 39.70% of their workforce is aged 55 or over while 23.71% the NHS HSCP workforce are aged 55 or over.

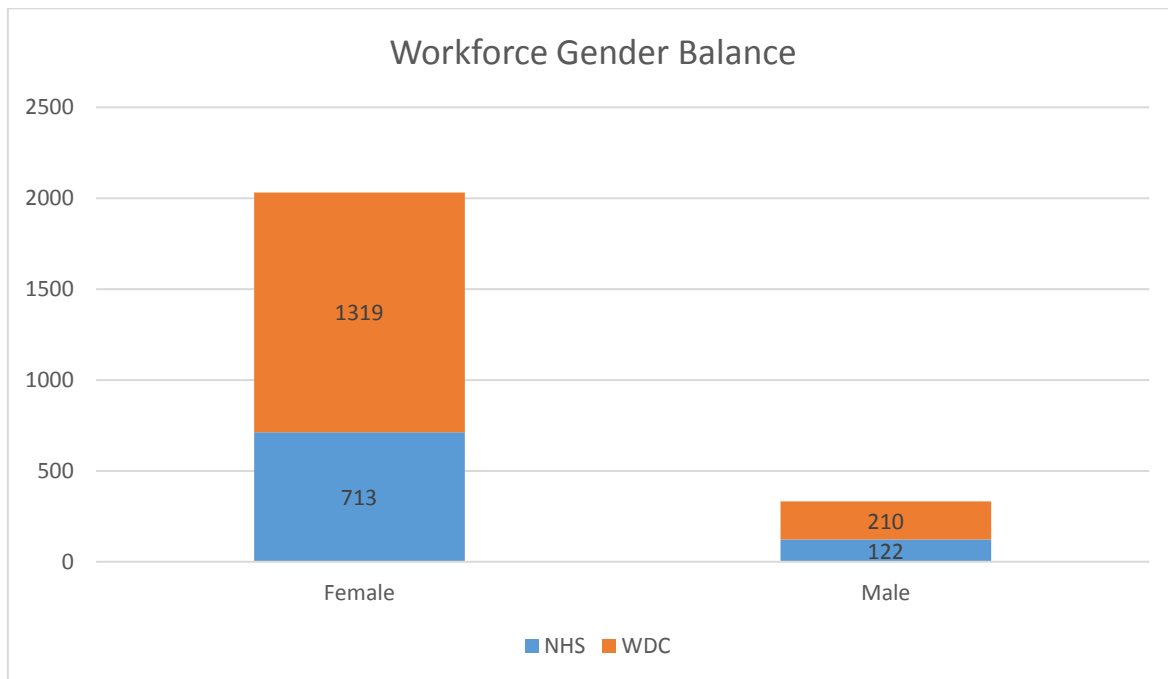
The pie charts below show the split of the workforce of those over 55 and those under 55 years.



4.3 Workforce Gender Balance

1. As can be seen below the gender balance within West Dunbartonshire HSCP is predominantly female and whilst this is not untypical within the caring sector, we do need to consider how we encourage greater inclusion within the professions

that we employ.



4.4 Staff Turnover

1. The turnover rate for WDC staff within the HSCP is 15.2% per annum. This is higher than the whole of WDC rate which is currently 13.2% per annum. For NHS staff within the HSCP the turnover rate is 8.3% compared to the GGC wide figure of 10.2%. This is not forecast to increase significantly in the period to March 2023, however some changes to behaviour have been observed and after a period of suppressed turnover where staff were perhaps not looking for career opportunities or delaying their retirement due to the pandemic, those staff are now looking at career development and opportunities and similarly those staff who have delayed retirement are now actively pursuing this and some staff.

4.5 West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

1. Creating a positive workplace and focusing on the mental health and wellbeing of staff has remained a priority. For leaders at all levels of the HSCP, leading, motivating and supporting staff has been a priority. Leaders have empathised with the impact of the Covid-19 outbreak across the HSCP on both personal and professional lives as staff endeavour to cope with a wide range of issues and feelings, such as, fear, anxiety, isolation and vulnerability.
2. Occupational Health services in both employing organisations will continue to be utilised for their prospective staff.
3. Mental health check-in all Health and Social Care staff have also been encouraged to take part in all of NHS Greater Glasgow and Clyde's mental health check in's which took place in August 2020, February 2021, August 2021 and February 2022. Another check in is scheduled for August 2022 and this will be heavily promoted to staff.
4. Leadership development programmes continued throughout the pandemic however, understandably due to service pressures; uptake was been lower.

Staff are being encouraged to uptake appropriate opportunities available to them with Learning and Education publishing a document summarising all the training and opportunities available to staff.

5. NHS GGC Peer Support Framework
The NHSGGC 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 Board and the six Health and Social Care Partnerships. This forms part of the wider strategy to prevent work-related emotional distress from developing into more significant mental health problems. The Peer Support Framework outlines an overarching system for all peer support interventions offered across NHSGGC. It is based on a set of core principles and sits within a single governance structure. All existing and new peer support interventions will align with the Peer Support Framework.
6. Core principles of peer support within NHSGGC are based on the 'Psychological First Aid' (PFA) model and this forms the conceptual basis of the Framework. This is an evidence-informed approach recommended by international and national experts. The NHSGGC Mental Health & Wellbeing Action Plan 2020-22 considers the longer-term staff mental health and wellbeing needs in response to the Covid-19 pandemic and outlines the planned approaches to support and intervene. The tiered model is aligned to all key principles and wider strategies of NHSGGC.
7. Key priorities for 2021–22 have been agreed and the provision of a Peer Support Framework is highlighted for this year. The proposed model, competency framework, training programme and organisational support will result in all staff within Greater Glasgow and Clyde having access to peer support. This sustainable programme forms a significant part of the Board's staff support strategy reflecting cultural and organisational support for staffs' health and wellbeing.
8. The first phase of the Peer Support Framework is the publication of an online module "[Introduction to Psychological Wellbeing](#)". All staff are encouraged to undertake this module. The module is available on Learnpro.
9. West Dunbartonshire Council also ran a series of wellbeing webinars 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. Human Resources and Organisational Development in the Council are working on a programme of short training sessions to continue to support employees and managers.
10. Staff have been and continue to be encouraged to use their annual leave allowance and managers have been reminded of the importance of encouraging staff to fully utilise their leave in order to maintain a healthy work life balance and rest sufficiently.
11. Whilst the Scottish Government directed all Boards to offer NHS staff the opportunity to be paid for unused leave, there were only a small number of staff who asked for this. This means that those staff who carried over leave will have a backlog of unused leave to take. We will continue to support and encourage

staff to utilise their full leave entitlement.

12. 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.
13. Non Covid-19 Absence levels within the HSCP have on the whole remained lower than when compared to the same period before the pandemic for both NHS and WDC staff, however in the last year WDC absence particularly in our Care at Home Service has risen. Whilst this is not entirely unexpected, work is ongoing to provide targeted HR interventions at appropriate times to ensure staff and managers receive appropriate levels of support.

4.6 National and Partner Organisation Wellbeing Initiatives

1. The National Wellbeing Hub which can be found at <https://www.promise.scot> has been heavily promoted within the HSCP via Chief Officer Updates, Joint Staff Forums etc. Promotion of this service will continue. In particular, staff have been and will continue to be encouraged to contact The National Wellbeing Helpline (0800 111 4191). This is available 24 hours a day, seven days a week and is resourced by trained practitioners at NHS 24. This helpline offers callers a compassionate and empathic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required.
2. Coaching for Wellbeing has also been heavily promoted to staff and will continue to be promoted. 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. Further information can be found at: <https://www.promis.scot/wp-content/uploads/2020/12/Coaching-for-Wellbeing-Information-Pack.pdf>

4.7 Measuring the Effectiveness of Support Mechanisms

1. Whilst we do not have the information available to us to directly measure the effectiveness of these support mechanisms, we do have other information that can be analysed to assess how supported staff feel. Below is a comparison of the results from the pulse survey from 2020 and the iMatter Survey from 2021 which demonstrates that staff feel that 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

4.8 In work poverty

1. Employment remains the best route out of poverty. However, we know that some people in poverty live in households where someone is in paid employment and the proportion of people in poverty who are living in working households has increased over time.
2. Working parents' ability to increase working hours is often dependent on the availability of flexible working and childcare, the affordability of which can often be constrained by the conditions of Universal Credit.
3. Around two thirds of working adults living in poverty are paid below the real living wage. This has been addressed within NHSGGC who are an accredited Living Wage employer and West Dunbartonshire Council who are not accredited but pay above the national living wage which is currently £9.50 per hour.

4.9 National Living Wage

1. NHSGG&C is an accredited Living Wage Employer. Whilst WDC is not accredited they do not employ anyone below the national living wage. This means that all staff within West Dunbartonshire HSCP receive at least the minimum hourly wage which will rise each year to match future rises.
2. Benefits of the National Living Wage include staff feeling more valued and with less chance of them having to juggle multiple jobs and reduced attrition and lower recruitment costs as staff who are fairly compensated are less likely to leave. Lower turnover means lower recruitment, training and admin costs.
3. In previous generations, employees would stay with an employer for decades whereas the incoming workforce increasingly recognise the power of choice and consider how an organisation can help them grow personally and professionally. Paying the National Living Wage has a positive impact on employee relations and an organisations credibility.
4. A recruitment and retention of working group has been implemented to take forward elements of our local strategic plan in conjunction with staff representatives and Trade Union Colleagues. The 'Setting the Bar 'report regarding the Social Work workforce is being further considered in this forum and local implications for workforce.

4.10 Workforce Development, Learning and Collaboration

1. 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 and 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 work place;
 - recognises where people are informed by trauma and adversity;
 - responds in a way that prevents further harm;
 - supports recovery;
 - and can address inequalities and improved life chances;
 - and is informed by lived experience.
2. 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.

4.11 Adverse Childhood Experiences (ACEs)

1. The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the life course. The Programme supports workforce development and development of a Nurtured Strategy.
2. In 2020-21, ACEs workforce development activities moved online. Since the re-launch of West Dunbartonshire's ACEs Hub as a strength-based 'Resilience' Hub in February 2020, membership has remained at around 400. The Hub, which is a community of practice, includes staff working across the Council, HSCP and third sector. The first virtual Resilience Hub meeting was held in March 2021 with 70 local staff attending.
3. The ACEs documentary film, 'Resilience: The Biology of Stress and the Science of Hope' continues to be a key resource to increase ACEs awareness among the local workforce. The film was shown online in December 2020 with 60 people attending and participating in the post-film panel discussion. This brings the cumulative total to 1060 staff who have seen the film since 2018.
4. The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across the 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](#). Our local Resilience Hub meetings, Resilience Film viewings and Trauma Training plans support the development of a trauma-informed workforce.

5. WD Resilience HUB: This is a community of practice with over 400 people. We held two online meetings in 2021/22. The theme for the first one 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. 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.
6. Resilience Film: This documentary film about Adverse Childhood Experiences (ACEs) is a key resource to increase ACE awareness among the workforce. Two online viewings were held in 2021/22, bringing the total number who have seen the film to approximately 1200. The evaluation showed that staff knowledge of ACEs improved from 7.1 to 9.0 and 6.1 to 7.8, out of 10. One person commented *"It is a reminder that positive outcomes can be achieved despite significant ACEs"*.
7. Implementation of the national Trauma Training Programme locally: 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.

See the following link for a visual representation of the work outlined above which can be broken down to a specific section is required.

<https://create.piktochart.com/output/59304726-final-annual-report-2021-22-aces-trauma-programme-copy>

8. Recently all Social Care staff undertook “just enough support” training to help them in the implementation of the My Life Assessment tool. All staff are fully trained on Children Affected by Parental Substance Misuse (CAPSM) and the guidelines that are specific to Addiction staff. The Parental Capacity, Strengths and Supports assessment that was co-produced with children services colleagues has now been fully implemented and embedded into the practice of all the Health and Social Care staff. The assessment indicates the well-being indicators and focuses on the adult service user’s strengths and achievements as well as pressures and areas for improvement in their child’s well-being. In addition several staff members have now completed the MARAC and MAPPA awareness training.
9. This has now been fully embedded in our person centre assessment and planning of care. Addiction services are experiencing a higher than normal turnover of staff and sickness rate in relation to the pandemic. However West Dunbartonshire Addiction Services (WDAS) have remained fully operational during the pandemic in spite of the challenges. Our Workforce model needs to be realigned to incorporate new challenges in 2022.

4.12 National Guidance

1. National Guidance for Child Protection in Scotland was published in 2021. The Guidance integrates child protection within the Getting it right for every child (GIRFEC) continuum and wider strategic landscape, including incorporation of the United Nations Convention on the Rights of the Child (UNCRC) and The Promise.

2. It sets out responsibilities and expectations of everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation and violence.
3. The Guidance builds on evidence and well established single and multi-agency practice, however, there are key changes of note:
Integration of the previously separate Child Protection Guidance for Health Professionals (2013) – the “Pink Book”, underlining the multi-agency nature of child protection;
4. Further clarification of the role, function and contribution of Health Boards, professionals, designated staff and services for child protection to support discharging their responsibilities safely, both individually and collectively;
5. A ‘child’ defined as being a child or young person up to the age of 18 years, where appropriate, in line with UNCRC. The legal situation with regard to young people aged 16 and 17 years is summarised;
6. The criticality of multi-agency collaboration and Interagency Referral Discussions (IRDs) is outlined where there is risk of significant harm; and the importance of continuity and consistency across organisational and sector boundaries is emphasised. Implementation is across 2 years, commencing September 2021;
7. There is an incentive within the Guidance to share best practice and procedures across Scotland, albeit recognising that individual regions and authorities currently have some variation. West of Scotland Child Protection procedures already exist (aligned with the 2014 Guidance) and although they are in place in West Dunbartonshire, they are no longer universally used across the West of Scotland consortium, partly due to having lost their online platform and partly because they now require a significant refresh. At the West of Scotland Chairs and Lead officers meeting in December 2021, it was concluded that the majority of areas no longer wished to progress with a refresh of the West of Scotland procedures. West Dunbartonshire CPC agreed in March 2022 that until the 2021 Guidance is implemented, Partners will continue to follow the West of Scotland procedures;
8. In addition, it was agreed West Dunbartonshire would form a smaller group of West of Scotland CPCs to commission an individual to update all multi-agency child protection policies/procedures/ protocols. This is currently being progress and will be available early 2023;
9. As the workforce further adapts to more sustained models of hybrid working it is important that the required collaboration, support and ‘good conversations’ are taking place to support staff wellbeing as well as provide effective leadership.

It is clear that the impact on workforce both interim of staffing vacancies and diminished opportunities for learning and development has had a degree of impact on staff wellbeing and opportunities to ensure learning is maintained and effectively supported. Within year one as Chief Social Work Officer the development and learning opportunities for staff is a key priority and this year has seen opening up of face to face learning opportunities and a reset of our training priorities. Opportunities for Social Work staff to come together as a

professional group are important in a diverse and complex organisational landscape to maintain and support both professional identity and learning.

10. As Chief Social Work Officer establishing Social Work governance forums for all Social Work staff firstly across adult services has provided invaluable in giving time and opportunity for reflective practice discussion and to raise directly matters that require further attention or review. Staff coming together for learning opportunities in 2022 recognised it was the first opportunity in over 2 years many had experience to learn together as a group with arguably richer conversations. Leadership is key throughout social work service services but across adult and children service partnerships with common vision goals and aspirations.

The work force priorities are clear and we need to drive forward our workforce strategy to support local recruitment and retention of staff with wellbeing and trauma informed practice at its core to achieve transformational and fit for the future services.

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Head of Children's Health, Care and Justice
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