Annual Performance Report 2021/2022

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Foreword

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

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

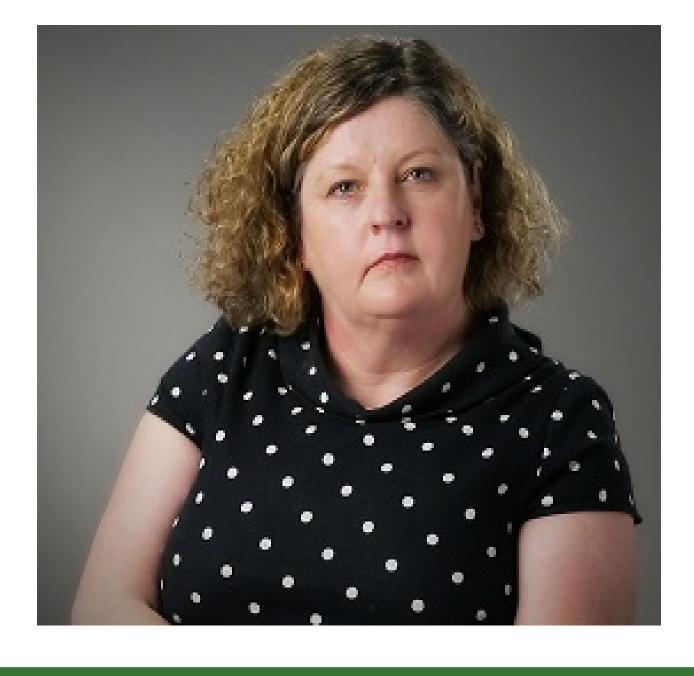
Our hugely successful vaccination programme continued during 2021/22 providing our citizens with some measure of protection against the worst impacts of the virus. While reported cases remained very high in West Dunbartonshire at March 2022 they began to fall as we headed into the Summer months and at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

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

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

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

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



Beth Culshaw Chief Officer

Summary

Purpose of Report

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

Key Achievements 2021/22

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

Priority 1: Early Intervention

- Continued promotion of child immunisations and breastfeeding by Health Visitors resulting in improved rates. MMR1 vaccinations for 5 year olds above the Scotland figure of 96% at 97.5% and immunisation rates higher than those for the Health Board and Scotland for all immunisations at 24 months and 5 years of age.
- Work with NHS Greater Glasgow and Clyde to refresh the Unscheduled Care Joint Commissioning Plan in light of the impact of the pandemic.
- Almost 75% of people aged 65 and over who have had 2 or more emergency admissions to hospital in the last year have had an assessment of their needs.
- 1,248 people have received support with their medication from our Homecare Pharmacy Team.
- 95.2% of carers felt supported to continue in their caring role when asked as part of their Adult Carer Support Plan.
- 1,918 people were receiving a Community Alarm/Telecare service at March 2022.
- Working in partnership with Turning Point Scotland's Overdose Response Team as part of a range of measures to prevent drug misuse deaths.
- 94% of the 920 referrals to addiction services, including third sector partners, starting treatment within the national target time of 3 weeks, exceeding the 90% standard.
- 20,509 people had an Electronic Key Information Summary (eKIS) in place to allow for sharing of key information across the HSCP, hospital Acute Services and Primary Care.
- Developing our understanding of our Child Protection processes and the children we protect through collation and analysis of quality data through the Child Protection Minimum Dataset.
- Undertaking a review of our Special Needs in Pregnancy service.
- A reduction in the number of looked after children due to an increase in the number of children's plans revisited through our permanency process, where children have been able to reach positive destinations through permanency planning.

Priority 2: Access

- Full rollout of a new My Life Assessment tool in line with eligibility criteria for social care support with 404 full My Life Assessments carried out during 2021/22.
- 10,519 hours of homecare delivered to 1,425 West Dunbartonshire residents as at March 2022 to support them to live as independently as possible in their own homes.
- 75% of people on the Palliative Care Register supported to die at home or in a homely setting.
- A series of 'What Matters To You?' conversations to help improve services for people with a learning disability.
- The development of a new Self-Directed Support Policy.
- Programmes of training delivered within Justice Services covering assessment tools and Trauma Informed Practice.
- 80.6% of people with a Community Payback Order attending an induction session within 5 working days of sentence: a significant improvement on 65% in the previous year.
- Ongoing negotiations with the National Caledonian Team by Justice Services to bring both Caledonian group work and the 1-1 programme to West Dunbartonshire.

Priority 3: Resilience

- A local authority-wide community consultation capturing women's experiences of domestic abuse during Covid-19 lockdown restrictions and their access points for specialist Domestic Abuse service support and information carried out by the Children Experiencing Domestic Abuse Recovery service.
- Development of a West Dunbartonshire Distress Brief Intervention Associate Programme for young people aged 16 to 24 years (26 years for care experienced).
- The expansion of the Scottish Families Affected by Drugs/Alcohol Young Person's Routes Project.
- A comprehensive survey of secondary age children in West Dunbartonshire as part of a Planet Youth pilot.
- Sustained improvement in waiting times for referral to treatment for Child and Adolescent Mental Health Services with 96% of children and young people starting treatment within 18 weeks at March 2022 and an average wait of 7 weeks..
- 83 people participating in Resilience Hub discussions regarding 'Healing Trauma and Connecting People through Community Arts' and 'The First 1001 Days'.

Priority 4: Assets

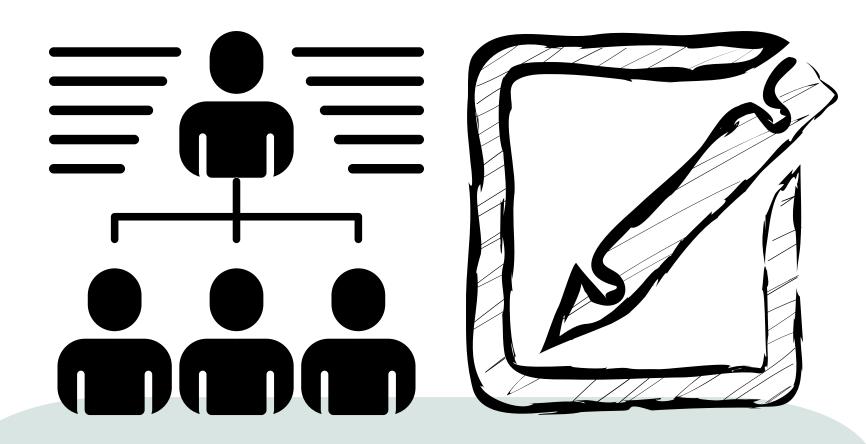
- Mental Health Check Ins for HSCP staff in August 2021 and February 2022.
- An extremely positive first Care Inspectorate report for our new Queens Quay Care Home.
- Participation of some of our care experienced young people in a national campaign for the recruitment of new Children's Hearings Scotland panel members.
- Champions Board staff being part of a national project in relation to care experienced people accessing their care records.
- Prescribing costs of £168.58 per weighted patient below the average across Greater Glasgow and Clyde of £173.79.

Priority 5: Inequalities

- 89% of looked after children being looked after in the community helping the maintain relationships and community links.
- All young people who left care during the year and aged 16 or 17 years of age entered a positive destination, further/higher education, training or employment, at the point of leaving care.
- Work Connect service users featured in the Scottish Mental Health Arts Festival in May 2021 including a documentary exploring the notion of what is normality in the wake of a life-changing pandemic.
- Development of training statistics across the HSCP workforce.
- Creation of bespoke training sessions for Equality Impact Assessments specific to HSCP situations.

Early Intervention Access Resilience Assets Inequalities

Overview of the HSCP



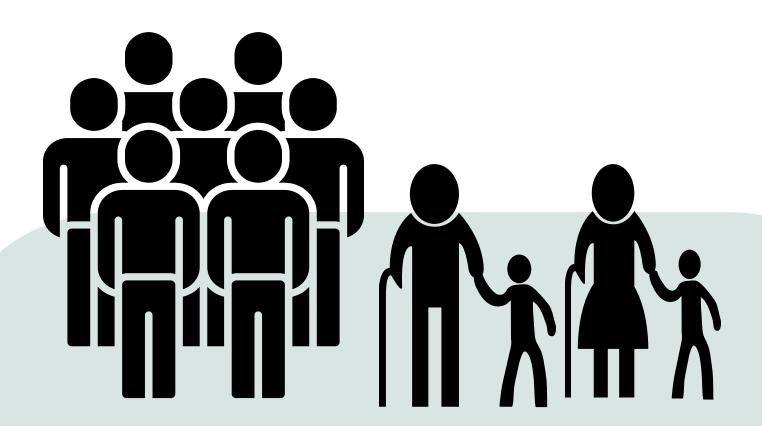
West Dunbartonshire
Health and Social Care
Partnership formally
established 1st July 2015



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



2021/22 budget of £228 million

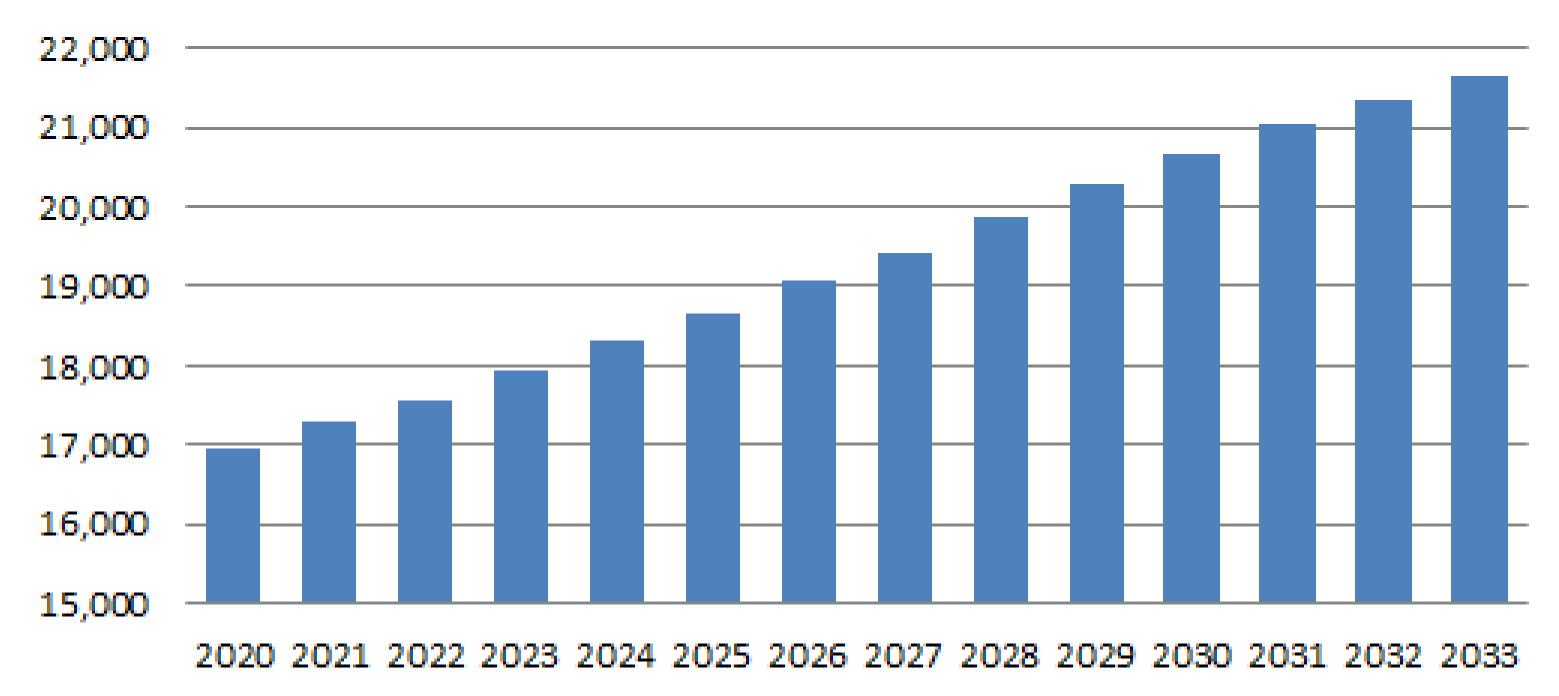


Delivering health and social care services to support the people of West Dunbartonshire: population 87,790

Challenges and Areas for Improvement

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

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



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

Specific challenges faced during 2021/22 were:

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

Introduction

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

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

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

Overview of the HSCP

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

The HSCP's vision is:

Improving lives with the people of West Dunbartonshire

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

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

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

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

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

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

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

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

Children & Families Social Work		Children's Specialist Comm Health Services		y Addiction vices		nity Older Services
Looked After	Children with		Adult Care		Residential and Day	
Children	Disabilities		Services		Care Services	
Health Visiting	Learning Disability Services		Community Hospital		Care at	
Service			Discharge		Home Services	
Family Nurse		Community Mental		District		al Justice
Partnership		Health Services		Nursing		I Work
Community Pharmacy Service		Musculos (MSK) Phys		Diabetic Scree		

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

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

Aims of the Annual Performance Report

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

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

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

Policy Context

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

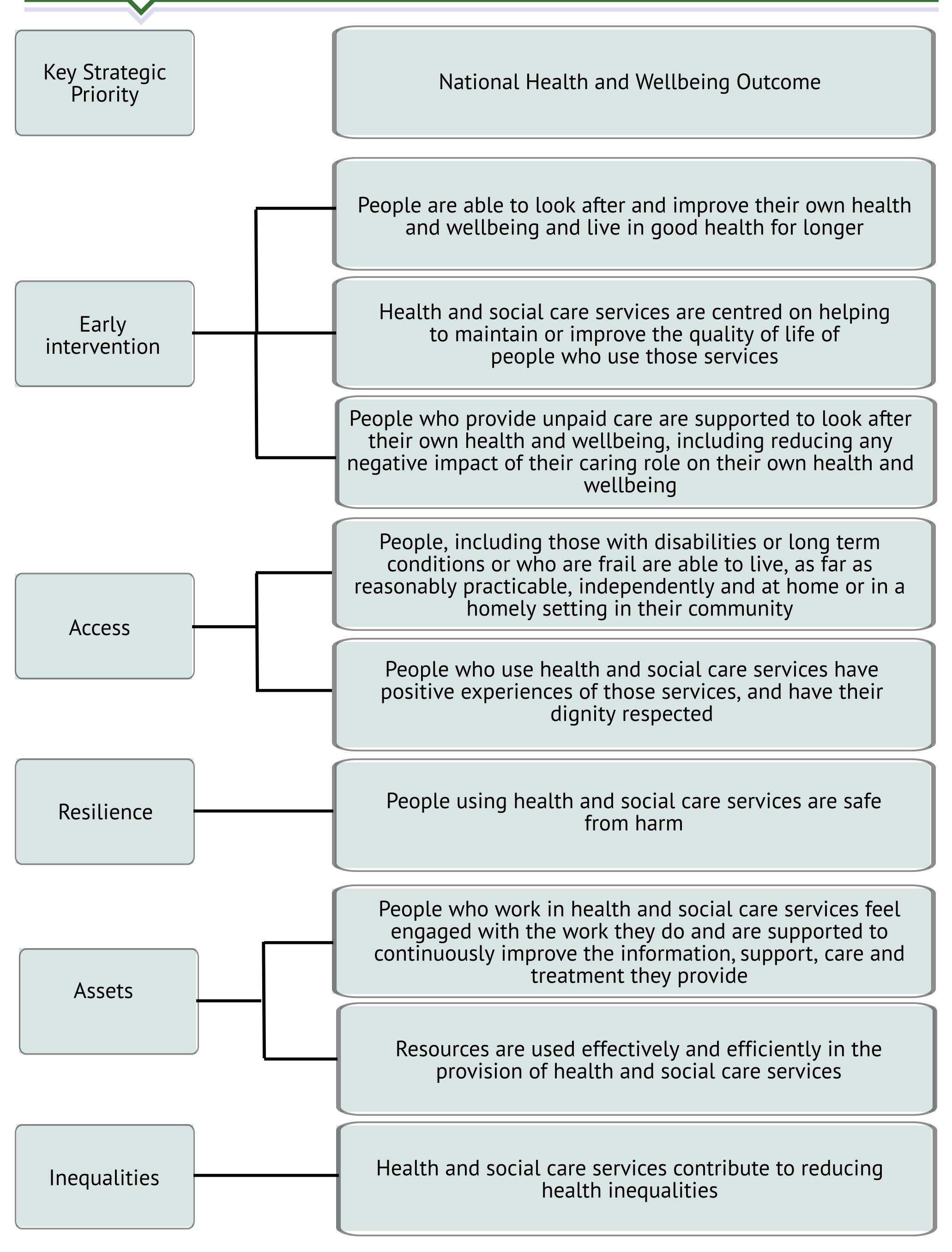
These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

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

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

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

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



Public Protection

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

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

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

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

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

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

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

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

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

A full interim report was produced in May 2022.

The key messages from the report were that:

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

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

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

The Chief Social Work Officer continued to attend the North Strategic Oversight Group during 2021/22 and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (local authorities, Police Scotland, Scottish Prison Service and Health).

The MAPPA Unit's performance report noted 100% compliance, with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales: no exceptions were reported during 2021/22.

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

Access to Information

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

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

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

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

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

All Services Finance Strategy & Transformation Mental Health, Learning Disability & Addictions Health & Community Care Children's Health Care & Justice 0 10 20 30 40 50 60

Freedom of Information Requests

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

2021/22 2020/21

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

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

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

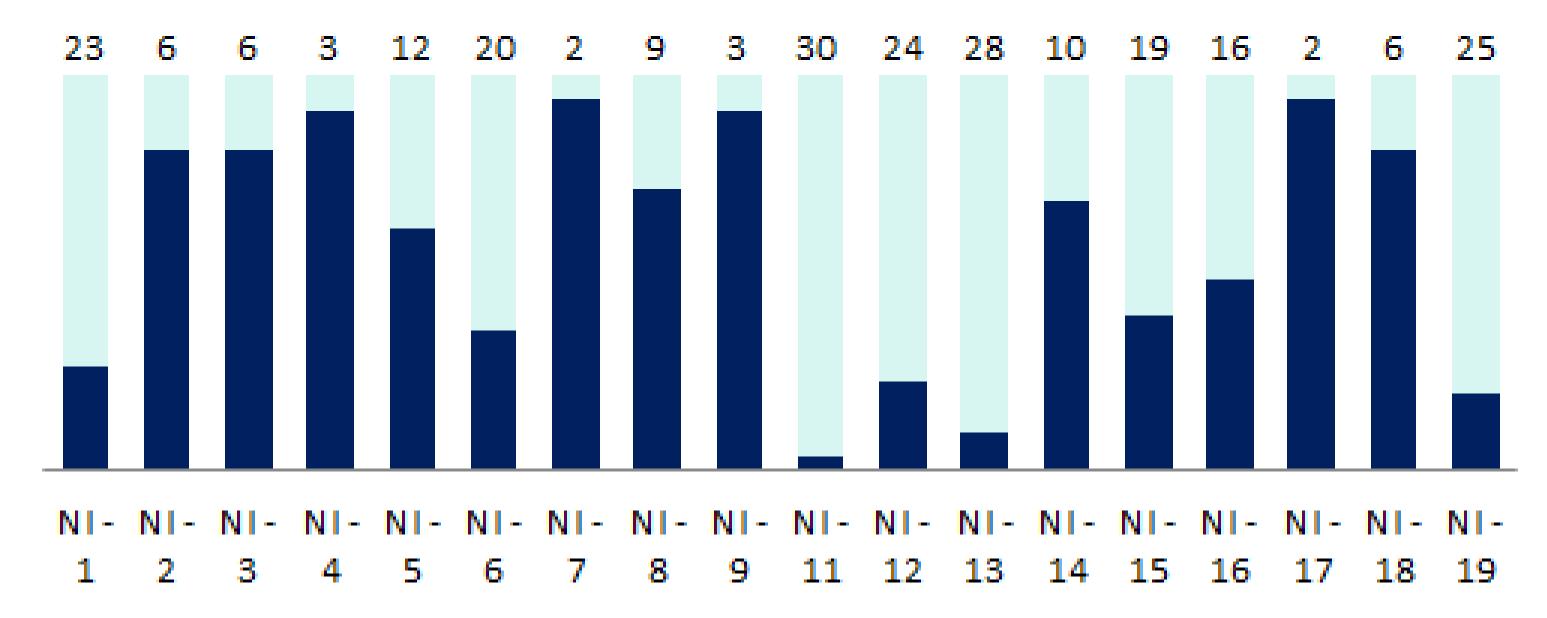
National Performance Measurement

Core Integration Indicators

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

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





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

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

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

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

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

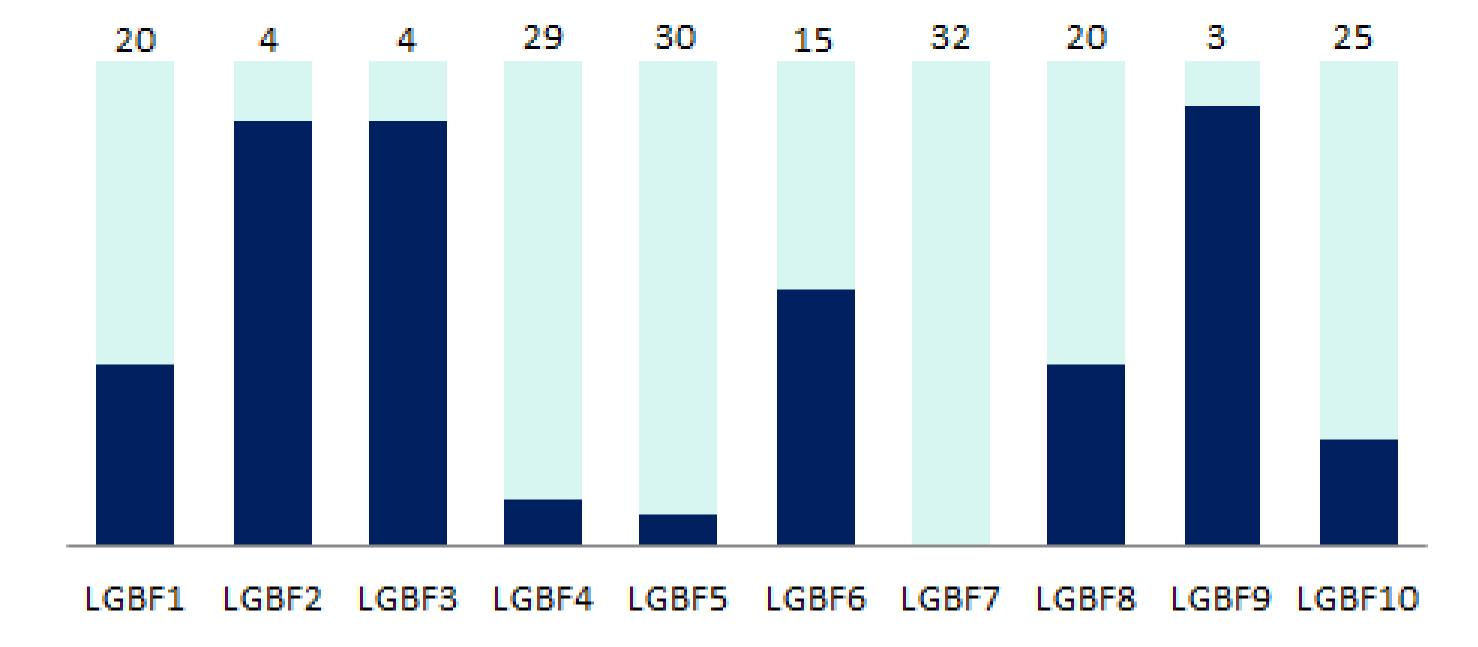
Local Government Benchmarking Framework

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

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

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





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

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

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

Ministerial Steering Group



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

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

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

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

Performance against Strategic Priorities

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

Priority 1: Early Intervention

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

Priority 2: Access

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

Priority 3: Resilience

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

Priority 4: Assets

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

Priority 5: Inequalities

- Work Connect
- Tackling Inequalities

Priority 1: Early Intervention

Early Years

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

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

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

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

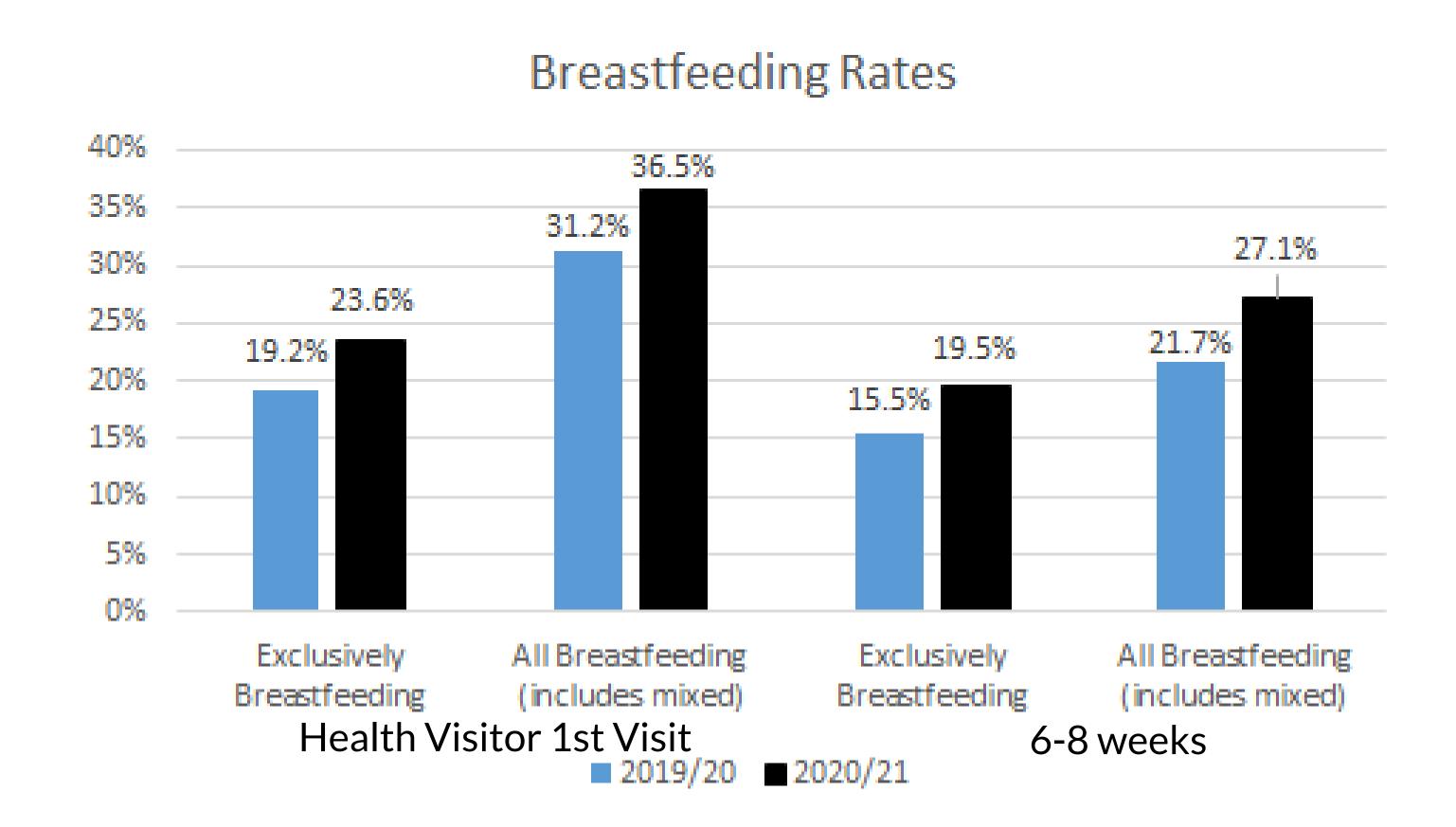
Immunisation Rates 2021/22

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

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

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

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



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

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

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

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

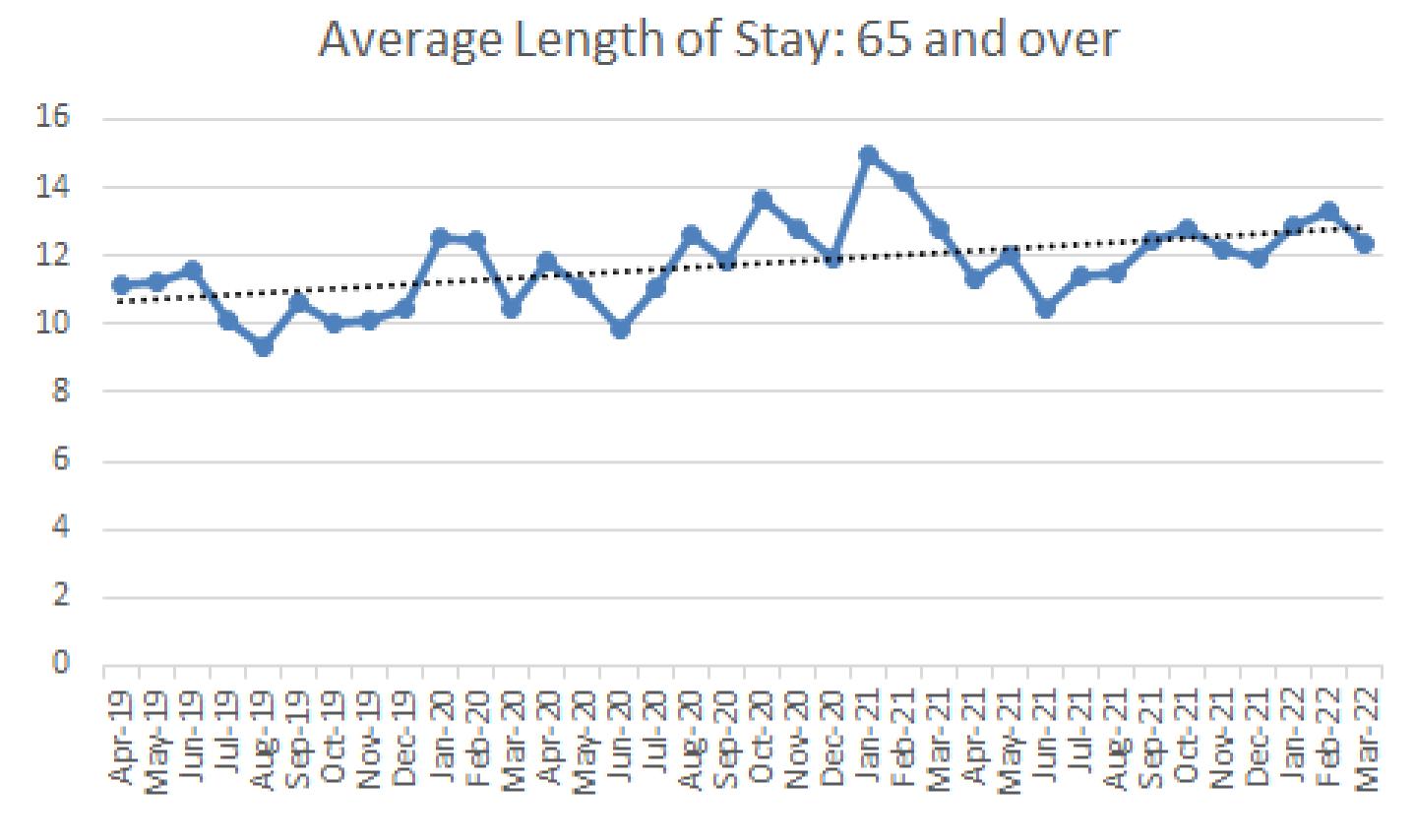
During 2021/22 there were 160 referrals to the Parenting Office. The referrals were allocated to our Parenting Practitioners, namely our Early Years Outreach Workers and Community Nursery Nurses who found new ways of working with parents through digital formats, as well as signposting to other supports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

Unscheduled Care

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

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

While unscheduled care was significantly reduced across NHS GGC during 2020/21 as a direct result of the pandemic, when compared with the other 5 HSCPs within Greater Glasgow and Clyde, West Dunbartonshire's use of unscheduled care showed less of a reduction. 2021/22 saw an increase in unscheduled care for West Dunbartonshire residents. There were 4,105 more attendances at A&E by those aged 18 and over than in 2020/21, although this was still 13% lower than 2019/20. Emergency admissions for those aged 18 and over were 5% higher than in 2020/21 although still lower than prepandemic. The hospital bed days associated with these admissions were 6% higher than in 2020/21 and were also higher than 2019/20. This equates to a longer average length of hospital stay which is most pronounced when looking at those aged 65 and over.



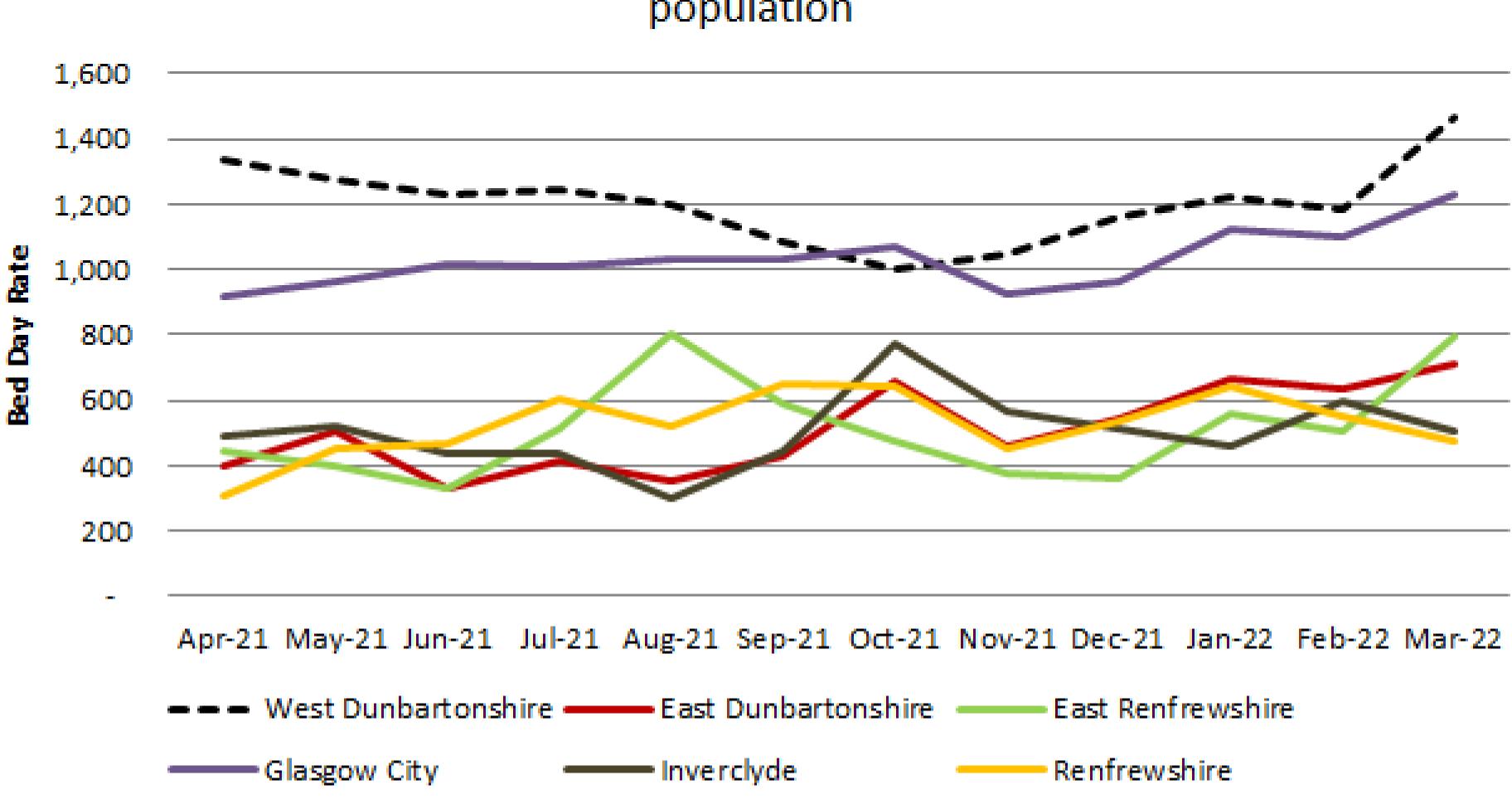
The average length of stay for people aged 65 and over has risen from around 10.5 days in April 2019 to just below 13 days in March 2022, peaking at almost 15 days in January 2021. This could be related to Covid, either prior to or during a hospital admission but may also reflect a trend in people being more ill on admission to hospital due to the impact of lockdowns or later access to services or diagnosis.

The most formidable challenge in relation to unscheduled care this year has been the volume and length of delayed discharges from hospital. Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes for individuals and to avoid readmission. A delayed discharge is where a person has been deemed medically fit for discharge back home or to a care home but the discharge is unable to take place.

This may be due to lack of services within the community, the availability of an appropriate care home placement, or the person's lack of capacity to make a decision about their future care needs. The latter may entail a guardianship application under Adults with Incapacity (AWI) legislation to allow the decision to be made on the person's behalf: a process which can be lengthy and complex particularly where family members have differing views on the best care setting for their loved one.

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

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



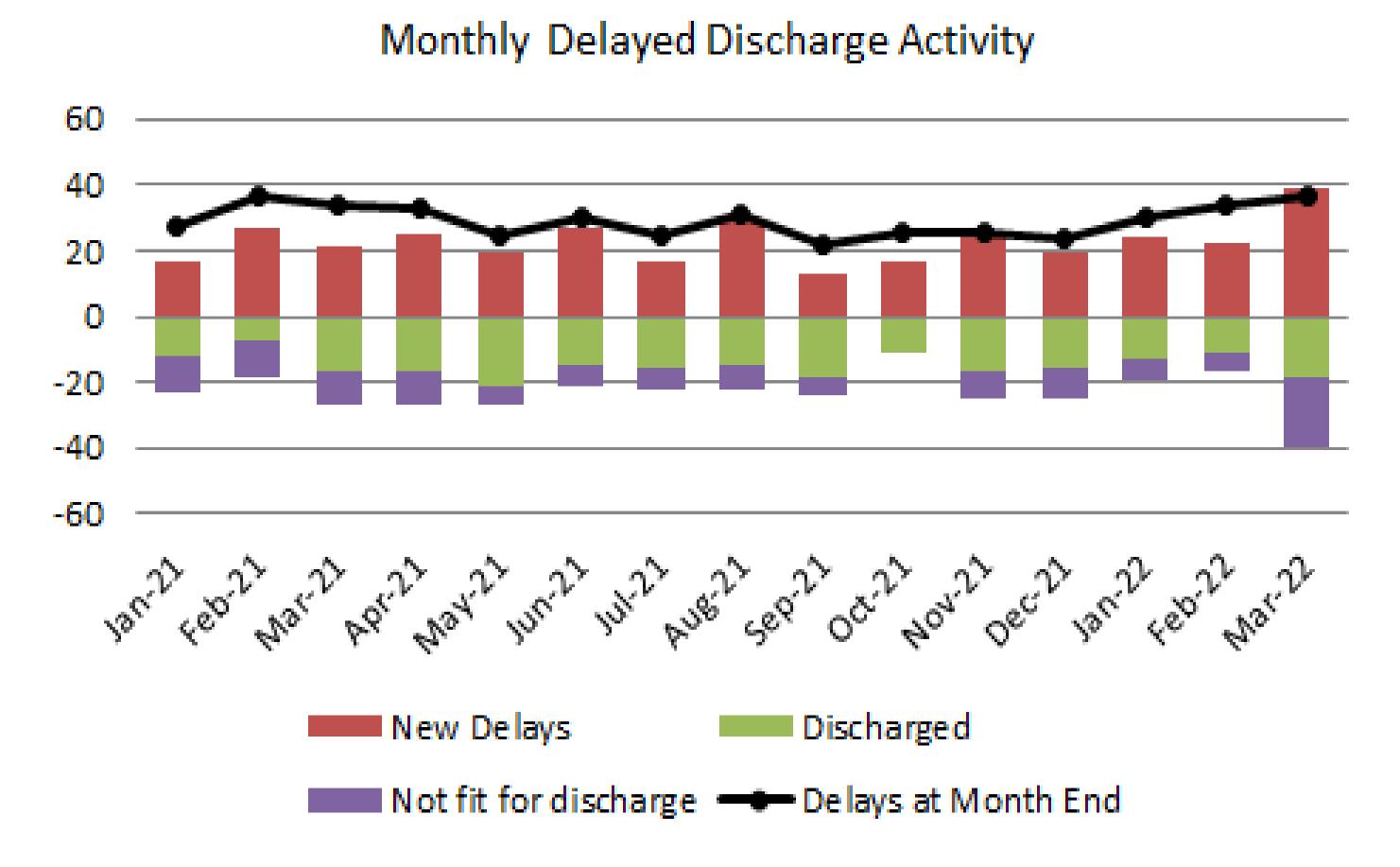
Delayed Discharge Bed Days All Reasons 18+: Rate per 100,000 population

A whole system review of the multifactorial issues that can impact on delays was completed and the resultant quality improvement action planning was implemented across a wide range of themes. Examples include daily scrutiny of each person fit for discharge but delayed in hospital by the Head of Service to target required actions to facilitate a discharge, and improved pathways of care within and across Health and Social Care teams in the HSCP.

Other examples include a review of the appropriate application of Adults with Incapacity legislation to reduce delays that relate to this, and collaboration with colleagues in the Vale of Leven hospital to complete a 'deep dive' of delays across three wards to review the patient journey to identify missed opportunities with resultant bed days lost. Given the ongoing challenge in relation to delayed discharges, the quality improvement process will remain in progress with the aim of achieving a sustained downward trend in the number of delays.

Our Hospital Discharge Team continue to support people to be discharged home without a delay and proactively identify people for early assessment to make the discharge process as efficient and timely as possible once a person is deemed medically fit for discharge. They have continued to have an active presence in hospital wards throughout the pandemic, covering the Royal Alexandra Hospital in Paisley and the Vale of Leven Hospital as well as the Glasgow hospitals. A review of the early identification process to prioritise those at risk of becoming a delay in underway, with direct links to the national 'Discharge without Delay' priority areas.

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



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

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

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

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

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

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

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

Partnership Working: Overdose Response Team

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

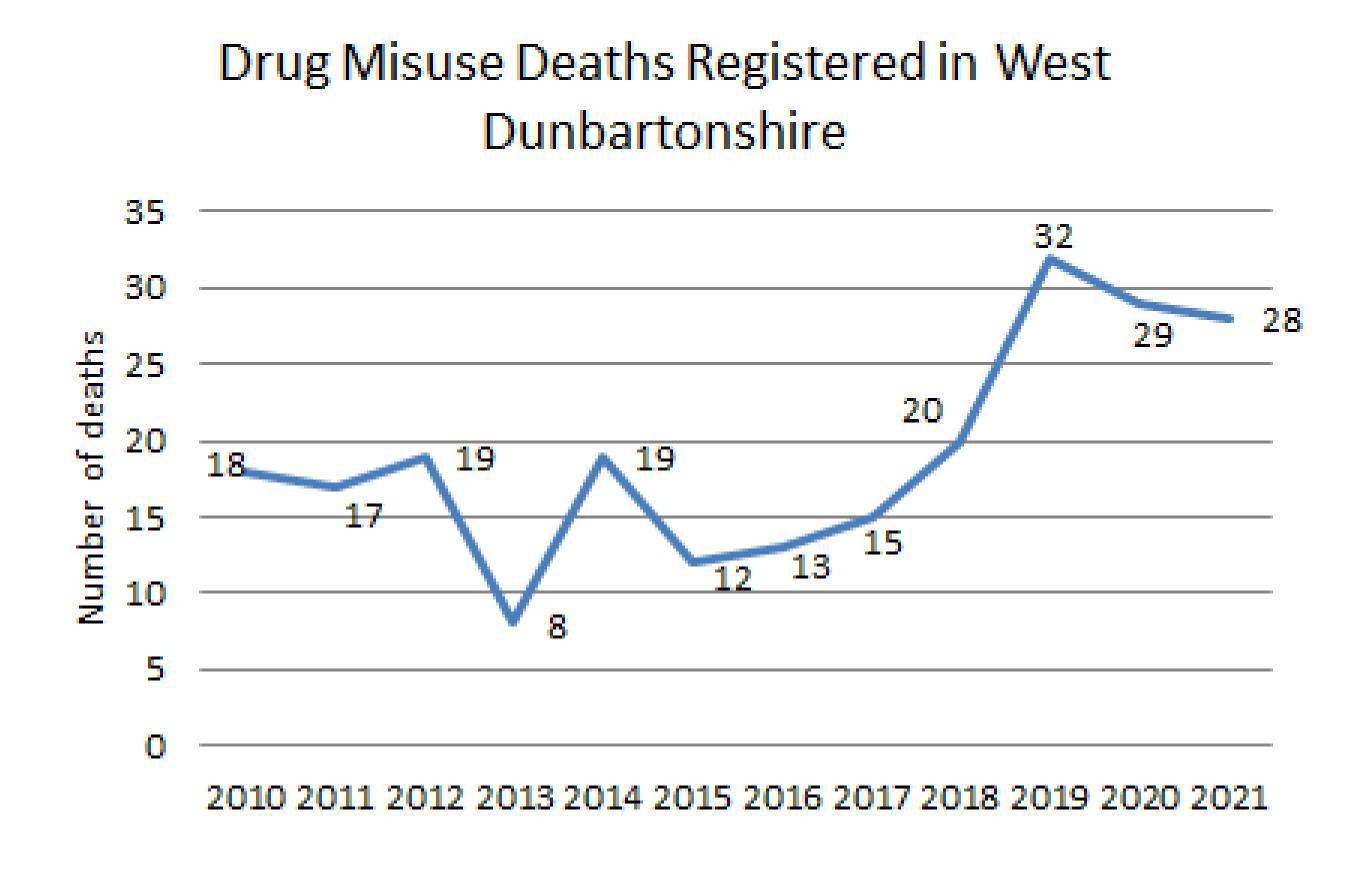
- Education, prevention and early intervention on alcohol and drugs.
- A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths.
- A whole family approach on alcohol and drugs.
- A public health approach to justice for alcohol and drugs.

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

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

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

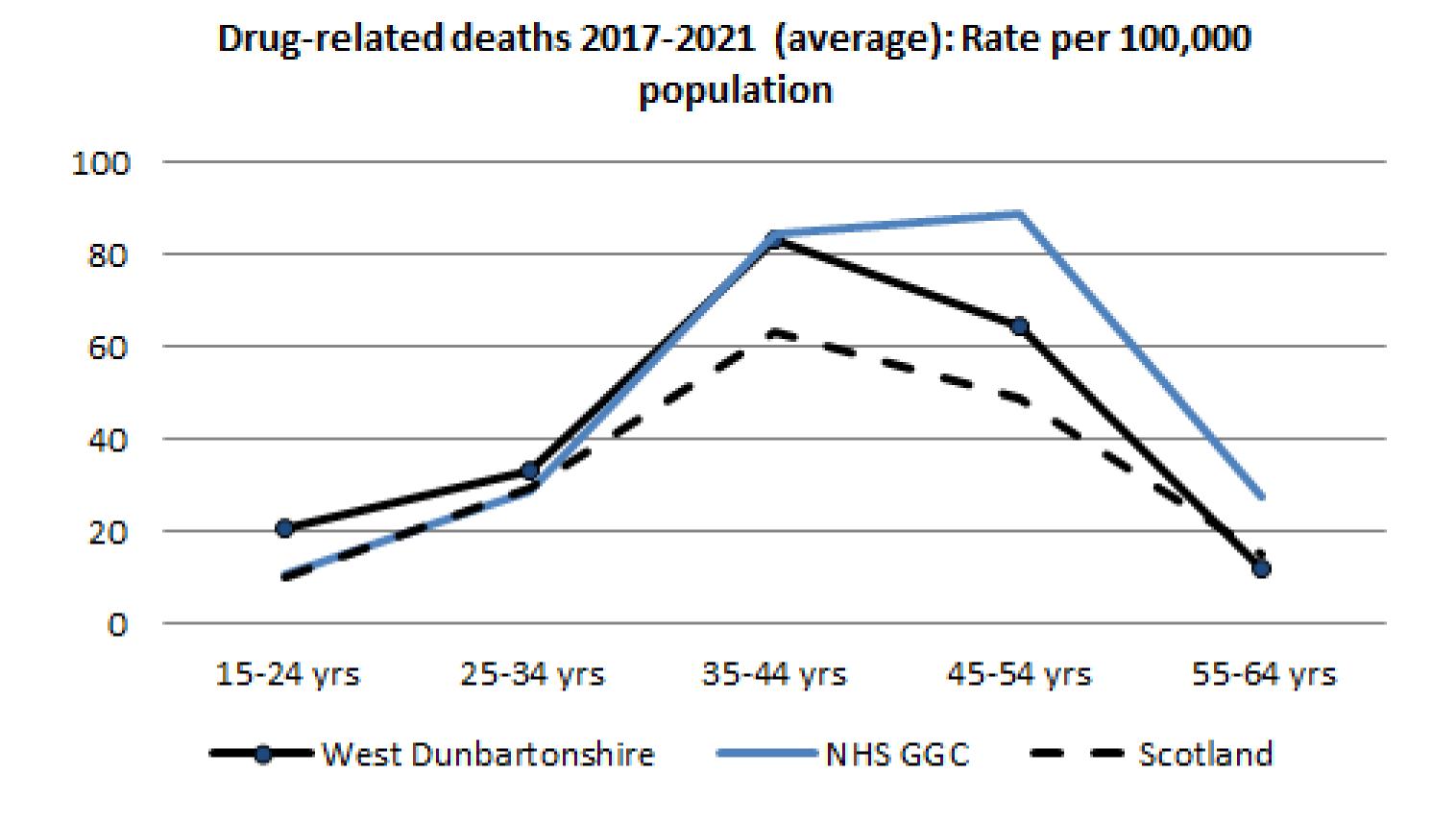
There were 28 drug misuse deaths in West Dunbartonshire in 2021: a decrease of 1 on the previous year.



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

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

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



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

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

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

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

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

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

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

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

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

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

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

Case Studies: Out of Hours Outreach

Support over the Christmas Period 1

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

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

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

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

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

Support over the Christmas Period 2

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

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

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

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

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

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

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

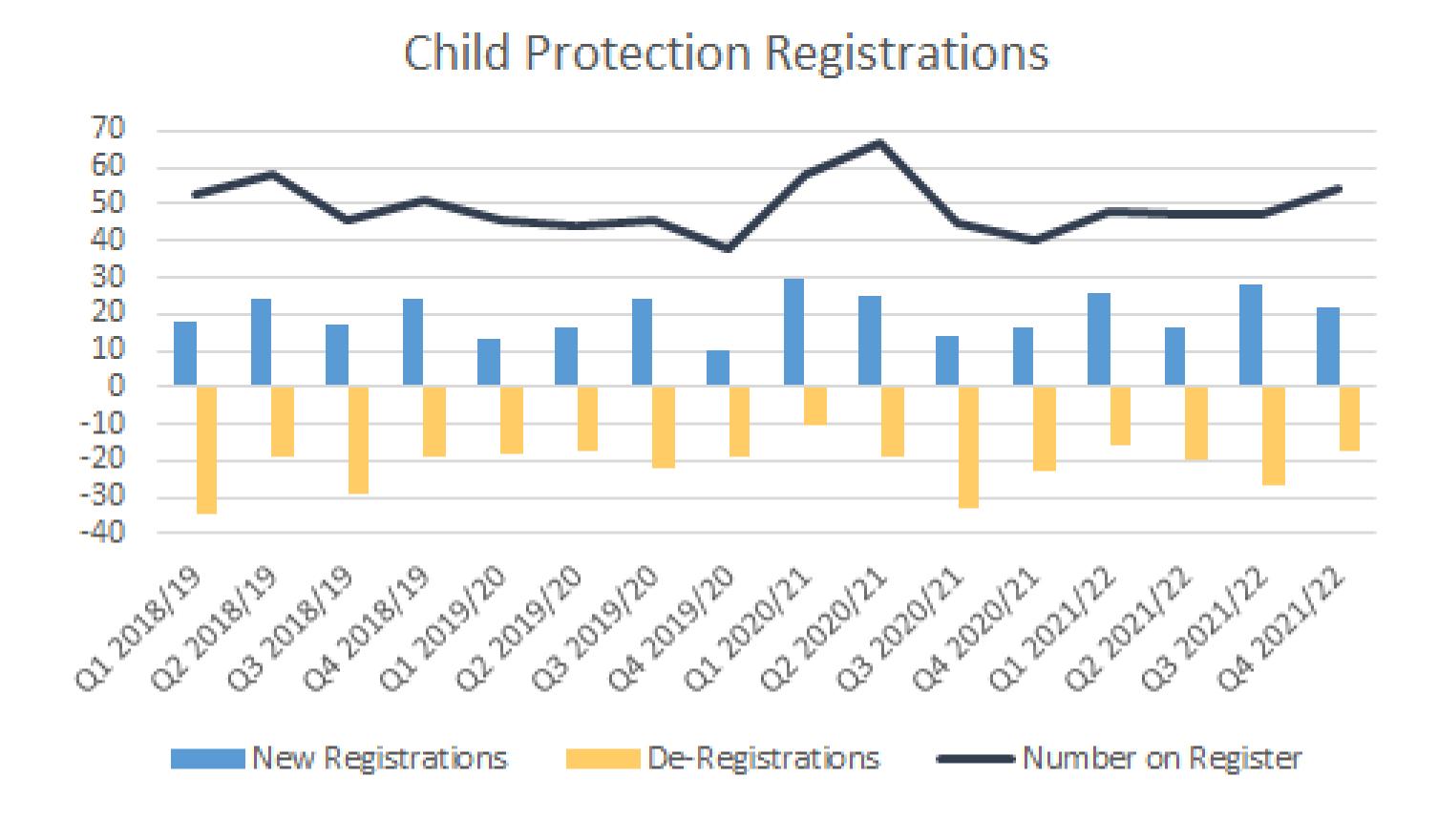
The engagement was fed back to the referrer upon return to work, explaining the interventions carried out over the Christmas period. The addiction worker thanked the ORT for the interventions carried out and continued to engage with 'B' at the hotel.

Child Protection and Looked After Children

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

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

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



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

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

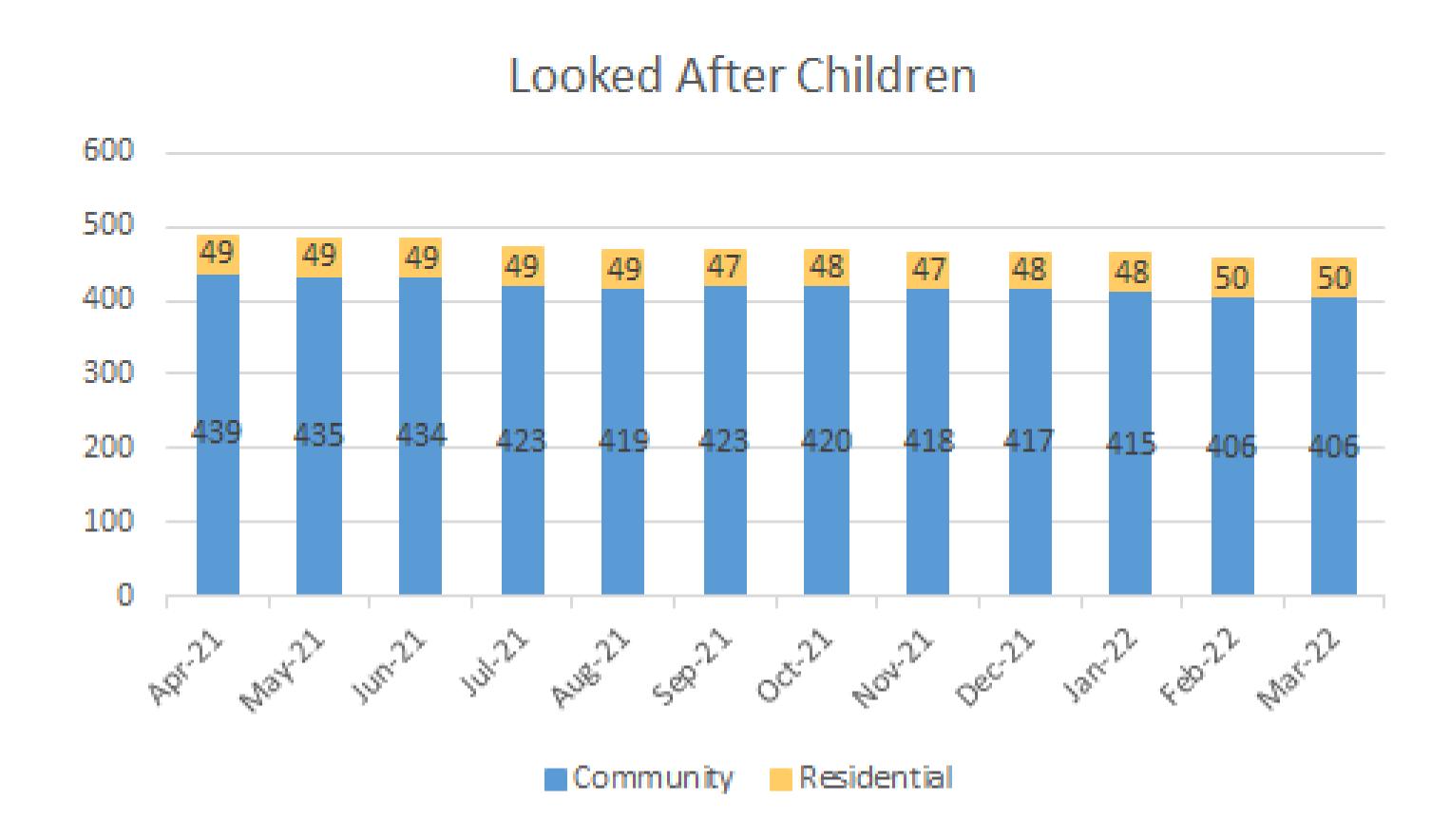
In 2020/21 the highest Child Protection concern noted at registration was domestic abuse which was noted in 53% of registrations. This has dropped back to 24% in 2021/22 with parental mental health the highest noted concern at 27% and neglect noted in 24% of registrations. Improved home conditions was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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

Priority 2: Access

My Life Assessment

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

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

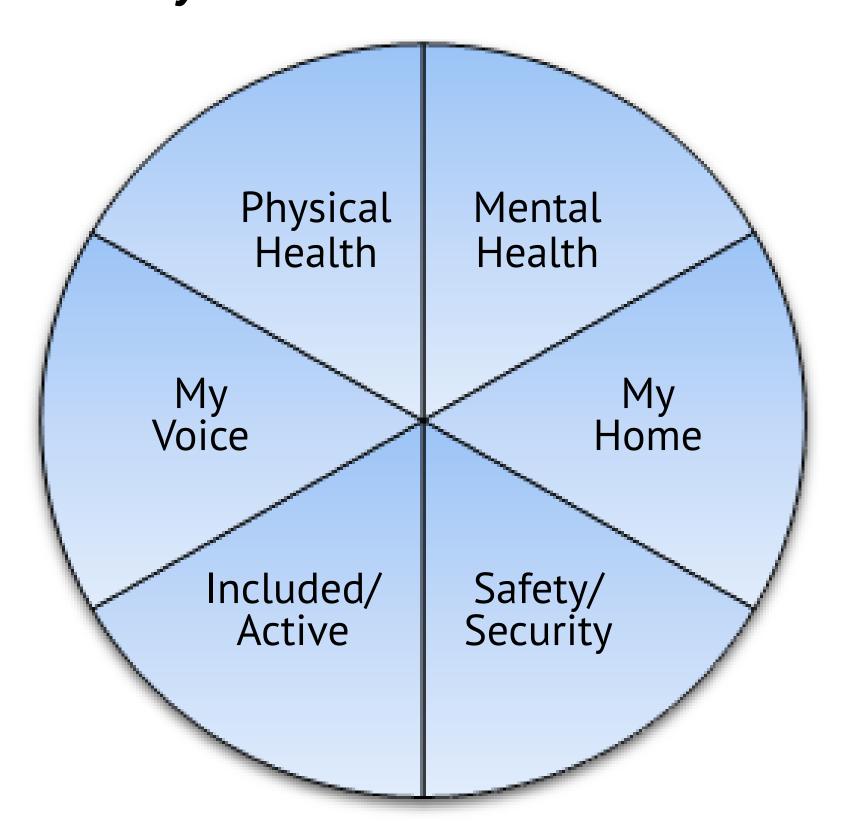
Introduction of the MLA aims to improve the delivery of Self-Directed Support and is one of the HSCP's responses to the Care Inspectorate findings that the HSCP's legacy approach to assessment did not facilitate 'good conversations', was too deficit focused and neglected client strengths, and that it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

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

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

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

My Life Assessment



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

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

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

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

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

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

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

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

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

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

Learning Disability Services

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

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

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

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

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

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

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

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

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

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

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

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

Scotland's Learning Disability Strategy

Self-Directed Support

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

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

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

Self-Directed Support

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

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

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

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

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

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

Case Study: Self-Directed Support

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

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

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

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

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

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

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

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

Justice Services

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

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

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

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

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

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

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

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

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

Priority 3: Resilience



CEDAR: Children Experiencing Domestic Abuse Recovery

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

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

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

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

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

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

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

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

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

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

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

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

Women's Safety and Support Service

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

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

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

Children and Young People's Mental Health

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

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

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

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

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

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

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

Other initiatives supported by the additional funding included:

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

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

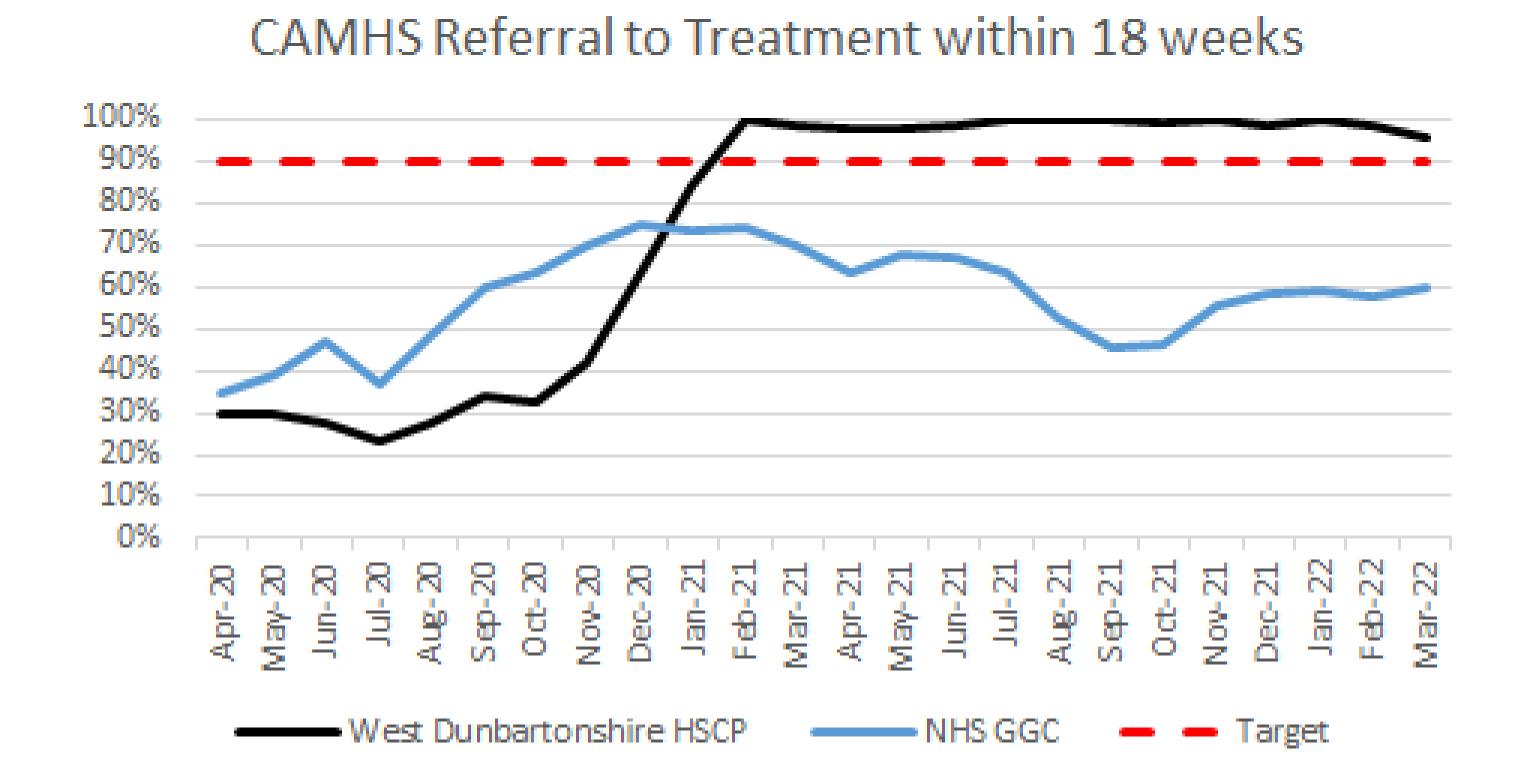


A comprehensive survey of secondary age children was carried out in West Dunbartonshire in October 2021 as part of a Planet Youth pilot. Planet Youth in Scotland is a partnership initiative, led by Winning Scotland, to learn more about what is needed to keep young people safe, healthy and happy. Planet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

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

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

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



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

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

Child and Adolescent Mental Health Services Feedback 2022

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

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

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

Adversity, Trauma and Resilience

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

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

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

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

'The First 1001 Days'

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

We now know that when experienced in this period, trauma can have a particularly significant impact on children's development. The brain is particularly plastic and susceptible to influences during this time, so experiences can have greater impact on development with potentially widespread and long-term consequences.

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

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

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

Priority 4: Assets

Staff Health and Wellbeing



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HSCP Care Homes



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

Queens Quay Care Home

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

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

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

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

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

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

West Dunbartonshire's Champions Board

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

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

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

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

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

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

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

Priority 5: Inequalities

Work Connect



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

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

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

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

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

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

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

Tackling Inequalities

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

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

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

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

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

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

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



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

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

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

Key actions connected with this included:

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

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

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

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

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

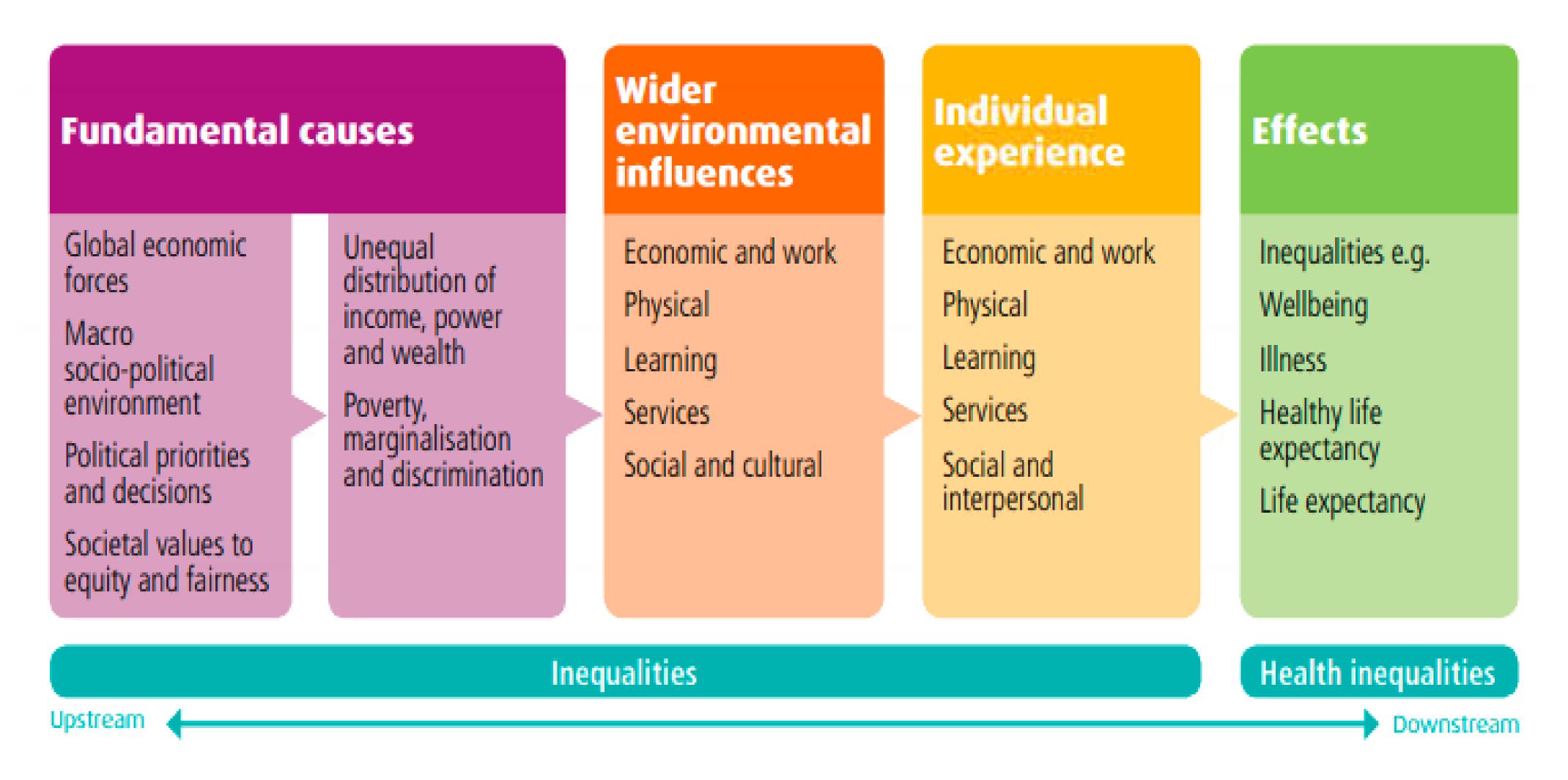
West Dunbartonshire Strategic Needs Assessment for Adults and Older People is due to be published in June 2022 and makes stark reading in terms of equalities and health inequalities.

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

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

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

Health inequalities: theory of causation (summary version)

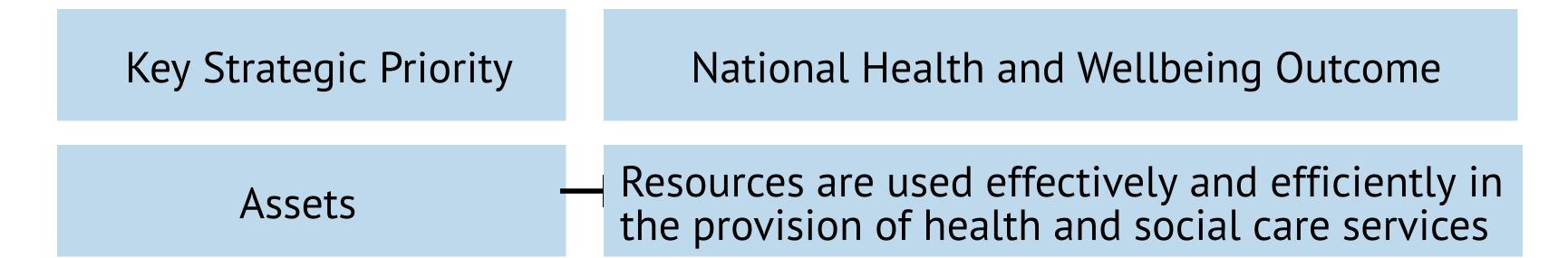


With the economic impact of the Covid-19 pandemic on individuals, communities and future funding and a cost of living crisis looming, the figure above becomes more concerning. Times ahead will be very challenging and the HSCP will strive to protect our people from the worst impacts of inequality where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

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

Best Value and Financial Performance

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



The HSCP Board has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between the quality and cost of health and social care services. The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership's financial affairs (\$95 of the Local Government (Scotland) Act 1973). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

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

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

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

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

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

Budget Performance 2021/22

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

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

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

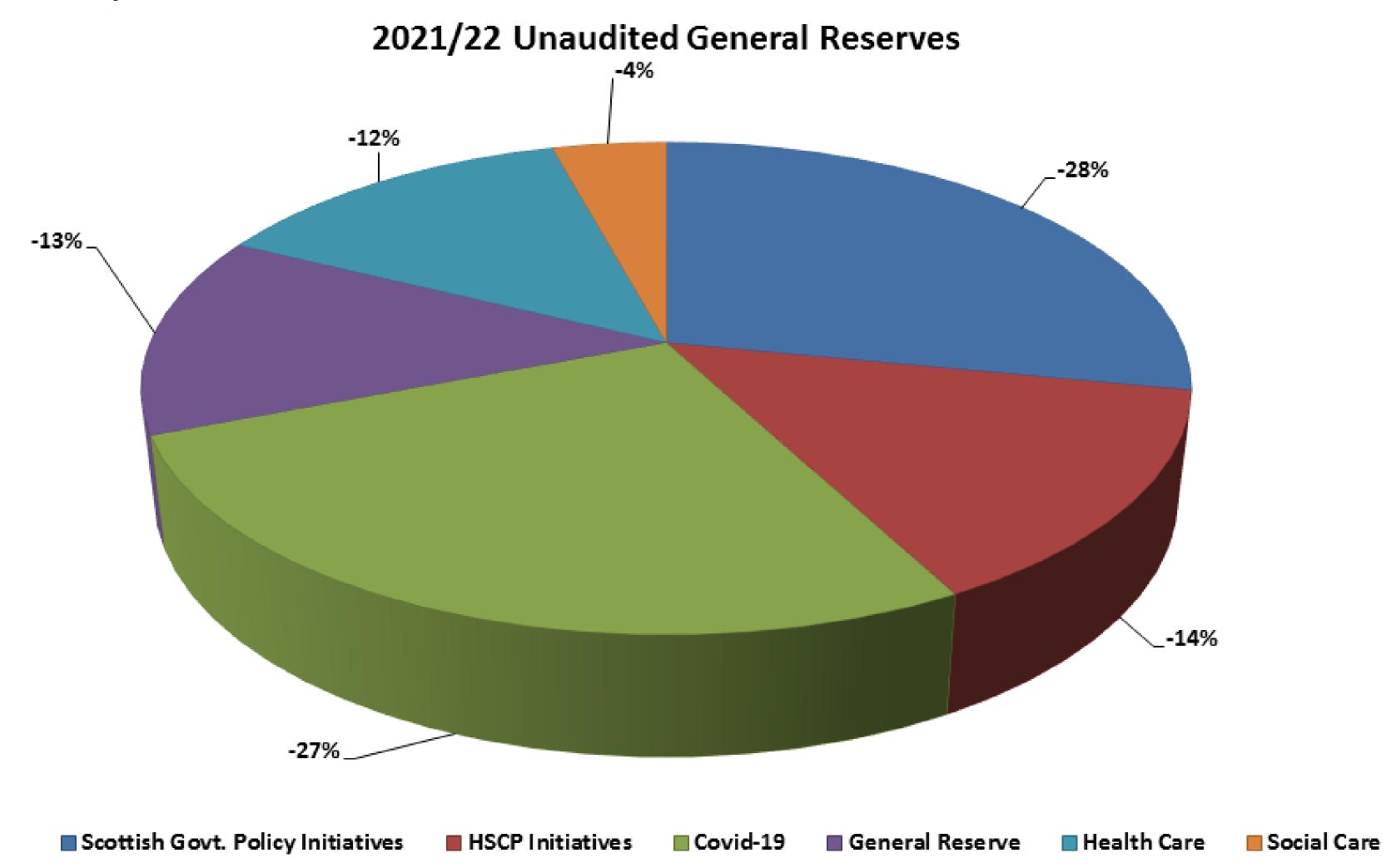
The total cost of delivering all health and social care services amounted to £219.475m against funding contributions £232.228m, including notional spend and funding agreed for Set Aside of £36.346m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and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

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

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

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

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



High Level Analysis of 2021/22 Earmarked and Unearmarked Reserves

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

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

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

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

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

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

2021/22 Covid-19 Spend against Funding

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

Medium Term Financial Outlook

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

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

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

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

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

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

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

Indicative Budget Gaps for 2022/23 to 2024/25

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

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

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

- Better ways of working integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;
- Community Empowerment support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;
- Prioritise our services local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it;
- Equity and Consistency of approach robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- Service redesign and transformation build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

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

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

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

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

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

Good Governance

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

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

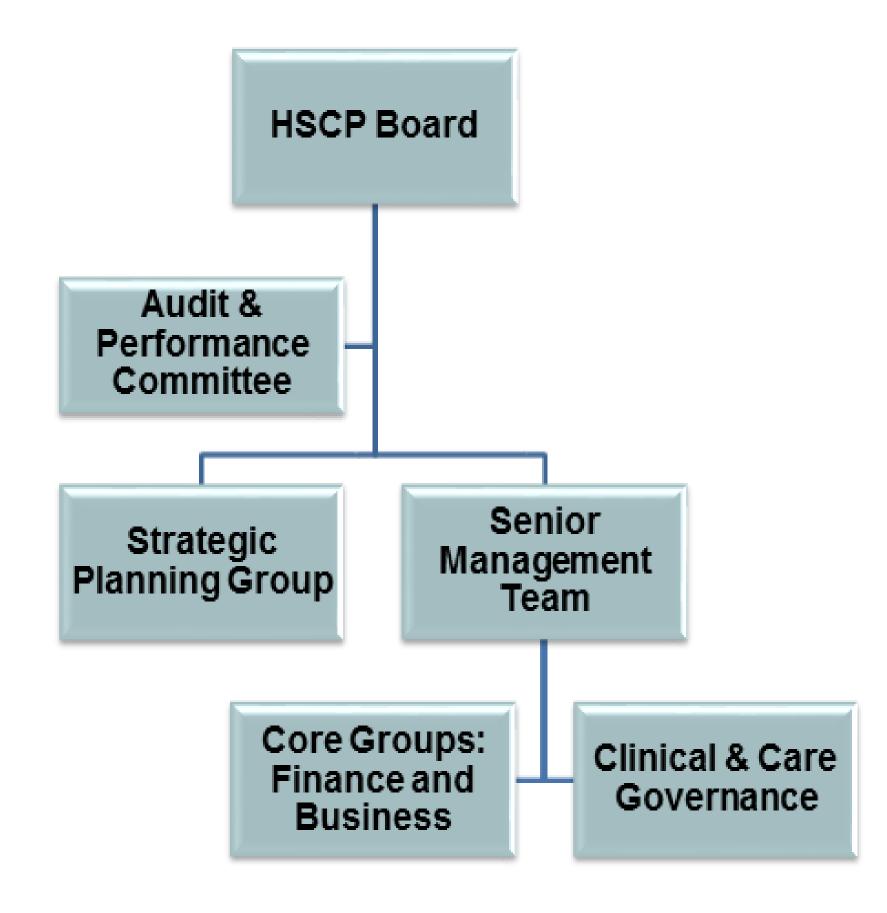
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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

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

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

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



Impact of Covid-19 Response on Governance Arrangements

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

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

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



Governance 2021/22

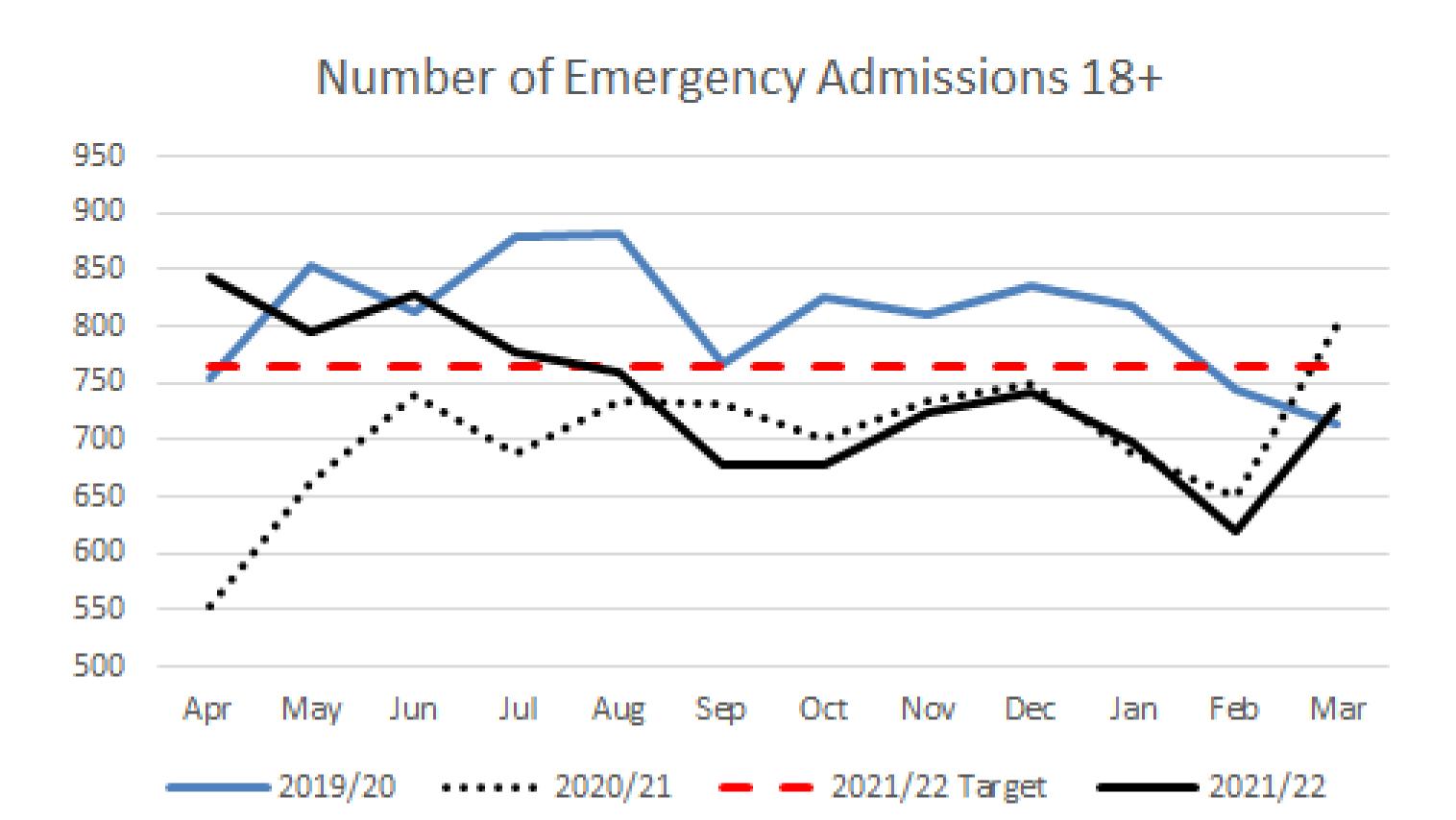
The 2021/22 Internal Audit Annual Report for the HSCP Board identifies no significant control issues and recognised there were examples of innovations, new business processes and solutions and new technology being embraced in order to deliver services to the community.

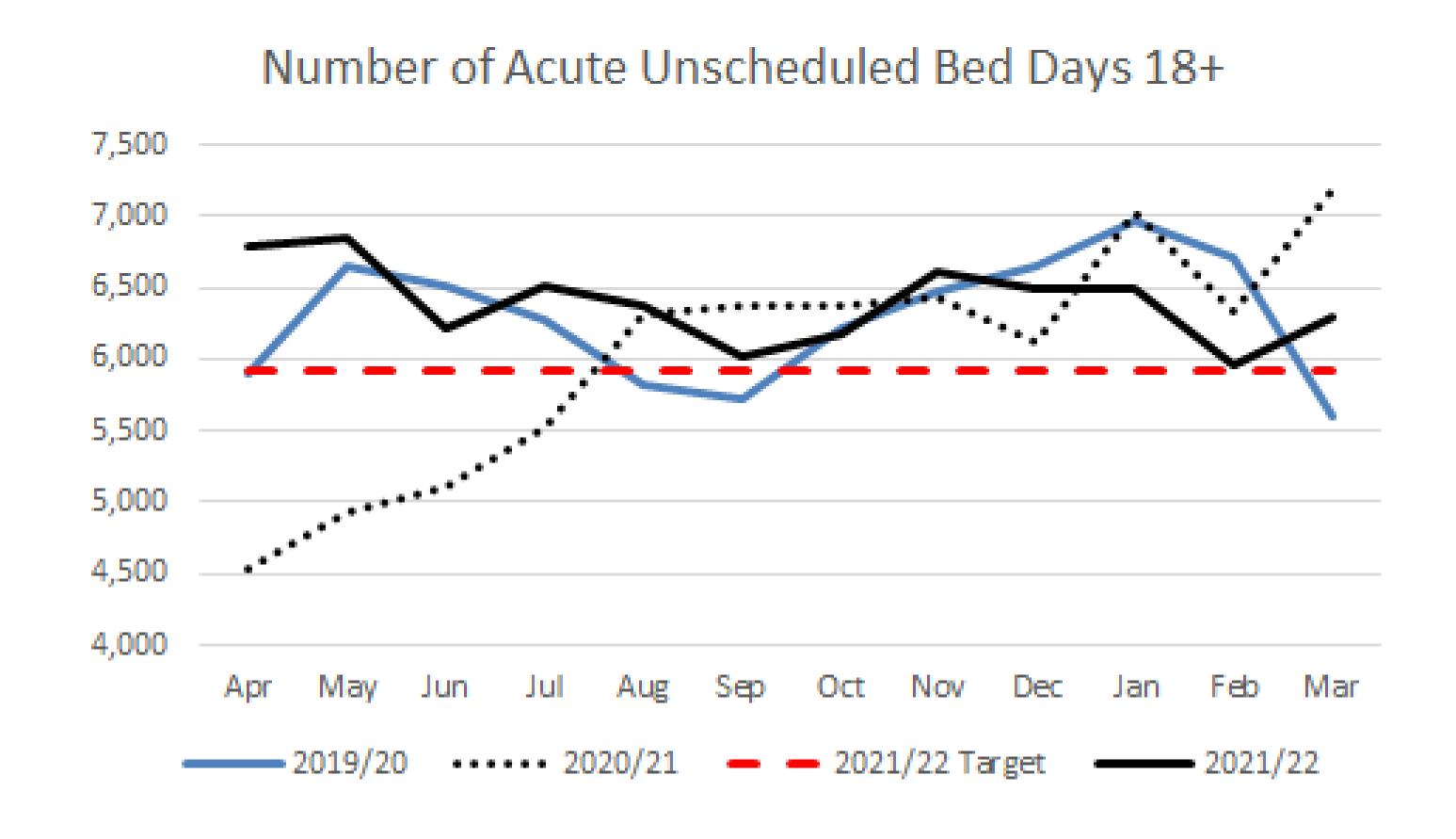
Overall the Chief Internal Auditor's evaluation of the control environment concluded that reasonable assurance could be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2022 within the Council and the Health Board from which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

Appendix 1: Core Integration Indicators

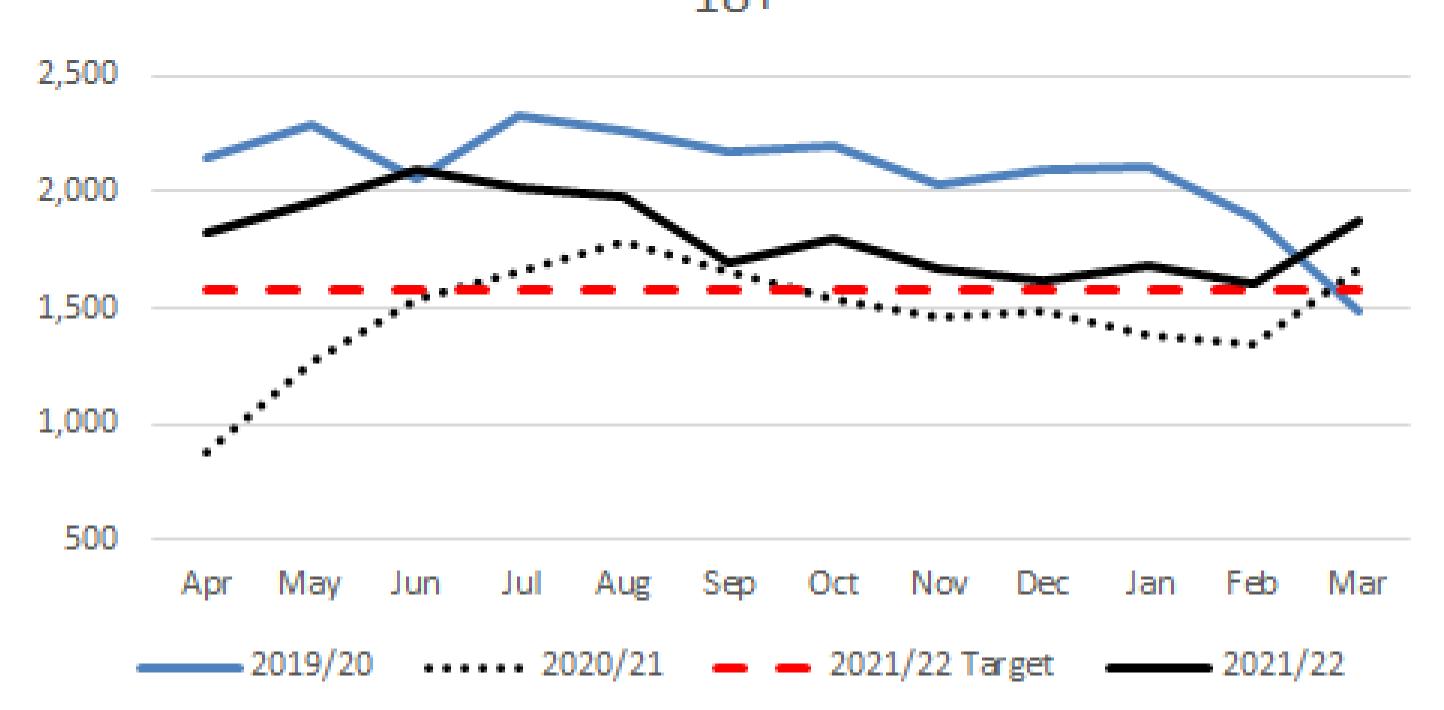
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.9%	90.9%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%	78.8%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

Appendix 2: Ministerial Steering Group Performance

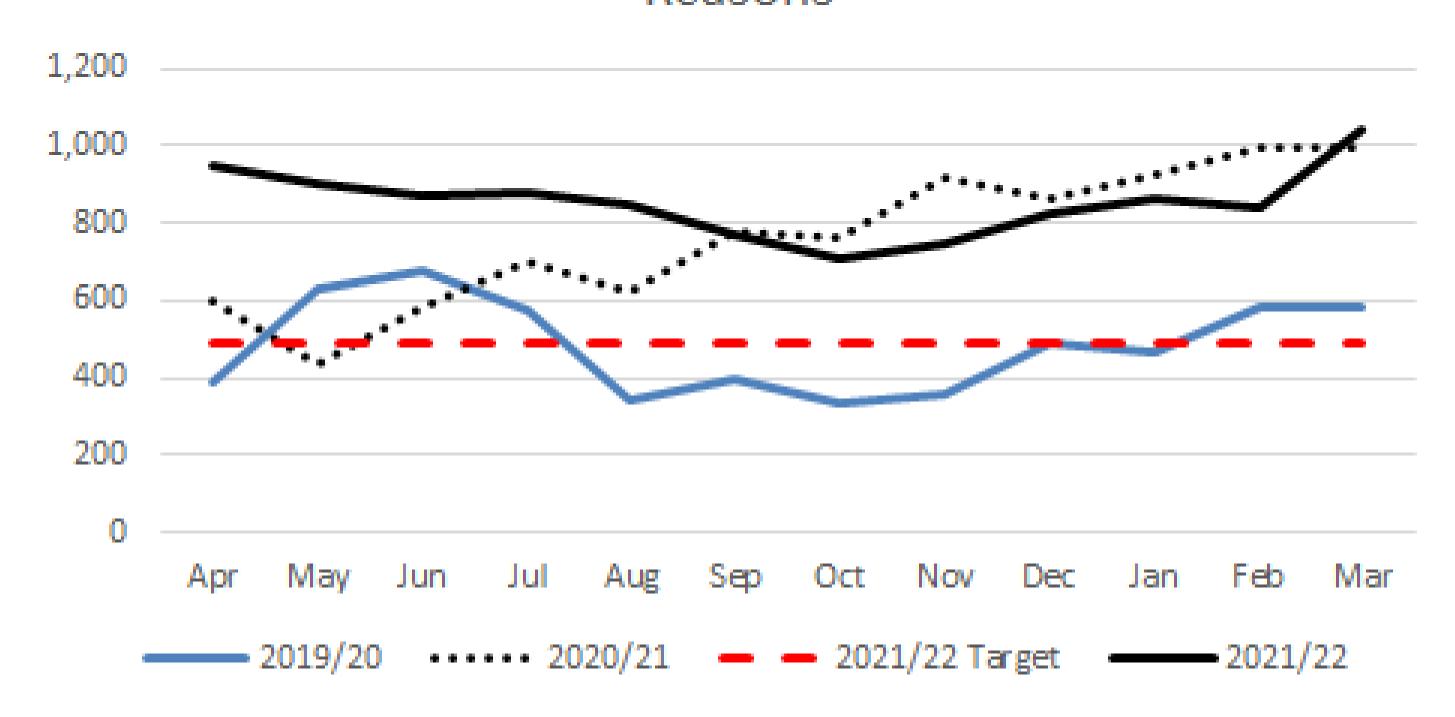




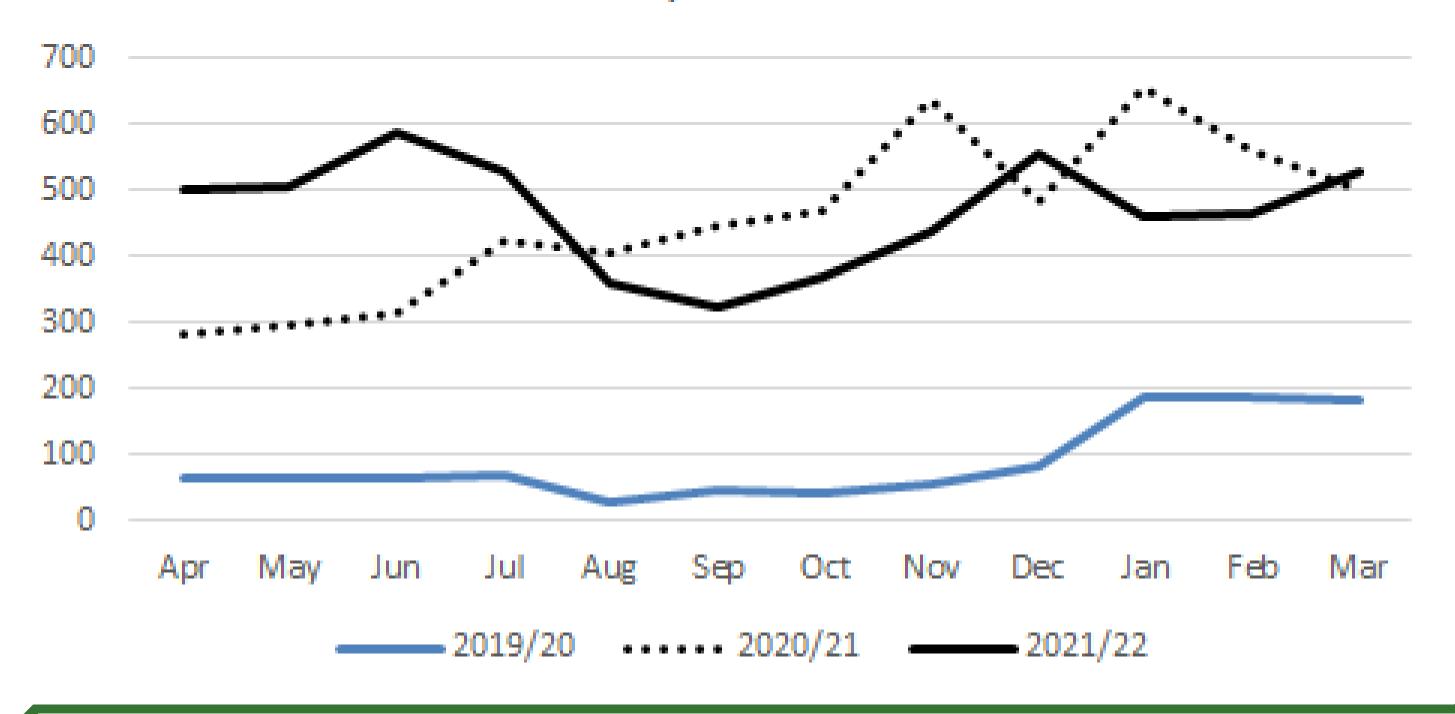
Number of Accident & Emergency Attendances 18+



Number of Delayed Discharge Bed Days 18+: All Reasons



Number of Delayed Discharge Bed Days 18+: Complex Codes



Appendix 3: Local Government Benchmarking Framework

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

Appendix 4: HSCP Strategic Plan Key Performance Indicators

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

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

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

Priority 2: Access			2022 :		
Performance Indicator	2020/21		2021/22		5 Year Trend
	Value	Value	Target	Status	J rear rrema
Number of people receiving homecare – All ages	1,340	1,425	N/A		
Number of weekly hours of homecare – All ages	10,309	10,519	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	515	516	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	38.50%	38.10%	35%		
Percentage of homecare clients aged 65+ receiving personal care	98.30%	98.60%	95%	②	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	19,220	18,384	20,945		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	14.50%	18.80%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	37.10%	35.10%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	74%	72%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	65%	80.60%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	7%	30.20%	80%		

Priority 3: Resilience						
Performance Indicator	2020/21	2021/22			F V TI	
remoniance mulcator	Value	Value	Target	Status	5 Year Trend	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	98.40%	96%	90%	②		
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	7	18	②		
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	58.30%	68.50%	90%			

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

Priority 5 – Inequalities								
Performance Indicator	2020/21	2021/22		5 Year Trend				
Perioritance mulcator	Value	Value	Target	Status	3 real fremu			
Balance of Care for looked after children: % of children being looked after in the Community	88.17%	89%	90%	_				
Percentage of looked after children being looked after in the community who are from BME communities	73.30%	71%	N/A					
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	100%	75%					

Appendix 5: Care Inspectorate Grades 2021/22

	ъ .										
Convico	Previous	Crado	Ouglity Thoma	Latest	Crado	Quality Thoma					
Service	Inspection	Grade	Quality Theme	Inspection	Grade 5 Von Cood	Quality Theme					
Queens Quay Care Home	No previous inspection			09-Nov-21	5 – Very Good	How well do we support people's wellbeing?					
					4 – Good	How good is our leadership?					
					5 - Very Good	How good is our staff team?					
					6 - Excellent	How good is our setting?					
					5 - Very Good	How well is care and support planned?					
					5 – Very Good	How good is our care and support during the COVID-19 pandemic?					
	Areas for Im	Areas for Improvement: 1									
	1. The provider should have their quality assurance systems reviewed and brought up to date. Staff shou										
	training on t	the benefits of qu	ality assurance a	nd audits, so	they understand	how this helps them provide high					
	levels of good quality care. This should include a full audit of all personal plans prior to transferring informa										
	to their new	electronic 'Icare'	system.								
West Dunbartonshire Fostering Service	26-Apr-18	4 – Good	Care and Support	10-Nov-21 ■	3 – Adequate	How well is our care and support planned?					
		N/A	Environment		N/A	How good is our setting?					
		5 – Very Good	Staffing	♦	N/A	How good is our staff team?					
		N/A	Management		2 – Weak	How good is our leadership?					
		14//3	and Leadership		Z WCak	now good is our readership:					
			una Ecaacismp		2 – Weak	How well do we support people's					
					Z WCak	wellbeing?					
	Requiremen	ts: 5				Wellocing.					
	1. By 30 April 2022, the provider must ensure that all foster care families understand their role in relation to protecting the children and young people in their care. 2. By 30 April 2022, the provider must ensure that all children in need of permanent foster care have their assessments completed and plans carried out without unnecessary delay. 3. By 30 April 2022, the provider must take steps to support young people to remain with their foster carers										
	post 18 year	-			, , , .						
	4. By 30 April 2022, the provider must ensure the management vision for the service is communicated and that appropriate systems are in place to support quality assurance and improvement within the service. 5. By 30 April 2022, the provider must ensure a clear, outcome focused Child's Plan is in place and accessible to										
	children using the fostering service.										
West Dunbartonshire	26-Apr-18	4 – Good	Care and	10-Nov-21	3 – Adequate	How well is care and support					
Adoption Agency			Support			planned?					
		N/A	Environment		N/A	How good is our setting?					
		5 – Very Good	Staffing	▼	N/A	How good is our staff team?					
		N/A	Management		2 – Weak	How good is our leadership?					
			and Leadership								
					2 – Weak	How well do we support people's					
						wellbeing?					
	Requiremen	Requirements: 3									
	1. By 1 February 2022, the provider must improve the quality of permanence planning for childr										
	stability in c	ability in children's lives.									
	2. By 30 April 2022, the provider must ensure that the management vision for the service is communicated and that the appropriate systems are in place to support quality assurance and improvement within the service.										
		•			me focused Child	d's Plan is in place with statutory					
	timeframes	recorded as part	of the action plan	ınıng.							