

Agenda

West Dunbartonshire
Health & Social Care Partnership

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

Date: Tuesday, 24 September 2024

Time: 15:00

Format: Hybrid Meeting, Civic Space, 16 Church Street, Dumbarton G82 1QL

Contact: Lynn Straker, Committee Officer
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Dear Member

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

Members will have the option to attend the meeting in person at the Civic Space, 16 Church Street, Dumbarton G82 1QL or remotely via Zoom Video Conference.

The business is shown on the attached agenda.

Yours faithfully

JULIE SLAVIN

Chief Financial Officer
Health and Social Care Partnership

Distribution:-

Voting Members

Fiona Hennebry (Chair)
Michelle Wailes (Vice Chair)
Libby Cairns
Lesley McDonald
Michelle McGinty
Martin Rooney

Non-Voting Members

Barbara Barnes
Beth Culshaw
Shirley Furie
Lesley James
John Kerr
Helen Little
Anne MacDougall
Diana McCrone
Kim McNab
Saied Pourghazi
Andi Priestman
Selina Ross
Julie Slavin
David Smith
Val Tierney

Senior Management Team – Health and Social Care Partnership
Chief Executive – West Dunbartonshire Council

Date of Issue: 18 September 2024

Audio Streaming

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

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

TUESDAY, 24 SEPTEMBER 2024

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

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

4 RECORDING OF VOTES

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

5 (a) MINUTES OF PREVIOUS MEETING 7 - 11

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board Audit and Performance Committee held on 27 June 2024.

(b) ROLLING ACTION LIST 13 - 15

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

6 PROPOSED ANNUAL AUDIT REPORT 2023/24 To Follow

Submit report by Julie Slavin, Chief Financial Officer providing information on the above.

7 AUDITED ANNUAL ACCOUNTS 2023/24 To Follow

Submit report by Julie Slavin, Chief Financial Officer providing information on the above.

8 AUDIT PLAN PROGRESS REPORT 17 - 31

Submit report by Andi Priestman, Lead Internal Auditor, providing information to enable Members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.

9	INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2024-2025	33 - 41
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Submit report by Andi Priestman, Chief Internal Auditor, providing the indicative Internal Audit Strategy and Plan for 2024-2025 to Audit and Performance Committee for approval.

10 WEST DUNBARTONSHIRE HSCP ANNUAL PERFORMANCE REPORT 2023/24 43 - 124

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an overview of the HSCP's performance in planning and carrying out integrated functions. The report also includes a complaints management overview for the year 2023/24.

11 WEST DUNBARTONSHIRE HSCP QUARTERLY PERFORMANCE REPORT 2024/25 QUARTER 1 125 - 147

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing information to support Members in their ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the new West Dunbartonshire HSCP Strategic Plan 2023-2026: Improving Lives Together.

12	ALCOHOL AND DRUG PARTNERSHIP (ADP) ANNUAL UPDATE	149 - 190
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Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction Services, providing Members with an update on the Alcohol and Drug Partnership (ADP) Strategy, implementation of the Medication Assisted Treatment (MAT) Standards and also provide an overview of the (ADP) Annual Reporting Survey submitted in June 2024, and ADP waiting times.

13 DRUG RELATED DEATHS IN WEST DUNBARTONSHIRE 191 - 196

Submit report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction Services, providing Members with an update on drug-related deaths in West Dunbartonshire following the publication of the National Records of Scotland (NRS) "Drug-Related Deaths in Scotland 2023" Report, and on the efforts to prevent them.

14 CARE INSPECTION OF WEST DUNBARTONSHIRE HSCP 197 - 232
CARE AT HOME SERVICE: SUMMARY OF INSPECTION

Submit report by Fiona Taylor, Head of Health and Community Care, summarising the Care Inspectorate report following an announced (short notice) inspection of West Dunbartonshire HSCP Care at Home Services from the 25th to 27th March 2024. The report was published on the 24th June 2024.

15 CARE INSPECTION OF WEST DUNBARTONSHIRE HSCP 233 - 255
SHELTERED HOUSING: SUMMARY OF INSPECTION

Submit report by Fiona Taylor, Head of Health and Community Care, summarising the Care Inspectorate report following an unannounced inspection of West Dunbartonshire HSCP Sheltered Housing Service between the 17th and 19th April 2024. The report was published in July 2024.

16 SCRUTINY OF FOSTERING, ADOPTION AND CONTINUING 257 - 311
CARE SERVICES IN WEST DUNBARTONSHIRE BY THE
CARE INSPECTORATE

Submit report by Lesley James, Head of Children's Health, Care and Justice Services and Chief Social Work Officer, providing an update to Members on the findings and evaluations of the recent inspections of fostering, adoption and continuing cares services in West Dunbartonshire.

17 Q1 REGULATED SERVICES REPORT 313 - 337

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on Care Inspectorate inspection reports for commissioned registered services located within West Dunbartonshire during the period 1 April – 30 June 2024 (Quarter One).

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

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held in the Civic Space, 16 Church Street, Dumbarton on Thursday, 27 June 2024 at 1.00 p.m.

Present: Rona Sweeney, Lesley Rousselet and Michelle Wailes, NHS Greater Glasgow and Clyde and Councillors Michelle McGinty, Martin Rooney and Clare Steel, West Dunbartonshire Council.

Attending: Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; Margaret-Jane Cardno, Head of Strategy and Transformation; Fiona Taylor, Head of Health and Community Care and Val Tierney, Chief Nurse.

Also Attending: Michael McDougall, Manager of Legal Services; Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities; Tom Reid and Caleb Ogouche, External Auditors – Forvis Mazars and Lynn Straker and Lauren Simeon, Committee Officers.

Apologies: Apologies for absence were intimated on behalf of Lesley James, Head of Children's Health, Care and Justice and Chief Social Work Officer; Gillian Gall, Head of HR; Dr Saied Pourghazi, Associate Clinical Director and General Practitioner; Helen Little, MSK Physiotherapy Manager and Andi Priestman, Chief Internal Auditor.

Rona Sweeney in the Chair

STATEMENT BY CHAIR

Rona Sweeney, Chair advised that the meeting was being audio streamed and broadcast live to the internet and would be available for playback.

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda.

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee held on 19 March 2024 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

AUDIT PLAN PROGRESS REPORT

A report was submitted by Julie Slavin, Chief Financial Officer providing Members information to allow them to monitor the performance of Internal Audit and gain an overview of the Board's overall control environment.

After discussion and having heard the Chief Financial Officer, in further explanation and in answer to Members' questions, the Committee agreed to note the progress made in relation to the Internal Audit Annual Plan for 2023/24.

EXTERNAL AUDIT AND STRATEGY MEMORANDUM 2023-24

A report was submitted by Julie Slavin, Chief Financial Officer, providing Members with a brief overview of the external auditors Annual Audit Plan for the year ending 31 March 2024 and setting out the audit scope, approach and timeline for the HSCP Board 2023/24 annual accounts.

After discussion and having heard the Chief Financial Officer and Tom Reid, External Auditor – Forvis Mazars in further explanation and in answer to Members' questions, the Committee agreed to note the contents of the Annual Audit Plan by Mazars which had now been rebranded and will be known as Forvis Mazars going forward.

AUDIT ANNUAL REPORT AND ASSURANCE STATEMENT FOR 2023-24

A report was submitted by Julie Slavin, Chief Financial Officer, providing Members with the Chief Internal Auditor's Annual Report for 2023/24 based on the internal audit work carried out for the year ending 31 March 2024. It was noted that this contained an independent opinion on the adequacy and effectiveness of West

Dunbartonshire's Health & Social Care Partnership Board's internal control environment that can be used to inform its Annual Governance Statement.

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

REVIEW OF THE LOCAL CODE AND DRAFT ANNUAL GOVERNANCE STATEMENT

A report was submitted by Julie Slavin, Chief Financial Officer:

- (a) advising the Audit and Performance Committee of the outcome of the annual self-evaluation of the HSCP Board's compliance with its Code of Good Governance and the associated improvement actions;
- (b) seeking approval on the draft Annual Governance Statement for inclusion in the HSCP Board's 2023/24 Unaudited Annual Accounts; and
- (c) informing Members of the requirement to complete a response to our external auditor on compliance with International Standards for Auditing (ISAs) in relation to fraud, litigation, laws and regulations.

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

- (1) to note the outcome of the annual self-evaluation and the update of the improvement actions;
- (2) the detail of the 2023/24 Annual Governance Statement, with the addition of an explanation regarding the outstanding self-evaluation of the effectiveness of the Audit and Performance Committee and approved its inclusion in the 2023/24 Unaudited Annual Accounts; and
- (3) that the CFO would work with the Chief Internal Auditor, the Chair and Vice Chair of the Audit and Performance Committee to prepare a response to the external auditor by the 12 August 2024 deadline.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2023/24

A report was submitted by Julie Slavin, Chief Financial Officer, requesting Members consider the unaudited Annual Report and Accounts for the HSCP Board covering the period 1 April 2023 to 31 March 2024 and approve the unaudited accounts and associated working papers to be passed to our external auditors for their review.

After discussion and having heard the Chief Financial Officer in further explanation, including an update on a minor adjustment of £0.050m between earmarked and un-

earmarked reserve balances and in answer to Members' questions, the Committee agreed:-

- (1) to the 2023/24 unaudited Annual Report and Accounts, subject to the adjustment detailed above;
- (2) to approve their submission to the HSCP Board's external auditors for review by 30 June; and
- (3) to approve that the audited Accounts were anticipated to be presented for final approval to the HSCP Board by the 30 September statutory deadline, prior to submission to the Accounts Commission.

ANNUAL PERFORMANCE REPORT

It was noted that it had not been possible for a report to be provided in time for the present meeting and that this report would instead be submitted to the next meeting of the West Dunbartonshire Health and Social Care Partnership Board Audit & Performance Committee meeting on 24 September 2024.

ANNUAL CLINICAL AND CARE GOVERNANCE REPORT

A report was submitted by Val Tierney, Chief Nurse, describing the clinical and care governance oversight arrangements in West Dunbartonshire HSCP and the progress made in assuring and improving the quality of health and social care.

After discussion and having heard Val Tierney, Chief Nurse and other members of the HSCP Senior Management Team, in further explanation and in answer to Members' questions, the Committee agreed that this report would now be sent to NHS Greater Glasgow and Clyde Health Board (NHSGGC) as all HSCPs were requested to provide an Annual Report covering the role and remit of the group and any future plans for review and evaluation of care quality.

CARE INSPECTORATE INSPECTION REPORT FOR COMMISSIONED REGISTERED SERVICES IN WEST DUNBARTONSHIRE

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing Members with an update on Care Inspectorate inspection reports for commissioned registered services located within West Dunbartonshire during the period 1 January – 31 March 2024 (Quarter Four).

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

STRATEGIC RISK REGISTER SIX MONTH REVIEW

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting to Members the Strategic Risk Register.

After discussion and having heard from Margaret-Jane Cardno, Head of Strategy and Transformation, in further explanation and in answer to Members' questions, the Committee agreed the Strategic Risk Register should be remitted to the HSCP Board for final approval, after further consideration to increase the current scoring of two risks, being "Staff Dissatisfaction" and "Delayed Discharges".

The meeting closed at 2.10 p.m.

DRAFT

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

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
Q3 PERFORMANCE REPORT	Michelle McGinty requested clarity on carers being willing and carers being able to provide care. Is there anything more we can do to encourage carers to be willing to provide care?	Margaret-Jane Cardno	Briefing note will be sent to Members before next meeting of HSCP Audit and Perf Committee	Update: Briefing Note now sent to Members.	Closed
QUARTERLY PERFORMANCE REPORT 2023/24 QUARTER TWO	<p>Equal Communities: Cllr McGinty requested information as to reasons why figures for 'Looked after Children' had increased and plans in place for any sharp increases.</p> <p>Chief Officer to request Briefing Note to be provided to members with this information.</p>	Lesley James	Before September 2024	Update: Beth Culshaw will provide a Briefing Note on this in the near future.	Open

QUARTERLY PERFORMANCE REPORT 2023/24 QUARTER TWO	<p>Absence: Cllr Rooney requested further information on absence/long term sickness figures.</p> <p>Chief Officer to provide members with the information requested.</p>	Gillian Gall	Before September 2024	Update: Briefing Note now sent.	Closed
ANNUAL CLINICAL AND CARE GOVERNANCE REPORT 2023 (JUNE 2024)	In regards to Section 6.1 Complaints GP Practices, there was a request to provide a briefing note to Members explaining the main reasons why complaints upheld.	Val Tierney to liaise with Clinical Director Saied Pourghazi	Before September 2024	Update: Agreement that given GPs are independent contractors this level of detail is not required for IJB level and Chief Officer will speak with Members regarding this.	Closed
AUDIT PLAN PROGRESS REPORT (JUNE 2024)	Cllr Rooney requested some further information on para 4.5 – 2. Consultant Job Planning, regarding the improvement actions.	Julie Slavin	Before September 2024 meeting	Update: 05/08 – Julie Slavin has emailed NHSGGC to request an update on improvement actions. Still awaiting response 24/09/24	Open
REVIEW OF THE LOCAL CODE AND DRAFT ANNUAL GOVERNANCE STATEMENT (JUNE 2024)	Michelle Wailes requested the Annual Governance Statement better reflected the commitment of the Audit and Performance Committee to the outstanding self-evaluation	Julie Slavin	Before September 2024 meeting	Update: Julie Slavin has now amended the Annual Governance Statement to better reflect as requested.	Closed

	exercise on its own effectiveness.				
UNAUDITED ANNUAL REPORT AND ACCOUNTS 2023/24 (JUNE 2024)	Request for the diagrams on page 124 – Exhibit 4 and page 143 of the Document Pack to be reformatted for final publication of audited accounts.	Julie Slavin	By 30 September 2024	Update: Diagrams have now been recreated to make them clearer for publication.	Closed
UNAUDITED ANNUAL REPORT AND ACCOUNTS 2023/24 (JUNE 2024)	Chief Financial Officer to consider the notes to the accounts – Note 12 - Related Party Transactions in particular transactions with NHSGGC Endowments and SQA.	Julie Slavin	Before September 2024 meeting	Update: Chief Financial Officer advised that on further scrutiny, no transactions with SQA that require a separate disclosure. Regarding NHSGGC Endowments, the amounts are not considered material and are not disclosed separately within any other Glasgow IJBs accounts.	Closed
STRATEGIC RISK REGISTER SIX MONTH REVIEW (JUNE 2024)	Members asked for 2 Strategic Risks to be reviewed before submission of the Register to HSCP Board and requested a full Members Briefing regarding 'Staff Dissatisfaction'.	Margaret-Jane Cardno	Before September 2024	Update: The 2 risks in question have been reviewed and updated after discussion at HSCP Board meeting in August 2024.	Closed

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

Report by Andi Priestman, Chief Internal Auditor

24 September 2024

Subject: Audit Plan Progress Report

1. Purpose

- 1.1** The purpose of this report is to enable WD HSCP Board's Audit and Performance Committee members to monitor the performance of Internal Audit and gain an overview of the WD HSCP Board's overall control environment.
- 1.2** The report also presents an update on the Internal Audit work undertaken at West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHSGGC) since the Audit and Performance Committee meeting in June 2024 that may have an impact upon the WD HSCP Board's control environment.

2. Recommendations

- 2.1** It is recommended that the Audit and Performance Committee note the progress made in relation to the Internal Audit Annual Plan for 2023/24.

3. Background

- 3.1** In June 2023, the Audit and Performance Committee approved the Internal Audit Annual Plan which detailed the activity to be undertaken during 2023/24.
- 3.2** This report provides a summary to the Audit and Performance Committee of recent Internal Audit activity against the annual audit plan for 2023/24. A summary is also provided in relation to internal audit work undertaken at West Dunbartonshire Council and NHSGGC which may have an impact upon the WD HSCP Board's control environment.
- 3.3** This report also details progress in addressing agreed actions plans arising from previous audit work.

4. Main Issues

- 4.1** The audit plan for 2023/24 is almost complete. Work on the 2024/25 audit plan will begin after approval of the draft plan, also on this meeting's agenda.
- 4.2** In relation to internal audit action plans, the current status report is set out at Appendix 1.

- 4.3** In relation to external audit action plans, the current status report is set out at Appendix 2.
- 4.4** In relation to internal audit work undertaken at West Dunbartonshire Council, since June 2024, no Internal Audit reports issued to the Council are relevant to the WD HSCP Board.
- 4.5** The September 2024 progress update report in relation to internal audit work undertaken at NHSGGC is not yet available and will be provided at the next Audit & Performance Committee in November.
- 4.6** Internal Audit at West Dunbartonshire Council and NHSGGC undertake follow up work in accordance with agreed processes to confirm the implementation of agreed actions and report on progress to their respective Audit Committees. Any matters of concern will be highlighted to the Committee.
- 5. People Implications**
- 5.1** There are no personnel issues with this report.
- 6. Financial Implications**
- 6.1** There are no financial implications with this report.
- 7. Risk Analysis**
- 7.1** The annual audit plan for 2023/24 was constructed taking cognisance of the risks included in the WD HSCP Board risk register. Consultation with the Chief Officer and the Chief Financial Officer was carried out to ensure that risks associated with delivering the strategic plan were considered.
- 8. Equalities Impact Assessment (EIA)**
- 8.1** There are no issues.
- 9. Environmental Impact Assessment**
- 9.1** There are no issues.
- 10. Consultation**
- 10.1** The Chief Officer and the Chief Financial Officer have been consulted on the content of this report.
- 11. Strategic Assessment**
- 11.1** The establishment of a robust audit plan will assist in assessing whether the WD HSCP Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the Strategic Plan.

12. Directions

12.1 This report does not require a Direction.

Author: Lesley McCabe
Lead Internal Auditor – West Dunbartonshire Council

Date: 23 August 2024

Person to Contact: Lesley McCabe – Lead Internal Auditor – Internal Audit
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Appendices: Appendix 1 – Status of Internal Audit Action Plans at 30 June 2024
Appendix 2 – Status of External Audit Action Plans at 30 June 2024

Background Papers: Internal Audit Annual Audit Plan 2023-2024

WEST DUNBARTONSHIRE PARTNERSHIP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
AT 31 AUGUST 2024

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2024

There were no actions due for completion by 31 August 2024.

Section 2 Summary of Current Management Actions Plans at 31/08/2024

At 31 August 2024 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/08/2024

At 31 August 2024 there were 2 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 March 2024 there were 2 audit action points where the agreed deadline had been missed.

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

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

CURRENT ACTIONS

Month		No of actions
Completion date to be advised		2
Total Actions		2

Action	Owner	Expected Date
IJB Recovery and Response Arrangements (April 2023)		
Provision of Assurance to the Board on Business Continuity Arrangements (Green) As a control improvement and example of good practice, management to consider presenting members with an annual Business Continuity Assurance Statement.	Head of Strategy and Transformation	To be advised*
IJB Workforce Planning Arrangements (August 2023)		
Adequacy of Succession Planning Arrangements (Amber) All Heads of Service will work with the Head of HR to embed succession planning through service planning structures and through annual performance reviews. Additionally, the Head of HR will consider any additional leadership resource requirements to enable visibility across services and create the conditions for engagement.	Head of HR	To be advised*

Report	Action	Original Date	Revised Date	Management Comments
IJB Recovery and Response Arrangements (April 2023)	Provision of Assurance to the Board on Business Continuity Arrangements (Green) As a control improvement and example of good practice, management to consider presenting members with an annual Business Continuity Assurance Statement.	30.09.23 30.06.24	To be advised	The Civil Contingencies Officer for WDC and WDHSCP has attended both the SMT and individual HoS Management Team meetings to progress this work.
IJB Workforce Planning Arrangements (August 2023)	Adequacy of Succession Planning Arrangements (Amber) All Heads of Service will work with the Head of HR to embed succession planning through service planning structures and through annual performance reviews. Additionally, the Head of HR will consider any additional leadership resource requirements to enable visibility across services and create the conditions for engagement.	31.03.24	To be advised	The SMT are undertaking a review of current succession lists across HSCP, identifying those with aspirations and potential for senior leadership roles, including any posts that would present an organisational risk. Career conversations with the workforce are paramount to understanding individual wants and needs with regards to personal development and career progression. The HSCP encourages a person-centred talent culture when creating a process for identifying successors.

WEST DUNBARTONSHIRE HSCP BOARD
INTERNAL AUDIT REPORT TO AUDIT AND PERFORMANCE COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
AT 31 AUGUST 2024

Summary: Section 1 Summary of Management Actions due for completion by 31/08/2024

There were no actions due for completion by 31 August 2024.

Section 2 Summary of Current Management Actions Plans at 31/08/2024

At 31 August 2024 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/03/2024

At 31 August 2024 there were 2 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 August 2024 there was one audit action point where the agreed deadline had been missed.

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

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

CURRENT ACTIONS

Month	No of actions
Due for completion November 2024	1
Due for completion March 2026	1
Total Actions	2

Action	Owner	Expected Date
2021/2022 Annual Audit Report (November 2022)		
Sustainability of Services For the HSCP to progress redesign effectively improvement capacity needs substantiated. The Strategic Plan 2023-2026, has set clear priorities to address the demand for services that can be safely and effectively delivered within the financial resources available. The Care at Home redesign is progressing. Currently 1:1's with staff underway to align current contracted hours to new rotas, designed to meet the needs of the service. The Children and Families Five Year Medium Term Plan – "What Would It Take" was approved by the March 2024 Board The Learning Disability Review paper was approved at the 27 June 2024 HSCP Board.	Operational Heads of Service	31.03.2026
2022/2023 Annual Audit Report (November 2023)		
Financial Sustainability (Level 2) Recommendation The IJB should refresh its MTFP to ensure it has a clear plan for how it will use service redesign, transformation and savings to address its financial challenges. Management's response As part of the 2024/25 Budget Setting Report as approved by the HSCP Board on 28 March 2024, the budget gaps for 2025/26 to 2026/27 were refreshed to reflect changes to assumptions around partner funding and pay settlements. However a full refresh of the MTFP was extended until November 2024 to allow for the CO and CFO to consider the 2023/24 outturn position on reserves balances and how they factor into future years.	Chief Financial Officer supported by Chief Officer and Heads of Service	30.11.2024*

Report	Action	Original Date	Revised Date	Management Comments
2022/2023 Annual Audit Report (November 2023)	Financial Sustainability (Level 2) Recommendation The IJB should refresh its MTFP to ensure it has a clear plan for how it will use service redesign, transformation and savings to address its financial challenges.	31.03.24	30.11.24	As part of the 2024/25 Budget Setting Report as approved by the HSCP Board on 28 March 2024, the budget gaps for 2025/26 to 2026/27 were refreshed to reflect changes to assumptions around partner funding and pay settlements. However a full refresh of the MTFP has been extended until November 2024 to allow for the CO and CFO to consider the 2023/24 outturn position on reserves balances and how they factor into future years.

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

Report by Andi Priestman, Chief Internal Auditor

24 September 2024

Subject: Internal Audit Annual Strategy and Plan 2024-2025

1. Purpose

- 1.1** The purpose of this report is to provide the indicative Internal Audit Strategy and Plan for 2024-2025 to Audit and Performance Committee for approval.

2. Recommendations

- 2.1** It is recommended that the Audit and Performance Committee approve the indicative Internal Audit Plan for 2024-2025.

3. Background

- 3.1** Internal Audit is an assurance function that primarily provides an independent and objective opinion to the organisation on the control environment comprising governance, risk management and control by evaluating its effectiveness in achieving the organisation's objectives.
- 3.2** As stated in the IRAG (Integrated Resources Advisory Group) Guidance, it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.
- 3.3** The Public Sector Internal Audit Standards include the requirement for the Chief Internal Auditor to prepare a risk-based plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 3.4** The Chief Internal Auditor will prepare an annual internal audit plan which will be subject to consideration and approval by the WD HSCP Board Audit and Performance Committee.
- 3.5** The provision of Internal Audit services for the IJB is delivered by West Dunbartonshire Council through a directly employed in-house team. From 2018/19 onwards, a recharge of £10,000 has been made from the Council to the IJB to reflect the cost of services provided by the Council's Internal Audit Team. It is proposed that the same recharge be applied in 2024-2025.

4 Main issues

- 4.1** Internal Audit follows a risk-based approach and it is intended that audit work will be focused on areas of greater risk taking into account management's own view of risk, previous audit findings and any other internal or external factors affecting the WD HSCP Board.
- 4.2** The indicative Internal Audit Strategy and Plan for 2024-2025 is set out at Appendix 1.
- 4.3** The total budget for the Internal Audit Annual Audit Plan for 2024-2025 has been provisionally set at 20 days. The plan does not contain any contingency provision. Where there are any unforeseen work demands that arise e.g. special investigations or provision of ad hoc advice, this will require to be commissioned as an additional piece of work which will be subject to a separate agreement.
- 4.4** The Public Sector Internal Audit Standards require that the annual audit plan should be kept under review to reflect any changing priorities and emerging risks. Any material changes to the audit plan will be presented to the WD HSCP Board Audit and Performance Committee for approval.

5. People Implications

- 5.1** There are no personnel issues with this report.

6. Financial Implications

- 6.1** There are no financial implications with this report.

7. Professional Implications

- 7.1** None.

8. Locality Implications

- 8.1** None.

9. Risk Analysis

- 9.1** The Plan has been constructed taking cognisance of risks which have implications for the WD HSCP Board through discussions with management and review of the WD HSCP Board risk register.

10. Impact Assessments

- 10.1** None.

11. Consultation

11.1 Discussions have taken place with the IJB's Chief Financial Officer in relation to the proposed annual audit plan coverage for 2024-2025.

11.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans area reviewed as circumstances change in order to minimise duplication of effort and maximise coverage for the WD HSCP Board.

12. Strategic Assessment

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

Andi Priestman

Chief Internal Auditor – West Dunbartonshire HSCP Board

17 September 2024

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West Dunbartonshire Council
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Appendices: Appendix 1 – Internal Audit Annual Strategy and Plan 2024-2025

Background Papers: None

1. Introduction

- 1.1 The Public Sector Internal Audit Standards (PSIAS) set out the requirement for the Chief Internal Auditor to prepare a risk-based audit plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 1.2 The Chief Internal Auditor must review and adjust the plan as necessary in response to changes in the organisation's business, risks, operations and priorities.
- 1.3 The audit plan must incorporate or be linked to a strategic or high-level statement of how the Internal Audit Service will be delivered and developed in accordance with the Internal Audit Charter and how it links to the organisational objectives and priorities.
- 1.4 The strategy shall be reviewed on an annual basis as part of the audit planning process.

2. Internal Audit Objectives

- 2.1 The definition of internal auditing is contained within the PSIAS as follows:

“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”
- 2.2 The primary aim of the internal audit service is to provide assurance services which requires the Chief Internal Auditor to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control.
- 2.3 The internal audit service also provides advisory services, generally at the request of the organisation, with the aim of improving governance, risk management and control and contributing to the overall opinion.
- 2.4 The internal audit service supports the West Dunbartonshire HSCP Board's Chief Financial Officer in her role as Section 95 Officer.

3. Risk Assessment and Audit Planning

- 3.1 The internal audit approach to annual audit planning is risk-based and aligns to the IJB's strategic planning processes and management's own assessment of risk.
- 3.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the West Dunbartonshire HSCP Board.

4 Service Delivery

- 4.1 The provision of the internal audit service is through a directly employed in-house team from West Dunbartonshire Council.
- 4.2 In relation to the total staff days allocated to the 2024-2025 plan, each member of staff completes a resource allocation spreadsheet for the year which is split between annual leave, public holidays, training days, general administration and operational plan days. This spreadsheet is reviewed and updated each period by each member of staff against time charged to timesheets.

The operational plan is 20 days which will be resourced as follows:

Team Member

Internal Auditor – 15 days
Chief Internal Auditor – 5 days

The Chief Internal Auditor does not directly carry out the assignments included in the annual audit plan but provides the quality review and delivery oversight of the overall plan. Where there are any resource issues which may impact on delivery of the plan, this will be reported to Audit Committee at the earliest opportunity.

- 4.3 Given the range and complexity of areas to be reviewed it is important that suitable, qualified, experienced and trained individuals are appointed to internal audit positions. The PSIAS requires that the Chief Internal Auditor must hold a professional qualification such as CMIIA (Chartered Internal Auditor), CCAB or equivalent and be suitably experienced. The internal auditor posts must also be CMIIA/CCAB or equivalent with previous audit experience.
- 4.4 Internal audit staff members identify training needs as part of an appraisal process and are encouraged to undertake appropriate training, including in-house courses and external seminars as relevant to support their development. All training undertaken is recorded in personal training records for CPD purposes.
- 4.5 Internal audit staff members require to conform to the Code of Ethics of the professional body of which they are members and to the Code of Ethics included within the PSIAS. An annual declaration is undertaken by staff in relation to specific aspects of the Code.
- 4.6 Following each review, audit reports are issued in draft format to agree the accuracy of findings and agree risk mitigations. Copies of final audit reports are issued to the WD HSCP Board Chief Officer, HSCP Head of Service and HSCP Service Manager responsible for implementing the agreed action plan. A copy of each final audit report is also provided to External Audit.
- 4.7 The overall opinion of each audit report feeds into the Internal Audit Annual Report and Assurance Statement which is presented to the Audit Committee and is used by the Chief Financial Officer in the preparation of the Annual Governance Statement.

5 Proposed Audit Coverage 2024-2025

5.1 The proposed audit coverage is set out in the table below. The WD HSCP Board Risk Register June 2024 was reviewed for those risk areas/themes rated Very High, High and Medium which may be relevant to internal audit coverage for the HSCP Board.

Risk Area/Theme	Previous Assurance Work	Planned Assurance Work 2024-25	Other Assurance Work 2023/24
Financial Sustainability	External Audit Annual Audit Plans 20/21, 21/22 and 22/23 NHSGGC Internal Audit Plan: 19/20 – IJB Financial Information and Reporting WD HSCP Board Audit Plan: 23/24 – Best Value Arrangements	Budgetary Control	External Audit Annual Audit Plan 23/24
Procurement and Commissioning	West Dunbartonshire Council Internal Audit Plan: 15/16 – Procurement – Approved Contractors List 18/19 – Social Work Tendering and Commissioning 22/23 – Procurement – Supplier Management 23/24 – Procurement under £10k NHSGGC Internal Audit Plan: 21/22 – IJB Strategic Planning and Commissioning 21/22 – Procurement and Tendering	None	Will be considered as part of the planning process for WDC Internal Audit Plan 2024/25
Performance Management Information	WD HSCP Board Audit Plan: 21/22 - Performance Management Arrangements	None	External Audit Annual Audit Plan 23/24
Delayed discharge and unscheduled care	NHSGGC Internal Audit Plan: 21/22 – Delayed Discharges 21/22 – Time of Day Discharge 21/22 – Bed Management NHSGGC Internal Audit Plan – follow up exercises	None	Will be considered as part of the planning process for WDC Internal Audit Plan 24/25
Workforce	WDC Internal Audit Plan: 19/20 – Social Work Attendance Management 19/20 – Social Work Case Management 23/24 – Supporting Employee Attendance WD HSCP Board Audit Plan: 22/23 – Workforce Planning Arrangements	WD HSCP Board Internal Audit Plan – follow up process	External Audit Annual Audit Plan 23/24

Risk Area/Theme	Previous Assurance Work	Planned Assurance Work 2024-25	Other Assurance Work 2024-25
Waiting Times	NHSGGC Internal Audit Plan: 18/19 – Waiting Times Audit 19/20 – Mental Health Waiting Times 20/21 – Consultancy Review 22/23 – Waiting List Management WDC Internal Audit Plan: 22/23 – Occupational Therapy Waiting Times	None	NHSGGC Internal Audit Plan – follow up exercises WDC Internal Audit Plan – follow up process
Risk Assessment and Public Protection Arrangements	West Dunbartonshire Council Audit Plan: 19/20 – Social Work Case Management NHSGGC Internal Audit Plan: 22/23 – Public Protection Arrangements	None	NHSGGC Internal Audit Plan – follow up exercises Will be considered as part of the planning process for WDC Internal Audit Plan 2024/25
Other Work			Days
Budgetary Control	We will undertake a review WD HSCP Board Budgetary Control arrangements and highlight any areas of improvement to management.		10
CIPFA Audit Committee Guidance October 2022	C/F - We will finalise the review of current Audit & Performance Committee arrangements and highlight any areas of improvement to management.		3
Action Plan Follow Up	To monitor the progress of implementation of agreed internal audit action plans by management.		2
Audit Planning and Management	Review and update of the audit universe and attendance at HSCP Board Audit and Performance Committee.		3
Internal Audit Annual Report 2024-2025	Annual report on 2024-2025 audit activity will be provided to CFO to inform the Annual Governance Statement for the IJB.		2
Total Staff Days			20

6 Quality and Performance

- 6.1 The PSIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment.
- 6.2 In addition, the performance of Internal Audit continues to be measured against key service targets focussing on quality, efficiency and effectiveness. For 2024-2025 targets have been set as follows:

Measure	Description	Target
1. Final Report	Percentage of final reports issued within 2 weeks of draft report.	100%
2. Draft Report	Percentage of draft reports issued within 3 weeks of completion of fieldwork.	100%
3. Audit Plan Delivery	Percentage of audits completed v planned.	100%
4. Audit Budget	Percentage of audits completed within budgeted days.	100%
5. Audit Recommendations	Percentage of audit recommendations agreed.	90%
6. Action Plan Follow Up	Percentage of action plans followed up – Internal and External Audit.	100%
7. Customer Feedback	Percentage of respondents who rated the overall quality of internal audit as satisfactory or above.	100%
8. Staff compliance with CPD	Number of training hours undertaken to support CPD	20
9. Management engagement	Number of meetings with Chief Officer and Chief Financial Officer as appropriate	2 per year

- 6.3 Actual performance against targets will be included in the Internal Audit Annual Assurance Report for 2024-2025.

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

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

24 September 2024

Subject: West Dunbartonshire HSCP Annual Performance Report 2023/24

1. Purpose

- 1.1** The purpose of the Annual Performance Report is to provide an overview of the HSCPs performance in planning and carrying out integrated functions. The Annual Performance Report is produced for the benefit of Partnerships and their communities. This report also includes a complaints management overview for the year 2023/24.

2. Recommendations

It is recommended that the HSCP Board's Audit and Performance Committee:

- 2.1** Recommend to the HSCP Board that the West Dunbartonshire HSCP Annual Performance Report 2023/24 and the Annual Complaints Report 2023/24 be approved.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") established the legislative framework for the integration of health and social care services in Scotland under either an Integration Joint Board (IJB) or Lead Agency model.
- 3.2** Section 42 of the 2014 Act requires that Performance Reports are prepared by the "Integration Authority". This term broadly means the person or body which is responsible for the planning and direction of integrated health and social care services. Section 42 of the 2014 Act covers both the Integration Joint Board and Lead Agency model.
- 3.3** To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
- 3.4** The 2014 Act requires Integration Joint Boards to publish an Annual Performance Report within four months of the end of each reporting year. The unapproved annual performance report was published in line with the statutory

timescales.

- 3.5** The required content of the performance reports is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. These requirements are adhered to within the 2022/23 Annual Performance Report.
- 3.6** The content and structure of the 2023/24 annual report has been informed by the Scottish Government's 'Guidance for Health and Social Care Integration Partnership Performance Reports' and guidance from West Dunbartonshire HSCP's external auditor in relation to Best Value.

4. Main Issues

- 4.1** The main issues pertaining to the year 2023/24 are contained within the Annual Performance Report (Appendix I). As has been the custom in previous years, it is accompanied by a complaints management overview for the corresponding period (Appendix II).
- 4.2** The Annual Performance Report summarises the progress made by the HSCP over the past year and highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community. Teams across the HSCP have embraced innovative new approaches in line with the key strategic priorities of Caring Communities; Safe and Thriving Communities; Equal Communities and Healthy Communities.
- 4.3** The HSCP recognize the value of working closely with partners and communities; the annual performance report seeks to demonstrate our efficacy in delivering the HSCP Boards vision to ensure that: Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery. The HSCP have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

5. Options Appraisal

- 5.1** An options appraisal is not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

- 8.1** There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:
- 8.2** Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of its organisational responsibilities.
- 8.3** The performance information is considered by relevant Managers in line with operational risk registers. No risks have been identified which would be proposed for escalation to 'strategic risk' status for the HSCP Board.

9. Equalities Impact Assessment (EIA)

- 9.1** An equality impact assessment is not required as the recommendations within this report do not have a differential impact on any of the protected characteristics.

10. Environmental Sustainability

- 10.1** A Strategic Environmental Assessment (SEA) is not required in respect of the recommendations within this report.

11. Consultation

- 11.1** The HSCP Senior Management Team, the HSCP Monitoring Solicitor, the Chief Finance Officer and the Internal Auditor have all be consulted in the production of this report and their comments incorporated accordingly.

12. Strategic Assessment

- 12.1** On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.
- 12.2** Good governance, which includes performance management, is essential to ensure the actions within the Strategic Plan are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

13.1 The recommendations within this report do not require a Direction to be issued.

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Designation: Head of Strategy and Transformation
Date: 20 June 2024

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Appendices: West Dunbartonshire HSCP Annual Performance
Report 2023/24 (Appendix 1)
Annual Complaints Report 2023/24 (Appendix 2)

West Dunbartonshire Health & Social Care Partnership

Annual Performance Report 2023/2024

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Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) Annual Performance Report 2023/24. This report summarises the HSCP's progress and performance over the past year in terms of both our Strategic Plan 2023-2026: Improving Lives Together and against the wider national integration objectives.

As in previous years, public sector funding has struggled to keep pace with rising costs, including inflationary pressures, increased care costs and demographic pressures within the local authority area. Deprivation levels in West Dunbartonshire are the 4th highest in Scotland and contribute to poorer health and wellbeing outcomes for people in our communities. In addition, pressures still remain following the end of the Covid pandemic, leading to increased demands on services particularly for people being discharged from hospital.

Core budgets continue to be under significant pressure, in common with other organisations across the public sector, and recruitment and retention of our workforce has also proved challenging and continues to impact on services across the HSCP. However, building on progress made in the last year, we continue to take opportunities to do things differently.

The Integration Joint Board maintains a focus on the provision of services within our communities, aiming to ensure people are able to safely remain in their own homes for as long as possible and able to lead healthy, happy and fulfilling lives. This Annual Performance Report will show the progress made across the year along with examples of good practice and areas where developments have been made which will positively impact on our communities.

Significant developments have taken place across a number of areas including service re-design, a Local Carers Strategy, innovative work around dementia prevention, and the development of a Digital Strategy which will help enable different ways of working: all of which will support our efforts to better meet the needs of our communities and support health and wellbeing across West Dunbartonshire.

Finally, I would like to celebrate the efforts of our health and social care workforce who have ensured the provision of a high level of support to those within our communities who require assistance and to recognise the valuable contributions of unpaid carers, our community groups and third sector organisations who engage and collaborate with us to ensure the voices of the people of West Dunbartonshire help shape our services, improving lives together.



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 2023 to 31st March 2024. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2023-2026: Improving Lives Together and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

Key Achievements 2023/24

During 2023/24 West Dunbartonshire Health and Social Care Partnership (HSCP) made significant progress against the key strategic priorities outlined in our Strategic Plan 2023-2026 Improving Lives Together: caring communities; safe and thriving communities; equal communities; and healthy communities.

Priority 1: Caring Communities

- Publication of HSCP's Local Carer Strategy 2024-2026: Improving Lives with Carers.
- 89 people supported to submit 65 Power of Attorney applications to the Office of the Public Guardian.
- 211 Adult Carer Support Plans developed.
- 4 Independent Reviewing Officers appointed who conduct all reviews for looked after and accommodated children within West Dunbartonshire.
- 88.9% of looked after children are looked after in the community.
- 85.8% of looked after children did not have more than one placement in the last year.
- 100% of children waiting less than 18 weeks from referral to treatment for Child and Adolescent Mental Health Services (CAMHS).
- 98.6% of people starting drug or alcohol treatment within 3 weeks of referral.
- 91% of the patients who had their preferred place of death recorded, supported to die in their place of choice.
- 6th highest proportion of adults with intensive needs being supported at home in Scotland.
- The proportion of people aged 65 and over receiving personal care at home was the 3rd highest in Scotland.
- 4th lowest weekly cost for both children looked after in a residential setting and children looked after in the community in Scotland.
- Weekly cost for residential care for older people lower than the Scotland figure for the first time since 2012/13.
- 6th highest proportion of Care Inspectorate Inspections of HSCP services graded at 4 (Good) or above in Scotland.
- Delivery of Overview of Complaints sessions to the extended management team to improve awareness of processes, timescales and quality of responses to the people of West Dunbartonshire.

Priority 2: Safe and Thriving Communities

- Tripartite audit of Adult Support and Protection in February 2024.
- Progressing the improvement actions from the Joint Inspection of Children and Young People at Risk of Harm.
- There were no children re-registered on the Child Protection Register within 18 months.
- 1,361 people receiving homecare with 99.6% receiving personal care and 40% receiving 20 or more interventions.
- 1,065 people supported with their medication by the Homecare Pharmacy Team.
- 1,869 people receiving a Community Alarm/Telecare service.
- Delayed discharge bed days for complex cases 7% below local target.
- Development of Children's Services Strategy: Improving Lives with Children and Families in West Dunbartonshire - What would it take? and commencement of a 5 year redesign of services.
- Development of an HSCP Digital Strategy.

Priority 3: Equal Communities

- Pilot hearing check programme in Clydebank to support dementia prevention.
- Over 2,000 people supported by Community Link Workers within their GP practice.
- Justice staff trained and accredited in the delivery of the Caledonian Domestic Abuse system.
- 80.3% of Community Payback Orders attending an induction session within 5 working days of sentence.
- 80% of 16 and 17 year olds in positive destinations at the point of leaving care.
- Young carers and care experienced young people have accessed over 4,500 physical activity sessions to help support their mental health and emotional wellbeing.
- 126 frontline workers completed Distress Brief Intervention training by the end of 2023/24.
- 86.2% of looked after children from Black and Minority Ethnic communities being looked after in the community.
- 220 referrals to the Distress Brief Intervention Service by March 2024.
- Success in obtaining £160,000 of funding from the Corra Foundation on behalf of the Promise Partnership fund to create a project around voice and data.

Priority 4: Healthy Communities

- West Dunbartonshire childhood immunisation levels exceeding levels across Greater Glasgow and Clyde and Scotland for all immunisations offered at 24 months and 5 years of age.
- West Dunbartonshire Wellbeing Site live in August 2023.
- 1,904 referrals to the Focused Intervention Team.
- 6th lowest rate in Scotland for readmission within 28 days of a hospital discharge.
- A 26% reduction in ambulance conveyances of HSCP care home residents to Accident & Emergency (A&E).
- Prescribing cost per (weighted) patient below the target, which is the average across Greater Glasgow and Clyde.

Overview of the HSCP



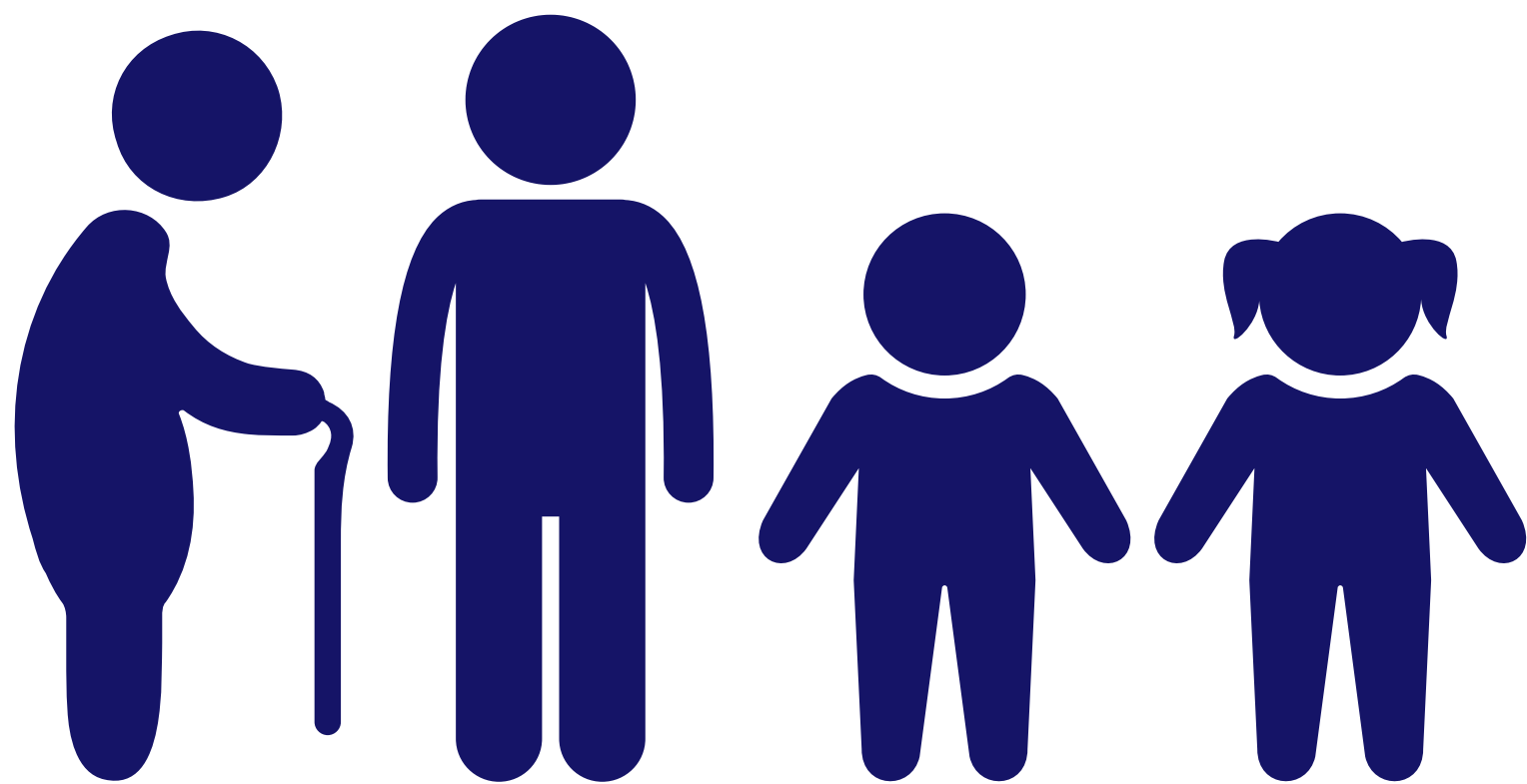
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



2023/24 budget of £200.6 million



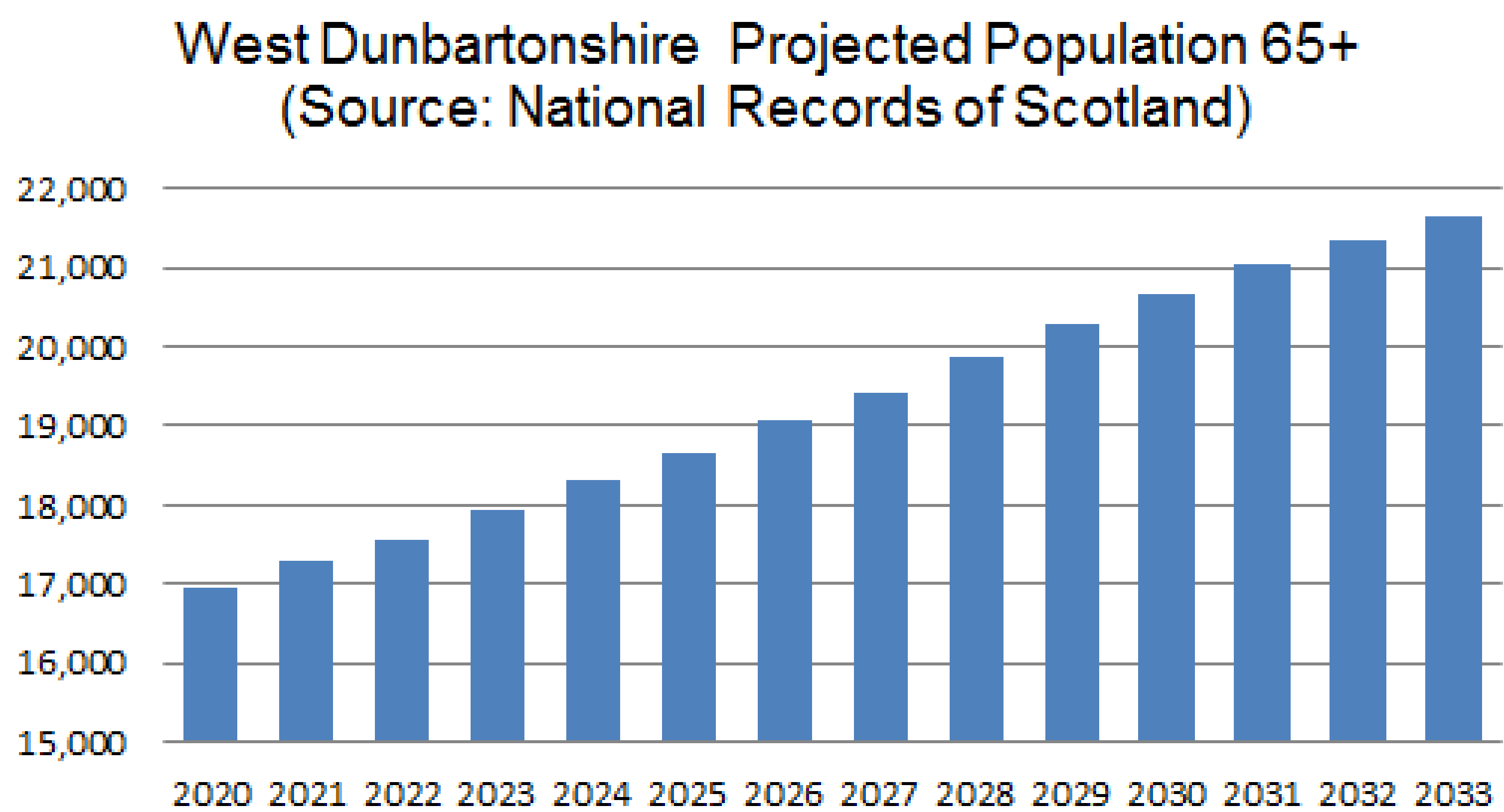
Employing 2,221 health and social care staff across Adult, Children's and Justice services (1,785 FTE)



Delivering health and social care services to support the people of West Dunbartonshire: population 88,270

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 65 years 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 is an area of high deprivation and the impact of the current cost of living crisis, with significant hikes in fuel prices, inflation and the cost of providing services across all sectors and businesses, is likely to be felt more acutely than in other less deprived areas. In addition, while the worst of the Covid-19 pandemic may now be behind us, our communities have had little time to recover from its impact and the longer term effects are still unfolding.

Specific challenges faced during 2023/24 were:

- The impact of continuing and ever more demanding budget cuts and constraints.
- Record numbers of West Dunbartonshire residents having their hospital discharge delayed.
- Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels. A&E attendances were 7% higher than in 2022/23 and we had the 7th highest rate of emergency hospital admissions and 3rd highest rate of emergency bed usage in Scotland. Emergency admissions were 6% higher than in 2022/23.
- Only one of our locally set Ministerial Steering Group targets was achieved in 2023/24.
- Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery.
- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector.
- High numbers of domestic abuse offending within West Dunbartonshire.
- Increasing number of referrals from the Crown Office and Prosecution Service.
- A further decline in child development in West Dunbartonshire, with the lowest level in Scotland of children with no developmental concerns at their 27-30 month review and a fall from 73.95% to 72.3%.

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.

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:

Everyone in West Dunbartonshire lives in a place they can call home, in communities that care, doing things that matter to them, leading healthy, happy and fulfilling lives, and, when they need it, receiving care and support that prioritises independence, control, choice and recovery.

We know we cannot achieve this vision on our own and recognise that we must work together to integrate health and social care services around individuals, their carers and other family members, to best meet their needs. This includes understanding the wider impacts on health and social care, and shaping and influencing them wherever possible. It does not mean doing everything by ourselves: it means working with the wider community to make the right things happen in the right way at the right time. Our role in meeting these challenges, focusing everything we do on what matters, is reflected in our mission statement:

Improving lives with the people of West Dunbartonshire

Working together as an integrated health and social care system means that we must share a set of values for how we work. These values are key to delivering on our vision and align with the values of our partner organisations within NHS Greater Glasgow and Clyde and West Dunbartonshire Council. Our values are:

Respect

Compassion

Empathy

Care

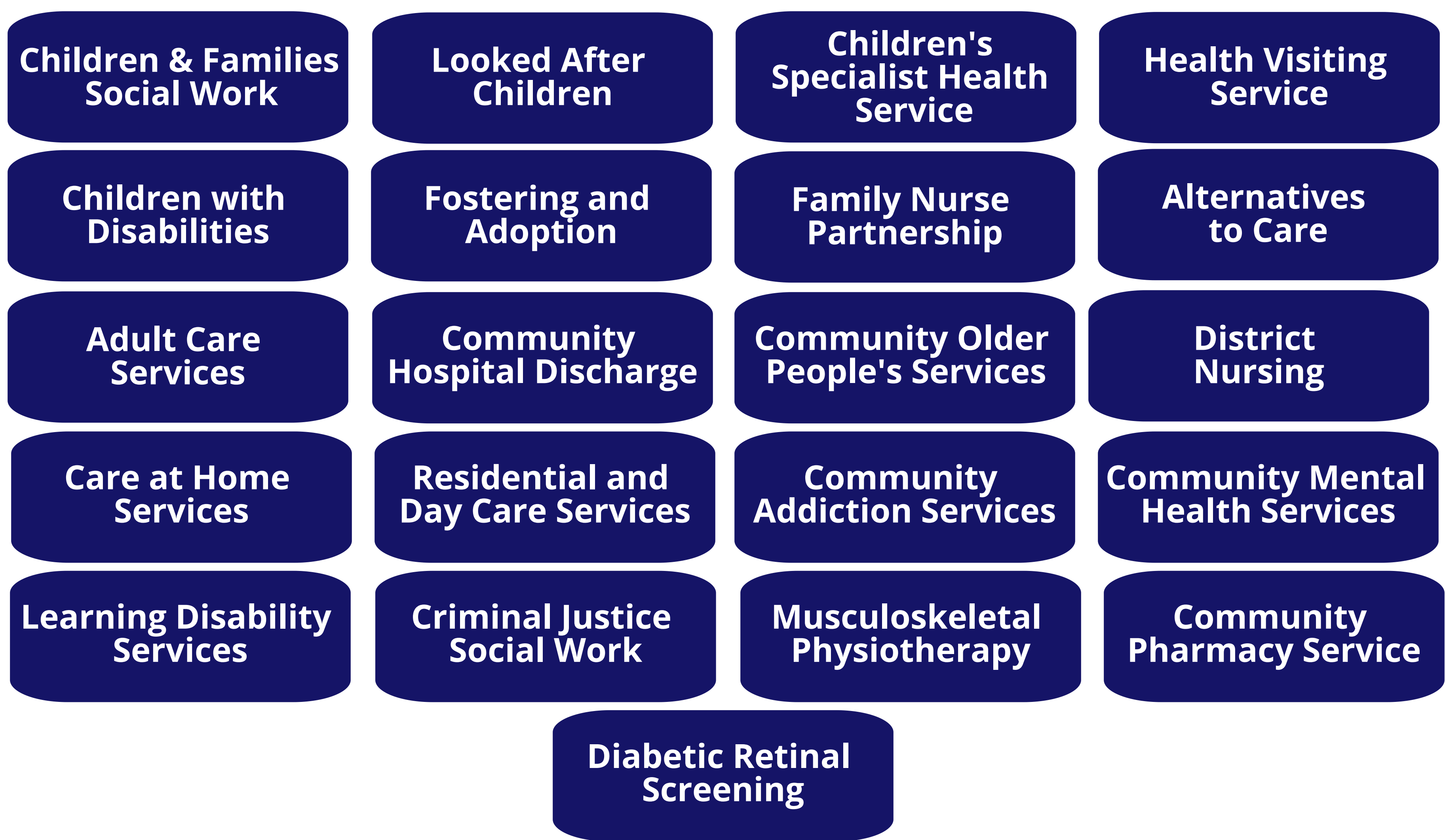
Honesty

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.



West Dunbartonshire has an estimated population of 88,270 people according to National Records of Scotland's latest mid-year population estimates 2022. This is a slight increase of 480 (0.5%) on the 2021 estimates which appears to buck the trend of West Dunbartonshire's declining population. However, the 2022 estimates are the first to have been based on Scotland's Census 2022 and previous year estimates will be revised by National Records Scotland to reflect the Census findings.

The HSCP has a workforce of approximately 2,221 which equates to 1,785 full time equivalent at March 2024, with 38% of staff employed by NHS Greater Glasgow and Clyde and 62% by West Dunbartonshire Council. 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 2023/24 the HSCP had responsibility for a budget of £200.6 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 2023/24: 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 2023 and 31st March 2024 and will describe Year One progress against the key strategic priorities outlined in our Strategic Plan 2023-2026: Improving Lives Together.

Policy Context

West Dunbartonshire HSCP's Strategic Plan 2023-2026: Improving Lives Together was developed in line with our four key strategic priorities: caring communities; safe and thriving communities; equal communities; and healthy communities.

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.

HSCP services are delivered to adults with critical or substantial needs in line with the HSCP's Eligibility Criteria for Adult Community Care Policy. The eligibility criteria allows for discretion to be applied in terms of providing adult social care for those people assessed as experiencing moderate risk.

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.

National Health and Wellbeing Outcomes

Strategic Priorities

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

People who use health and social care services have positive experiences of those services, and have their dignity respected

People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

People using health and social care services are safe from harm

People are able to look after and improve their own health and wellbeing and live in good health for longer

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Health and social care services contribute to reducing health inequalities

Resources are used effectively and efficiently in the provision of health and social care services

Caring communities

Safe & thriving communities

Healthy communities

Equal communities

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. It incorporates a range of measures including multi-agency strategic planning and operational services providing protections to children, young people and adults at risk including the management of high risk offenders through Multi-Agency Public Protection arrangements (MAPPA), West Dunbartonshire Alcohol and Drugs Partnership, Violence Against Women Group and Community Safety.

PPCOG continue to strengthen their assurance and risk management processes. This includes quarterly review of multiagency, operational and strategic risk registers. The PPCOG Performance and Assurance Reporting Framework dataset continues to be developed.

NHS Greater Glasgow and Clyde's Public Protection Unit developed a Public Protection Strategy and Quality Assurance Framework during 2023. This will support and enhance oversight of corporate and local HSCP monitoring of compliance with requisite standards.

National Learning Review Guidance was published by the Scottish Government in September 2021 for Child Protection Committees, and in May 2022 for the Adult Protection Committees, replacing Initial and Significant Case Review Guidance. During 2023 West Dunbartonshire Adult Protection Committee commissioned and concluded one themed learning review with a further learning review commissioned. A Learning Review was also commissioned by our Child Protection Committee.

Learning Reviews are multi-agency, bringing practitioners together with the review team in a structured process in order to reflect, increase understanding and identify key learning. They provide a means for public bodies and office holders with responsibilities relating to the protection of adults and children at risk of harm to learn lessons by considering the circumstances where an adult or child at risk has died or been significantly harmed. They are carried out by the Adult/Child Protection Committees under their functions of keeping procedures and practices under review, giving information and advice to public bodies and helping or encouraging improvement.

Extensive work has been underway during 2023/24 to progress the learning from the Inspection of Adult Protection Services in 2022/23, with a tripartite audit taking place in February 2024. Implementing the improvement actions from the Joint Inspection of Children and Young People at Risk of Harm has also progressed during the year.

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 continues to attend the North Strategic Oversight Group and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities: Local Authorities, Police Scotland, Scottish Prison Service and Health.

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 2023/24.

Equalities Mainstreaming

The HSCP has committed to strengthen our approach to mainstreaming equality, diversity and inclusion across the organisation and to ensure we meet the reporting requirements of the Public Sector Equality specific duties as they apply to the Integration Joint Board and as outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. In line with this, reporting on our Equality Mainstreaming activity, information on our Equality Outcomes and how we have equality impact assessed our policies and practices will be outlined within this Annual Performance Report.

While we have a section devoted to Equalities Activity later in the report, the service developments and progress detailed throughout the report should evidence our approach and the HSCP’s efforts to promote equality, diversity and inclusion through the services we provide and our engagement with our communities.

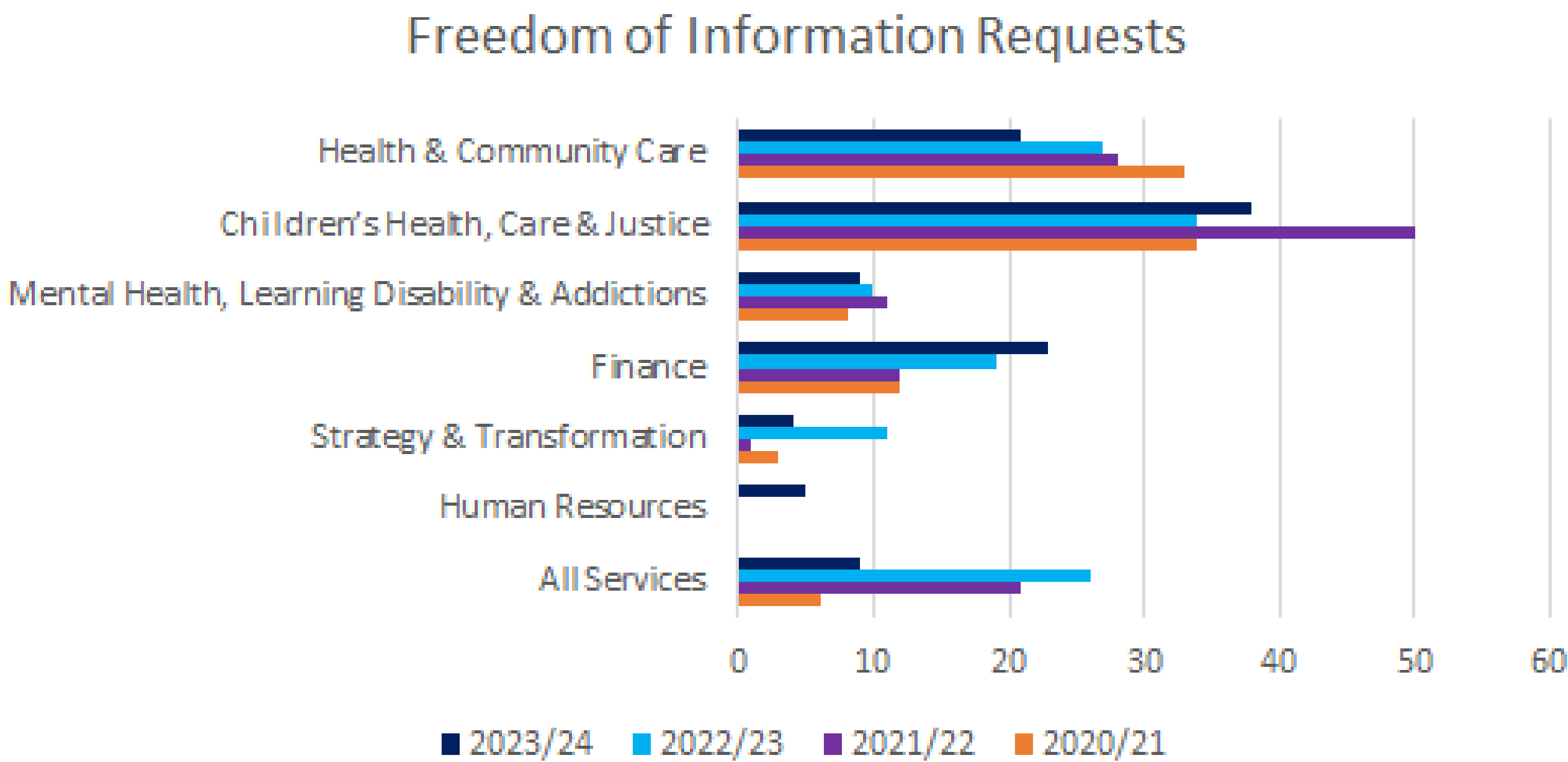
Access to Information

As public authorities, West Dunbartonshire Council and NHS Greater Glasgow and Clyde 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 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 109 Freedom of Information requests relating to HSCP services received in 2023/24, a decrease of 14% on the previous year. 68% were responded to within the timescale: a decrease of 7% on 2022/23 and the average response time was 29 days. 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 and staffing information.



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

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

A SAR can also be made on behalf of another individual where the individual has provided their permission. The information collated for a SAR response may contain reference to other individuals or third parties. Where this third party is not an HSCP employee carrying out the functions of their role and authorisation has not been provided to release their information, this information will be removed or redacted from the response. During 2023/24 the number of SARs received by the HSCP increased significantly. There were 194 requests made: a 96% increase on the 99 received in the previous year. This almost twofold increase impacted on the ability to meet timescales for response which reduced from 91% being issued within the initial or extended timescales in 2022/23 to 79% in 2023/24. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff.

The HSCP also provides information to the Scottish Government and Public Health Scotland. Quarterly and annual returns on service volume and the demographics of people who use HSCP services are submitted for all HSCP services: Older People, Adult, Children's and Criminal Justice services. The Scottish Government and Public Health Scotland use this information for a number of specific purposes such as: monitoring the implementation of national policies or legislation; to inform funding and planning decisions; to predict the future needs of Scotland and local populations; and to develop models of care and service delivery and inform policy makers. Much of this information is published at aggregate level on their websites and therefore available in the public domain.

In line with Data Protection and UKGDPR the HSCP has a requirement to inform people of how their information will be used. Privacy Notices relating to the various types of information we submit are available on the HSCP website. These outline how we hold, manage, process and submit an individual's information and an individual's rights with regard to their own information.

The HSCP also provides information in the form of complaint responses. Full details of how to make a complaint can be found on the HSCP's website and more detailed information on the HSCP's performance in relation to complaints handling can be found in our Annual Complaints Report 2023/24.

During 2023/24 we developed an HSCP Complaints Overview presentation with two sessions delivered to our extended management team and to be cascaded to service teams. The Overview covered:

- What is and what is not a complaint
- The value of complaints for the organisation
- The Model Complaints Handling Process
- Scottish Public Services Ombudsman feedback
- Tools to assist with investigating and responding to complaints
- Good practice examples

These sessions prompted some valuable discussions about processes, how to improve the quality of our complaint investigations and responses, how to capture stage 1 complaints and shared learning from complaints and individual team processes.

The presentation has been made available to all HSCP staff on our staff intranet along with a Complaints Toolkit which was also developed during 2023/24 and comprises of an Employee Guide on Complaints Handling, an Investigation Plan template and a Stage 2 Response template. This toolkit will be developed as we identify additional resources.

Alongside this work we carried out an SBAR (Situation, Background, Assessment and Recommendation) to analyse the increase in our stage 1 complaints in the first two quarters of 2023/24 compared to the same period in the previous year. The analysis undertaken identified that the majority of the increase was due to changes in recording practice that may mean information being reported is more accurate than before, particularly around Care at Home complaints.

It was recommended that a similar exercise be undertaken for the remaining quarters of 2023/24 to establish whether a pattern becomes apparent or whether the higher level of complaints appears to be a new normal situation, given changes in recording procedures. In addition it was recommended that more detailed information and context be provided in our Quarterly Performance Report to our Audit and Performance Committee, including details of which services are receiving complaints.

It has also been agreed that complaints, MP/MSP and Councillor enquiries will be included in the HSCP's Weekly/Monthly Performance Dashboards to allow more timely scrutiny of the volume of being received and the service areas they cover, to highlight any patterns or areas of concern.

National Performance Measurement

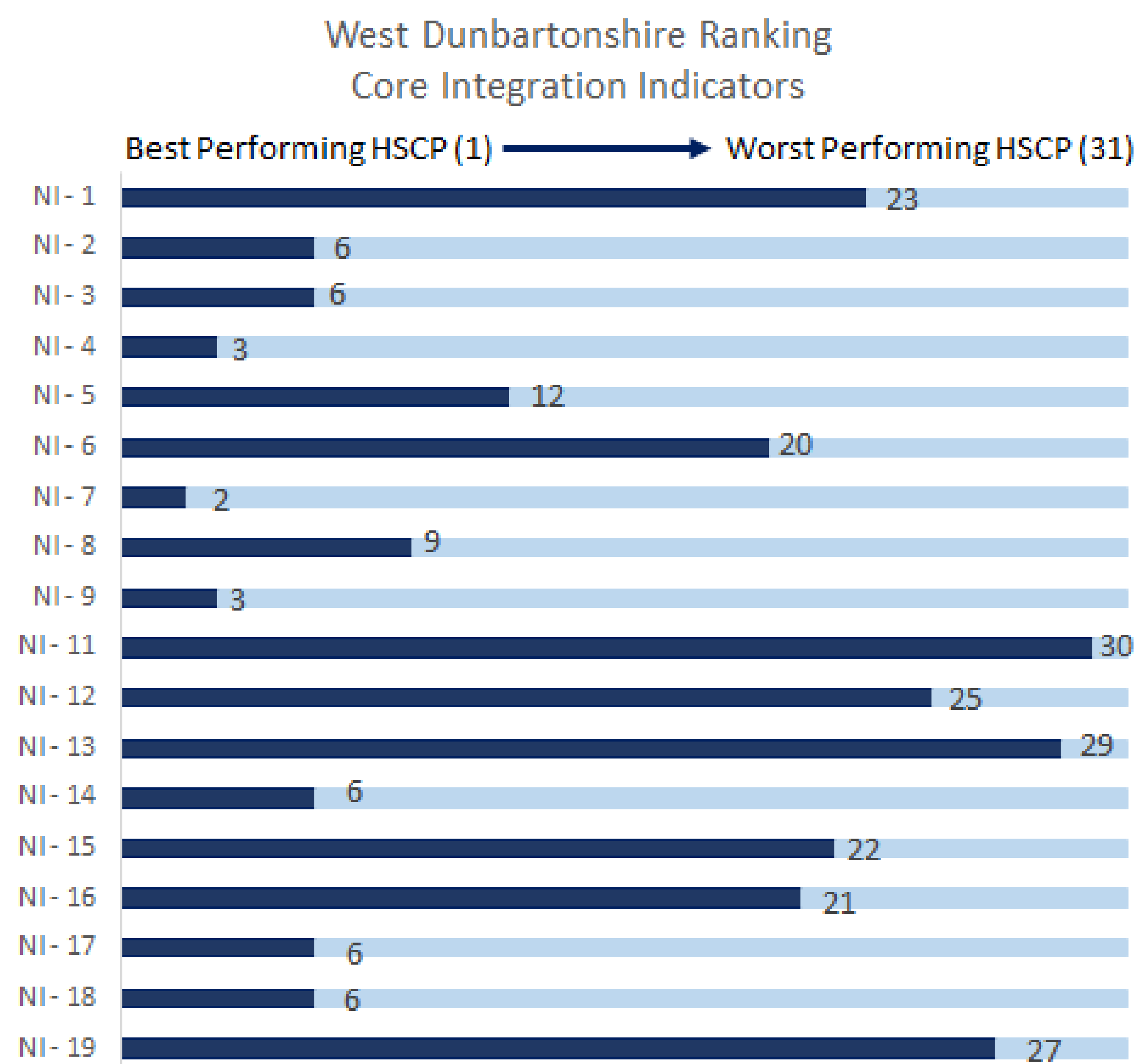
Core Integration Indicators



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

Code	Performance Indicator
NI-1	Percentage of adults able to look after their health very well or quite well
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good
NI-6	Percentage of people with positive experience of the care provided by their GP practice
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
NI-8	% of carers who feel supported to continue in their caring role
NI-9	Percentage of adults supported at home who agree that they felt safe
NI-11	Premature mortality rate per 100,000 persons
NI-12	Rate of emergency admissions per 100,000 population for adults
NI-13	Rate of emergency bed days per 100,000 population for adults
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges
NI-15	Proportion of last 6 months of life spent at home or in a community setting
NI-16	Falls rate per 1,000 population aged 65+
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

The chart overleaf shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland. The numbering on the chart denotes where West Dunbartonshire ranked in Scotland, with 1 being best performing and 31 worst performing. Appendix 1 provides the detail behind the rankings and comparison with national figures. West Dunbartonshire performed better than the Scottish national figure in 10 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 2023/24 however the results will not be published until July 2024 and are therefore too late for inclusion in this report. Rankings above are subsequently based on 2021/22 figures for these indicators.

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%. Those who thought their health and social care services were well co-ordinated 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. 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.

Premature mortality rates for 2023 will not be available until July 2024 and therefore not in time for this report however in 2022 West Dunbartonshire continued to have the 2nd highest premature mortality rate in Scotland: the rate of deaths per 100,000 for people aged under 75 years. Similarly the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2023/24 will not be available to meet our report timescales however in 2022/23 West Dunbartonshire HSCP services performed 6th best in Scotland with 82.1% of inspections meeting this criteria, compared with 75.2% across Scotland.

Due to data completeness issues at Health Board level we are having to compare provisional 2023 calendar year figures with 2022/23 financial year figures for some of our hospital-related indicators. The former will be subject to update once the full financial year data is available and will therefore differ in our 2024/25 Annual Performance Report from those reported here.

In 2023 we had the 7th highest emergency admission to hospital rate in Scotland and the 3rd highest bed day usage for emergency admissions. Readmission rates by contrast were the 6th lowest in Scotland for West Dunbartonshire residents, suggesting appropriate discharge at the right time to the right place.

Delayed hospital discharge continued to be a significant challenge for the HSCP and the rate of bed days for people aged 75 and over whose discharge was delayed was the 5th highest in Scotland in 2023/24. Falls rates in West Dunbartonshire were the 11th highest, while the proportion of the last 6 months of life spent at home or in a community setting increased slightly from 87.7% in 2022/23 to 88.2% in 2023.

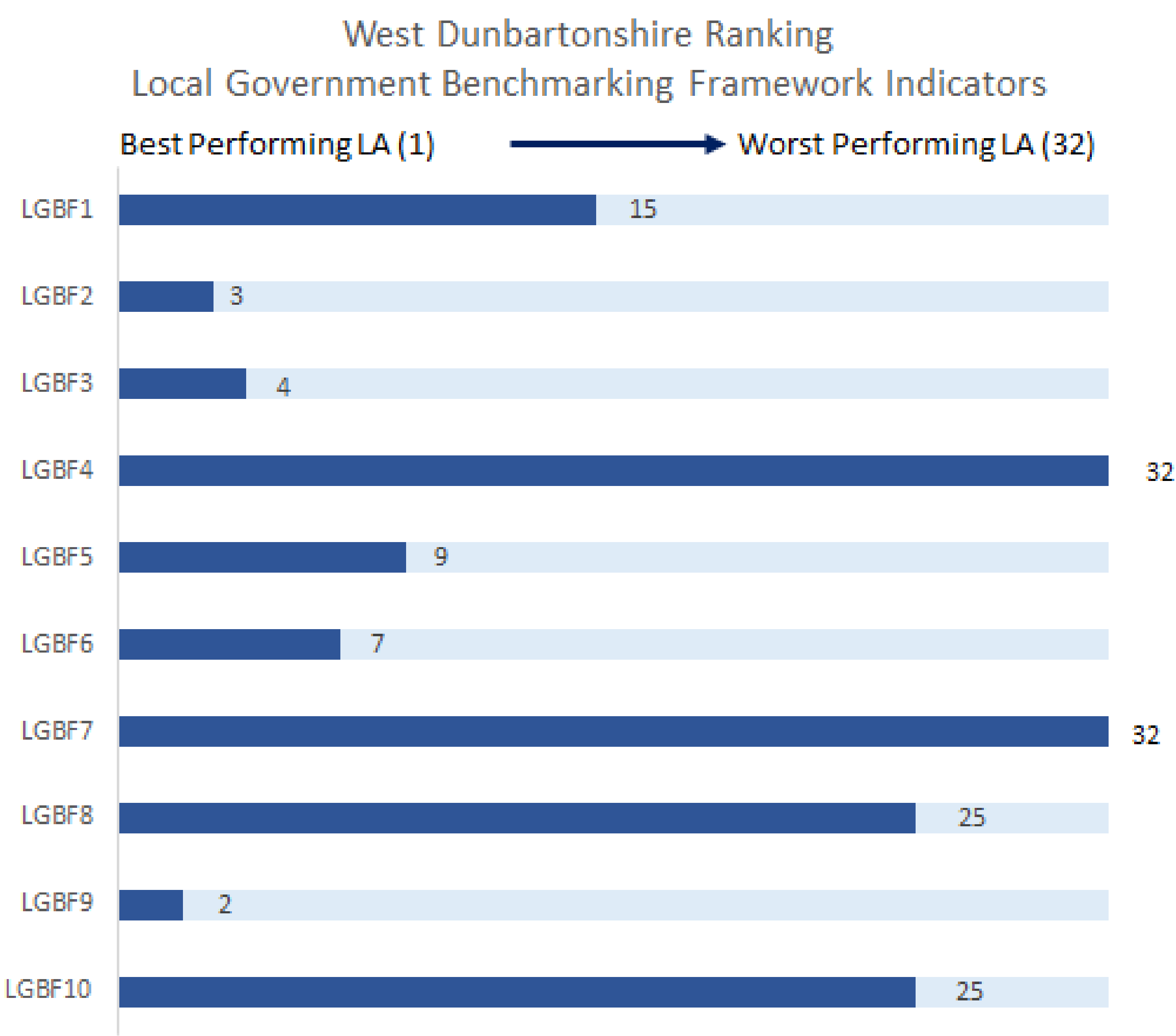
Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2023 the percentage of adults with intensive needs being supported at home was the 6th highest in Scotland at 70.2%: the Scotland figure was 64.8%.

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.

Code	Performance Indicator
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community
LGBF2	The gross cost of "children looked after" in residential based services per child per week £
LGBF3	The gross cost of "children looked after" in a community setting per child per week £
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
LGBF5	% Child Protection Re-Registrations within 18 months
LGBF6	% Looked After Children with more than one placement within the last year
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults
LGBF8	Home care costs for people aged 65 or over per hour £
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)

The chart below shows West Dunbartonshire's position in 2022/23 in comparison with the other 31 Local Authorities in Scotland for those indicators for which the HSCP has responsibility. The numbering in the chart denotes West Dunbartonshire's ranking from 1 best performing in Scotland to 32 worst performing.



Appendix 2 provides the detail behind these rankings as well as comparison with the national figure. To aid meaningful comparison, family groups of similar levels of deprivation and rural/urban geography were established as part of the framework. For Children's and Adult Social Work, West Dunbartonshire sits in a family group with Dundee City, East Ayrshire, Eilean Siar, Glasgow City, Inverclyde, North Ayrshire and North Lanarkshire. Appendix 2 also details where West Dunbartonshire performance ranks within this family group with 1 being the best performing and 8 the worst.

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 are not included in this section or in Appendix 2.

The HSCP performed better than the Scottish national figure in 6 of the remaining 10 indicators during 2022/23. West Dunbartonshire had the 4th lowest weekly cost for both children looked after in a residential setting and children looked after in the community: 16% and 41% lower than the Scotland figure respectively. Within our LGBF family group we were ranked 4th lowest cost for residential and 3rd lowest for looked after in the community.

Along with 9 other local authority areas, including Dundee City and Inverclyde who sit within our family group, no children were re-registered on the Child Protection Register within 18 months of a previous registration in West Dunbartonshire. While this indicator is influenced by individual circumstances it can reflect on the appropriateness of decision-making. The percentage of Looked After Children with more than 1 placement in 2022/23 (August – July) was 14.2% which was slightly higher than the 11.4% in the previous year, but lower than the Scotland figure of 17.2%.

There has been a significant improvement in our ranking in relation to the weekly cost for residential care for older people, where we have gone from 25th to 14th best performing, 4th in our family group, and have been better than the Scotland figure for the first time since 2012/13. The proportion of people aged 65 and over receiving personal care at home was the 3rd highest in Scotland and 2nd highest in our family group at 71.1%.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets as a proportion of overall Social Work spend, again with the lowest figure in Scotland, and the percentage of children reaching their developmental milestones at 27-30 months of age. 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. Self-Directed options are discussed as part of the My Life Assessment process and the high uptake of Option 3 may reflect satisfaction with HSCP services or the more complex needs of people requiring our services who perhaps do not feel as able to arrange their services via Options 1 or 2.

Ministerial Steering Group

Improving emergency or unscheduled care within hospitals across Scotland is a key ministerial priority for the Scottish Government. Through the National Unscheduled Care – 6 Essential Actions Improvement Programme the Government aims to improve the timeliness and quality of patient care, from arrival to discharge from hospital and back into the community.

In light of the integration of health and social care services, the Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; and attendances at accident and emergency (A&E). They are also monitoring the shift in the balance of care from hospital to community settings and the proportion of people supported within the community in the last six months of their life.

As in the previous three years no national targets for MSG were set for 2023/24. Ambitious targets were therefore set locally along with a review of HSCP Key Performance Indicator targets for 2023/24, in line with our new Strategic Plan. The 2023/24 MSG targets developed and agreed were based on: a 10% reduction on 2022/23 emergency admissions, unscheduled bed days and A&E attendances; and a 20% reduction on 2022/23 delayed discharge bed days.

Due to data completeness issues at Health Board level and the fact that Public Health Scotland's data is collected at the point of discharge from hospital, our 2023/24 figures for emergency admissions and unscheduled bed days are provisional and will be subject to change.

Only one of our locally set MSG targets was achieved in 2023/24. Bed days lost to delayed discharges for West Dunbartonshire residents with a complex discharge were 7% below target and 16% lower than in 2022/23.

	2022/23	2023/24	Variance against 2022/23	2023/24 Target	Variance against 2023/24 Target
Delayed Discharge Bed Days: All Reasons	13,905	13,819	-1%	11,124	24%
Delayed Discharge Bed Days: Complex	6,236	5,212	-16%	5,623	-7%

The number of bed days used for all reasons where people's discharge from hospital has been delayed was 24% above our target but slightly lower than the figure in 2022/23. While there have been significant challenges nationally in relation to delayed discharge, West Dunbartonshire has seen unprecedented numbers of delays which will be explored in more detail in the Unscheduled Care section later in this report.

Emergency admissions and unscheduled bed days for those aged 18 and over and those aged 65 and over exceeded our targets, however unscheduled bed days were lower than in 2022/23 as shown below.

	2022/23	2023/24	Variance against 2022/23	2023/24 Target	Variance against 2023/24 Target
Emergency Admissions 18+	8,841	9,354	6%	7,958	18%
Emergency Admissions 65+	4,738	4,914	4%	4,265	15%
Unscheduled Bed Days 18+	92,107	88,782	-4%	80,375	10%
Unscheduled Bed Days 65+	67,185	64,447	-4%	58,262	11%
A&E Attendances 18+	22,261	23,868	7%	20,020	19%

Attendances at Accident and Emergency Departments were 19% above target and 7% higher than in 2022/23 however were still 5% lower than the pre-pandemic rates of 2019/20, similar to other partnerships across Greater Glasgow and Clyde.

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

Care Inspectorate Inspection Gradings

The Care Inspectorate is a scrutiny body which supports improvement. They look at the quality of care across services in Scotland to ensure they meet high standards. Where they find that improvement is needed, they support services to make positive changes. Their vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.

Announced and unannounced inspections by the Care Inspectorate of HSCP services and those services we commission from the independent and third sector are carried out on a regular basis. These inspections award gradings from 1 (unsatisfactory) to 6 (excellent). As part of their inspection report they may set out requirements with deadlines for completion which are then followed up in subsequent inspections. They may also identify areas for improvement which are less time specific but are also followed up in subsequent inspections.

The inspection themes currently used by the Care Inspectorate are:

- How well do we support people’s wellbeing?
- How good is our leadership?
- How good is our staff team?
- How good is our setting?
- How well is care and support planned?

Details of gradings and inspection requirements for all HSCP services inspected during 2023/24 can be found at Appendix 5.

Performance against Strategic Priorities

This section of our report will describe our performance against our 4 strategic priorities during 2023/24 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Caring Communities

- Keeping The Promise
- Community Mental Health Supports for Children and Young People
- Local Carers Strategy 2024-2026: Improving Lives with Carers
- Primary Care
- Planet Youth Model

Priority 2: Safe and Thriving Communities

- Child Protection
- HSCP Staff Wellbeing
- Learning Disability Services - Weight Management Clinics
- HSCP Digital Strategy

Priority 3: Equal Communities

- Medication Assisted Treatment Standards
- Dementia Prevention: Community Hearing Checks
- Justice Social Work Services
- Diabetic Retinopathy Service
- Community Learning Disability Students and Trainees

Priority 4: Healthy Communities

- Unscheduled Care
- MSK Physiotherapy
- Children's Health
- Equalities Activity

Priority 1: Caring Communities



Keeping The Promise

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.

Scotland's promise to care experienced children and young people is that they will grow up loved, safe, and respected, able to realise their full potential. The Promise was developed from the findings of the Independent Care Review which took place 2017-2022. At the point of concluding, the Care Review had listened to over 5,500 experiences. Over half of the voices were children and young people with experience of the 'care system', adults who had lived in care, and lots of different types of families. The remaining voices came from the paid and unpaid workforce.

The HSCP's The Promise Lead Officer was appointed in May 2022 to support the implementation of The Promise across West Dunbartonshire. This post was funded for a fixed term ending in May 2024 by Promise Partnership Corra Funding and matched by West Dunbartonshire Council. However, this post has now been made permanent reflecting West Dunbartonshire's commitment to The Promise.

The Keeping the Promise sub-group, which reports to our Community Planning Partnership Nurtured Delivery Improvement Group, has representation from 23 different services. This includes Children and Families Social Work, Education, Health, Police, Residential Childcare, Youth Justice, Family Placement Team, Throughcare and Aftercare, Scottish Children's Reporters Administration, Children's Hearings Scotland, Who Cares? Scotland, Partners in Advocacy, Further Education, Welfare Rights, Health Improvement, Elected Members, local Kinship Carers Group, Y-Sort It, Action for Children, Routes Project and The Promise Scotland.

The role of this group, which meets quarterly, is to support and drive forward the recommendations of The Promise. Short life working groups were established from the Keeping the Promise group to look at specific issues in more detail and enlisted membership from relevant parties. The three initial working groups were for Continuing Care "Moving on", Brothers and Sisters, and Language and progress reported to the Keeping the Promise Group.

The "Moving On" group focused on a more consistent and clear approach around the implementation of Continuing Care. This has hinged on the creation of a Continuing Care policy for West Dunbartonshire, which is in the final stages of completion. A plan around implementation of this will follow to ensure the policy is widely understood and used.

The Brothers and Sisters group began in March 2023 by gathering our local data to establish a baseline for how we are doing in keeping brothers and sisters together, alongside efforts to establish how decisions are being made and how we are supporting ongoing relationships when siblings are separated. A Brothers and Sisters plan was created with the findings of this data. A repeat gathering of this data will be done in March 2024 to consider our progress in this area.

The Language group "Words Matter" has gone through a journey, similar to many other local authorities and organisations, where we identified words our children, young people and families dislike and tried to create alternatives. When reviewed we have found that the words used to describe people's lives are very personal, and that our goal should be to follow certain principles when using language, such as strengths based and easy to understand language, to influence practice and to personalise language for our care experienced children and young people wherever possible.

A new role of Independent Reviewing Officer was established within Children's Services in May 2023. Four officers were appointed who conduct all reviews for looked after and accommodated children within West Dunbartonshire. This has brought increased accountability, consistency and independence to reviews and supports improving the experience of children and families by making meetings more accessible and child friendly. Our Reviewing Officers consider advocacy at every review meeting and we have seen a significant uptake of independent advocacy by our care experienced children and young people in 2023/24.

We currently use Viewpoint, a software tool to gather children and young people's views to inform their care planning. An area identified within our Promise work has been around infant voice and how we promote infant mental health. Within our wider agenda of ensuring the voice of those with lived experience of care is embedded within our planning and delivery of services, ensuring we are equipped to hear and act upon the voices of our youngest is essential.

The HSCP was successful in obtaining £160,000 of funding from the Corra Foundation on behalf of the Promise Partnership fund to create a project around voice and data. We have commissioned this to Action for Children and the Children and Young People Centre for Justice and from 1st June 2024 will have an Engagement Co-ordinator, Participation Worker and Data Analyst in place. The project involves creating widespread, diverse and creative opportunities for children, young people and adults to share their experience and views towards delivering change. We are also striving to understand our data better, making sure the data we are gathering is helping us effectively measure progress and is reporting on what is important to children, young people and families. We believe in those views being at the heart of how we make big decisions about plans, about services and about direction.

Better links have been made with those involved in wider participation work with children and young people in West Dunbartonshire, for example our Youth Council, Members of the Scottish Youth Parliament. More joined up working within young people's participation should increase visibility of The Promise and support wider engagement around the issues important to children and young people. Links have also been created with those working alongside adults with lived experience, particularly in areas like Recovery.

Our Whole Family Wellbeing work is being led by Education with a multi-agency working group supporting this. Following wide scale consultation with parents, carers and children and young people, via surveys and focus groups, West Dunbartonshire For Families Hubs have been established. These are three bases within the local community where people can access a wide range of supports including parenting groups, outreach support and specialist clinics provided by a range of support agencies. Our consultation had shown that people wanted a "one stop shop" where they could easily access a range of supports, but were most acutely in need of financial support, support around neurodiversity and accessing support that felt non-stigmatising. It emerged that people did not feel they knew what supports were available therefore a Family Support resource directory was also created, which is an accessible website signposting to a wide range of local and national supports.

A Better Hearings group is being re-established in West Dunbartonshire, involving Scottish Children's Reporter Administration (SCRA) and the Children's Hearing Service and will look at how to improve the experience of children, young people and their families in relation to Children's Hearings, as well as looking ahead towards implementing changes recommended within the Children's Hearings Redesign. Some of the challenges experienced by SCRA locally relate to their own staffing shortages as well as social work capacity. Our workforce, particularly within Children and Families Social Work, continue to experience staffing difficulties. Recruitment and retention of social workers is a significant issue nationally and is felt within West Dunbartonshire, making the support of existing staff and attracting new staff to West Dunbartonshire a priority.

Police Scotland have nationally introduced the Not At Home (NAH) process as well as the Philomena protocol in all children's care homes, with the desired outcome of reducing the disproportionate criminalisation of care experienced children and young people. Within West Dunbartonshire, this has been introduced into each of the children's houses in the area. The NAH process has helped to reduce the stigma attached to children within children's houses with unnecessary police involvement when the children fail to return home for a certain time. This is an attempt to create a more "family" orientated home.

We are fortunate in West Dunbartonshire to have a very active and committed community support group, Kinship Carers of West Dunbartonshire, who are part of the wider Kinship Care Alliance group. Their role is to provide peer support to fellow kinship carers and the group has grown significantly over the past two years. They are supporting over 100 local kinship carers and their families and providing additional groups with support in relation to children's mental health and carers' emotional and physical health. They have joined our Keeping the Promise group and are able to bring the voices of kinship carers to the forefront.

We are currently at the start of a 5 year re-design of Children's Services: Improving Lives with Children and Families in West Dunbartonshire - What would it take? This is about creating better outcomes for our children and their families. This re-design is based upon the principles of GIRFEC (Getting It Right For Every Child), the UN Convention on Rights of a Child (UNCRC) and The Promise and will involve addressing some of the key areas identified within The Promise such as foster carer recruitment, support to kinship carers, enhancing family support and ensuring our workforce are nurtured.

Community Mental Health Supports for Children and Young People

The Scottish Government's Community Health and Wellbeing Supports and Services Framework, launched in February 2021, sets out a clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.

The core principles of the framework are that supports should be:

- Easily accessible
- Accessible to all
- Strengths based
- Relationship based
- Prevention focused
- Empowered
- Get the right help at the right time
- Tell your story only once



West Dunbartonshire HSCP received £231,000 in grant funding for the Framework in 2023/24 allowing us to continue to develop our four main initiatives:

- Distress Brief Intervention Service
- Family support for families with a young person with neurodiverse needs
- Physical activity access for young carers and care experienced young people
- West Dunbartonshire Wellbeing Site

Distress Brief Intervention Service

The Distress Brief Intervention (DBI) service for young people continues to offer fast access support to young people in distress.

By the end of 2023/24, a total of 126 frontline workers completed DBI training to allow them to provide a compassionate response to a young person in distress and make a referral to the service. Referrals can be made from West Dunbartonshire Council (WDC) Education, Learning & Attainment Services, Child and Adolescent Mental Health Services (CAMHS), Primary Care, Mental Health Services, Social Work, Police Scotland, WDC Housing and some third sector partners.

As of March 2024, a total of 220 referrals have been received by the service with an average of 18 referrals each month. Education, Learning and Attainment continue to be the highest referrer to the young person DBI Service.

West Dunbartonshire became the 5th national pilot site delivering DBI for young people under 16 years of age. In collaboration with the national DBI Clinical Director, service provider and local delivery group members, and informed by learning from frontline staff, the decision was taken to open a pathway for 14 and 15 year olds. This new pathway for younger ages initially launched in education settings and CAMHS. This tripartite pathway linking School Pupil Support Teams, CAMHS and DBI Level 2 services is designed to allow fast and effective communication of a young person's needs, ensuring they receive the right support, from the right people, at a time when they need it. Expansion of the pathway for 14 and 15 year olds to GPs will commence early 2024/25.

Outcome measures for the DBI service indicate that of the closed cases between October 2022 and September 2023 young people reported an improvement of 5 points in their distress rating at level 2 (post intervention) compared to level 1 rating (when referral made).

Post intervention, when asked about their ability to meet their own goals in relation to their distress, a median rating of 9 was given on a scale from 0 (not at all) - 10 (completely). When asked about their ability to manage immediate distress and future distress post intervention, a median score of 9 was given.

Family support for families with a young person with neurodiverse needs

Two Health Care Support Workers (HCSW) provide ongoing support to families awaiting neurodiversity assessment and to those who have received a recent diagnosis. This additional resource was funded to join the Special Children's Service Neurodevelopment Team supporting families in community-based settings via the newly established Family Wellbeing Hubs.

The HCSWs have supported 607 families since implementation in June 2023 by either telephone or face to face support. The support workers help to deliver training sessions on communication, sleep, sensory needs and toileting. They staff the advice line and deal with frontline calls, freeing up clinical time for assessments. The support workers carry out all school observations as part of the diagnostic process providing a direct saving to clinical assessment time.



Physical activity access for young carers and care experienced young people

The project expanded during 2023/24 to offer full leisure access to all young people who are care experienced aged 12-26 years as well as young carers and young adult carers. Engagement with The Promise Keeper and The Promise Implementation group enabled the expansion of this opportunity. During the reporting period young carers and care experienced young people have accessed over 4,500 physical activity sessions to help support their mental health and emotional wellbeing.

West Dunbartonshire Wellbeing Site

The new website became operational in August 2023. The site provides information to children, young people, their parents and carers - and those that work with them - on how to access support online and within their community on how to improve emotional and mental wellbeing. The site also aims to improve awareness of pathways and service criteria for local services and tools for self-management.

Since its launch, there have been nearly 5,000 visits recorded and just over 4,000 new users on the site. The site has been adopted by other local services such as Togetherall and West Dunbartonshire for Families as the key source of local wellbeing information.

Site adaptations and improvements have taken place to include language translation and viewing tools to increase accessibility.

Use this QR code to visit www.wdwellbeing.info



Local Carers Strategy 2024-2026: Improving Lives with Carers

The HSCP's Local Carer Strategy 2024-2026: Improving Lives with Carers was approved by the HSCP Board in March 2024. The Carers (Scotland) Act 2016 sets out that each Local Authority and Health Board is required to publish a Local Carer Strategy. In West Dunbartonshire, as is the case throughout the country, the Integration Authority has been delegated the responsibility of leading on the development and co-ordination of support for unpaid carers.

The Strategy and an associated Delivery Plan were developed through multi-agency collaboration. The Carers Development Group, which has representation from Adult and Children's Services, Education, Carers of West Dunbartonshire, Y Sort It, CVS (Community and Volunteering Services), community groups and carers with lived experience, appointed a short life working group to develop an initial draft.

The short life working group ensured the Local Carers Strategy took cognisance of the local and national socio-political context, drawing on the following main documents: the HSCP Strategic Plan 2023-2026: Improving Lives Together; the Scottish Government's National Carers Strategy and the Care Inspectorate Inquiry into adult carers' experiences of social work and social care.

In addition, it was critical to consider the impact of the Covid-19 pandemic and cost of living crisis on carers. Various pieces of evidence were reviewed to consider these and the Strategy and Delivery Plan note how specific actions will be taken in response to these events which have had a disproportionate negative impact on carers.

Following the short life working group's completion of a first draft, an engagement plan was developed to allow various stakeholders an opportunity to comment on and further shape the final draft alongside the completion of an Equalities Impact Assessment.

The Delivery Plan contains outcomes intended to be achieved across the lifetime of the strategy. Broad areas of focus include:

- Supporting carers in the aftermath of COVID-19
- Supporting carers with the cost of living crisis
- Increasing awareness of caring in general and specifically the value of the contribution caring and carers make to society
- Transition support for young carers when they move into adult services
- Improved accessibility to support for carers, including to short breaks

An Equalities Impact Assessment (EIA) has been completed in relation to the Local Carers Strategy. A small group consisting of a carer with lived experience and representation from Carers of West Dunbartonshire, Y Sort-It, and the HSCP Learning Disabilities and Strategy and Transformation Teams met to complete the EIA.

The EIA identified a number of areas the Strategy either already included or required to include, particularly around areas of people experiencing deprivation and under-represented communities including black and minority ethnic communities, people from the LGBTQ+ community and gypsy travellers. The EIA noted the need for the Strategy and Delivery Plan where appropriate to reflect the need to better identify and engage with carers from these groups.



Primary Care

Since April 2023 all GP Practices in West Dunbartonshire have had a Community Link Worker based in their practice to provide our patients with supports, including activities and services that meet practical, social, and emotional needs that impact on their health and wellbeing. This includes connecting people to statutory services for example housing, financial and welfare advice and third sector organisations within the community. Community Link workers provide support for people with long term conditions, mental health needs including trauma and those who feel lonely or isolated and experience complex social needs.

Our Community Link Workers work collaboratively across our local services, supporting people with the greatest need and risk of health inequalities. They collaborate with partners to identify gaps in provision and support community assets to be accessible and sustainable. Examples of activity undertaken in the last year are: a conversation cafe with a focus on menopause; a health and wellbeing course to tackle social isolation; and collaboration with housing providers to address issues raised.

During 2023/24 Community Link Workers across West Dunbartonshire supported over 2,000 people within their GP Practice with over 8,000 appointments. The majority of people are seeking support for poverty/income related issues, housing and mental health and wellbeing as well as a range of other reasons such as bereavement, health anxiety, social isolation, child and school issues, sleep issues, domestic abuse and relationship issues.

GPs within our Alexandria and Dumbarton locality have developed an Intrauterine Device (long acting contraceptive) Training Hub in response to the high number of terminations in our local community. This hub provides additional capacity to provide intrauterine devices/coils to local women, whilst providing much sought after training to ensure our local GPs and nurses have the skills and qualifications required to provide this service within their own GP Practices.

In the first 6 months of the service, 76 appointments for coil insertion have been offered by the Hub, 68 appointments have been taken and 65 coils have been fitted. One Healthcare professional completed training with 2 further trainees in progress. 82% of patients were appointed within 2 weeks of contacting the service and the average patient satisfaction for the service was 4.95/5 indicating high patient satisfaction rates.

Planet Youth Model

The Planet Youth Model, previously known as the Icelandic Prevention Model, has been successful in reducing substance use among adolescents in Iceland and has been adopted by 20 countries, including Ireland, Spain, and Australia. West Dunbartonshire is one of the six pilot sites in Scotland for the 'Planet Youth in Scotland' programme, which is part of the West Dunbartonshire Substance Use Prevention Strategy Delivery Plan: Action Area 2 Healthier and Safer Environments.

The Planet Youth Model was developed in response to the high rates of adolescent substance use in Iceland in the 1990s. The model has three core pillars: a local evidence base obtained via a cross-sectional survey of secondary school pupils; a community-based approach in response to data; and maintaining dialogue across research, policy, and practice in substance use prevention. The model is comprised of five guiding principles with ten core steps and operates in four domains impacting the individual in the community: family, school, peer group and leisure time.

Work directly targets the risk and protective factors which fall within these four domains that determine their substance use behaviours and by enhancing the social environment they are growing up in. The Planet Youth Model offers the opportunity to improve the long-term health and life outcomes for young people and goes far beyond simply reducing their substance use rates.

In year two of the programme, West Dunbartonshire received Scottish Government Drug Death Taskforce Response funds awarded to each of the National Planet Youth pilot sites to upscale activity. The funding has been used to commission Y Sort-It youth organisation for a period of two years to ensure capacity for the operational delivery of Planet Youth, including the development and implementation of positive alternative activities and parental engagement.

The second survey of the model was delivered in October 2023 to three of the five secondary schools in West Dunbartonshire, Choices and Kilpatrick School, with 919 survey responses completed by pupils in S3 and S4. Each school continues to use their own dataset to plan support for young people and their families to increase protective factors in relation to substance use.

Priority 2: Safe and Thriving Communities

Child Protection

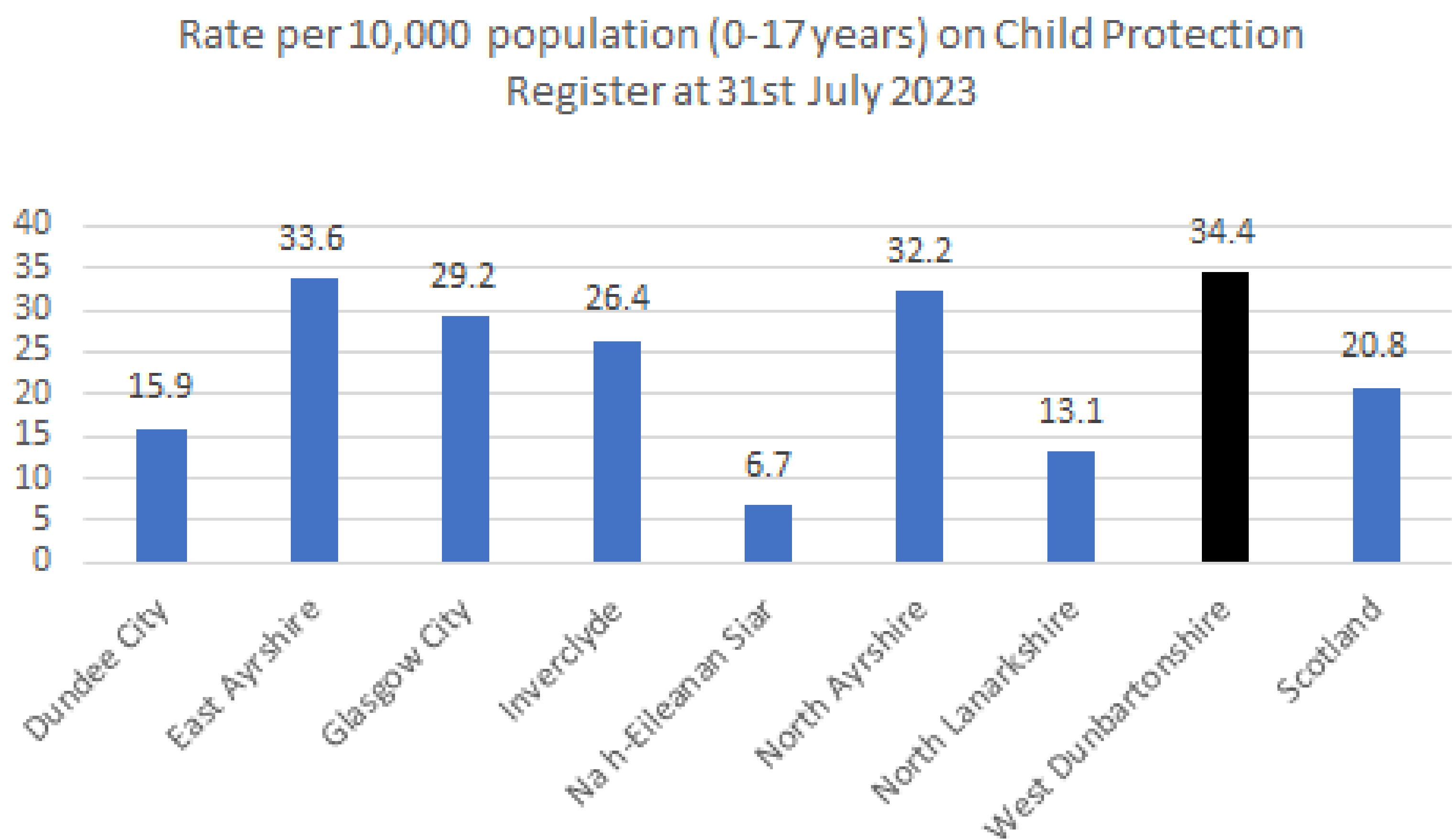
Phased implementation of the National Child Protection Guidance 2021 has been underway during 2023/24. Since January 2024 timescales for child protection investigations to case conference have been extended from 21 days to 28 days in line with the Guidance. In addition, work is ongoing to further develop the process of Initial Referral Discussion (IRD) to reflect the National Guidance recommendation in respect of IRD as a process within which multi-agency decision making and oversight with regard to initial child protection decision making takes place. This, once agreed locally, will replace the 10-day discussion as the means of agreeing progression to child protection planning meeting from child protection investigation.

Further work to develop the IRD, facilitating more effective reporting of data and trends within the initial child protection decision making period, is also being discussed as part of the wider work to embed IRD as a process within the system. This includes additional detail during the initial child protection investigation and decision making stage regarding:

- Child protection medicals
- Medical information sought from GPs
- Referral to Scottish Children’s Reporter Administration (SCRA)
- Joint Investigative Interview/Scottish Child Interview Model interview required

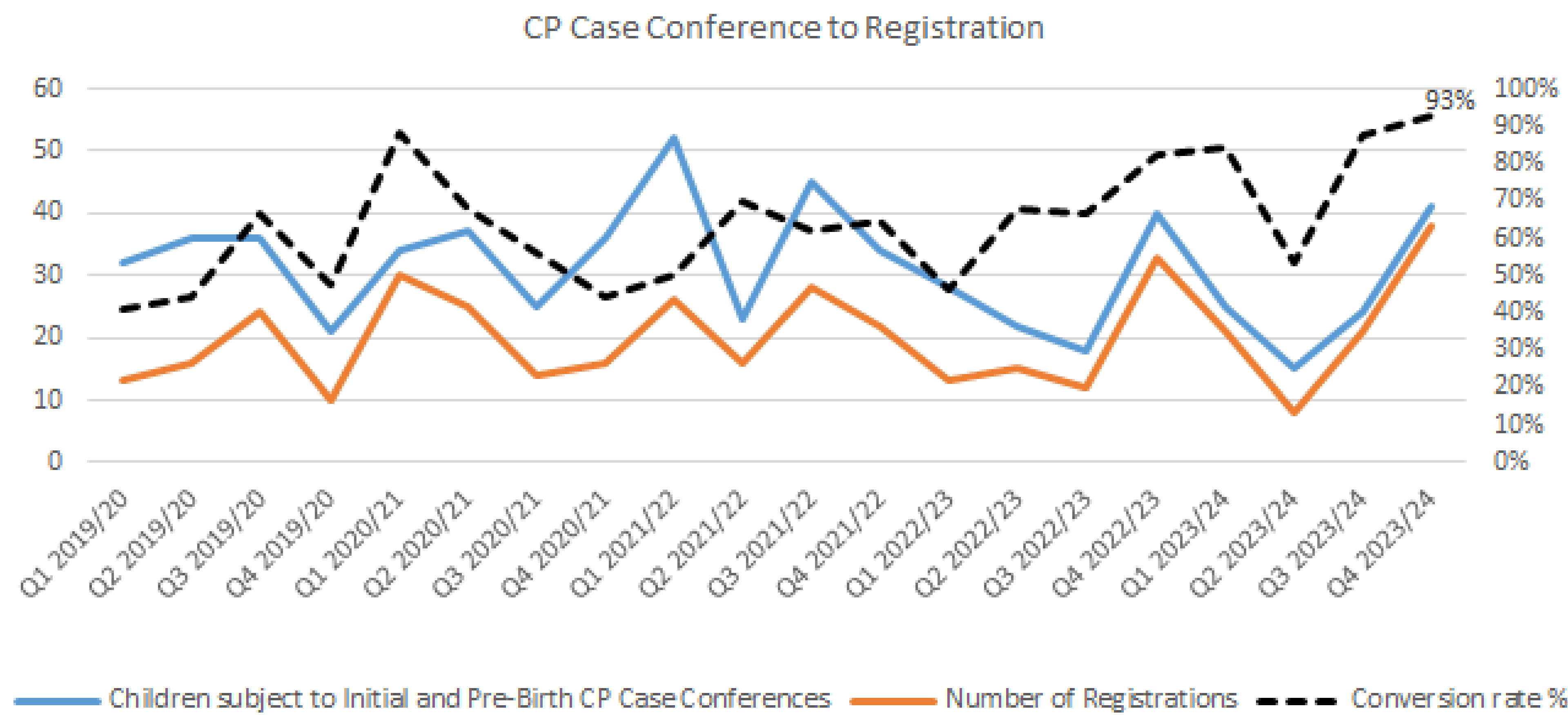
As at 31st March 2024 there were 58 children on the Child Protection Register with a total of 86 registrations and 79 de-registrations during 2023/24. Child Protection statistics are submitted to the Scottish Government annually in line with the academic year (1st August to 31st July) rather than the financial year. Their national report Children's Social Work Statistics 2022/23 was published in March 2024.

The Local Government Benchmarking Framework developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland) arranged local authorities into 'family groups' to allow comparison across authorities of similar affluence/deprivation levels and the area they cover whether urban, rural or semi-rural. When converted to a rate per 10,000 of the 0-17 years population within each authority, West Dunbartonshire had the highest rate on the Child Protection Register at 31st July 2023 among our LGBF family group.



The Child Protection Minimum Dataset is collated and analysed on a quarterly basis and reported to the Child Protection Committee half-yearly. The Minimum Dataset was created by the Centre for Excellence for Children’s Care and Protection (CELCIS) in partnership with Scotland’s Child Protection Committees, Scottish Government, the Care Inspectorate and Scottish Children’s Reporter Administration. It is a set collection of agreed measurements, criteria, or categories required to create a robust understanding of information about a service. With historic data as far back as April 2016 where available, the Dataset allows the CPC and its scrutiny group to explore trends, highlight anomalies and improve services, processes and the quality of case recording.

The Dataset monitors the proportion of children where the decision is taken to add the child to the Child Protection register after an Initial or Pre-Birth Case Conference. This is known as the Conversion Rate and monitors the effectiveness of our processes and decision-making. As can be seen in the the chart below, when the line representing the number of children subject to a case conference is close to that of the number of children registered the Conversion Rate is higher. The Conversion Rate in January - March 2024 was 93% compared with 83% in the same period 2023 and the overall trend is of an improving Conversion Rate.



HSCP Staff Wellbeing

The HSCP is committed to supporting the health, wellbeing and development of our workforce. Maintaining a positive workplace culture that promotes and supports the health and wellbeing of our workforce is a priority. We recognise that along with embracing new styles of working and tackling the challenges of digital technology and balancing work-life demands, mental health and wellbeing issues have the biggest impact on our workforce. We put people at the centre of everything we do and work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. The iMatter staff survey score for the question “My organisation cares about my health and wellbeing” remained consistently high at 73 in 2023 following a steady increase over the previous 3 years.

During Autumn/Winter 2023, a series of online ‘Healthy Minds’ wellbeing sessions were developed using NHS Greater Glasgow and Clyde Healthy Minds materials and were offered to all HSCP workforce members. The topics were selected via a staff webropol survey:

- Menopause Awareness
- Bereavement and Loss Awareness
- Basic Adult Mental Health Awareness

Each session was interactive, with a focus on prevention and early intervention and provided information and the opportunity for discussion to increase awareness around the subject matter, as well as signposting participants to useful websites and organisations for further information and support. The initial response and feedback was very positive and, consequently, further sessions were held in Spring 2024.

The 'Let's talk about...Staff Wellbeing' webinar series has been ongoing since September 2022, offering short 20 minute information sessions to HSCP staff. The monthly webinars, developed by NHSGGC, focus on areas such as managing stress, healthy weight management, alcohol and drugs, smoking, nutrition and emotional wellbeing. These sessions are recorded and available for all staff to access at their own convenience.

The Active Staff initiative is part of the NHSGGC Staff Health Strategy and is open to all HSCP employees. Regular updates are provided about the various activities such as guided health walks, the Active Staff Walking Challenge, seated exercise and yoga and staff are encouraged to participate.

NHSGGC's Peer Support Team has introduced a 45-minute online version of the eLearning module 'Looking after Yourself and Others'. Open to all HSCP employees, this is a brief intervention rooted in evidence-based techniques to support stress management, providing information on healthy behaviours to support staff wellbeing. Topics include: understanding stress responses; understanding Psychological First Aid; learning how to look after ourselves; and Peer Support – learning to look after our colleagues and others.

A new Mindfulness Programme has also been developed for HSCP staff with the aim of enabling staff to gain skills and knowledge about Mindfulness. The programme offers a three stage approach:

- Mindfulness Tiny Habits
- Mindfulness Based Stress Reduction
- Maintaining a Mindfulness Practice

A Mindfulness app is also available which staff can access via a QR code. Staff are encouraged to join the three-week Mindfulness Tiny Habits course before progressing to the eight-week Mindfulness Based Stress Reduction course.

As part of West Dunbartonshire Council's commitment to supporting employees' wellbeing and mental health, an awareness session on Gambling Harm was held in partnership with Unite trade union. This was delivered by John Hartson and Tony Marini who shared their personal experiences and highlighted the support available for anyone struggling with gambling issues.

HSCP staff were also offered spaces on three different Disability Awareness Workshops delivered virtually by an expert facilitator from Signs4Life and designed to support all employees in their work with vulnerable services users, families and colleagues. Firstly, the Dyslexia Awareness course provided information on common features of dyslexia, identifying dyslexia, and the rights of people with dyslexia. Secondly, the Autism Awareness course discussed what is meant by autism, why is it considered a spectrum, how it can affect different individuals, and explained the important aspects of diagnosis, intervention, education, and life-span development. Thirdly, the Deaf Awareness Workshop aimed to: identify barriers faced by deaf and hard of hearing people; note the ways in which deaf and hard of hearing people communicate; and demonstrate how to implement positive methods of communication in order to offer an equal service to deaf and hard of hearing people.

Staff development opportunities were also highlighted, such as The Open University Healthcare Support Worker Pathway to Registered Nurse which is a 4-year part-time nursing degree (BSc (Hons) Nursing) open to Healthcare Support Workers in NHSGGC. West Dunbartonshire Council also announced plans to offer staff the opportunity to undertake their Social Work qualification (PG Dip or BSc (Hons) Social Work) through the Open University.

West Dunbartonshire Council further strengthened its commitment to gender equality in the workplace through the Equally Safe at Work (ESAW) accreditation. The ESAW working group earned the "Development Accreditation" by attending training, and adapting and developing policies and practices to further support equality at work and prevent violence against women.

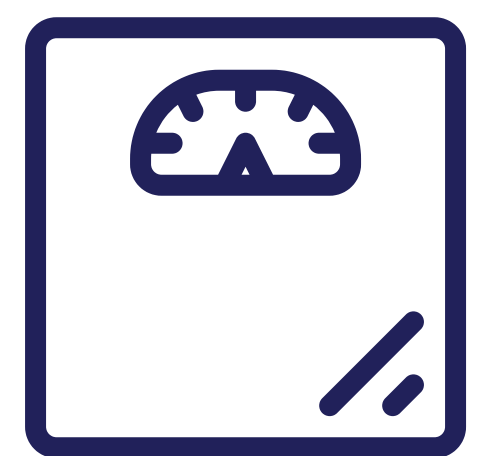
Further to this, council employees are being encouraged and supported to report Gender Based Violence (GBV) in the workplace as part of a new policy to raise awareness and ensure employees feel protected and are offered support. The policy also includes guidelines to address the behaviour of employees who may be, or are, perpetrators of GBV and who may pose a risk to others while at work. Employees experiencing GBV can apply for up to 5 days leave, with pay.

Alongside this, NHSGGC have launched the "Cut It Out Programme" which encourages staff members who have experienced harassment, in any form, either directly or by witnessing it happening to others, to speak up and report it. Accountability and respect are the cornerstones of a safe and supportive work environment. The HSCP want everyone who speaks up against harassment and violence to know they will be supported, valued and heard.

With regards to the National Trauma Transformation Programme, a drop-in session was held to: provide an overview of the national programme's aims; discuss online training and trauma and Trauma-informed Practice in relation to employees' roles; view training and resources; and discuss and share feedback. Work continues to implement the National Trauma Transformation programme with more leaders accessing the Scottish Trauma Informed Leaders training (STILT) as well as connections and objectives being included regarding trauma training in Justice, Alcohol and Drugs, and Children's workforces.

To support our workforce during the current cost of living crisis, Home Energy Scotland, in partnership with NHSGGC, offered a free online workshop on 'Saving Energy in the Home' for all HSCP staff, with the focus on learning about energy saving and highlighting the financial support available.

Learning Disability Services - Weight Management Clinics



Learning from a Significant Adverse Event Review within Learning Disability Services in 2023 identified actions in relation to weight management and the management of chronic low body weight to support improvement and review of weight management processes. Actions identified were:

- Audit of Malnutrition Universal Screening Tool (MUST) and weight management recording on EMIS information management system.
- Development of a Standard Operating Procedure for weight management within the team.
- Attendance of senior social work and the duty social worker at health allocations meetings and note of meeting recorded on CareFirst, the HSCP's case management system.
- Completion of face-to-face MUST training and Food, Fluid and Nutrition modules.
- Audit of allocations meetings regarding attendance compliance with processes.

All healthcare staff in the Community Learning Disability Team participated in a face-to-face session regarding MUST completion in the last quarter of 2023. Monthly Food, Fluid and Nutrition audits have been completed within the team with December 2023 reporting 60% compliance, increasing to 91% compliance in February 2024. There has also been the development of a Weight Management Standard Operating Procedure for the team and our Health Care Support Workers now run a weight management clinic weekly at our local day service and any concerns are raised and discussed through the weekly team allocations meeting. Plans are also in place to trial an initial appointment clinic that will support triaging of referrals on the waiting list and allow the team to gain weight and nutrition information at the point of referrals being accepted.

Since joining the team in 2022, our Health Care Support Workers (HCSW) have become an integral part of our team, providing support to nursing and Allied Health Professionals. As well as the weight clinics already mentioned, HCSWs run twice weekly rebound therapy clinics which have benefited many of our service users with return referrals being requested. Rebound therapy uses trampoline activity that can improve strength, coordination, balance, communication and more for people with a disability.

The HCSWs have also provided vital support to two individuals who had become housebound for significant periods of time following the pandemic. Both individuals are now able to regularly access community activities thanks to the commitment and persistence of these workers. Both families involved have highly praised their input and level of skills.

HSCP Digital Strategy



The HSCP has been developing a Digital Strategy during 2023/24 which will support the development of digital services and structures, delivering successful change for employees, service users and other stakeholders. The Digital Strategy will support the WDHSCP Strategic Plan 2023-2026, as well as linking directly to Scotland's Digital Health and Care Strategy and the Health and Social Care Data Strategy.

Digital technologies are key in making services person-centred, leading to significant changes in how health and social care can be arranged, managed, and delivered. Digital by Default aims to make services more accessible, efficient and user-friendly, while maintaining alternatives to include those who cannot use digital services.

This will include how people engage with services, empowering service users to have greater choice and control in the delivery of their care. It will help people maintain their health and wellbeing, support people to live safely within their own homes and achieve best value through the delivery of more efficient and effective services.

The vision of the HSCP is to become digital by default, shifting from traditional models of care delivery to a new model of patient-centred, value-based care with the help of digital technologies. We will support digital skills development within our teams and improve digital inclusion in our communities while continuing to provide services and support that meet the needs of our service users. Existing ways to contact the HSCP will be maintained so that no member of our communities are negatively impacted by the focus on digital developments.

The Digital Strategy will focus on several key areas which will impact on the HSCP, both in terms of how change is managed through ensuring governance structures are in place to support successful projects and in the systems used within the HSCP, which will include ensuring availability of digital systems and technology to meet the requirements of the switchover of analogue to digital telephony.

The HSCP will also focus internally on improving digital skills within the organisation, seeking to improve general digital literacy for staff as well as supporting targeted, job-specific support to improve skills and knowledge. Consideration will be given to how digital technologies can be used to better communicate with our communities and enable alternative ways to request and receive information and engage with services. We will ensure that digital inclusion within communities is supported, while ensuring that anyone unable to utilise digital technologies can still approach the HSCP using traditional routes.

Throughout the duration of the Digital Strategy, the partnership will be committed to a continual process of evaluating emerging technologies with applications across health and social care, whether identified at a national or local level. There are likely to be technological developments that will have to be considered in the implementation of this digital strategy, with progress across health and social care systems, Artificial Intelligence (AI) and automation likely to continue through the duration of the strategy.

An immediate priority for West Dunbartonshire is the move from Analogue to Digital in relation to the Community Alarm/Telecare service. The HSCP indicated to the Scottish Digital Office that we would be interested in being an early adopter of a shared Alarm Receiving Centre (ARC) alongside East Dunbartonshire Council who currently provide the call handling service through a Tunstall ARC platform. We have supported the Scottish Digital Office and Scotland Excel along with other partnerships to create the requirements and specifications for the tendering documentation for a shared ARC.

Chubb were the successful provider in October 2023 and have entered into a 4+1+1-year contract, using the Scotland Excel framework. East Dunbartonshire Council have now signed a contract with Chubb and we are awaiting a transition start date expected to be late Summer 2024. East and West Dunbartonshire are currently working to formalise the agreement for East Dunbartonshire Council to provide the call handling service through the new shared ARC.

The HSCP has been working with West Dunbartonshire Council procurement to look at how best to procure new digital alarms and telecare peripherals. A new digital alarm framework from Scotland Excel is due to be released in Summer 2024.

Priority 3: Equal Communities

Medication Assisted Treatment Standards

Medication Assisted Treatment (MAT) Standards are evidence-based standards which were created to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. The purpose of the standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate, and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

The MAT Standards were introduced in 2021 and came into force in 2022. Through effective implementation of these standards each year we can evidence that West Dunbartonshire is supporting individuals, families and communities to reduce drug harms and drug deaths. A key priority is to ensure people receive high quality treatment and care. It has been evidenced that those who enter into a program of substitute prescribing have increased chances of better health outcomes, making this a critical intervention to help support people through problematic drug use.

An experiential programme was introduced alongside the implementation of the MAT Standards as a qualitative measure designed to explore how people accessing services evaluate their experience. This measure and approach was designed by lived and living experienced individuals alongside family members and was developed to ensure that the MAT Standards are meeting the aims and objectives of those they were designed to help.

In 2023/24, further progress has been made with regards to the implementation of MAT Standards within Addiction Services. Early in 2024 West Dunbartonshire Alcohol and Drug Partnership were required to submit numerical data to Public Health Scotland with regards to caseloads, waits, choice of treatment, supported/unsupported discharges, shared care, harm reduction, advocacy, and psychological support.

In addition to this, as part of the experiential programme, interviews were conducted with people who use treatment services, family members, and service providers to understand their experiences and to determine how well the MAT Standards have been embedded into Addiction Services. Interviewees were asked about their experience of Addiction Services/MAT Standards with reference to the following 4 categories:

- Access, Options and Choice
- Staying and Being Involved In Treatment
- Mental Health and Emotional Wellbeing
- Shared Care and Advocacy

The interviews were then analysed to determine dominant themes. The experiential analysis was submitted to Public Health Scotland and is also intended to be used locally for service improvement purposes. Plans are already underway to extend this programme in 2024/25. Public Health Scotland evaluate both numerical and experiential data submissions to determine RAGB (Red Amber Green Blue) scores for each of the MAT Standards and these scores are compared over time to evidence areas of progress.

The objective is for all standards to achieve a green status and West Dunbartonshire has shown progress across the first two years of evaluation, demonstrating our commitment to delivering the highest standard in treatment and care to all service users. Through each standard we incorporate a holistic approach that covers all services and organisations that are responsible for the delivery of care in a Recovery Orientated System.

The 2023/24 results were published in the PHS National Benchmarking Report: Medication Assisted Treatment Standards in Scotland and West Dunbartonshire received green status for MAT Standards 1-5 and provisional green status for 6-10.

In support of MAT Standard 9, improving joint working with Addiction and Mental Health services, several steps have been taken to improve working and to improve overall mental health support available to patients of Addiction Services, addressing the divide identified by the Mental Welfare Commission's 'Ending the Exclusion' report. We know the impact of trauma often leads to poor mental health and addiction however, for the first time, we are now seeing the benefits of joint working with our patients, giving them the appropriate support to address mental health needs and reduce dependency at the same time. Having introduced this change to clinical practice we anticipate a reduction in relapse and self-harm and suicide among our patient group.

Dementia Prevention: Community Hearing Checks



The HSCP is committed to enhancing community health through strategic public health interventions and addressing modifiable risk factors for dementia, given its profound impact and the absence of a cure, is a major focus for the HSCP.

Dementia is influenced by multiple factors, with research suggesting that up to 40% of cases could be prevented or delayed by addressing modifiable risk factors such as hypertension, low social contact, physical inactivity, smoking and depression. By focusing on these factors, the HSCP aims to:

- Reduce the Incidence of Dementia: Lowering the number of new dementia cases and reducing the healthcare burden.
- Improve Quality of Life: Enhancing overall health and wellbeing, contributing to better quality of life and longevity.
- Promote Health Equity: Reducing health disparities and ensuring equitable access to preventive care.

During Spring 2024 the HSCP's Health Improvement Team delivered a pilot hearing check programme in Clydebank in partnership with the Royal National Institute for the Deaf (RNID), West Dunbartonshire Libraries and Clydebank Housing Association. This programme is part of a wider West Dunbartonshire Healthy Hearing Campaign which is aligned to the HSCP's Dementia Strategy by promoting the early detection and management of acquired hearing loss which is recognised as the most significant risk factor for dementia and cognitive decline.

The hearing checks are a targeted community screening initiative designed to reduce inequalities by bringing them to accessible venues located in our most deprived communities. The approach also exemplifies the HSCP's commitment to preventative strategies addressing current and future health needs.

The programme was delivered at Centre 81 provided by Clydebank Housing Association and residents and partner agencies were told about the new service through a series of social media posts and posters and leaflets placed in community venues across the area. West Dunbartonshire Council's Communities Team were a great source of support: advising of potential community venues and contacts for promotion.

Primary Care were involved in discussions before the pilot began as we were aware of the possible consequences for GP practices if additional patients required an audiology referral. Their advice was invaluable and informed our promotion to visitors of the Community Treatment and Care service for ear irrigation located in Health Centres, as ear wax can be a common cause of hearing loss for some people.

More than 60 people visited in the first 4 weeks, which was more than had been anticipated. All those who engaged were residents of West Dunbartonshire, overwhelmingly from the Clydebank area and representative of a socially excluded community. Providing this service in a community setting was welcomed and raised plenty of engagement. Feedback showed that all had a very positive experience. Visitors appreciated the service coming to their area and that it raised awareness of the issue of hearing loss. They felt listened to, more informed and supported to manage their hearing aids and to seek further support if needed.

As well as a positive experience, practical outcomes were that 11 hearing aids were retubed and one visitor, who had stopped using their hearing aid due to difficulties, returned to another session to have their hearing aid checked and new batteries fitted.

Future plans are to upscale the offer across West Dunbartonshire by offering checks in Alexandria and Dumbarton later in 2024. There will also be a new Frequently Asked Questions sheet for further hearing management information and provision of the local Community Treatment and Care service information so that people can self-refer to this service rather than automatically attending their GP surgery.

Justice Social Work Services

Justice Social Work Services experienced some notable increases in demand in 2023/24, continuing the trend of previous years. This is expected to continue as the backlog of court cases stemming from the pandemic are heard, resulting in increased workloads for Justice Services.

A number of improvement actions have been completed during the past year including:

- New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff are now trained and accredited in the delivery of the Caledonian Domestic Abuse system. This is now available to the court and will address the high levels of domestic abuse prevalent within the local area.
- Several Justice staff are now accredited trainers for the national roll out of training for Unpaid Work workforce.
- Involvement in national strategic groups to ensure West Dunbartonshire Justice Services are linked to current and new policy and practice.
- Established close links with employment partners, enabling greater numbers of service users to access employment and training opportunities.

Challenges during 2023/24 have included difficulties in the recruitment of suitably qualified staff and horizon scanning to anticipate the impact on Justice Social Work of the Children's Care and Justice (Scotland) Act, alongside the forthcoming Bail and Release from Custody (Scotland) Act 2023.

Referrals from the Crown Office and Prosecution Service (COPFS) have also significantly increased. 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. We continue to have regular meetings with the COPFS service through the local Community Justice Forum.

Strengths identified during 2023/24 include the fact that strong partnership working is evident in the planning of support for individuals being released from prison. Our Justice and Housing services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

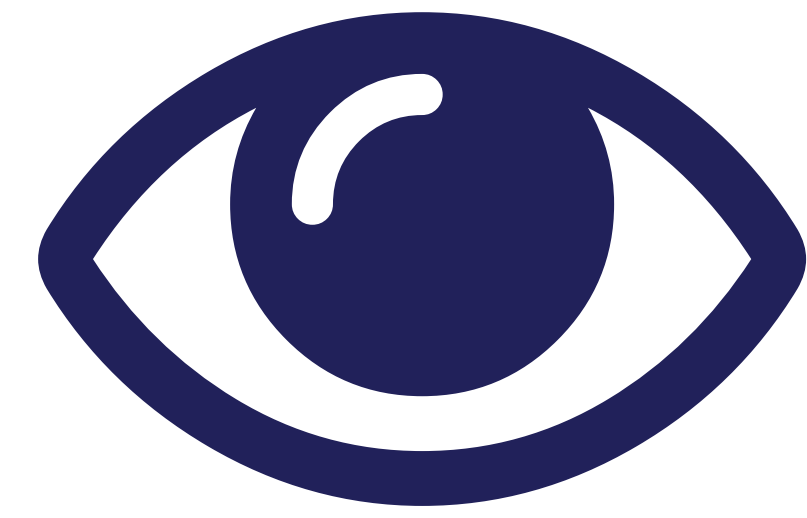
Positive and supportive working relationships also continue with Police Scotland colleagues in the management and supervision of those assessed as posing a high risk of re-offending.

Service users have progressed to employment, further education and volunteering through our close association with employability services and we continue to work closely within established partnerships in the community including CHAS (Children's Hospices Across Scotland), Alternatives and Greenspace.

The 'Moving Forward' Women's Service continues to support females involved in the Justice system and offers one to one holistic supports, looking at increasing independent skills, self-confidence and mindfulness. The Women's Safety and Support Service provides specialist responses and interventions to increase the safety and wellbeing of survivors of Domestic Abuse.

The service supports women offenders (via groupwork and one to one supports) who have additional vulnerabilities and complex needs resulting from multiple experiences of Violence against Women. Service users have worked alongside their allocated workers looking at specific needs relevant to their own personal/offending circumstances. This has been done via structured one to one interventions.

Diabetic Retinopathy Services



Post-pandemic the Diabetic Retinopathy Service has re-established retinal screening in 16 locations and continues to progress accessibility in another 4 locations. For locations not yet re-established, patients are called to the one most convenient to them.

Optical Coherence Tomography (OCT) has now been introduced as part of the retinal screening outcome pathway. This was established to more effectively identify patients who require Ophthalmology intervention, versus those patients who could be safely monitored as part of the Screening Programme. OCT clinics have now been introduced in Greenock, Gartnavel General Hospital and Vale of Leven Hospital. The introduction of these clinics has reduced the travelling for patients who require further examination. Further work is proposed to introduce another OCT clinic in the south side of Glasgow.

Specialised software supports inbuilt quality assurance (IQA). This IQA monitors a set number of grading completed by staff each day and pulls a section to be quality assured by a second screener. In 2023/2024 four patient images were attributed to the wrong case file out of 40,331 screened (0.009%).

The service also participates in an external quality assurance (EQA) process twice per year. Each grader grades 100 sets of images and their results are compared with their peers in NHSGGC and nationally. All GGC graders met the required standards within the acceptable threshold for sensitivity and specificity.

Community Learning Disability Students and Trainees

The Community Learning Disability team continues to support diverse learning opportunities for students and trainees across our variety of disciplines.

Two six-month placements for Trainee Clinical Psychologists have been completed since July 2023 and one additional six-month placement is currently underway until September 2024. Clinical Psychology trainees come from the University of Glasgow Doctoral Training Course and are paid staff members funded through National Education for Scotland (NES). NHS Greater Glasgow and Clyde receives additional funding for accommodating them and there is a requirement for all Trainee Clinical Psychologists to have a Learning Disability placement.

Completed evaluations of these placements were very positive with regards to the learning experiences trainees had, the welcome they received from the team and the passion they witnessed for promoting rights and opportunities for adults with learning disabilities. They also described however that it was difficult to witness and tolerate the lack of resources in social care.

Other placements and learning opportunities within Learning Disability Services include:

- A rolling rota of medical student placements is offered between West Dunbartonshire and North West Glasgow Learning Disability Services, with Psychiatry Consultants jointly hosting students two weeks in every five.
- Speech and Language Therapy have contributed to Learning Disability Speech and Language Therapy placements hosted across NHS Greater Glasgow and Clyde using Peer Assisted Learning practice-based learning placement model, including six 4th year and four 2nd year students.
- Occupational Therapy is currently hosting a second year student for 7 weeks. Physiotherapy hosted a student in October and a rolling program of 2nd and 3rd year nursing students is also accommodated annually.
- The Team has hosted two Paramedic 2nd year students since June 2023.

She said she enjoyed her whole placement, and that everyone in the Team was very friendly and kind. She found it particularly helpful to attend the Multi Agency Forum meeting and find out about accessible referral pathways and said the service manager was very welcoming. She appreciated being included in appointments, particularly Psychiatry. She found it helpful to spend time with individuals with diverse needs and different communication levels. She found Rebound therapy a great way to interact with service users.

Feedback from student

Priority 4: Healthy Communities

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 2023/24 the HSCP continued to work with NHS Greater Glasgow and Clyde (NHS GGC) and the 5 other HSCPs within the Health Board area to progress the Unscheduled Care Design and Delivery Plan 2022/23 to 2024/25. Ratified by all 6 Integration Joint Boards, this detailed how HSCPs would seek to operate in conjunction with acute sector colleagues to meet the unprecedented levels of unscheduled care across NHSGGC and meet the continuing challenges of a population with increasing complex care needs. This plan will be refreshed and brought back to Integration Joint Boards later in 2024.

National improvement work and reporting on unscheduled care has been organised into High Impact Change (HIC) Areas. Partnerships within Greater Glasgow and Clyde are actively participating in three HICs.

- HIC 3 – Virtual Capacity
- HIC 7 – Discharge without Delay
- HIC 8 – Community Focussed Integrated Care

Initiatives across Greater Glasgow and Clyde include: Hospital at Home, Home First Response Service, Falls Pathways, Call Before Convey for Care Homes and Anticipatory (Future) Care Plans.

Hospital at Home is currently a Glasgow City HSCP specific service with ongoing negotiations around upscaling across Greater Glasgow and Clyde.

The Home First Response Service has been established for a year within the Queen Elizabeth University Hospital (QEUH) and Royal Alexandra Hospital (RAH). Delivering an augmented multi-disciplinary team approach, composed of community staff (Frailty Practitioners, Allied Health Professionals, Pharmacy and Frailty Support Workers) embedded and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours post-admission. The HSCP's Focused Intervention Team (FIT) work with these two Hubs and are managing referrals to provide a rapid response service to prevent unnecessary hospital admissions.

The Community Integrated Falls Pathway, in collaboration with the Scottish Ambulance Service (SAS), has a focus on referral to community teams for multifactorial assessment for those patients who are not conveyed to hospital, with a same day or next day follow up from the HSCP's FIT team. Local referrals from SAS are variable and this remains a focus of improvement work discussed at the HSCP Urgent and Unscheduled Care Group.

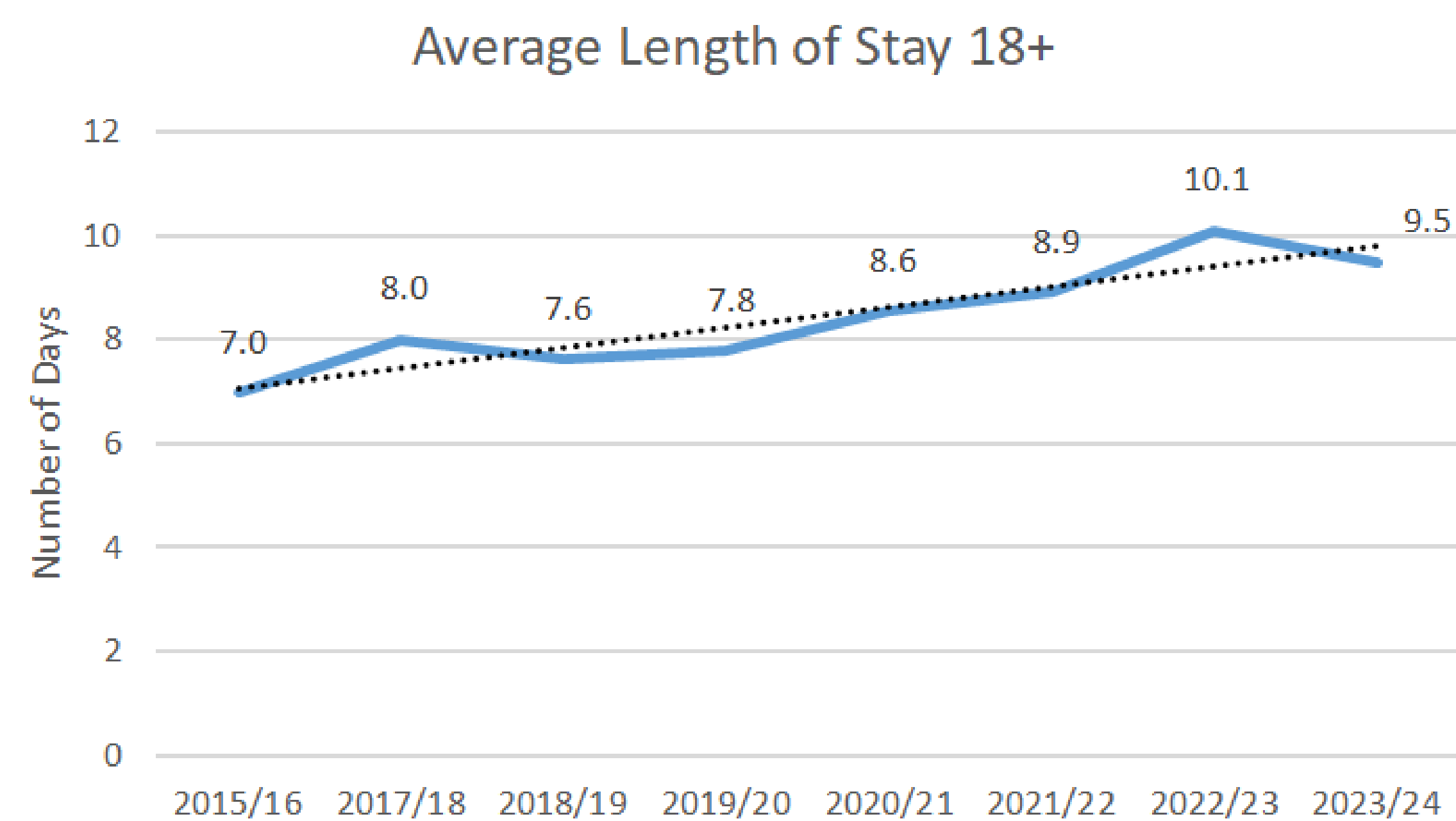
On average 420 care home residents attend Emergency Departments each month across Greater Glasgow and Clyde, many as a result of a fall. Following a successful test of change in Glasgow City, training has been rolled out to the HSCP and independent sector care home managers across West Dunbartonshire, connecting care home staff with clinical decision makers. Using 'Near Me' video technology, a livestream consultation takes place resulting in the formation of an action and treatment plan, which helps avoid an unscheduled and potentially lengthy attendance to the Emergency Department.

While the Care Home Falls Pathway gives homes access to Flow Navigation Centre clinicians, it only covers falls and no other reasons for attendance, which are predominantly respiratory and urinary issues. Building on the experiences of Ayrshire and Arran Health Board and East Dunbartonshire, and the recommendations within the My Health, My Care, My Home framework published in 2022, a test of change for Winter 2023/24 was developed to give care homes access to a senior clinical decision maker who can provide remote clinical assessment. This provides timely contact with the potential to avoid delays experienced at NHS24 and the Flow Navigation Centre, thus reducing the likelihood of a call to 999.

In 2023 the two HSCP Residential Care Homes had the highest number of people conveyed by ambulance to Emergency Departments of all care homes in West Dunbartonshire, with one of the larger independent sector Nursing Care Homes third. The reason the Residential Care Homes may be higher is that they, unlike the other Homes, have no Registered Nurses on site to assess risk and rationale for attendance.

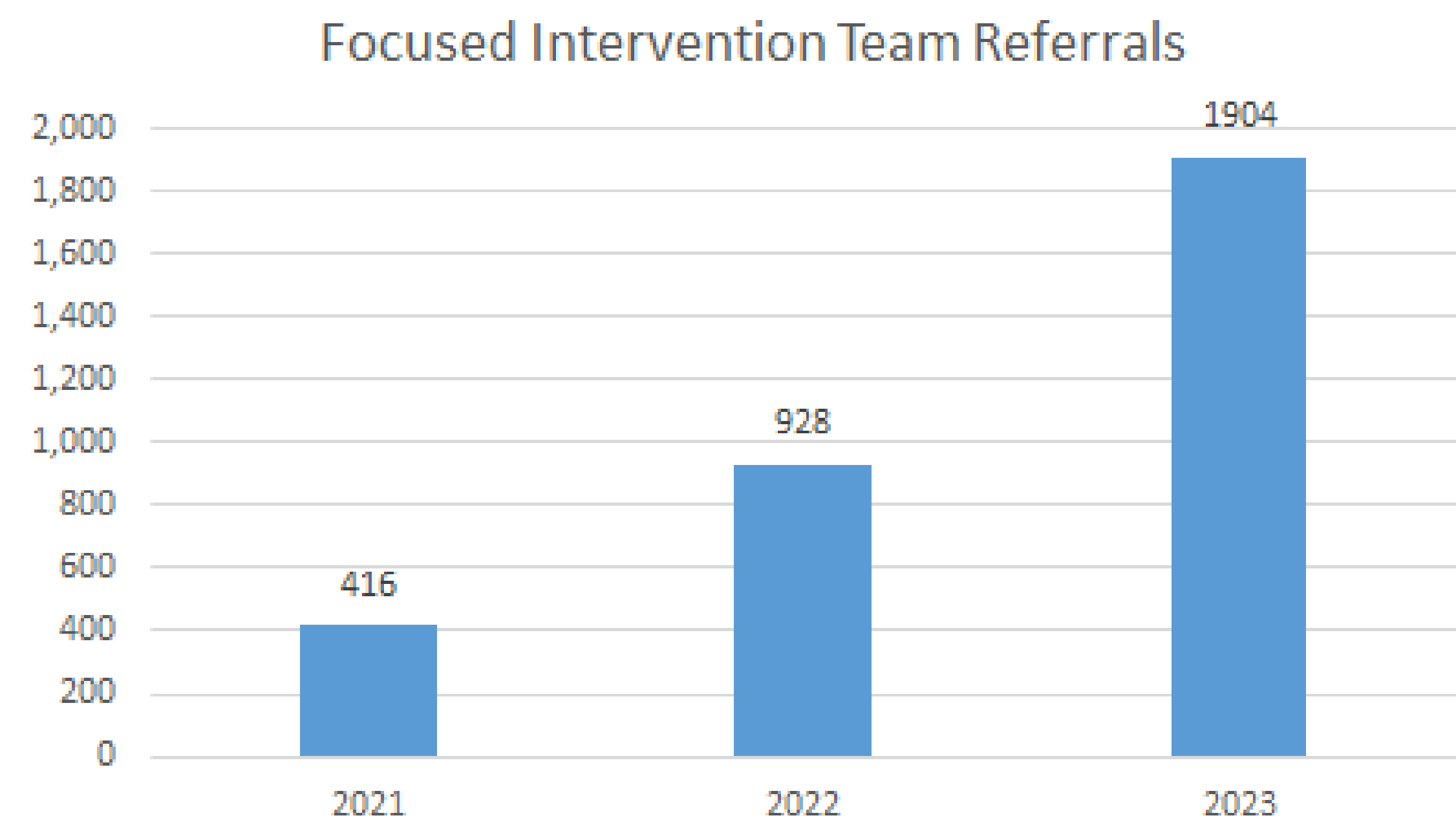
In 2022 combined conveyances for Queens Quay and Crosslet were 129. In 2023 this reduced to 96: a 26% reduction. A test of change introduced in December aims to reduce this figure further and involves a Nurse Team Lead meeting with the two Residential Care Homes every Friday to review those residents at risk of admission. This will be monitored for impact via the HSCP's Urgent and Unscheduled Care Group.

During 2023/24, West Dunbartonshire's volume of unscheduled care has been particularly challenging, with A&E attendances returning to almost pre-pandemic levels and unprecedented levels of delays in hospital discharge. As outlined earlier, emergency admissions of West Dunbartonshire residents were 6% higher in 2023/24 than in 2022/23. However, the number of unscheduled bed days associated with these admissions was 4% lower than in 2022/23. This results in a slightly shorter average length of stay although the trend is still increasing.



West Dunbartonshire HSCP initiatives to tackle unscheduled care include: the Focused Intervention Team, COPD (Chronic Obstructive Pulmonary Disease) Management, End of Life Care, Flu and Covid Vaccination Programmes, a Power of Attorney Campaign and collaborative work with Carers of West Dunbartonshire.

The Focused Intervention Team (FIT) are the primary responders for multi-disciplinary team unscheduled care activity. This team was developed just before the pandemic and therefore had little time to embed but as pandemic restrictions lifted this team targeted a renewed campaign to raise awareness with GP practices and HSCP teams. Activity has grown steadily since 2021.



West Dunbartonshire has a high number of attendances and admissions due to COPD and we continue to consider and develop initiatives to reduce this figure. A COPD Nurse sits within the FIT team and all GP Practices refer to this resource and 'rescue medications' and a Future Care Plan are initiated when applicable. The COPD Nurse also links with the Respiratory Consultants weekly and accepts referrals from them.

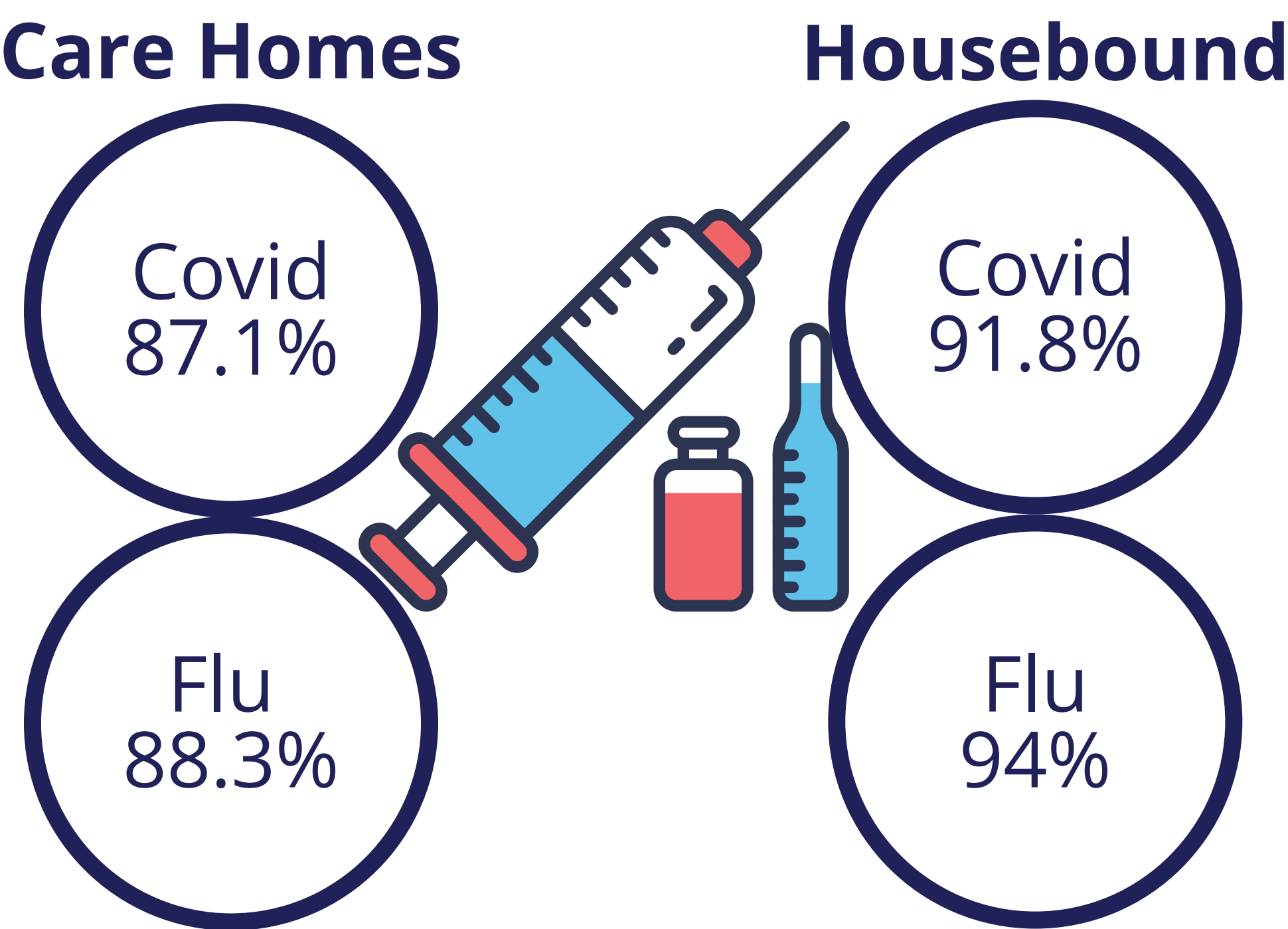
In addition, there has been the development of a pharmacy technician led COPD patient education session service in West Dunbartonshire from early 2024. This service supports patients with COPD who have been admitted to hospital within the last year with the aim to improving patient education, inhaler technique and to reduce potential future hospital admissions.

This project also links with the COPD Nurse who is planning a ‘deep dive’ into named lists of frequent attenders due to COPD, to assess the potential for interventions to reduce the risk of further attendances.

The HSCP has embedded the use of Anticipatory Care Plans (ACP), now rebranded by the Scottish Government as Future Care Plans, and Key Information Summaries over a number of years, along with the use of frailty scoring. The completion of Future Care Plans is seen as ‘business as usual’ for the District Nursing service while a sub-group was established to roll out completion to a wider HSCP staff group, including the HSCP Residential Care Homes. As a result, West Dunbartonshire has exceeded our targets for 2023. Within West Dunbartonshire 135 Future Care Plans were completed in 2022 which has increased significantly in 2023 with 539 completed by early December 2023 meaning we were the second highest performing HSCP across Greater Glasgow and Clyde.

In addition to raw numbers, work is ongoing to improve the quality of ACPs available to support decision making. Lessons learned from the first cycle of improvement activity have been shared with all HSCPs and cycle two is underway.

In 2023, 91% of the patients who had their preferred place of death recorded were supported to die in their place of choice. This is above the recommended 60%.



The Citizen’s Advice Bureau, Carers of West Dunbartonshire and the HSCP have been working together to support vulnerable residents to put in place Power of Attorney for themselves and those that they care for. Power of Attorney ensures that if an individual no longer has the mental capacity to make decisions about their own health or finances, they have the relevant paperwork in place so that someone who knows and cares about them can make these decisions on their behalf. This can prevent people from experiencing lengthy delays in hospital when Power of Attorney is not in place and more complex legal measures are required such as Guardianship.

The three organisations have provided leadership on the promotion of Power of Attorney as a preventative measure in relation to Adults with Incapacity and the negative impact this can have for people in being delayed in hospital. Since October 2023 we have supported 89 people to submit 65 Power of Attorney applications to the Office of the Public Guardian Scotland.

Evidence shows that people who live in more affluent areas are likely to live longer and healthier lives and are more likely to have put a Power of Attorney in place. Therefore, people from more deprived areas are more likely to find themselves in a situation where they experience the negative impacts of not having a Power of Attorney in place. One aim of the project was to address these inequalities and increase the number of Power of Attorneys in place for lower income families in West Dunbartonshire.

On National Power of Attorney Day, 23rd November 2023, the Citizen’s Advice Bureau led on public engagement sessions within Clydebank Shopping Centre and Asda Dumbarton along with Carers of West Dunbartonshire and the HSCP.

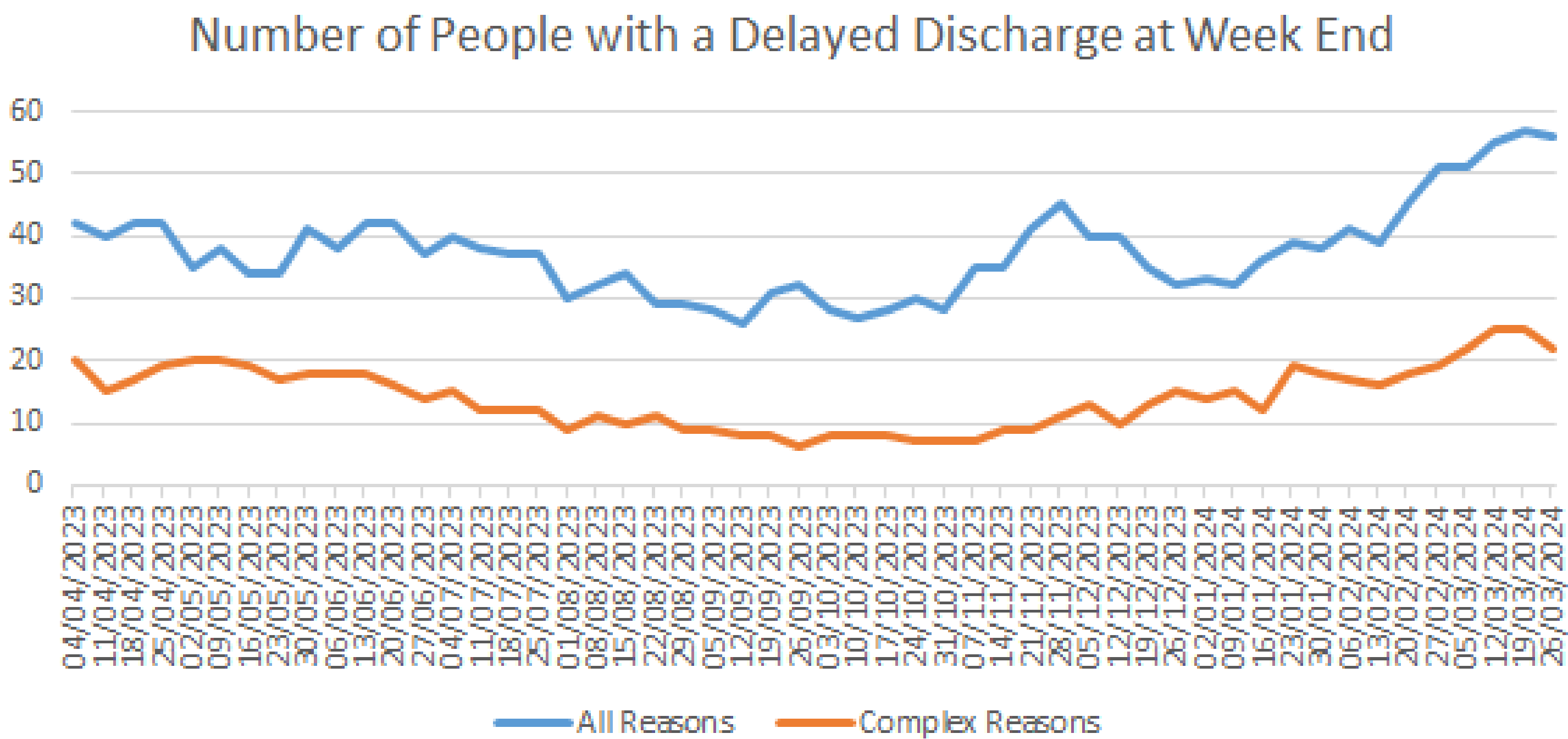
The Scottish Ambulance Service (SAS) is working closely with partners to increase the range of alternative clinical pathways in communities which support the service to deliver care closer to home. The Service’s Pathway Hub connects patients and carers with services and support by using a multi-disciplinary network of clinical staff. The Hub gives SAS the ability to provide a detailed consultation for patients whose initial 999 triage has ruled out time-critical illness. Carers of West Dunbartonshire has recently become involved in this work which will allow ambulance crews to identify and signpost carers in West Dunbartonshire for support via the Pathway Hub.

Carers of West Dunbartonshire also work closely with the Hospital Discharge Team, through its Carer Link Worker initiative, to ensure that carers are being identified and referred for support at the earliest point and are supported through the discharge process.

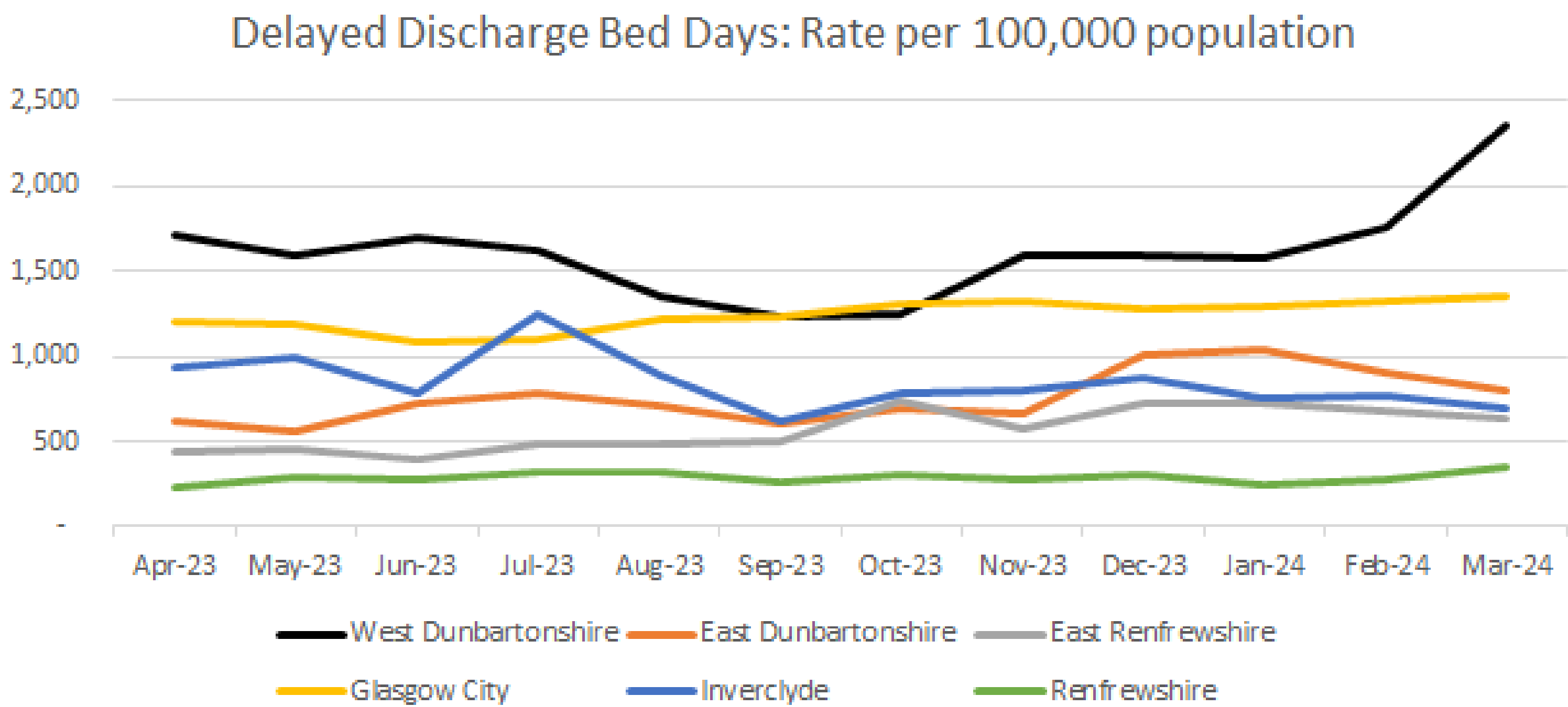
2023/24 also saw the creation of a Reablement Team comprising of a Team Lead, an Occupational Therapist, four Rehabilitation Support Workers, two Care Organisers and when fully staffed 24 Home Carers.

The service has been increasing gradually since August 2023 with its role to provide assessment and support to people recovering from acute illness or injury. This is with a view to helping them regain and maintain independence and reduce their risk of long term reliance on services such as care at home and potentially prevent hospital admissions.

Delayed hospital discharge of West Dunbartonshire patients has reached unprecedented levels during 2023/24.



While delayed discharges have been a challenge nationally, when looked at as a rate per 100,000 population, West Dunbartonshire has had the highest rate across Greater Glasgow and Clyde apart from a slight dip in September/October 2023.

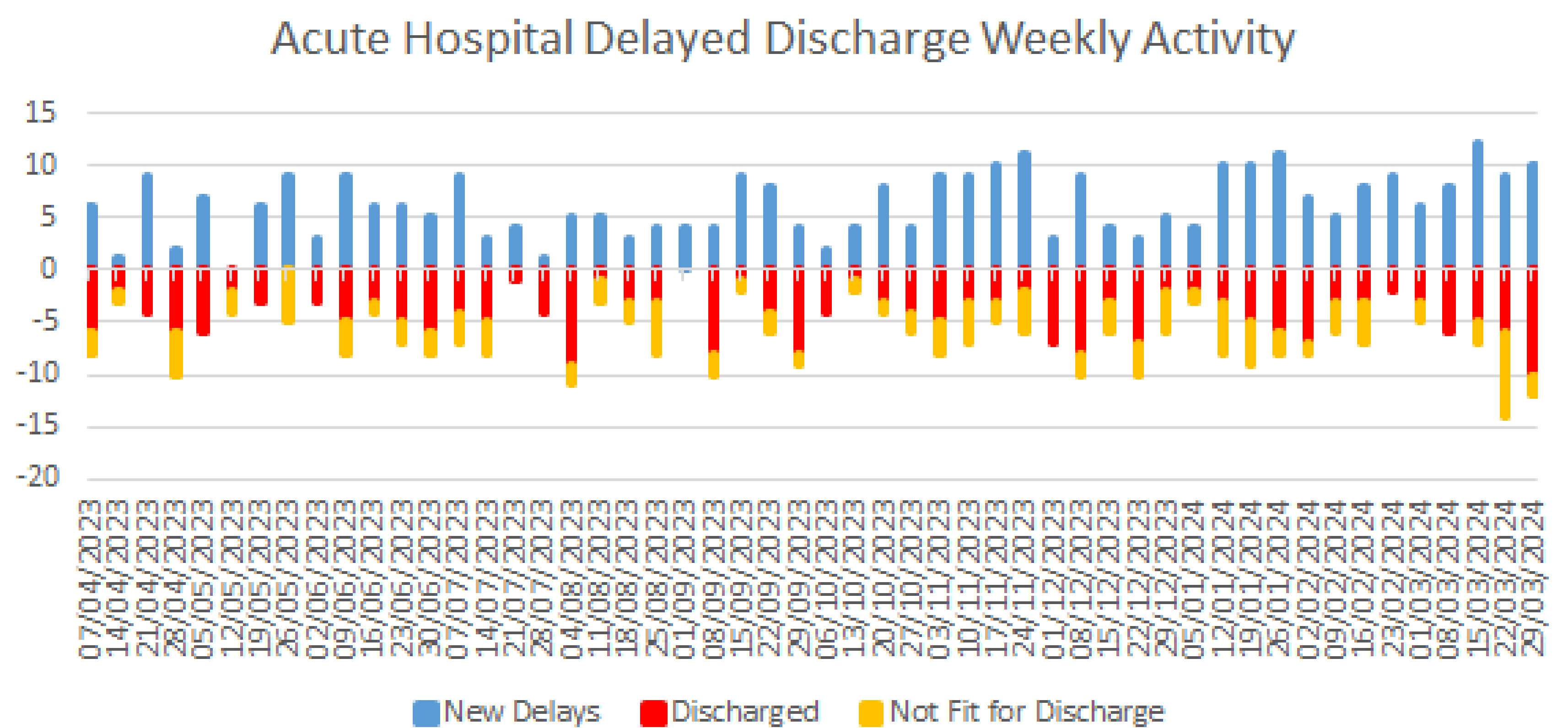


Delayed discharges are closely monitored and scrutinised on a daily basis by the Community Hospital Discharge Team and Heads of Service.

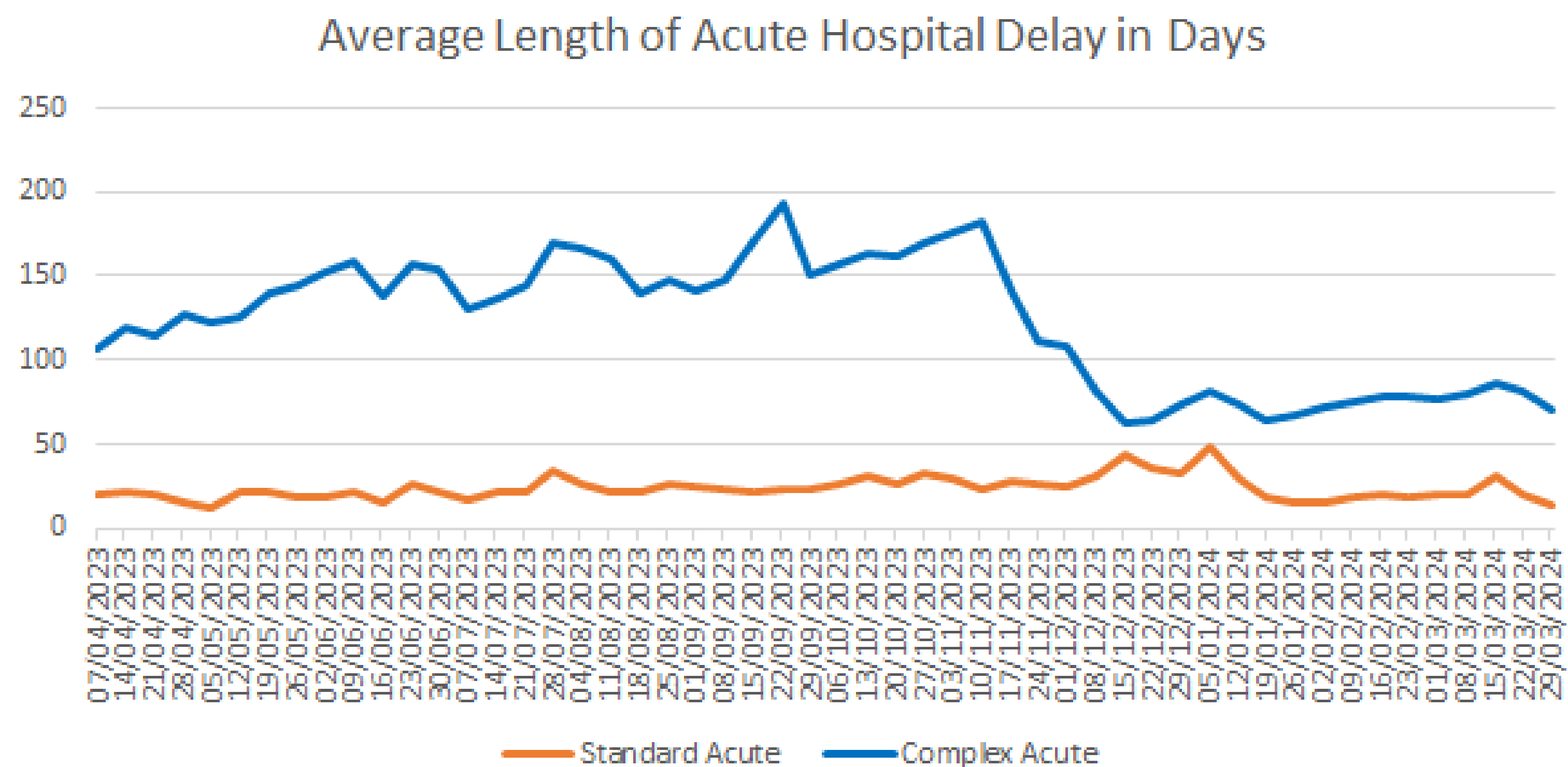
Recent quality improvement activity includes a test of change with older adult wards at Gartnavel General Hospital, with a multi-disciplinary focus on all West Dunbartonshire inpatients to ensure pathways of care were appropriate and early discharges encouraged.

An enhanced delays dashboard has also been developed by NHS Greater Glasgow and Clyde which presents HSCP specific delays information around the reasons for delays based on the Scottish Government codes.

Analysis of our delayed discharges quite clearly shows the volume of throughput. While numbers are rising they remain fairly similar each week however these are not the same individuals waiting each week.

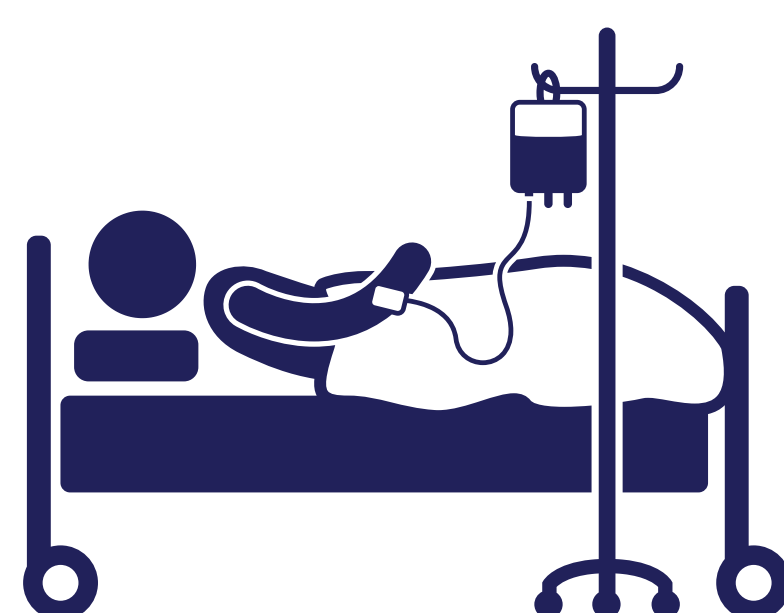


As well as the significant volume of activity around delayed discharge, we can see that our efforts in relation to arranging appropriate discharges for those complex delays (Code 9s) can be evidenced by the reduction in the average length of complex delay during the year while the average standard delay has remained fairly steady.



Tackling delayed discharges will continue to be a priority for the HSCP as we work closely with our colleagues in NHS Greater Glasgow and Clyde and within the 5 HSPCs to reduce the burden of delayed discharge both on the finite hospital resources available and on the outcomes of those people who experience delays.

West Dunbartonshire's rate of readmissions within 28 days was the 6th lowest in Scotland in 2023 which, given the high volume of our emergency admissions could suggest two things. Firstly that there are higher levels of ill health among our population: we have fewer people who are being readmitted therefore there may be more individuals being admitted on one occasion or where readmissions are further apart. Secondly it may suggest that we are providing effective packages of care and appropriate placement, where a care home placement is required, to avoid readmission within 28 days.



Along with our ongoing analysis of unscheduled care, we are beginning to look at new data sources that are available. Public Health Scotland provide us with data which links our service activity, care home placements and care at home services, to hospital activity. NHS Greater Glasgow and Clyde also provide us with data in relation to frequent attenders at A&E and trends in hospital bed days for those people with conditions that result in high volume of bed usage. We will continue to use the data to attempt to identify pressures within our pathways and to highlight opportunities for change and improved outcomes for the people of West Dunbartonshire.

Falls Referral Case Study

Patient A is 78 years old and had experienced several falls at home.

The Scottish Ambulance Service were called by neighbour after a fall and the patient was taken to the Emergency Department where assessment revealed no serious injury or need for admission. Emergency Department staff at the hospital telephoned a referral to West Dunbartonshire HSCP's Focused Intervention Team (FIT) as they were concerned the patient was likely to fall again on return to their home.

The referral was triaged and the patient contacted the same day. The patient had experienced three recent falls and was mobile with the aid of a walking stick. There was no other equipment in the house and no regular help nor Care at Home input.

The initial visit by the FIT team identified a falls risks mobilising out of bed and working on food preparation in the kitchen. Suitable equipment was discussed with Patient A and a walking frame, kitchen trolley and perching stool were provided.

FIT staff carried out short visits daily for 7 days to ensure the suitability of the equipment and to provide a short period of rehabilitation and support. Care at Home support was discussed, but Patient A declined at this time.

Further check visits on day 8 and on day 11 revealed no further falls and Patient A's case was closed to the FIT Team. A systems check four weeks after case closure revealed that Patient A had no hospital admissions, no further presentations at any hospital front door departments, and no referrals to HSCP services.

Musculoskeletal Physiotherapy



Musculoskeletal (MSK) conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with an MSK disability than any other condition. The MSK Physiotherapy Service continues to provide a person-centred approach where each person is individually assessed and their bespoke care is focused on symptom management, movement, exercise and supported self-management. As we help patients to recover and return to normal activities, we also encourage them to take up more active and healthy lifestyles. In addition we focus on health improvement and support patients who have wider health needs, for example who require support on issues such as alcohol, smoking, weight management or stress management, by signposting them to appropriate services.

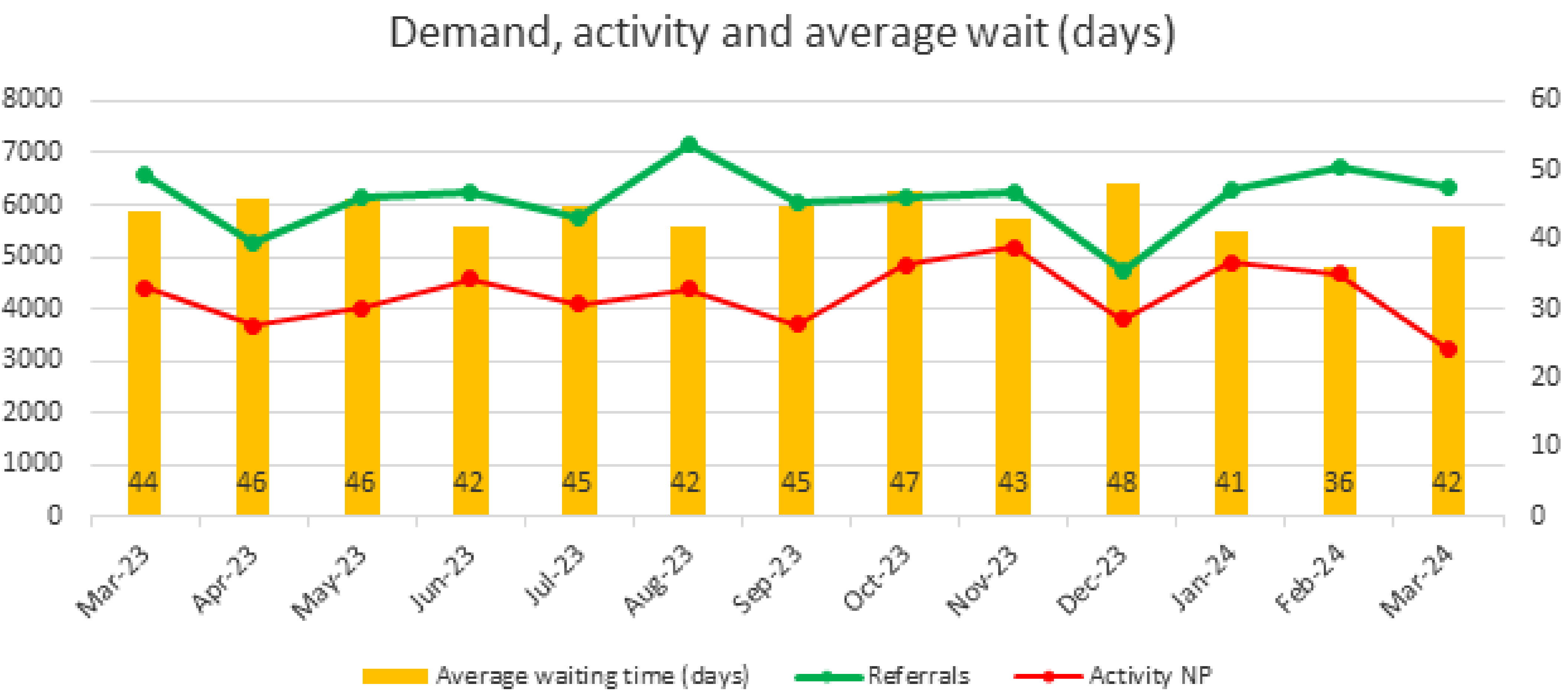
NHS Greater Glasgow and Clyde's MSK Physiotherapy Service is hosted within West Dunbartonshire HSCP who manage activity across the health board area.

There have been 3 priority projects within the MSK service this year. The service priority objectives were:

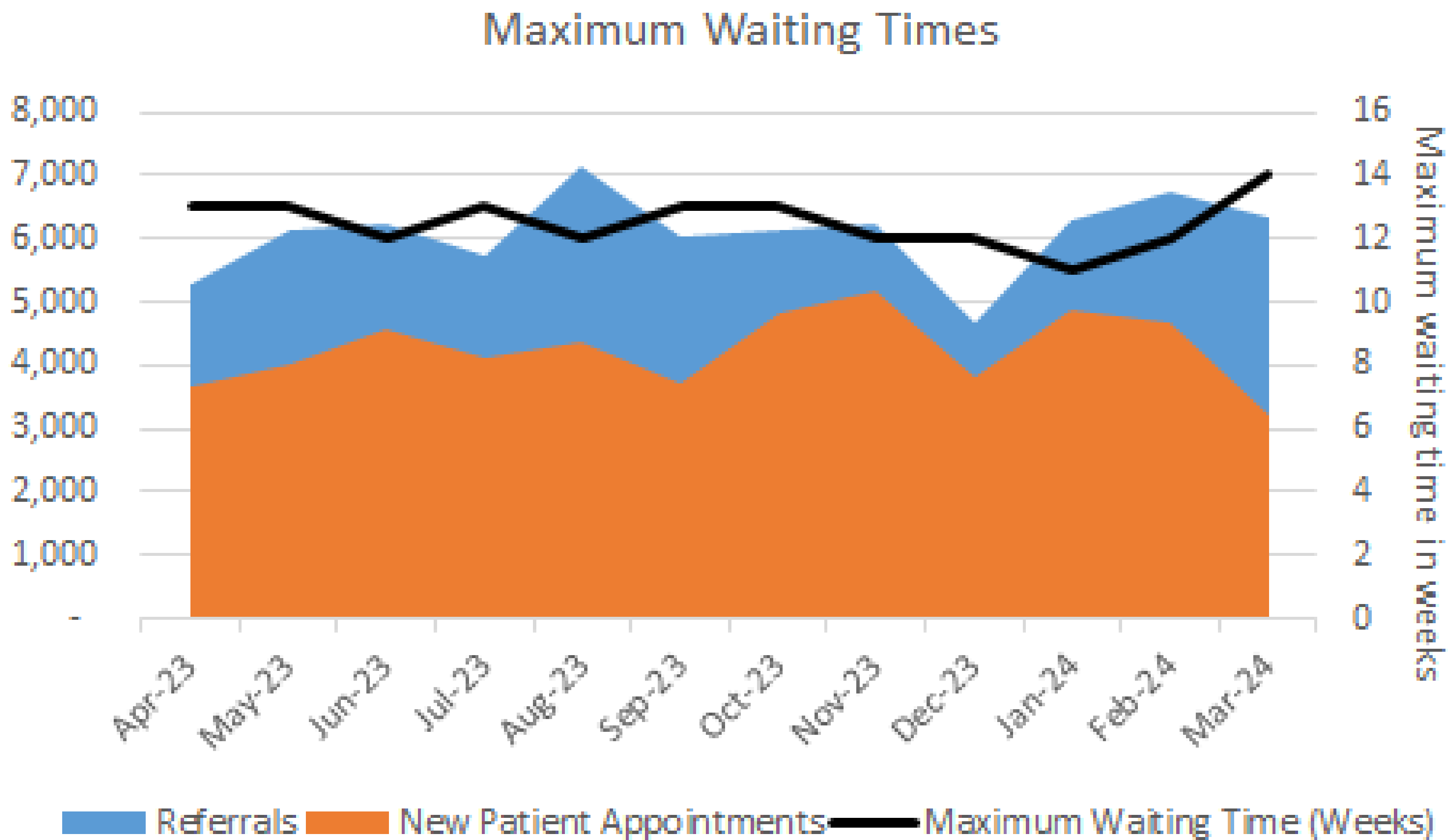
- Waiting times
- Streamlining of vetting
- Development of electronic internal referral across the service.

There was also further project work focussing on staff wellbeing and streamlining of patient pathways to ensure effective and efficient patient care by the right person at the right time. The service continues to ensure that project work is data informed.

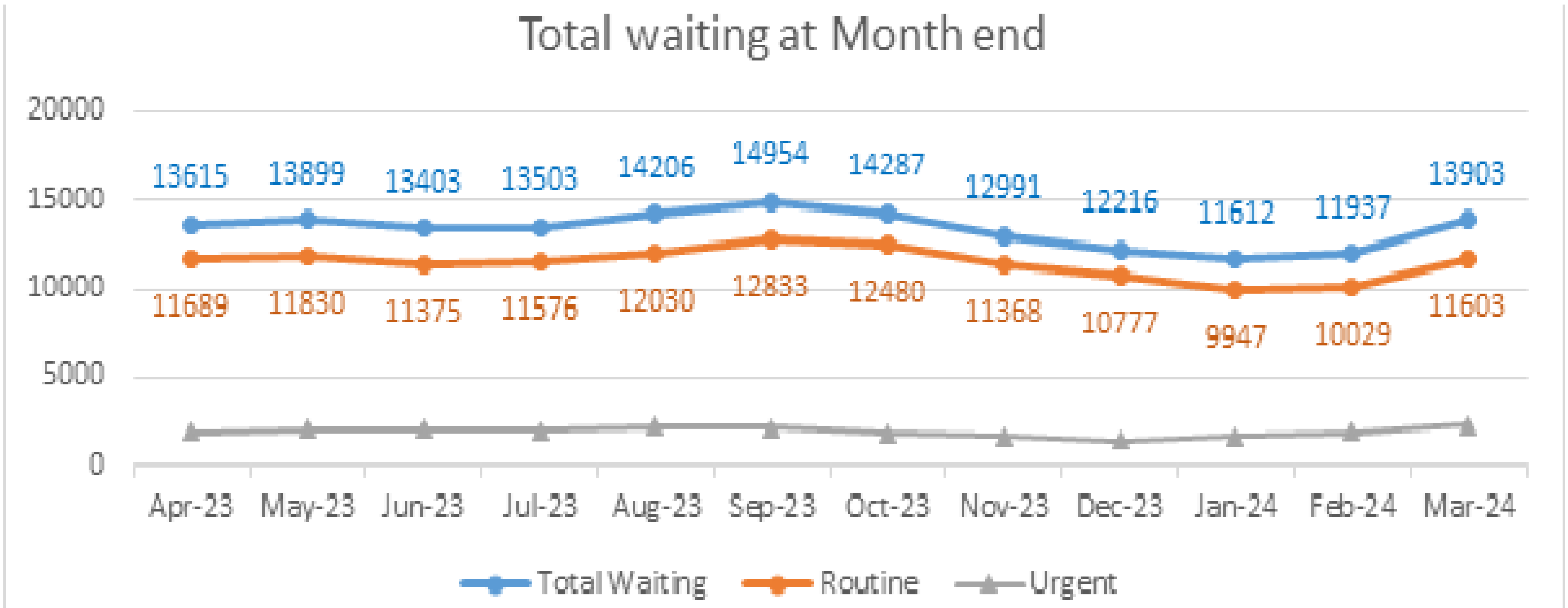
Demand for the MSK service across NHS Greater Glasgow and Clyde has risen in 2023/24 compared to the two previous years. The service received 73,680 referrals in 2023/24 compared with 65,017 referrals in 2022/23 and 61,877 in 2021/22. The referral rate was consistently around 6,000-7,000 referrals per month other than the usual seasonal dip in December and a peak of 7,200 referrals in August 2023.



New patient (NP) activity levels within 2023/24 are illustrated by the red line in the chart overleaf. There were 7,825 more new patient appointments in 2023/24 compared to the previous year: 65,141 NPs in 2023/24 compared with 57, 316 NPs in 2022/23, an almost 14% increase. This is reflective of the ongoing focus on both waiting times as a priority project and recruitment of MSK staff. The success of the priority project work has been to maintain maximum waiting times for a routine appointment at 12-13 weeks throughout the year through increased activity and capacity in the face of increasing demand.



There was also little variance throughout the year in the number of patients waiting on an appointment across NHS Greater Glasgow and Clyde. The chart below illustrates a general reduction in the total number of patients waiting between September 2023 and February 2024 as a result of the priority project work. However the numbers waiting for a routine appointment rose sharply in March 2024 as the service had to discontinue the use of agency staff at the end of February 2024 due to financial restraints. The caseloads of 7 agency staff had to be reabsorbed by the substantive workforce and therefore there were less New Patient appointments available in March and a resultant rise in numbers waiting for an appointment.



As at March 2024, 44% of people were seen within 4 weeks in West Dunbartonshire compared with 42% across Greater Glasgow and Clyde. In January 2024 the service commenced a test of change to try and improve performance against the waiting times target. This involves using GP Advanced Practice Physiotherapy staff, in their MSK sessional commitment, to assess routine self-referred patients at point of referral. This test of change aims to ensure that patients are provided with timely supported self-management information and improved our performance against the target within January to March 2024. The project has still to be fully evaluated and a decision taken around the way forward in 2024/25.

Children's Health

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. Health in the early years has a profound impact on an individual's future experience of health and wellbeing.

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. The Health Visiting Pathway is key in attempting to tackle health inequalities in the early years and Health Visitors work with families to support uptake of immunisations and encourage breast feeding.

West Dunbartonshire continues to have high levels of childhood immunisations: exceeding both levels across Greater Glasgow and Clyde and nationally for all immunisations offered at 24 months and 5 years of age.

	24 months				5 years		
	WDHSCP	NHS GGC	Scotland		WDHSCP	NHS GGC	Scotland
6-in-1	97.7%	96.7%	96.2%	6-in-1	97.7%	97.0%	96.4%
MMR1	94.8%	92.8%	93.0%	MMR1	96.1%	95.5%	95.2%
Hib/Men C	95.7%	92.9%	93.0%	Hib/Men C	96.4%	94.5%	94.5%
PCVB	95.8%	93.2%	92.9%	4-in-1	90.7%	89.8%	89.6%
Men B Booster	95.0%	91.9%	92.3%	MMR2	90.4%	89.2%	89.1%

West Dunbartonshire has always been proactive in promoting, protecting and supporting breastfeeding and during September 2018 achieved UNICEF Gold status which it has retained to date. The HSCP's Senior Management and the Health Visiting Team are committed to keeping breastfeeding high on the agenda resulting in positive progress over the years.

From September 2020 until December 2022 we were fortunate to have a dedicated Breastfeeding Team in place comprising of a Project Lead, a Health Improvement practitioner, Support Worker and latterly a Midwife, with some dedicated administrative support to champion this cause and provide practical and evidence-based information to breastfeeding mothers and their families. This dedicated team were funded by Programme for Government (PfG) Breastfeeding monies which was available until the end of March 2023. As a result of this reduction in resource there has also been a reduction, for the past 12 months, in the number of families we have been able to reach and in the length of interventions.

Our Children and Families Service has continued to support the breastfeeding agenda by having a dedicated Breast Feeding Support Worker providing additional support to mothers within five days following birth. This service continues to demonstrate positive results indicating women are continuing breastfeeding for longer.

Breastfeeding groups restarted late October 2022 after a long pause due to the pandemic and are proving to be increasingly popular and provide essential peer support. Antenatal women are also encouraged by Health Visiting staff to attend and enjoy the benefits of that early peer support.

The West Dunbartonshire UNICEF Gold group meets regularly to review progress and discuss innovations to improve breastfeeding rates in West Dunbartonshire. On review of the data the number of women who have ever breastfed in West Dunbartonshire has increased since 2017 by 3.6%. This is slightly lower than the entirety of NHS Greater Glasgow and Clyde however the health board area includes affluent areas where women are more likely to breastfeed.

During 2019/20, then again in 2021/22, the numbers initiating breastfeeding dropped slightly. Between April 2020 and end March 2021 the initiation rate rose, and women breastfed for longer as identified at the Health Visitor 2 week contact and at 6 weeks. During the period 2022/23 the rates of breastfeeding rose again, at initiation, at 2 weeks, and more women were continuing to feed breast milk to their baby at 6 weeks.

Feedback from women and professionals is that the service is invaluable. Women with babies up to sixteen weeks of age are regularly audited, using the UNICEF Baby Friendly Initiative audit forms, to ensure that they are receiving good quality, evidenced based care. The women attending groups are promoting breastfeeding in their local communities and have become champions harnessing a community development approach.

Since the introduction of the dedicated breast feeding team and period following, significantly less women required to be referred to the NHSGGC problem solving clinics. This could be attributed to local management of breastfeeding challenges. While we no longer have a dedicated team, Children and Families staff continue to offer early support to breastfeeding women and the Health Visiting team will continue to work together to ensure that West Dunbartonshire HSCP meets the Gold standards of UNICEF and gathers data to support quality improvement.



Family Nurse Partnership (FNP) is a preventive licensed voluntary programme for first time mothers aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained Family Nurses, from early pregnancy until the child is two years old. It is an intensive, structured intervention for young first time mothers and their children to maximise their potential. The programme aims to modify behavioural risk factors and enhance protective factors through regular home visits, using motivational interviewing techniques and strengths-based approach. Our current workforce capacity continues to offer the programme to all eligible clients and as an addition offers this to care experienced first-time mothers aged up to 20 years old.

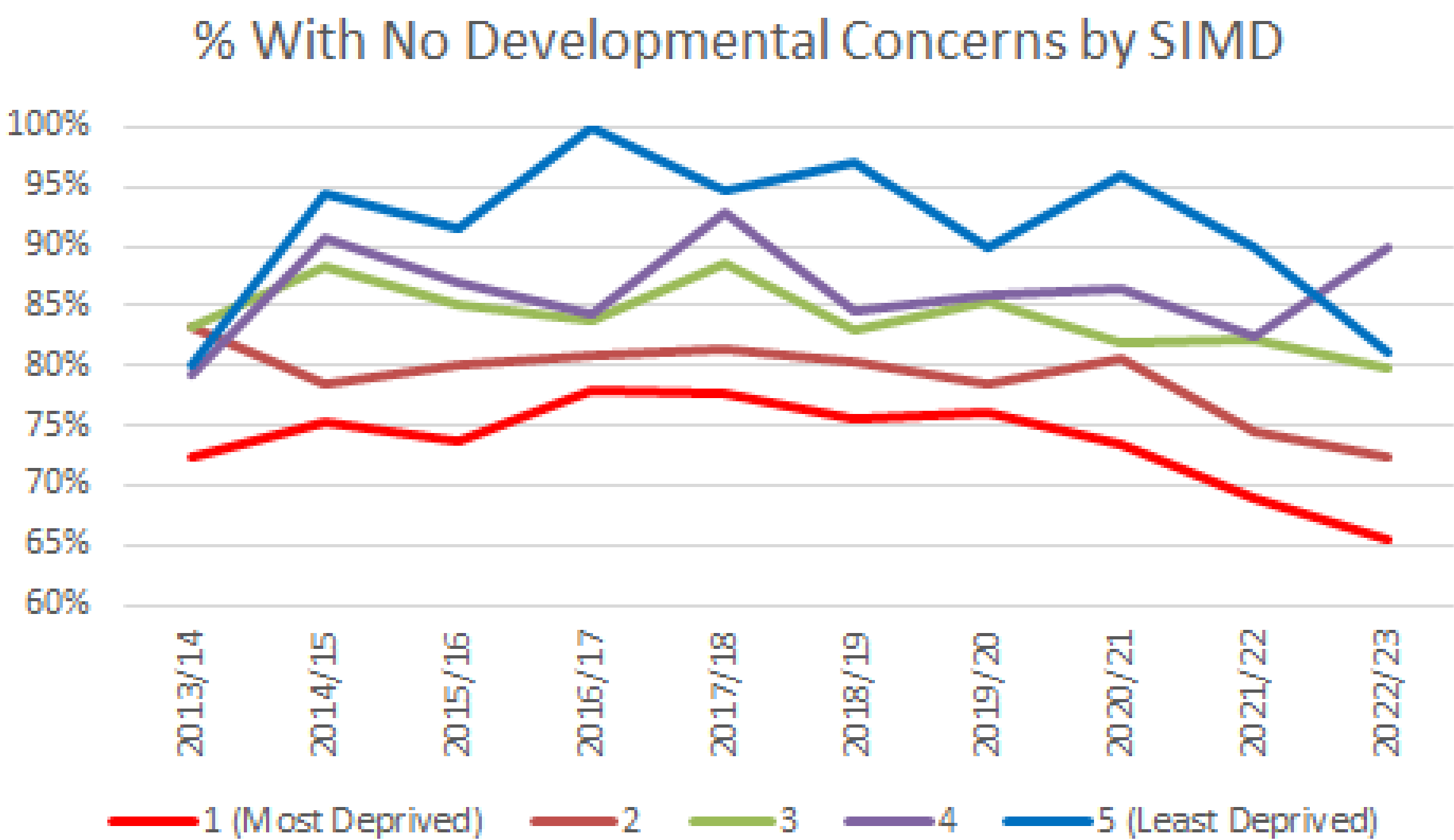
A total of 177 clients have enrolled in the programme in West Dunbartonshire with a high engagement rate of 82%. The programme has reached those mothers most in need as 83% are from the most deprived areas, Scottish Index of Multiple Deprivation (SIMD) quintiles, in West Dunbartonshire.

A key focus on the impact of poverty was supported by training accessed through Queens Nurse Catalyst for Change Project and training was provided by GEMAP, Greater Easterhouse Money Advice Project. FNP staff were also trained in Home Energy training to alleviate fuel poverty implications.

Partnership working with Sandyford Services is underway to progress a test of change in relation to Family Nurses administering contraceptive implants to clients at home. This commenced in February 2024. Partnership working with Sandyford Clinic ensures fast-track to sexual health appointments for FNP clients. Additionally, an ongoing programme of training is in place for Family Nurses in supporting clients' efficacy with self-administration of subcutaneous contraception.

Child development continues to be of great concern in West Dunbartonshire. The proportion of 27-30 month old children reviewed in West Dunbartonshire where there were no developmental concerns identified through the review continued to be the lowest in Scotland in 2022/23 and had fallen again to 72.3% compared with 73.95% in the previous year. The Scotland figure was 82.1%. Looking at West Dunbartonshire's performance and ranking since reporting began in 2013, these have been in decline since 2017/18 where we ranked 14th worst in Scotland at 82%.

Again those children living in the most deprived areas (SIMD1) have significantly more developmental concerns than those in the least deprived (SIMD5). There were a very small number of children in SIMD5 reviewed in 2022/23, so the dip in the chart below will appear more significant. When looked at on a population basis this is likely to look less significant although we will continue to monitor this.



Equalities Activity

This section of the report seeks to outline our approach as overseen by our HSCP Equalities Group. It should be noted that the HSCP continues to contribute to and apply the relevant Equality policies relating to employment dependent on the employer e.g. NHSGGC Workforce Equality Group, NHSGGC Workforce Equality Statements and West Dunbartonshire Employment Equalities Monitoring.

Assessing and Reviewing Policies and Practices

During 2023/24, the HSCP continued to streamline its Equality Impact Assessment process aiming to ensure equality was considered an integral part of policy and strategy development, commissioning and budget savings. An advice clinic for lead reviewers was introduced and sources of population equality information and data highlighted to supplement information from service data and consultations around service change. This supplemented the equality impact assessment training available via the relevant employers.

The HSCP published 25 Equality Impact Assessments over the course of the year broadly covering service development, commissioning and budget savings.

Focus on Sex and Development of New Programmes

West Dunbartonshire continues to have one of the highest levels of reported domestic abuse in Scotland. The prevalence rates of domestic abuse are particularly concerning in regard to the impact on the adult victim and children and young people. Domestic abuse is recognised as a form of Gender Based Violence (GBV) and is tackled in Scotland by adopting a gendered analysis in our understanding of this crime.

In West Dunbartonshire domestic abuse overwhelmingly and disproportionately affects women, children and young people, with the majority of perpetrators male, and the majority of primary victims are women. This is reflective of the national and global picture in the Violence Against Women and Girls (VAWG) landscape. In 2022-2023 the rate of domestic abuse related crimes per 10,000 of the population in West Dunbartonshire was 140, compared to 114 for Scotland.

In 2022/23 the Caledonian System which is an integrated approach to addressing domestic abuse that facilitates a 'whole-systems' approach was introduced in West Dunbartonshire. It aims at reducing the risk of re-offending, while supporting women and children. It combines a court-ordered programme for men and, using an integrated whole family approach, the system addresses the domestic abuse of women by men in Scotland. It works with men who abuse to change their behaviour, whilst ensuring victim safety. The Men's programme encourages men to recognise their abuse and take responsibility for themselves and their relationships. It is aimed at men aged 18 years or over who have been convicted of a domestic abuse related offence towards a female partner or ex-partner. The process lasts at least two years and comprises of a minimum of 14 one-to-one sessions, a group work process and a period of maintenance. The development of the Caledonian System was informed by research and best practice evidence on what works in preventing domestic violence.

Advance Equality of Opportunity: Disability and Partnership Working

"Advancing equality of opportunity" means having due regard, in particular, to the need to:

- remove or minimise disadvantages suffered by people due to their relevant protected characteristics
- take steps to meet the different needs of people who share a relevant protected characteristic
- encourage participation in public life or any other activity by underrepresented groups
- take steps to meet the different needs of disabled persons

The HSCP aligns its Healthy Hearing Checks campaign with the HSCP's Dementia Strategy by targeting the early detection and management of hearing loss, a known risk factor for cognitive decline and dementia as identified by The Lancet 2020 Dementia Prevention, Intervention and Care report. This initiative, in collaboration with the Royal National Institute for Deaf People (RNID), strategically places hearing check sessions in accessible community centres, focusing on older adults and those with disabilities. Such targeted

interventions not only meet immediate healthcare needs but also support long-term dementia prevention efforts, enhancing quality of life and promoting health equity in line with the Equality Act 2010. This approach exemplifies the HSCP's commitment to integrated, preventative healthcare strategies that address both immediate and future health challenges.

Advance Equality of Opportunity and Foster Good Relationships: Race

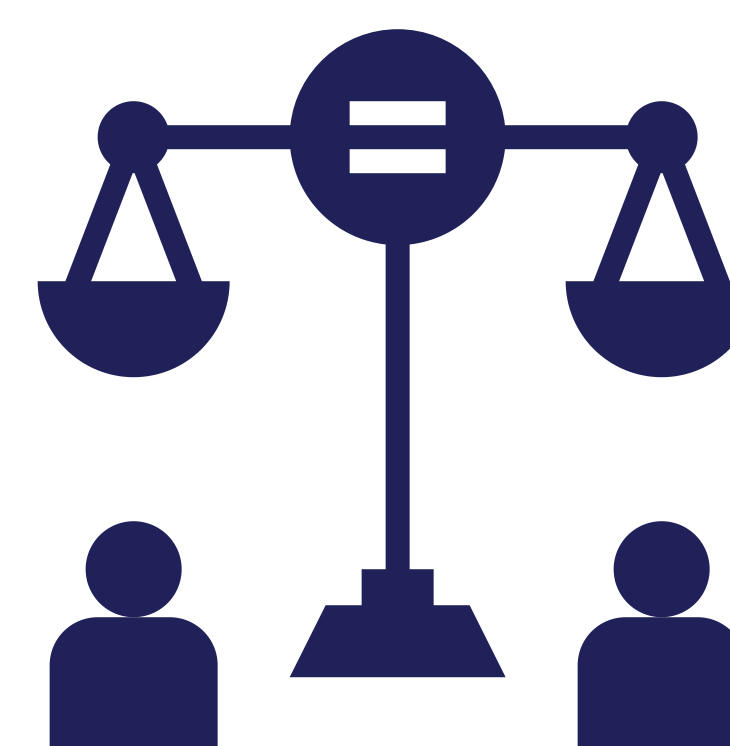
An Equality Impact Assessment including proactive consultation via the Shaping Places for Wellbeing project supported developments around the creation of a website for children, young people and their families and those who work with them, to find information to support and improve wellbeing and emotional health. Local Syrian women who were members of the Moments of Freedom, New Scot women resettled in Clydebank, expressed, through their group translator, frustration at being unable to access health and wellbeing support due to language barriers. Improvements were able to be made to add translation links to the homepage of the website with proactive translations for the five most common languages spoken at home by West Dunbartonshire families. Importantly, this change was promoted to a wide range of community providers with a stronger opportunity to collaborate on supporting and enabling health and wellbeing in the community.

Advance Equality of Opportunity and Development of Strategies: Sex, Sexual Orientation and Race

Unpaid carers play a vital role in our society, providing essential support to loved ones who have a physical disability, mental health issues, frailty, substance use or other conditions, and could not cope without the support of a carer. Scotland's Census 2011 shows there were approximately 10,000 carers in West Dunbartonshire however the true number is unknown.

For those carers identified by the HSCP, 59.5% of unpaid carers in West Dunbartonshire are female. Across Scotland a significant proportion of known carers are aged 55 or over and the gender split demonstrates that women are over-represented in unpaid caring roles

The Local Carers' Strategy: Improving Lives with Carers is underpinned by a rights-based approach, which makes sure that people's rights are at the very centre of the work. The focus on equality is embedded throughout the strategy and the supporting delivery plan, with a specific focus on the HSCP's ambition to increase the number of carers identified from under-represented groups including black and minority ethnic groups, LGBTQ+ and the gypsy traveller community.



Development of Equality Outcomes 2024-2026

The HSCP committed to the development of new equality outcomes as part of the development of our new Strategic Plan 2023-2026. Two new equality outcomes have been confirmed. These were identified via a mixture of desk-based research and consultation and the opportunity for new partnerships, for example, continued financial challenges due to the cost of living and choice of social care for disabled people.

The NHS Greater Glasgow and Clyde Director of Public Health Report 2024 highlighted that in the NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey report for West Dunbartonshire, over one third of respondents experienced difficulty paying energy and fuel bills. The Equality and Human Rights Monitor 2023: Is Scotland Fairer? also highlighted that disabled people are more likely to experience worse living standards than non-disabled people in Scotland and that disabled people are more likely to have both unmet care and support needs and to be unpaid carers, highlighting the continued cost of living challenges. Equally this report highlighted that fewer people of all ages felt they had a choice in how their social care was arranged and more of them said they were not offered any choice or opportunities to improve that via Self-Directed Support.

Equality Outcome 1

Equality Outcome	Link to General Equality Duty	Protected characteristic	Rationale
Increase the proportion of adult social care clients being referred for benefits maximisation through review process to support independence and improve finances Baseline 2023/24 13%	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not	Age Disability Fairer Scotland Duty Sex	Across the UK pensioners at risk of poverty with 18% in relative poverty which doubles to 36% for those in the rented sector. 26% of single older women live in poverty compared to 21% of single older men.
Link to Human Right		The right to an adequate standard of living. The right to social security.	
Link to Wider Strategic Outcome		Older people, inclusive of those in care homes, should maintain their independence and engagement with their communities.	
Link to HSCP Strategic Plan		Work with people to safely maintain their independence at home and in their local community, building on their strengths and supporting their unmet needs.	
Reporting Arrangements / Monitoring /Data source		Independent Delivery and Improvement subgroup of Community Planning West Dunbartonshire Working group with Community Alarm Team/Advice Services/Strategy and Transformation CareFirst social care case management system and community alarm service records	

Equality Outcome 2

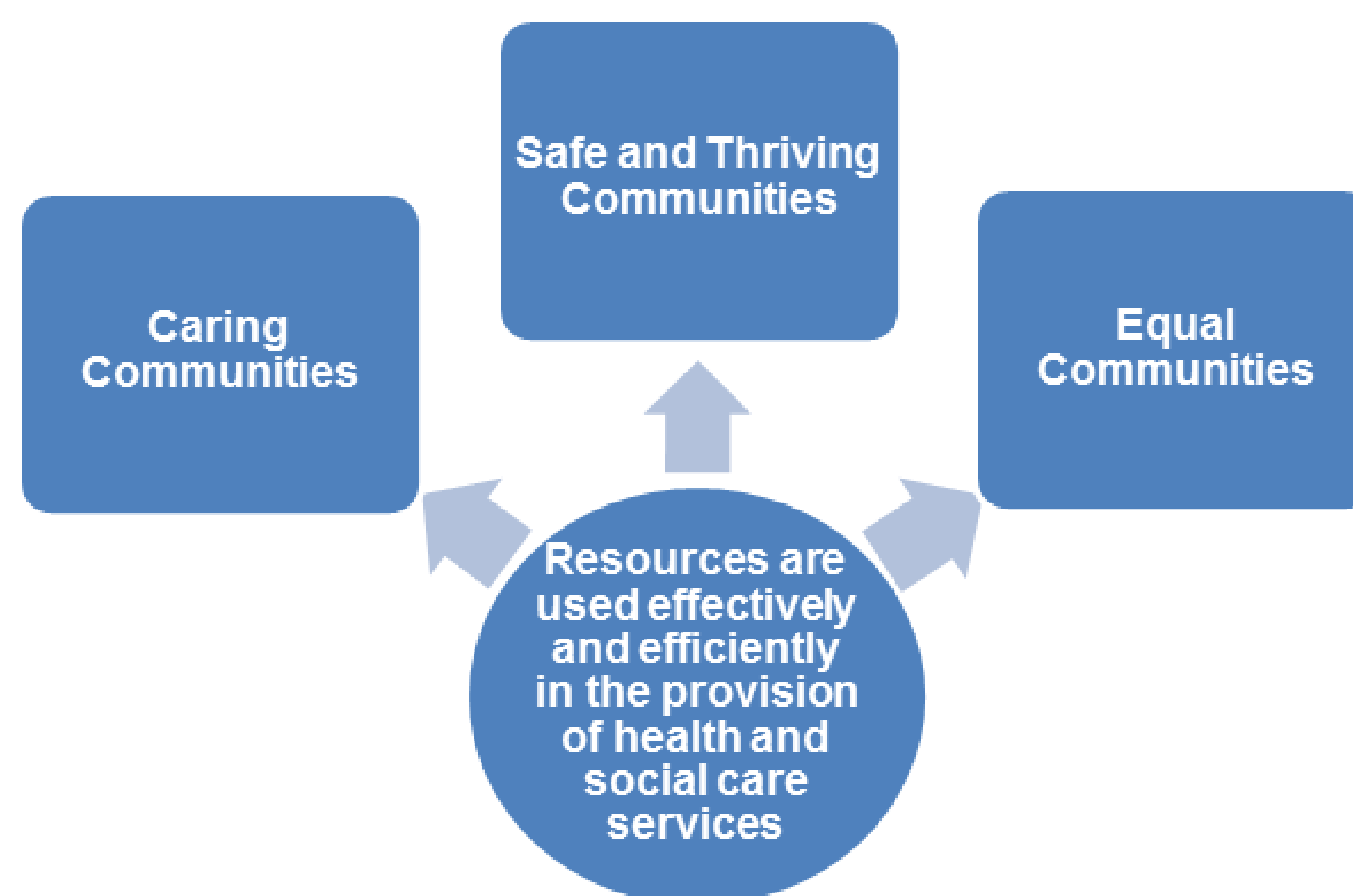
Equality Outcome	Link to General Equality Duty	Protected characteristic	Rationale
Increase the number and rate per 1000 people aged 65 plus choosing an option other than option 3 of self-directed support for those eligible for social care support	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not	Age Disability Fairer Scotland Duty Sex	2,810 people received social care through SDS in West Dunbartonshire in 2021/22. Option 3 is by far the most popular choice of SDS option for West Dunbartonshire residents followed by Option 1. There is an age difference for the percentage of people receiving self-directed support options with 100% of under 17s choosing option 1 and the preference for this decreasing as age bands increase.
Link to Human Right		Article 19 right to live independently in the community and provided with the necessary support'	
Link to Wider Strategic Outcome		Work with people to safely maintain their independence at home and in their local community, building on their strengths and supporting their unmet needs.	
Link to HSCP Strategic Plan		Underpinning of our services with a self-directed partnership approach.	
Reporting Arrangements / Monitoring /Data source		Self-directed Support Programme Board Data already collected by CareFirst with some adaptations and reported on via Public Health Scotland.	

Previous Equality Outcomes

Protected Characteristic	Outcome	Mainstreaming Activity
Religion/Belief	All adults supported by District Nursing teams have religion/belief considered (where appropriate) in relation to ongoing care.	This has now been mainstreamed into everyday care with a focus on using resources such as the NHS NES Spiritual Care Matters, connection with the NHSGGC Spiritual Care Service. Data from Census 2022 on religion used in service development.
Age	All Adult Care and Support Plans (ACSP) or Young Carer Statements (YCS) are prepared for anyone they identify as a carer, or for any carer who requests one.	The HSCP has continued to focus on ensuring that all carers have the support that they require. The HSCP has worked closely with Y Sort it and Carers of West Dunbartonshire to promote access to carer support for all ages via the Carers Development Group and specifically creating the Local Carers Strategy 2024-26 with a focus on all protected characteristics.
Disability	All appropriate learning disabilities clients able to access open and non-open employment opportunities.	Previously information gathered nationally for people with a learning disability related to people who have had contact with the HSCP in the previous 3 years. The source of this information was Learning Disability Statistics Scotland which was transferred to publication by Public Health Scotland with changes and not currently available. Consideration of access to employability will continue to be considered taking into account the challenges with data and emerging national evidence e.g from the Fraser of Allander Adults with Learning Disabilities Project as well as local learning disability redesign to support best practice.
Race	All looked after children are cared for in the most homely setting	The numbers of black and minority ethnic children and young people who are looked after in West Dunbartonshire continues to be very small, however it is increasing and the proportion of black and minority ethnic children and young people who are looked after in a homely setting is being sustained. This action has now been included in the What Would It Take? redesign of Children and Families social work services.
Sex	All older people are supported to live in their community (difference in sex accessing care at home needs and an enablement package).	The implementation of reablement approach within Care at Home Services continues with the intention that more routine reporting and consideration of differing experiences of protected characteristic groups is more mainstream.

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 three of our four key strategic outcomes, 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 Audit and Performance Committee approved the Best Value statement on 19 March 2024 which considered West Dunbartonshire HSCP position in relation to 10 Audit Scotland Best Value questions.

The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership's financial affairs (s95 of the Local Government (Scotland) Act 1973). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

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

The Annual Report and Accounts for the period 1 April 2023 to 31 March 2024 provides a detailed financial overview of the year and the levels of funding from all our partners. Some of the key tables and messages are extracted below including the final outturn position and the movement in reserves.

The HSCP Board approved the 2023/24 revenue budget on 15 March 2023 of £189.098m (excluding Set Aside) to deliver on all delegated health and social care services. This opening budget position was subject to many changes through the course of the financial year as further funding streams were 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 2023 was £34.292m, however this too was 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 2023/24

The final 2023/24 budget available for delivering directly managed services was £200.643m (excluding Set Aside). The total net cost of providing these services was £208.172m, resulting in a reported deficit of £7.529m (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.

2019/20	2020/21	2021/22	2022/23	West Dunbartonshire		2022/23	2022/23	2022/23
Net	Net	Net	Net	Integration Joint Board		Annual	Net	Underspend/
Expenditure	Expenditure	Expenditure	Expenditure	Consolidated Health & Social Care		Budget	Expenditure	(Overspend)
£000	£000	£000	£000			£000	£000	£000
45,526	45,717	48,336	51,034	Older People, Health and Community Care		54,612	57,210	-2,598
2,884	3,214	3,106	3,242	Physical Disability		3,485	3,402	83
24,899	25,500	26,033	30,522	Children and Families		30,761	32,238	-1,477
9,431	10,244	10,575	12,086	Mental Health Services		13,893	13,631	262
2,885	2,933	3,363	3,525	Addictions		4,131	4,021	110
17,158	16,868	17,933	20,487	Learning Disabilities		21,276	21,147	129
1,301	1,392	1,501	1,623	Strategy, Planning and Health Improvement		2,341	1,889	452
27,427	29,955	29,532	31,224	Family Health Services (FHS)		33,004	33,075	-71
19,432	19,003	19,690	21,001	GP Prescribing		21,323	22,667	-1,344
6,370	6,247	6,528	7,623	Hosted Services - MSK Physio		7,450	8,262	-812
824	719	720	846	Hosted Services - Retinal Screening		879	879	0
0	-6	0	45	Criminal Justice - 100% Grant funding		0	274	-274
3,604	4,468	5,776	7,421	HSCP Corporate and Other Services		7,116	9,105	-1,989
	5,840	4,781	2,863	Covid-19		0	0	0
281	329	358	377	IJB Operational Costs		372	372	0
162,022	172,423	178,232	193,919	Cost of Services Directly Managed by West Dunbartonshire HSCP		200,643	208,172	-7,529
31,223	36,149	36,346	41,323	Set aside for delegated services provided in large hospitals		43,914	43,914	0
661	505	527	562	Assisted garden maintenance and Aids and Adaptions		302	302	0
11,021	11,467	11,042	12,596	Services hosted by other IJBs within Greater Glasgow and Clyde		16,103	16,103	0
-6,655	-6,390	-6,672	-7,605	Services hosted by West Dunbartonshire IJB for other IJBs		-8,568	-8,568	0
198,272	214,154	219,475	240,795	Total Cost of Services to West Dunbartonshire HSCP		252,394	259,923	-7,529

The total cost of delivering all health and social care services amounted to £259.923 against funding contributions £252.394m, including notional spend and funding agreed for Set Aside of £43.914m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations of £0.302m and net spend and funding of Services hosted by other IJB’s with Greater Glasgow and Clyde of £7.535m. This therefore leaves the HSCP Board with an overall deficit on the provision of services of £7.529m.

The main challenges and cost pressures incurred by the HSCP during 2023/24 were related to unfunded pay settlements within social care, employee related issues (such as staff turnover levels, recruitment challenges and subsequent increased use of agency staff), global inflation affecting pay negotiations, prescribing levels and the cost of providing care packages and the cost of living crisis.

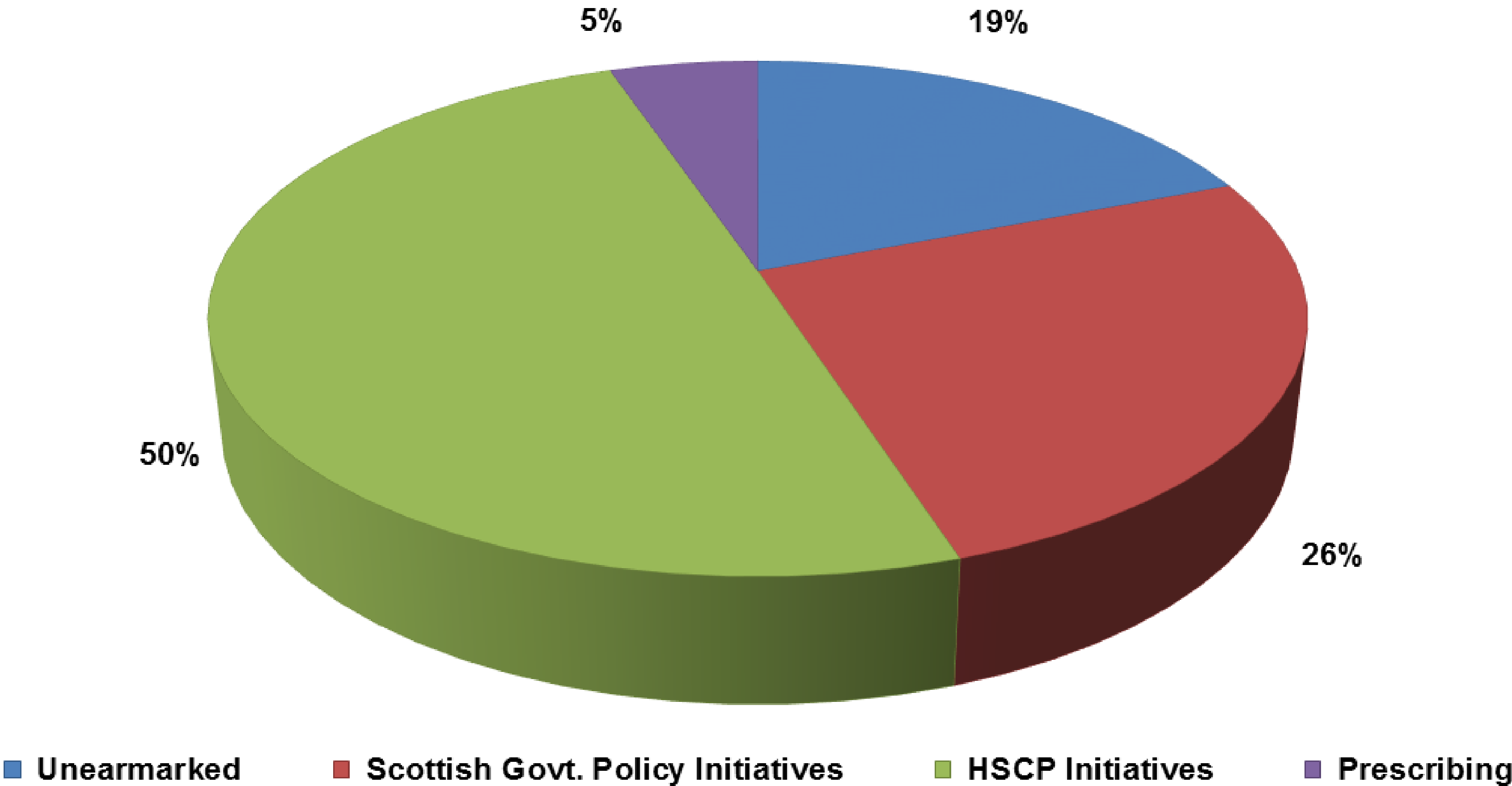
This deficit was partially funded by a planned drawdown of earmarked reserves of £3.866m and recovery planning measures of £1.932m leaving a net deficit of £1.731m. Reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring-fenced funding stream e.g. Mental Health Renewal and Recovery, Alcohol and Drug Partnership and Service Redesign and Transformation; or
- Unearmarked Reserves – this is held as a contingency fund to assist with any unforeseen events or to smooth out the financial position of current year finances if approved savings programmes do not deliver as anticipated.

The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. Therefore, the current policy strives to hold 2% of total budget in unearmarked reserves, for 2023/24 this was approximately £4.2m.

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 2023/24 Earmarked and Unearmarked Reserves



The movement in earmarked reserves is an overall decrease of £6.775m (including reallocations), bringing the closing balance to £15.100m. There were a number of drawdowns and additions amounting to £9.906m and £3.131m respectively.

The movement in unearmarked, general reserves is an overall decrease of £0.754m, bringing the closing balance to £3.554m which, at 1.68%, is below the 2% target as set out in the Reserves Policy.

The final outturn position for 2023/24 illustrates the extent of the challenge facing the HSCP. Additional efficiencies in excess of those required to balance future years budgets will be required to replenish un-earmarked reserves in line with the 2% in the short to medium term.

Medium Term Financial Outlook

Achieving financial sustainability in the short, medium and longer-term 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 2023/24 West Dunbartonshire HSCP Board continued to demonstrate our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves supports our short and medium-term position as we face the challenges for 2024/25 in delivering the strategic outcomes contained within the 2023 - 2026 Strategic Plan – Improving Lives Together, shaped by our Strategic Needs Assessment.

The Medium-Term Financial Plan (MTFP) 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 plan will be updated again and reported to the HSCP Board in August 2024.

The HSCP Board revenue budget for 2024/25 to deliver our strategic priorities is £238.437m, including £40.596m relating to set aside and £0.329m relating to budget managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations. The budget identified a potential funding gap of £10.838m which will be addressed through an application of earmarked reserves (£2.150m), a range of savings options (£1.109m) and management actions (£3.879m), and a saving on employer’s superannuation (£3.700m).

In 2024/25 we will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes, the Senior Management Team, and the 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 Scottish Government has published its Public Sector Pay Policy in May 2024 which shows an improved position regarding inflationary expectations; however, its Medium-Term Financial Plan has been delayed due to the announcement of the UK general election on 4 July 2024 which adds a further layer of risk to our financial stability going forward.

The indicative budget gaps for 2025/26 and 2026/27 are detailed below and illustrate the scale of the risk. These will be subject to change as the full impact of the 2024/25 pay settlements for local government employed staff is revealed as well as other inflationary and service demand pressures arising from the current cost of living crisis.

Indicative Budget Gaps for 2024/25 to 2026/27

Budget Gap Analysis	2024/25 £000	2025/26 £000	2026/27 £000
Social Care	96,765	104,339	111,967
Health Care	111,586	113,435	115,358
Set Aside	40,596	40,596	40,596
Total Indicative Spend	248,947	258,370	267,921
West Dunbartonshire Council	88,948	93,409	98,333
NHSGCC	108,565	109,236	109,920
Set Aside	40,596	40,596	40,596
Total Resources	238,109	243,241	248,849
Indicative Budget Gap	10,838	15,129	19,072
Cumulative Budget Gap	10,838	25,967	45,039
Management Adjustments	3,879	3,142	3,142
Savings Options	1,109	1,535	1,535
Superannuation Savings	3,700	3,700	3,700
Application of Reserves	2,150	1,809	195
Measures to Balance the Budget	10,838	10,186	8,572
Indicative Budget Gap	0	4,943	10,500
Cumulative Budget Gap	0	4,943	15,443

The current 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 disability, physical disability, mental health 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 challenging 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 2024/25 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.

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.

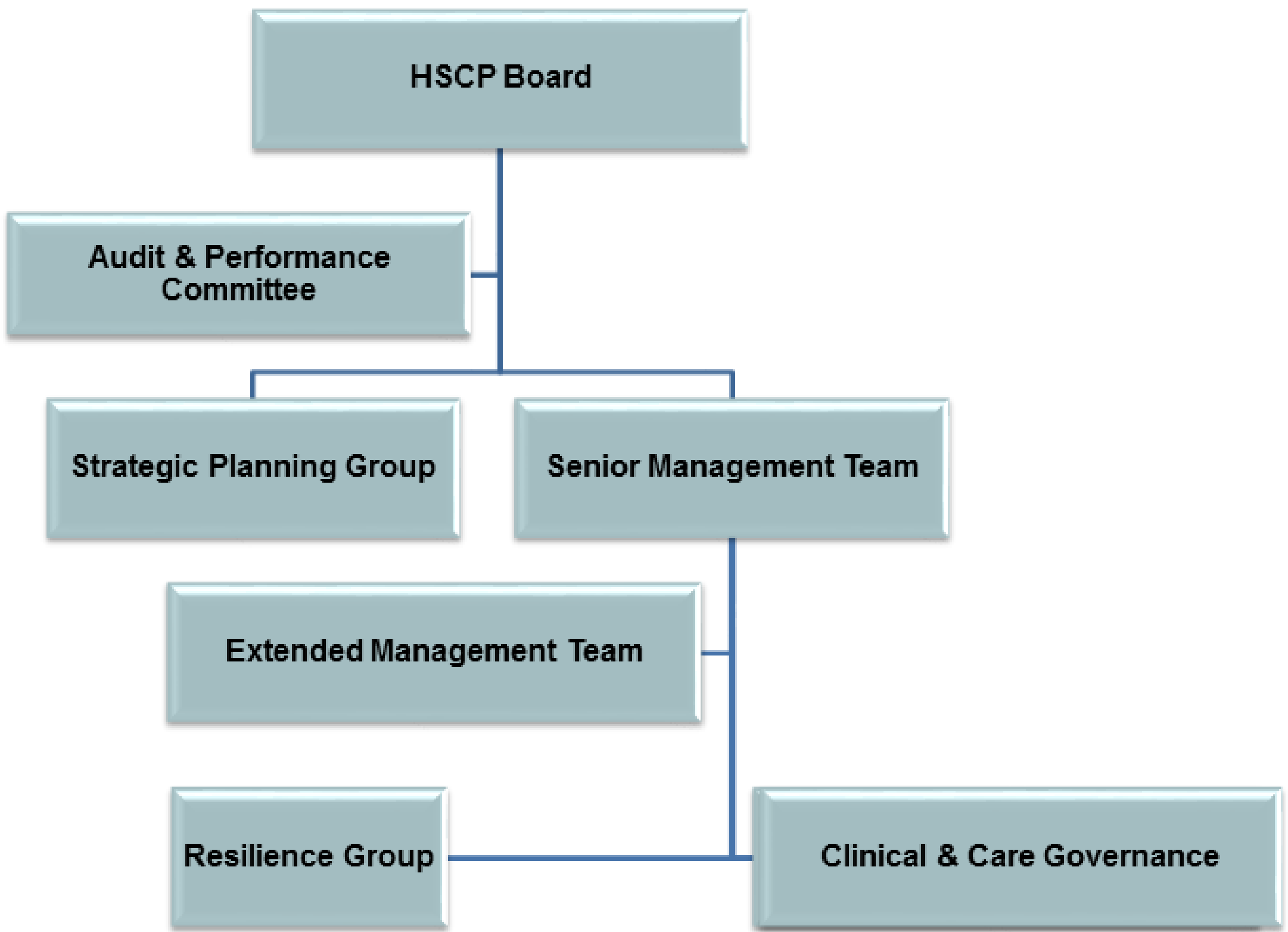
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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.



Governance 2023/24

The 2023/24 Internal Audit Annual Report for the HSCP Board identifies no significant control issues.

Overall, the Chief Internal Auditor’s evaluation of the control environment concluded that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2024 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.

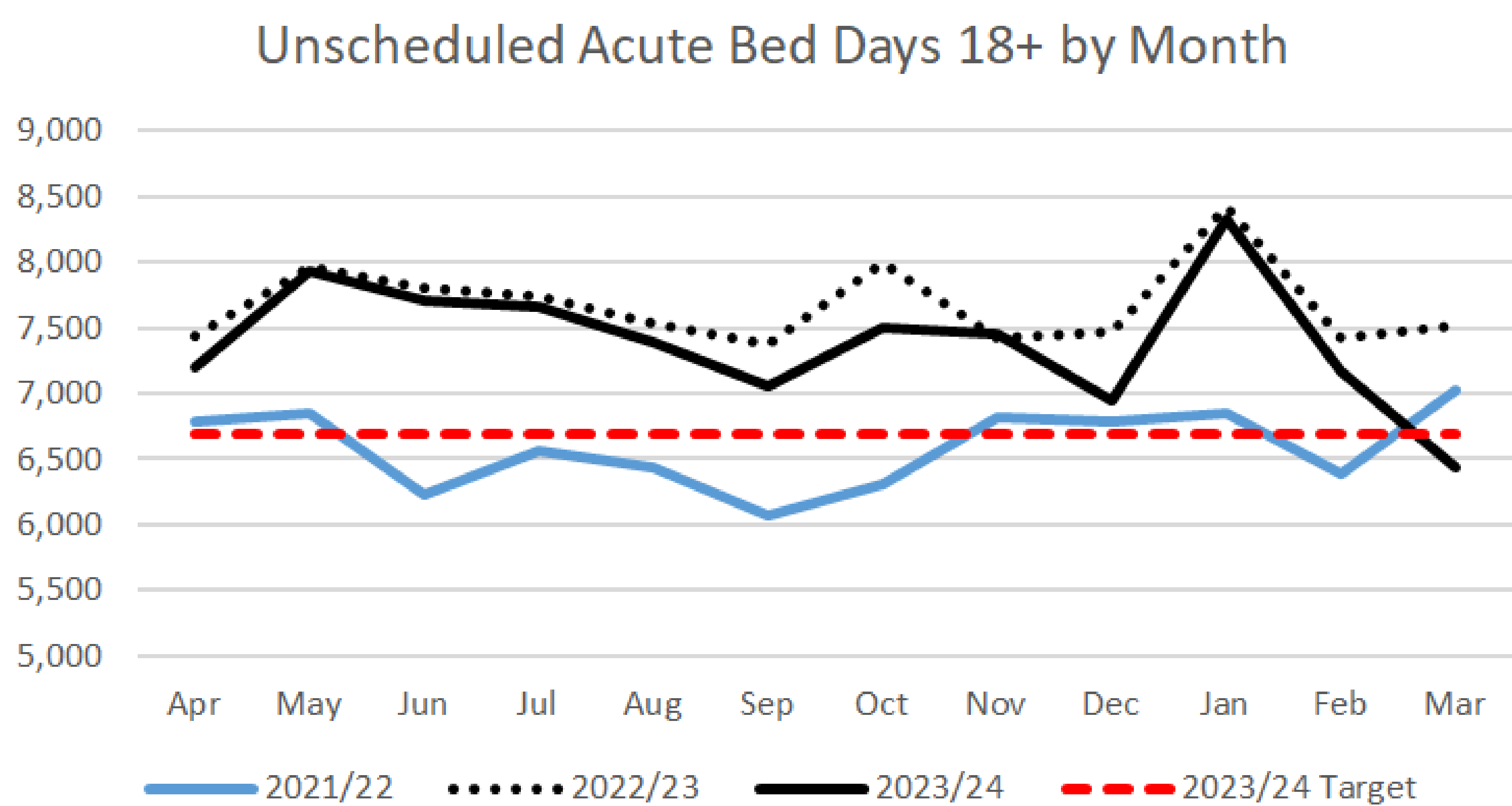
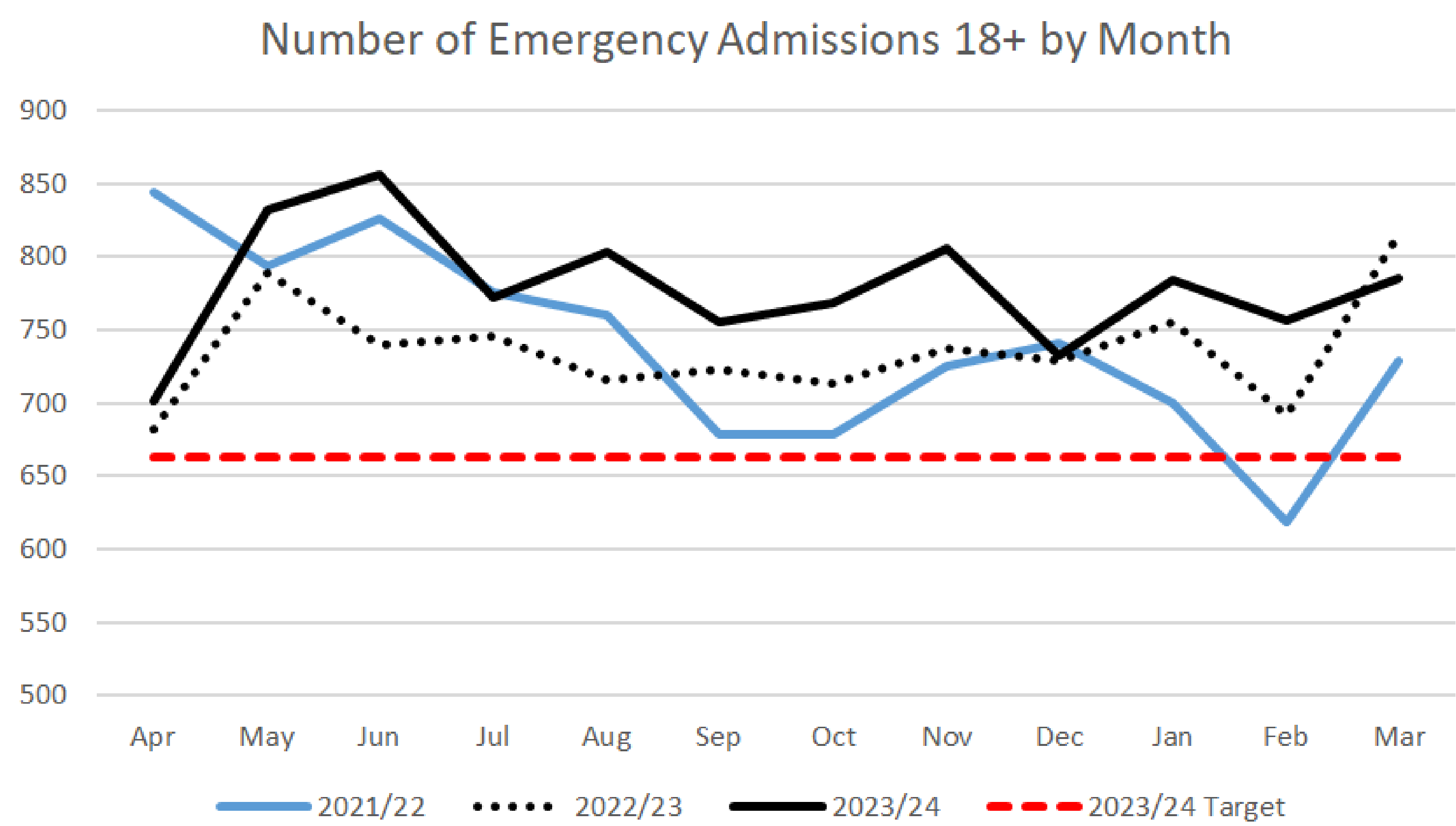
Appendix 1: Core Integration Indicators

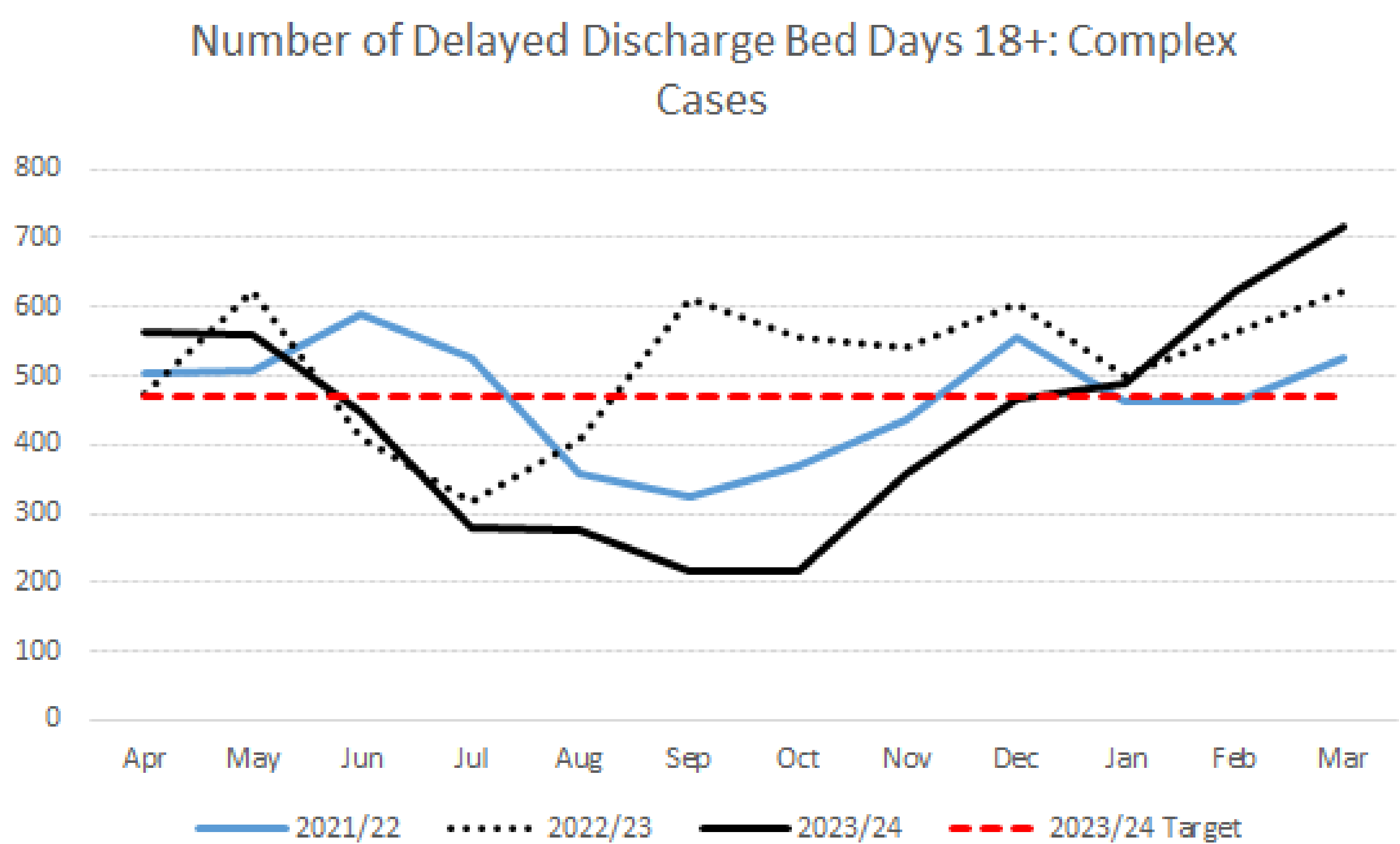
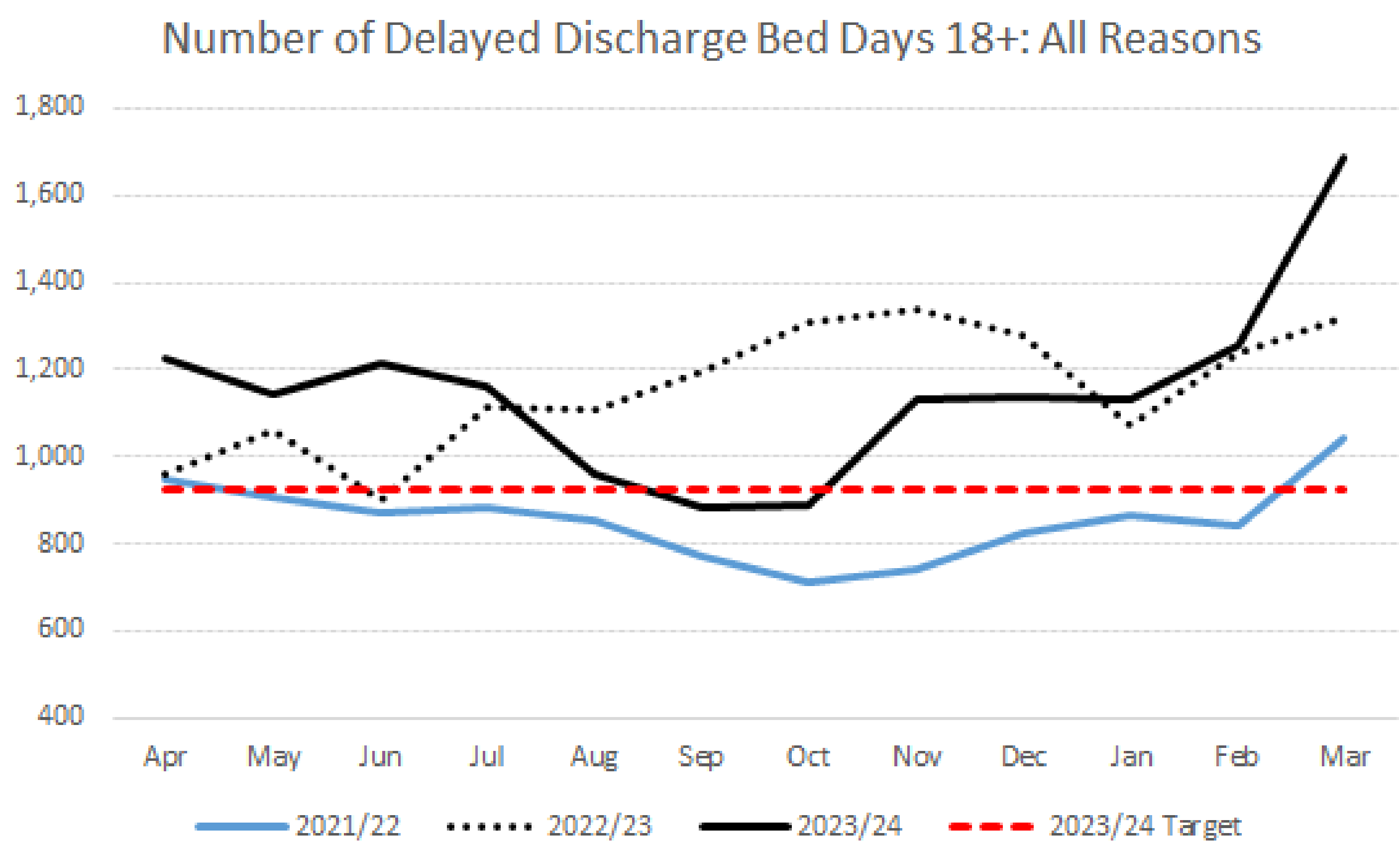
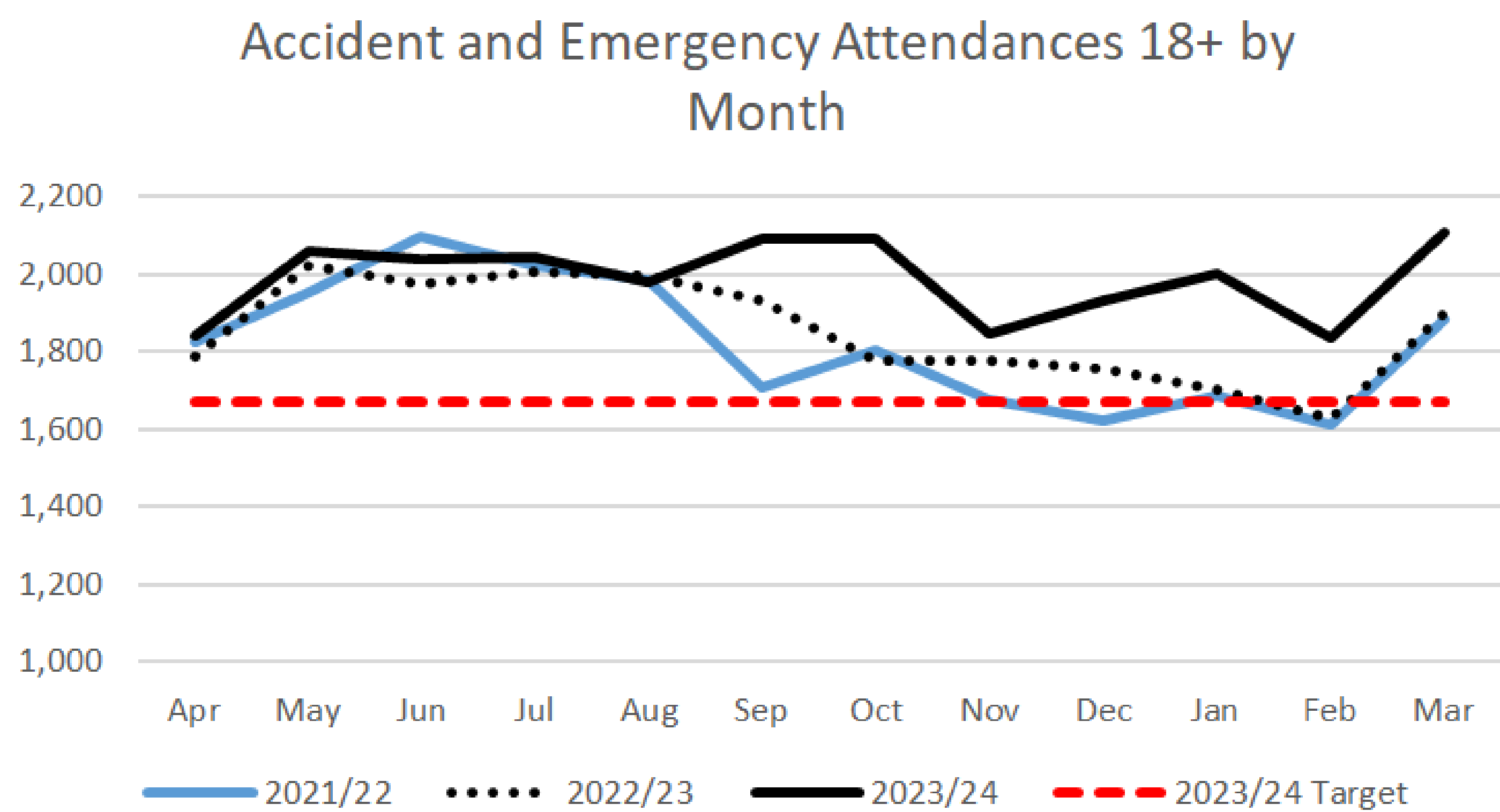
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.9%	90.9%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%	78.8%	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	2022	551	442	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2023	13,602	11,614	25	
NI-13	Rate of emergency bed days per 100,000 population for adults	2023	139,029	110,257	29	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges	2023	83	104	6	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2023	88.2%	89.2%	22	
NI-16	Falls rate per 1,000 population aged 65+	2023	23.7	22.7	21	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections	2022/23	82.1%	75.2%	6	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2023	70.2%	64.8%	6	
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2023/24	1,327	902	27	

Appendix 2: Local Government Benchmarking Framework

Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking in Scotland	WD Ranking in Family Group	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2022/23	88.5%	89.9%	15	4	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2022/23	£4,050	£4,804	17	4	
LGBF3	The gross cost of "children looked after" in a community setting per child per week £	2022/23	£250.59	£422.30	4	3	
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	2022/23	72.3%	82.1%	32	32	
LGBF5	% Child Protection Re-Registrations within 18 months	2022/23	0%	5.62%	1	1	
LGBF6	% Looked After Children with more than one placement within the last year	2022/23	14.2%	17.2%	12	5	
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults	2022/23	1.76%	8.72%	32	8	
LGBF8	Home care costs for people aged 65 or over per hour £	2022/23	£39.01	£30.45	23	5	
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home	2022/23	71.1%	61.54%	3	2	
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)	2022/23	£646	£684	14	4	


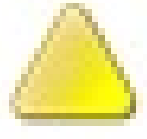
Appendix 3: Ministerial Steering Group Performance

















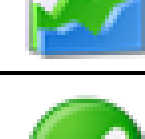



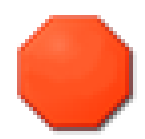











Appendix 4: HSCP Strategic Plan Key Performance Indicators

Target Type
L = Local
N = National
M = Monitoring only - no target set












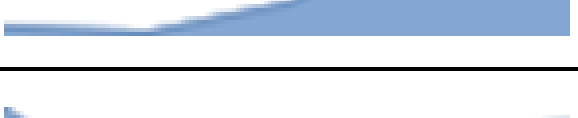

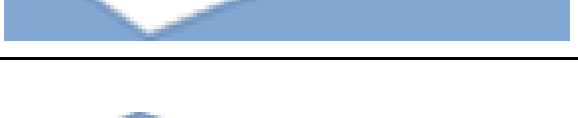
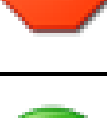
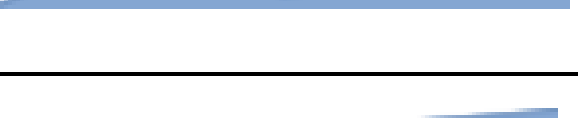



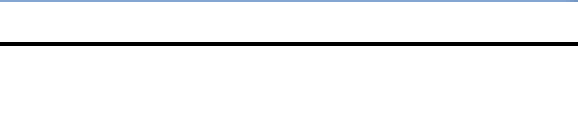
 Target achieved
 Target narrowly missed

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

Caring Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
L	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	93.7%	92.8%	95%		
L	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	92.9%	94.2%	95%		
L	Number of Adult Carer Support Plans completed	146	211	N/A		
L	Balance of Care for looked after children: % of children being looked after in the Community	88.5%	88.9%	90%		
M	Number of Looked After Children	466	506	N/A		
M	Number of Looked After children looked after in a residential setting	50	56	N/A		
M	Number of Looked After children looked after at home with parents	59	66	N/A		
M	Number of Looked After children looked after by foster carers	112	128	N/A		
M	Number of Looked After children looked after in other community settings	245	256	N/A		
N	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	99.1%	100%	90%		
L	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	9	6	18		
N	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	43.3%	60.2%	90%		
N	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95.9%	98.6%	90%		

Safe and Thriving Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
N	Percentage of child protection investigations to case conference within 28 days	New PI	80.6%	95%		New PI
M	Number of Child Protection investigations	253	291	N/A		
M	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	51	58	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	536	454	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	91	105	N/A		
N	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	85%	76%	100%		
N	Number of delayed discharges over 3 days (72 hours) non-complex cases	14	23	0		
L	Number of bed days lost to delayed discharge 18+ All reasons	13,905	13,819	11,124		
L	Number of bed days lost to delayed discharge 18+ Complex Codes	6,236	5,212	5,623		
L	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	11,390	10,765	9,112		
L	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	4,912	4,248	3,930		
L	Number of clients receiving Home Care Pharmacy Team support	1,129	1,065	1,248		
L	Number of people receiving Telecare/Community Alarm service - All ages	1,942	1,869	1,942		
L	Number of people receiving homecare - All ages	1,416	1,361	1,200		
L	Number of weekly hours of homecare - All ages	10,386	9,338	9,000		
L	Percentage of people who receive 20 or more interventions per week	39.5%	40%	40%		
L	Percentage of homecare clients receiving personal care	99.2%	99.6%	99%		

Equal Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72.4%	68.1%	98%		
N	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	84.2%	80.3%	80%		
N	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	27.9%	49.7%	80%		
L	Percentage of children from BME communities who are looked after that are being looked after in the community	86.2%	86.2%	90%		
L	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	66.7%	80%	80%		

Healthy Communities						
Target Type	Performance Indicator	2022/23	2023/24			5 Year Trend
		Value	Value	Target	Status	
L	Number of emergency admissions 18+	8,841	9,354	7,958		
L	Number of emergency admissions aged 65+	4,738	4,914	4,265		
L	Emergency admissions aged 65+ as a rate per 1,000 population	276.4	275.9	240		
L	Number of unscheduled bed days 18+	92,107	88,782	80,375		
L	Unscheduled acute bed days (aged 65+)	67,185	64,447	58,262		
L	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,919.3	3,618.4	3,271		
L	Number of Attendances at Accident and Emergency 18+	22,261	23,868	20,020		
N	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	43%	44%	90%		
N	Prescribing cost per weighted patient (Annualised)	£185.96	£193.03	£199.38		
N	Compliance with Formulary Preferred List	77.65%	74.34%	78%		

Appendix 5: HSCP Strategic Plan 2023-26 Delivery Plan Actions

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Progress the recruitment of a Community Participation Officer.	<div><div>100%</div></div>	✔	30-Apr-23	Recruitment process complete.	S&T
Review and update the HSCP Participation and Engagement Strategy.	<div><div>90%</div></div>	▶	30-Sep-24	This work is well advanced. The draft strategy will be presented to the Senior Management Team (SMT) on 25 September 2024 and then to the Integration Joint Board (IJB) for approval on 19 November 2024.	S&T
Review the role and function of Local Engagement Networks and the role of existing channels, including communities of interest and geography, in the service planning process and the development of locality plans.	<div><div>70%</div></div>	▶	30-Sep-24	Work is ongoing to refresh the local locality groups. This will be complete by the end of the year. In August 2024 the IJB provided approval to seek new non-voting members for the IJB from communities of interest, building on the recently established participation and engagement group.	S&T
Train our staff and embed the use of guidance for public engagement (rolling programme).	<div><div>0%</div></div>	▶	31-Mar-25	The Participation and Engagement Strategy will be presented to the IJB for approval on 19 November 2024. This training is an essential element to embedding the strategy across HSCP teams and will be rolled out in line with the agreed timescale.	S&T
Promote the use of Care Opinion to encourage patients, clients, carers and people who use our services to share their experiences of services, further informing choice.	<div><div>75%</div></div>	▶	31-Oct-24	Work is well advanced. The project will formally launch before the end of the financial year.	S&T
Strengthen the voice and include the views of the people who use our services in our individual care planning approach using My Assessment tools.	<div><div>100%</div></div>	✔	31-Mar-24	The implementation of My Assessment and My Plan documentation was initiated on a phased approach across Children and Families Services between April and July 2023. A guidance document for practitioners and training sessions were delivered with the document, strengthening the recorded view of children and young people being at the centre of practice and care planning. Ongoing evaluation of the implementation of the assessment and planning document is in place and supported and reported through the Project Management Office (PMO). Strengthening our commissioning of advocacy services for children is underway with Who Cares? as we anticipate a planned increase in the services delivering advocacy support for children and young people. Commissioning to support the delivery of our Champions' Board is underway and the Strategic Plan for the Champions' Board is being progressed by the Promise Keeper given the clear alignment with our Promise implementation and young people's voices.	CHC&J
Develop and implement a transition plan for people transitioning between children and adult social care services.	<div><div>75%</div></div>	▶	30-Sep-24	Joint working ongoing with draft papers drawn up and further meetings arranged.	MHLD&A
Undertake service design and improvement activity regarding how partners and people who use our services access HSCP services.	<div><div>50%</div></div>	▶	31-Mar-25	This action captures a number of key priority workstreams which includes the redesign of care at home services. Key improvement projects are presented to the IJB as standalone reports in order that Members can be updated on progress and any emerging issues. The PMO also oversees all change projects and meets on a monthly basis in order to ensure progress is in line with agreed deadlines.	S&T
Implement the action plan arising from the inspection of Fostering and Adoption Services.	<div><div>100%</div></div>	✔	31-Mar-24	Delays in permanency planning have been evident for some time. A newly created Permanency Team has just been recruited to, with agreed reconfiguration of social work resource to progress children's plans with a pathway of referral identified following a legal advice meeting recommending permanence. Our development of reportable data from CareFirst in relation to delays within the process is being developed to ensure there is clear oversight of any delays in plans for children by operational and senior managers. An independent reviewing team has been in place since June 2023 to review all looked after children and development of reporting on timescales and performance. Care Inspectorate inspection findings in June 2024 noted significant progress and this was reflected in the grading and findings.	CHC&J

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Implement the action plan resulting from the inspection of Justice Services	<div><div>100%</div></div>	✔	30-Sep-23	A review of the action plan has taken place in June 2024 with the Care Inspectorate, Head of Service and Justice Service Manager. The service is working to a revised improvement plan with self evaluation a key focus for further development.	CHC&J
Implement the Primary Care Improvement Plan (PCIP)	<div><div>100%</div></div>	✔	30-Apr-24	PCIP Action plan completed in relation to this action. PCIP funded workforce recruited to and PCIP now business as usual. Ongoing meetings to monitor issues but no expansion planned due to limitations in the allocated PCIP budget.	H&CC
Update Getting it Right For Every Child (GIRFEC) guidance. Implement training aligned with new national guidance and appoint a GIRFEC Lead Officer.	<div><div>25%</div></div>	▶	31-Mar-25	A subgroup of integrated children's services planning in now in place. A review of local protocol and assessment tools has taken place and refreshed training will be delivered to align with the revised national guidance in 2024, following the appointment of our Learning and Development Officer which requires to again be readvertised. However agreement has been given by the SMT that two posts will be recruited to for adults and children to support service learning priorities. The job evaluation process is ongoing.	CHC&J
Develop and implement a Children's Services initial response team.	<div><div>90%</div></div>	▶	29-Dec-24	All governance processes and consultation have concluded. Internal recruitment has concluded and external adverts are now being progressed to establish the new Children and Families Help and Support Team: service name arrived at through consultation with families and young people.	CHC&J
Review support workers and alternative to care model to ensure provision of early help and support and the prevention of children entering into care.	<div><div>15%</div></div>	▶	31-Dec-24	This is a defined workstream as part of the new strategy Improving Lives with Children and Young People in West Dunbartonshire - What Would it Take? Early scoping work regarding a reconfigured Family Support Service is underway but there is much more work required. A temporary appointment of an Acting Senior Manager to help support this work is underway due to long-standing absence which has delayed progress in taking this work forward. The 5 year strategy and associated Medium Term Financial Plan will be presented to the IJB.	CHC&J
Train and recruit staff to implement Caledonian System pathways and promote mandated and non-mandated access to the programme, to reduce risk to women and girls.	<div><div>100%</div></div>	✔	31-Jul-23	All staff have now been trained by the National Caledonian Team. This was concluded in December 2023. Mandated community sentences from Sheriffs are now taking place with implementation of the programme now live.	CHC&J
Continue to collaborate with Acute services, other HSCPs and Primary Care services to drive forward service improvements that will progress the strategic priorities of NHS Greater Glasgow and Clyde's Moving Forward Together plan.	<div><div>100%</div></div>	✔	31-Mar-24	Collaboration is ongoing across Greater Glasgow and Clyde as the Moving Forward Together (MFT) agenda progresses. This links with the Board-wide Primary Care Strategy as it develops as MFT is also incorporated within this programme.	H&CC
Develop and implement a five-year strategic approach – What Would it Take? – across Children's Services	<div><div>100%</div></div>	✔	31-Mar-24	The Strategy was presented to the IJB with the associated Medium Term Financial Plan in March 2024 and approved programme board is in place to support implementation.	CHC&J
Implement the HSCP Quality Improvement Policy across all teams and, as part of a wider quality framework, develop a quality assurance policy. Identify mechanisms to share good practice and benchmarking information routinely and systematically.	<div><div>75%</div></div>	⛔	30-Sep-23	There remains uncertainty about the future direction of this work. Work is ongoing to redraft a quality framework however it is unlikely this will be presented to the IJB until the end of the financial year.	S&T
Ensure planned audit and self-evaluation activities are in place across service areas to drive improvement.	<div><div>75%</div></div>	⛔	31-Mar-24	A schedule of audit has been developed across Children's Health and Justice with supervision and recording keeping being core to all service areas. An audit framework is in draft and a schedule of annual planned is updated year on year.	CHC&J
Implement independent reviewing arrangements for all looked after children.	<div><div>100%</div></div>	✔	31-Mar-23	The independent reviewing officers have been in post since June 2023 and all looked after children are being reviewed subject to statutory timescales.	CHC&J
Develop and implement the Local Carers Strategy with unpaid carers and providers of carer support services, taking into account the impact of Covid-19	<div><div>100%</div></div>	✔	28-Mar-24	The Local Carers Strategy was approved by the IJB on 28 March 2024. The implementation of this work is overseen by the Carers Development Group and reported annually to the IJB.	S&T
Monitor and evaluate the impact of the Local Carers Strategy on an ongoing basis, factoring in early preparations for the next revision.	<div><div>100%</div></div>	✔	30-Sep-23	Annual reports are presented to the IJB in respect of the progress of the Carers Strategy.	S&T
Further develop our support to kinship carers and provide access to regular support and learning opportunities to help sustain the care of children and young people.	<div><div>25%</div></div>	⛔	31-Mar-24	The development of this work is still at early stages and the Head of Service is engaging with local kinship group to progress this work. The service is in discussion with Association of Adoption Kinship Fostering to ensure independent scrutiny on all kinship assessment as part of permanence planning.	CHC&J

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Support and enhance our foster carer provision and ensure training needs are met and support is provided, to ensure high quality care experiences for children and young people.	<div><div></div></div> 35%		31-Mar-24	This is an identified workstream as part of our What Would It Take? strategy and further development is required following approval of the strategy and associated financial plan by the IJB in February 2024.	CHC&J
Develop a parenting strategy to ensure that the needs of parents and carers are met and access to services is in place, aligned to families' assessed needs.	<div><div></div></div> 10%		31-Mar-25	A refresh of West Dunbartonshire exiting strategy is required aligned to Integrated Children's service planning. An updated on timescales is required as this work will not be able to be completed within the timeframe set out.	CHC&J

Safe and Thriving Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Implement learning and development across the workforce and quality assurance with three additional posts aligned to Child and Adult Protection Committees.	<div><div></div></div> 70%		31-Jul-24	The IJB approved recruitment of a Principal Social Work Officer and learning and development posts in 2023 This posts were approved for recruitment by the SRRG who consider all council posts in February 2024. The posts are currently still subject to job evaluation. In the interim learning and development opportunities are being commissioned and our lead officers for children and adults are delivering appropriate protection training in line with National Guidance.	CHC&J
Implement the recommendations from the recent inspection of Adult Support and Protection.	<div><div></div></div> 80%		30-Sep-24	Extensive work has been progressing to meet the learning from the inspection. Tripartite audit took place in February 2024.	MHLD&A
Implement improvement plan based on the joint inspection of services for children and young people at risk of harm.	<div><div></div></div> 70%		31-Mar-24	Significant progress has been achieved in taking forward the action plan following the Inspection of Children at Risk of Harm. Longer term actions have been embedded within the Integrated Children's Services Plan reporting to Community Planning and Child Protection Committee where these actions will be progressed. A review of all actions is being concluded and remaining actions are being aligned to the HSCP Strategic Plan Delivery Plan and relevant service areas.	HSCP
Refresh our violence against women and girls oversight in relation to domestic abuse.	<div><div></div></div> 100%		30-Sep-23	The strategic group has now been established with an identified chair. The West Dunbartonshire Strategy is currently in development and will report through the Public Protection Chief Officers Group and Community Planning. A Co-ordinator has now been appointed to support partners to strengthen and lead this work.	CHC&J
Implement National Child Protection Guidance 2021.	<div><div></div></div> 90%		30-May-25	The North Strathclyde partnership commissioned an update of the West of Scotland Child Protection procedures. This work was completed in March 2023 and local updates have been completed to reflect West Dunbartonshire Guidance. Refreshed Child Protection training dates are in place and being delivered from September 2024.	CHC&J
Adopt national Adult Protection measures and report through the Adult Protection Committee.	<div><div></div></div> 85%		31-Mar-24	The implementation of Adult Protection national dataset has been progressed. Reporting is now aligned to the national minimum dataset.	MHLD&A
Implement phase two of the national measures and report through the Child Protection Committee.	<div><div></div></div> 100%		31-Mar-24	Version 2 of the Child Protection Minimum Dataset was implemented from April 2023. We continue to work with partner organisations to enhance our local datasets for Child Protection.	CHC&J
Implement the Scottish Child Interview Model (SCIM) as part of a revised model of "duty", to ensure initial service responses to concerns are robust and timely.	<div><div></div></div> 100%		31-Mar-24	The model has been implemented in West Dunbartonshire. An oversight group has been developed between West Dunbartonshire and Argyll and Bute. The SCIM model will be aligned to the revised duty model in 2024. Updates to Child Protection Committee and developments of local data is now established. Staff are benefiting from the national training on SCIM which has been implemented.	CHC&J
Work with West Dunbartonshire Council to carry out a review of older people's housing options, including a review of sheltered, amenity and retirement housing.	<div><div></div></div> 5%		30-Sep-24	Some progress has been made and the HSCP now plays an active role in the Housing Emergency Steering Group. However, resource pressures across the HSCP and housing teams mean that this work is unlikely to be fully achieved within the original timescales.	S&T
Work with West Dunbartonshire Council to review its adaptations approach in alignment with anticipated updated policy guidance from the Scottish Government.	<div><div></div></div> 5%		31-Mar-25	Some progress has been made and the HSCP now plays an active role in the Housing Emergency Steering Group. However, resource pressures across the HSCP and housing teams mean that this work is unlikely to be fully achieved within the original timescales.	S&T
Continue to work with colleagues in West Dunbartonshire Council to ascertain demand for specialist accommodation, for example for people with learning disabilities, and develop new suitable properties where appropriate.	<div><div></div></div> 70%		31-Mar-26	Excellent progress has been achieved in some areas, for example within mental health and learning disabilities, with progress achieved in respect of St Andrews Way and Davidson Road projects. However, further work is required in respect of the provision of children's residential houses.	S&T

Safe and Thriving Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Work with colleagues in West Dunbartonshire Council to review our children’s homes to seek an optimum model for replacement linked to the development of supported accommodation for care leavers.	<div><div></div></div> 40%		31-Mar-25	The business case is currently in development and requires to be available to the Council in order for this to be built into the capital spend programme for 2024/2025. A working group has been set up led by the Head of Service for Strategy and Transformation to progress this. Visits to the Children’s Houses have taken place with the Chief Executive and Elected Members who are supportive of a replacement build.	CHC&J
Implement a custody-to-community subgroup of the Community Justice Partnership.	<div><div></div></div> 100%		31-Mar-24	A full time Community Justice Co-ordinator is now in post and the development of our Community Justice Outcomes Improvement Plan include development of a dedicated group to look at this pathway, as a priority area in relation to our Community Justice activity. The group is now well establish with membership and Terms of Reference agreed. All partners are contributing to the delivery of the Community Justice Outcome Improvement Plan which is reported to Community Planning.	CHC&J
Implement the “outcome stars” programme to improve outcome measuring and reporting for people who are the subject of justice interventions.	<div><div></div></div> 25%		31-Mar-24	A revised timeline has been implemented to further progress the outcomes star to full implementation by December 2025. Increased caseloads across all domains of the Justice Service has negatively impacted on this action being deliverable.	CHC&J
Increase the skills and opportunities for learning and employment among adult offenders subject to Community Payback Orders (CPOs).	<div><div></div></div> 75%		31-Mar-25	Local Employment Partnership has been instrumental in supporting access to data for employment, training and vocational opportunities for justice service users. Further work in partnership with local colleges is looking to be progressed in this area.	CHC&J
Work with communities to promote awareness and completion (when appropriate) of anticipatory care planning, including power of attorney, to promote a person-centred approach to future planning.	<div><div></div></div> 100%		31-May-23	Future care Planning now embedded in District Nursing and in Care Homes. Performance is monitored via NHS reporting (Unscheduled Care). Next steps are to roll Future Care planning out across integrated teams, including Older People's Mental Health. In addition, the Power of Attorney campaign delivered by the Citizens' Advice Bureau is funded by the HSCP to enable people access Power of Attorney free of legal fees.	H&CC
Work in partnership with stakeholders and people who use our services to develop pathways of care that promote and support self-management of long-term conditions.	<div><div></div></div> 40%		30-Sep-25	A locality focussed approach is in progress to review strategic needs data and agree priority areas of focus. These will be medium and long term priorities that will then be considered via the two locality groups and actions agreed and implemented.	H&CC
Establish a reablement approach within Care at Home Services that will promote independence; enable active engagement in meaningful activities; and support and enable positive risk-taking to maximise independence.	<div><div></div></div> 100%		30-Sep-23	Reablement service now established and fully staffed. Impact is monitored and to date demonstrating positive outcomes for service users and a reduction in transfers of care to mainstream care at home.	H&CC

Equal Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Maximise every contact by identifying any wider determinant issue and ensuring patients, clients and their carers are directed to relevant services for help.	<div><div></div></div> 50%		31-Mar-25	The My Life Assessment has been embedded and this has been supported by Just Enough Support Training. A recent evaluation of this work has identified a number of areas for improvement. An improvement plan will be co-produced with staff and service users and reported to the IJB. The timeline has slipped due to vacancies within the Strategy and Transformation service however will be reported to IJB before the end of this financial year.	S&T
Work with community planning partners to proactively support the development and implementation of the Child Poverty Strategy.	<div><div></div></div> 100%		31-Mar-25	This work is complete. The HSCP is embedded within the family prosperity network and active partners in the compilation of bids for additional resources. The Child Poverty Annual Report will be reported to the IJB in November 2024.	S&T
Building on the Shaping Places for Wellbeing Programme, embed the place principles in policy planning.	<div><div></div></div> 100%		31-Mar-24	This work is now complete. Final reports to be presented to the Community Planning Partnership. A suite of information documents pertaining to a range of place and wellbeing outcomes has been developed and published as part of the project legacy work.	S&T
Proactively contribute to the implementation of West Dunbartonshire Council’s Climate Change Strategy.	<div><div></div></div> 100%		31-Mar-24	The WDC climate change group has been re-established. Staff to approach the HSCP directly in respect of any areas where the Partnership may be able to directly support the delivery of outcomes.	S&T
Implement our Equalities Mainstreaming and Outcomes Framework, report on our progress to the HSCP Board and the Risk, Audit and Performance Committee, and plan to review and revise the outcomes within the framework.	<div><div></div></div> 100%		31-Mar-24	The Mainstreaming Equalities group has been established and outcome indicators developed. This work is now embedded and will be reported annually to the IJB via the HSCP Annual Performance Report.	S&T
Focus on improving quality of care for people living with dementia and their families, and develop strategies to reduce the risk of people developing dementia.	<div><div></div></div> 45%		28-Feb-26	Extensive work has been undertaken to evaluate and get feedback from staff and patients/carers. Report has been presented to PMO recommending further work to develop Older Adult Mental Health services, ensuring robust and effective care and support.	MHLD&A

Equal Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement a mental health and learning disabilities improvement plan to increase community provision across Secondary and Primary Care.	<div><div>100%</div></div>	✔	31-Mar-24	Work is ongoing with Commissioning and Housing to look at service provision. A number of services are being developed and service users are moving into these, providing choice and differing levels of support.	MHLD&A
Review pathways and access to mental health services for children and young people, and further develop early help models of support.	<div><div>100%</div></div>	✔	31-Mar-25	Research was commissioned from, and completed by, Glasgow University by the Health Improvement Team . Families and young people told us there was no family based services in their community which were mental health specific. The HSCP has supported the funding of Neurodiversity Support for young people within the hubs and in schools from mental health Scottish Government funding and use of reserves. The sustainability of the model is currently being considered.	CHC&J
Review the outcomes of a pilot programme on children’s wellbeing carried out in schools and in partnership with education services as part of the Icelandic Planet Youth Model, to better understand mental health support.	<div><div>75%</div></div>	▶	31-May-25	Work is ongoing in relation to Planet Youth work and subject to annual evaluation.	CHC&J
Implement permanence and care excellence measures and use data to drive improvement in permanence planning timescales for children and young people.	<div><div>40%</div></div>	▶	30-Sep-25	This work stream is being taking forward through the children’s 5 year strategy What Would It Take? Progress is in place through our Programme Management Office and CareFirst reporting for children’s permanence journeys is now is place. This was recognised through the Inspection of Fostering and Adoption services in June 2024 and the grading improved to reflect this position.	CHC&J
Working as part of the Community Planning West Dunbartonshire, take an active role in the development and implementation of a suicide prevention programme.	<div><div>10%</div></div>	⛔	31-Mar-24	The suicide prevention group has been in abeyance due to staff changes and capacity challenges. However, the staffing challenges have now been addressed and it is anticipated the group will be relaunched in October 2025. Discrete pieces of work are ongoing in respect of ASSIST training and locations of concern.	S&T
Implement the West Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy.	<div><div>65%</div></div>	▶	31-Mar-25	The strategy was developed over four years ago and the ADP is currently reviewing this and identifying priorities for the year ahead.	MHLD&A
Implement the Medication Assisted Treatment (MAT) Standards Implementation Plan within West Dunbartonshire.	<div><div>75%</div></div>	▶	31-Mar-26	We currently have been informed that 1-5 is Green and 6-10 is probable green, which is the highest scoring. Work is continuing.	MHLD&A
Review Drug Treatment and Testing Order and integration options of nursing services as part of current delivery within the Justice Service.	<div><div>60%</div></div>	⛔	30-Nov-23	Premises have been identified to house the integrated care team within Drug Treatment and Testing Orders. Further work required to return to full operational provision.	CHC&J

Healthy Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Provide trauma-informed training across our workforce, to underpin our approach to engagement.	<div><div>40%</div></div>	▶	31-Mar-25	Service has delivered a range of trauma-informed practice learning and development sessions across Justice, Children's Residential Services and trauma-informed leadership within Children and Families. A working group has been developed to strengthen and roll out our trauma training across the Council and HSCP. A key priority is to ensure that our foster carers and residential staff who have been trained in dyadic dynamic psychotherapy (DDP) and a refresh of this training for residential staff and foster carers is planned.	CHC&J
Develop evaluation framework for adverse childhood experiences evaluation and trauma-informed practice, and strengthen the representation of care-experienced young people through the Champions Board.	<div><div>100%</div></div>	✔	30-Jun-23	The HSCP Trauma-Informed lead has been appointed and a steering group is now in place in order to develop the evaluation of trauma-informed practice for service users and our workforce informed by the national work taking place in relation to outcomes. Who Cares? have now been commissioned to develop our local Champions' Board and children and young people engagement group.	CHC&J
Reduce the use of and harm from alcohol and other drugs.	<div><div>30%</div></div>	▶	31-Mar-26	The ADP has been working to ensure that MAT 1-5 have been implemented, with 6-10 in progress. ADP has reviewed its strategy and has key priorities identified.	MHLD&A
Through the Health Improvement Team, develop a range of interventions linked to cancer prevention, sexual health, physical activity and substance use	<div><div>50%</div></div>	▶	31-Mar-25	Work is ongoing in these areas as a matter of core business. However, the workplan will be refreshed in response to the health and wellbeing survey and the relevant calls for action as outlined in the recent Director of Public Health report "Turning the Tide".	S&T
Contribute to the development and implementation of the West Dunbartonshire Council Active Travel Plan and Open Space Plan.	<div><div>100%</div></div>	✔	31-Mar-24	An Active Travel data sheet has been developed as an outcome of the shaping places for wellbeing work. An Active Travel Group has been established and includes representatives from the Health Improvement Team.	S&T



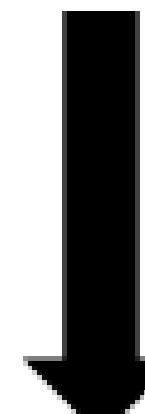

Strategic Enablers					
Workforce					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop management to support integration and build leadership capacity at all levels.	<div><div>50%</div></div>	<div></div>	31-Mar-24	We have not met Year One deadline however this is a priority for Year Two within the Workforce Plan Progress Report taken to the IJB in February 2024.	HR
Reflect on the 2023–2026 Strategic Plan and review the workforce plan in line with national and regional policies	<div><div>25%</div></div>	<div></div>	31-Jul-23	A new workforce plan is due to the Scottish Government by October 2025 covering 2025-28 and we are awaiting further guidance. The current workforce plan was developed in light of the pandemic. Our 2025-28 workforce plan will be more closely aligned to the Strategic Plan and Medium and Long Term Financial Plans.	HR
Develop and implement our workforce plan, focusing on staff recruitment, retention, training and health and wellbeing.	<div><div>75%</div></div>	<div></div>	31-Mar-24	Year One progress report was in the Action Plan submitted to IJB in February 2024. The Board approved the 2024–2025 Action Plan, in particular the progress on actions completed in Year One and the planned actions/priorities for Year Two 2024–2025.	HR
Undertake workforce modelling to inform ICT needs, in the context of a blend of office-based, hybrid and home working	<div><div>25%</div></div>	<div></div>	31-Jul-23	HSCP Digital Strategy was approved by the IJB in August 2024. Digital Business Lead in post.	HR
Develop more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.	<div><div>50%</div></div>	<div></div>	31-Mar-24	Recruitment and Retention Group developing pathways and initiatives.	HR
Through the “Just Enough Support” programme, empower staff to empower citizens to take greater responsibility for their own outcomes.	<div><div>100%</div></div>	<div></div>	31-Mar-24	Launched and programme is in place.	HR
Conduct a business support services review	<div><div>40%</div></div>	<div></div>	31-Mar-25	Work is progressing well and a workforce tool has been developed and implemented. It is unlikely that savings will be achieved within the 2024/25 financial year unless a vacancy freeze is implemented in this area. Deep dives are required in respect of a number of key workstreams including minute taking and the blue badge application process. This is the second phase of the work. This project is reported to PMO on a regular basis.	S&T
Finance					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Increase the percentage of the budget spent on ensuring that commissioned social care services are compliant with financial and procurement regulations.	<div><div>50%</div></div>	<div></div>	31-Mar-25	The Commissioning Team is working closely with Procurement colleagues to monitor compliance on a monthly basis. This remains a work in progress although positive steps have been taken to start the development of service specific frameworks which will ensure compliance. The compliance figures alone do not tell the entire commissioning story and work is ongoing to go beyond compliance to ensure ethical commissioning practices are adhered to.	S&T
Strengthen budget-setting arrangements with West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and revise the medium-term financial plan in line with the 2023–2026 Strategic Plan.	<div><div>80%</div></div>	<div></div>	30-Nov-24	The HSCP Board have recognised the complexities of updating the Medium Term Financial Plan when there is significant uncertainty around settlements. They agreed in March to extend the date until November 2024.	Fin
Develop and implement an improved Area Resource Group (ARG) process to ensure that every person who uses our services and their carer, where applicable, is offered the opportunity to have their income maximised annually.	<div><div>100%</div></div>	<div></div>	31-Mar-24	AARG for adult services in progress now.	MHLD&A
Technology					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement a project plan for the replacement of the CareFirst Information System.	<div><div>25%</div></div>	<div></div>	31-Mar-26	Work has commenced on the development of a replacement system for CareFirst. The business case will be presented to the PMO before the end of the financial year. The future of this project remains uncertain as it is dependent on its inclusion in the local authority capital plan.	S&T
Increase our focus on the provision of good-quality data, to enable services to monitor and provide effective and efficient health and social care.	<div><div>75%</div></div>	<div></div>	31-Mar-26	Work in this area is well advanced however continues to be a work in progress as Heads of Service refine their data needs. Further training is required on data literacy and systems development (such as the replacement of CareFirst) and this is captured in the recently approved Digital Strategy. The establishment of the CareFirst Board has had a positive impact but volume of requests on a small team with limited resources means that progress in some areas is slow.	S&T

Technology					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Support the implementation of appropriate technology-based improvements, including the federation of NHS and Council systems.	<div><div>100%</div></div>		31-Mar-26	Federation project now complete.	S&T
Expand the use of technology-enabled care (TEC) throughout West Dunbartonshire.	<div><div>50%</div></div>		31-Mar-26	Progress has been positive both in relation to the analogue to digital switchover and the approval of the HSCP Digital Strategy. Once the transition has taken place in respect of analogue to digital further work to expand technology-enabled care will be progressed.	S&T
Address digital exclusion by exploring ways to assist access to digital systems and promote automation.	<div><div>25%</div></div>		31-Mar-24	Progress on automation has been slow due to pressure on internal resources. It is proposed that via the Digital Strategy this work is outsourced going forward. It is anticipated greater progress will be achieved over a 3 year timeframe in line with the Digital Strategy. This will be reported independently to the IJB on an annual basis.	S&T
Develop and implement the Analogue to Digital Implementation Plan.	<div><div>70%</div></div>		31-Mar-25	This work is progressing well and will be achieved in line with the agreed timescale. Reports are presented to PMO on a regular basis.	S&T

Partnerships					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Continue to play a proactive and positive role in Community Planning structures.	<div><div>33%</div></div>		31-Mar-24	We continue to work proactively with our Community Planning partners through the Nurturing, Safe and Independent Delivery and Improvement Groups.	HSCP
Transform our commissioning approach, focusing on social care market stability.	<div><div>50%</div></div>		30-Mar-26	Significant progress has been made in this area. This includes the creation of provider forums, focused work in relation to (for example) block funding, enhanced reporting in respect of regulated services and advances in contract management and quality assurance. Further work is required given the range of services commissioned by the HSCP.	S&T
Co-produce services with the people who use them, around their needs.	<div><div>50%</div></div>		30-Sep-24	Significant progress has been made in this area which can be exemplified by the work undertaken around the Participation and Engagement Strategy. Service users have been engaged in the redesign of care at home services and work is ongoing to embed this approach across all HSCP services.	S&T
Develop and implement clear communication plans to keep communities informed and engaged.	<div><div>10%</div></div>		31-Mar-25	The HSCP can identify key areas of good practice where communication plans have been embedded into service delivery for example redesign work in order to ensure stakeholders (including service users) are kept informed and engaged. However, ensuring strong communications across the wider community remains challenging as communication resources are very limited. This will be partially addressed via the Participation and Engagement Strategy and also via the Digital Strategy.	S&T
Ensure ethical commissioning in relation to financial transparency and fair working conditions for social care staff, and progress the implementation of Unison's Ethical Care Charter.	<div><div>50%</div></div>		31-Mar-25	Significant progress has been made in this area. This includes the creation of provider forums, focused work in relation to (for example) block funding, enhanced reporting in respect of regulated services and advances in contract management and quality assurance. Further work is required given the range of services commissioned by the HSCP.	S&T

Infrastructure					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement an HSCP transport policy.	<div><div>100%</div></div>		30-Apr-23	Work complete and the policy rolled out. The project was formally closed at January 2024 PMO.	S&T
Develop and implement a property strategy for West Dunbartonshire that considers improved planning in relation to the location of services, to improve access, influence capital planning processes and develop "20-minute neighbourhoods".	<div><div>50%</div></div>		31-Mar-26	The HSCP Strategic Property group is operational and has identified 14 key strategic projects. Work on each project is at a different stage of development. Projects of scale are unlikely to be fully realised in the lifetime of the strategic plan.	S&T
Implement the improvement plan in relation to social work with a focus on accommodation, service user provision, and workforce wellbeing and worth.	<div><div>90%</div></div>		31-Aug-24	All aspects of the improvement plan have been implemented with one exception, and a solution for family time space within the Clydebank area. Further discussion with Trade Unions and staff are taking place with an option currently under consideration.	CHC&J
Assess the business case for closing Helensburgh Children's House and develop an options appraisal based on future requirements.	<div><div>20%</div></div>		30-Sep-23	The work has been commissioned in order to develop the business case.	CHC&J

Appendix 6: Care Inspectorate Gradings

Service	Previous Inspection	Grade	Quality Theme	Latest Inspection	Grade	Quality Theme
Queens Quay House Care Home Service	29-Sep-23	N/A	Care and Support	09-Jan-24 	N/A	How well is care and support planned?
		N/A	Environment		N/A	How good is our staff team?
		4	Staffing		N/A	How good is our leadership?
		Good	Management and Leadership		4	How well do we support people's wellbeing?
		3 Adequate			Good N/A	How good is our setting?
	Requirements: 0					
Crosslet House Care Home Service	14-Dec-22	N/A	Care and Support	18-Dec-23 	N/A	How well is care and support planned?
		N/A	Environment		N/A	How good is our staff team?
		5	Staffing		5	How good is our leadership?
		Very Good	Management and Leadership		5	How well do we support people's wellbeing?
		5 Very Good			Very Good N/A	How good is our setting?
	Requirements: 0					
West Dunbartonshire Council Sheltered Housing Housing Support Service	11-Dec-19	5	Care and Support	25-Apr-23 	4	How well is care and support planned?
		Very Good	Environment		Good	How good is our staff team?
		N/A	Staffing		3 Adequate	How good is our leadership?
		N/A	Management and Leadership		3 Adequate	How well do we support people's wellbeing?
		5			Good N/A	How good is our setting?
	Requirements: 1. By 31 August the service must comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant incidents under the correct notification heading and within the required timeframe. 2. By 31 August the service must reintroduce supervision for staff to support their learning and development. 3. By 31 August the service must have completed, or have scheduled, training for sheltered housing supervisors. This should include, but not limited to, completion of induction, IPC and dementia training to skilled level (incorporating previous AFI from 2017, 2018 and repeated 2019).					
West Dunbartonshire HSCP Learning Disability Service - Community Connections Housing Support Service	10-Jan-23	5	Care and Support	16-May-23 	N/A	How well is care and support planned?
		Very Good	Environment		N/A	How good is our staff team?
		N/A	Staffing		5	How good is our leadership?
		5	Management and Leadership		5	How well do we support people's wellbeing?
		Very Good			Very Good N/A	How good is our setting?
	Requirements: 0					

Annual Complaints Report 2023/2024

West Dunbartonshire
Health & Social Care Partnership

www.wdhscp.org.uk



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Introduction

West Dunbartonshire Health and Social Care Partnership (HSCP) aims to provide the best services possible for our citizens, however there will be instances where people feel dissatisfied with, or let down by, the service they receive. As an organisation we value any and all feedback we receive. Making a complaint to the HSCP gives us the opportunity to put things right for individuals and to improve our services. By investigating complaints and looking at any trends or patterns in complaints received, we can identify areas for improvement, gaps in service provision, training needs within the organisation or where particular groups may be experiencing similar dissatisfaction with our services. Often complaints can give us a fresh perspective: identifying issues or problems which we, working within the organisation, have not fully considered from a service user's point of view.

How we handle our complaints is essential to restoring positive relationships with people who feel let down by our services. This report will outline how we handled complaints during the period 1st April 2023 to 31st March 2024.

Model Complaints Handling Procedures

All public authorities in Scotland are required to produce, operate and report on a Model Complaints Handling Procedure (MCHP) in line with the Scottish Public Services Ombudsman's MCHP and Performance Framework.

There are two stages to both the Council and NHS MCHPs:

Stage 1 Frontline Resolution

We aim to respond to complaints quickly. This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem. We will respond to a stage 1 complaint within five working days or less, unless there are exceptional circumstances. If the person making the complaint is not satisfied with the response they are given at this stage, they can choose to take their complaint to stage 2.

Stage 2 Investigation

Stage 2 deals with two types of complaint: those that have not been resolved at stage 1 and have been escalated to stage 2; and those complaints that clearly require investigation and so are handled from the onset as stage 2.

For a stage 2 we will acknowledge receipt of the complaint within three working days and provide a full response as soon as possible, normally within 20 working days. If our investigation will take longer than 20 working days, we will inform the person making the complaint of our revised time limits and keep them updated on progress.

Complaints about the functions and operation of West Dunbartonshire Health and Social Care Partnership Board are dealt with through the HSCP Board's MCHP which was developed during 2020/21 and was approved by the Board at their meeting on 26th November 2020. The HSCP has a duty to report on any complaints managed under the HSCP Board's MCHP. There were no complaints received about the functions of the HSCP Board during 2023/24.

When a complaint is received by West Dunbartonshire HSCP about our services, and not the functions of the HSCP Board, a decision is taken whether to process the complaint under either West Dunbartonshire Council's MCHP or NHS Greater Glasgow and Clyde's MCHP, depending on which service areas are covered. For example a complaint about service provided by Children's Social Work Services would be managed under the Council's MCHP but a complaint about a Psychiatry service would be managed under the NHS MCHP. West Dunbartonshire Council and NHS Greater Glasgow and Clyde will include these HSCP complaints in their Annual Complaints Reports however in the interests of openness and transparency and to fully reflect on the HSCP's handling of complaints they will also be included in this report.

SPSO Performance Framework

The Scottish Public Services Ombudsman (SPSO) has developed a standardised set of complaints performance indicators which organisations are required to use to understand and report on performance in line with the MCHP. The consistent application and reporting of performance against these indicators will also be used to compare, contrast and benchmark complaints handling with other organisations, and in doing so will drive shared learning and improvements in standards of complaints handling performance.

Indicator 1: Learning From Complaints



Complaints are routinely reported to our Senior Management Team, through the HSCP's Clinical and Care Governance meetings and within the HSCP's Quarterly Performance Reports to our Audit and Performance group. These reports cover volume of complaints, compliance with timescales and outcomes by service area. Further detail at this level is available at Appendix 1. Detail is also provided about the nature of each complaint by theme and any actions taken as a result of the complaint investigation and resolution.

During 2023/24 learning from complaints contributed to the following agreed actions:

- A detailed audit of Blue Badge processes initiated in response to the investigation of complaints received by the HSCP. Continue to target Occupational Therapy resources to allow us to reduce the waiting time for the small number of people who require an Independent Mobility Assessment.
- Delays in the process from referral point to receiving a visit from a social worker to be discussed at Community Older People's team meetings.
- Improvement in our clear communication with service users regarding maintenance costs for equipment.
- Voicemail messages to be reviewed and updated. These should clearly advise when the office will next open and provide alternative contact details for assistance out of hours.
- Increased oversight of all active hospital discharge cases by senior social workers.
- All staff involved in a complaint within residential care required to undertake a lessons learned reflective process, monitored under the supervision policy.
- Care plans within the HSCP's residential care homes are now all electronic.
- All HSCP residential care staff trained on reporting incidents and appropriate completion of documentation.
- The need to follow policies and guidelines (moving and handling, falls, escalation) reinforced with all residential care staff.
- Senior staff were reminded of their role in ensuring they are following the correct procedure when reporting an incident.
- Communication with family members where appropriate that a service will cease, decrease and/or change before a change is implemented and this must be clearly recorded within case management and scheduling system for Care at Home.

Indicator 2: Volume of Complaints Received

This indicator counts all stage 1 complaints, whether they were escalated to stage 2 or not, plus all complaints which were treated on receipt as stage 2. West Dunbartonshire HSCP received a total of 290 complaints during 2023/24 however two stage 2 complaints were transferred to be investigated under different policies and procedures and a further stage 2 could not be responded to due to the failure to provide a mandate in relation to a complaint raised on behalf of a third party. This is a 148% increase on the 117 complaints received in 2022/23.

Stage 1 complaints increased from 79 in 2022/23 to 214 in 2023/24. This may be due to improvements in recording however stage 2 complaints also saw a significant increase, from 38 in 2022/23 to 76 in 2023/24. The greatest increase was in complaints relating to Mental Health, Learning Disability and Addictions Services, closely followed by Health and Community Care.



Indicator 3: Complaints Closed Within Timescale

Stage 1 complaints: 214 Stage 1 complaints received. The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is still in development and we are exploring ways to streamline recording and reporting mechanisms and to more accurately and efficiently track timescales.

For those stage 1 complaints that were not referred through the Information Team, who manage complaints, but made directly with frontline services, it would be anticipated that most would be dealt with as they arose however we do not yet have the data to evidence this.

Stage 2 complaints: 48% were closed within 20 working days, 35 of the 73 investigated. Complex complaints that cut across services often take longer to co-ordinate a response. We endeavour to keep people informed of any extension to timescales required to make a full response however this has not been carried out in every case during 2023/24.

Complaints escalated from stage 1 to stage 2: There were no complaints recorded as escalated from stage 1 to stage 2 however it is likely that many of the concerns within stage 2 complaints will have been raised with the service area involved in some form prior to the stage 2 complaints.

Indicator 4: Average Time to Full Response

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints.

Stage 2 complaints: The average time to full response was 25 working days, one day less than in 2022/23.

Complaints escalated from stage 1 to stage 2: No complaints were recorded as escalated from stage 1 to stage 2.

Indicator 5: Outcomes of Complaints

Stage 1 complaints: Due to the gaps in recording we are unable to report this for stage 1 complaints however those complaints which have not been escalated to stage 2 have been resolved in some way.

Outcome	Stage 2		Escalated to Stage 2	
	Number	%	Number	%
Upheld	5	7%	0	0%
Partially Upheld	14	19%	0	0%
Not Upheld	52	71%	0	0%
Unsubstantiated	0	0%	0	0%
Ongoing	2	3%	0	0%
Total	73		0	

There are a further 3 indicators which are not required to be reported on but are recommended by the SPSO. These relate to raising awareness of complaints handling, lessons learned and identifying any barriers to making a complaint; staff training in frontline resolution, complaints handling and investigations; and customer satisfaction with their experience of making a complaint and their response.

The HSCP is committed to making the complaints experience as easy and accessible as possible and to use our complaints as a valuable resource to improve services for the people of West Dunbartonshire. During 2023/24 we developed an HSCP Complaints Overview presentation with two sessions delivered to our extended management team and to be cascaded to service teams. The Overview covered:

- What is and what is not a complaint
- The value of complaints for the organisation
- The Model Complaints Handling Process
- SPSO Feedback
- Tools to assist with investigating and responding to complaints
- Good practice examples

These sessions prompted some valuable discussions about processes, how to improve the quality of our complaint investigations and responses, how to capture stage 1 complaints and shared learning from complaints and individual team processes.

The presentation has been made available to all HSCP staff on our staff intranet along with a Complaints Toolkit which was also developed during 2023/24 and comprises of an Employee Guide on Complaints Handling, an Investigation Plan template and a Stage 2 Response template. This toolkit will be developed as we identify additional resources.

The HSCP Investigation Plan template has been modelled on the SPSO's Investigation Plan and aims to help investigating officers break down complaints into their component strands, ask the relevant questions of the relevant systems and people, and to detail investigation outcomes and any actions arising and lessons learned from the complaint. Similarly the Stage 2 Response Template is closely aligned to the Investigation Plan to assist and improve the structure and quality of our responses to our citizens. It should also ensure a consistency in valuing the views of our citizens, in respecting the efforts they have had to make to raise their concerns with us, and to apologise where we have failed to meet expected standards.

Alongside this work we carried out an SBAR (Situation, Background, Assessment and Recommendation) to analyse the increase in our stage 1 complaints in the first two quarters of 2023/24 compared to the same period in the previous year. The analysis undertaken identified that the majority of the increase was due to changes in recording practice that may mean information being reported is more accurate than before, particularly around Care at Home complaints.

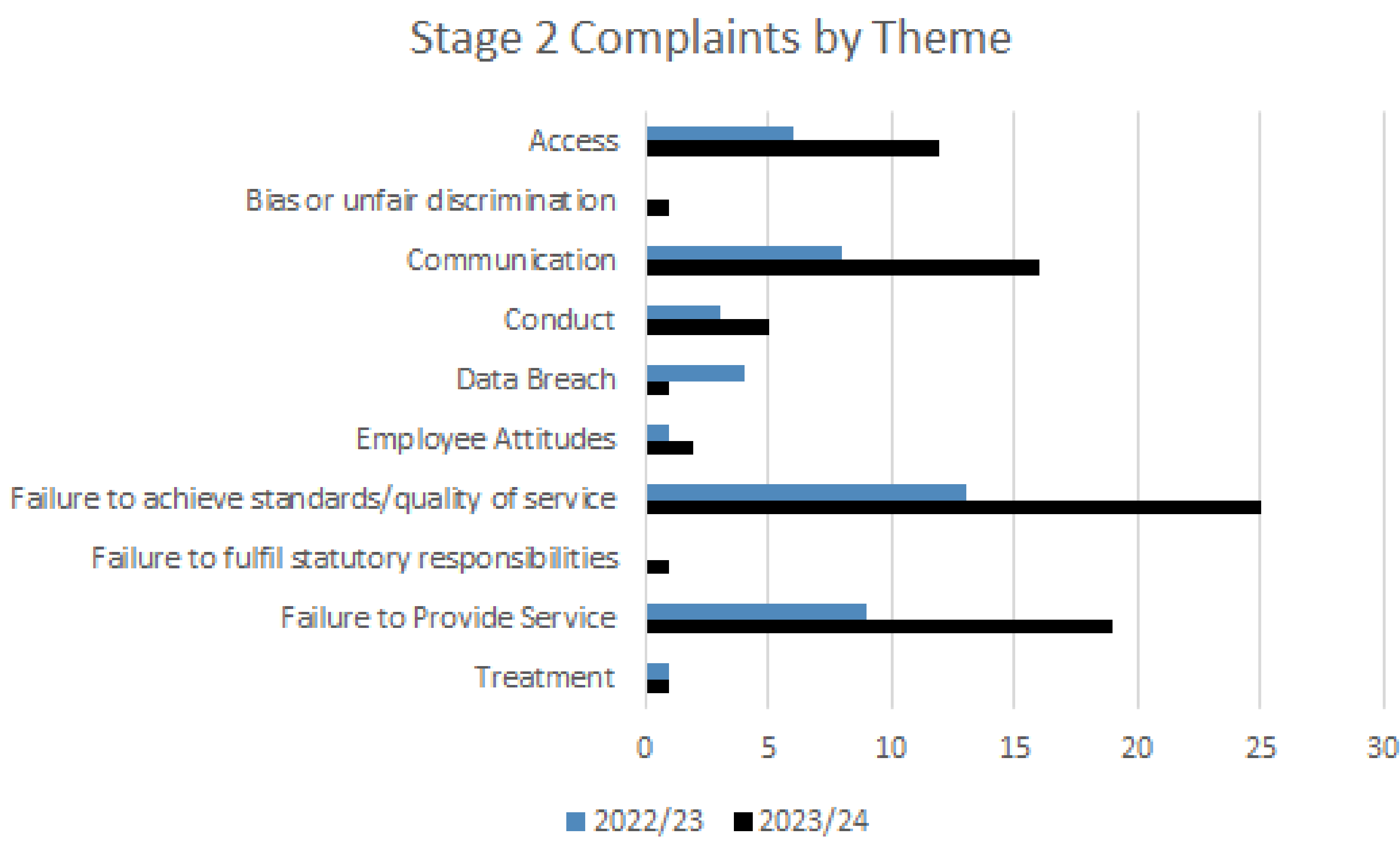
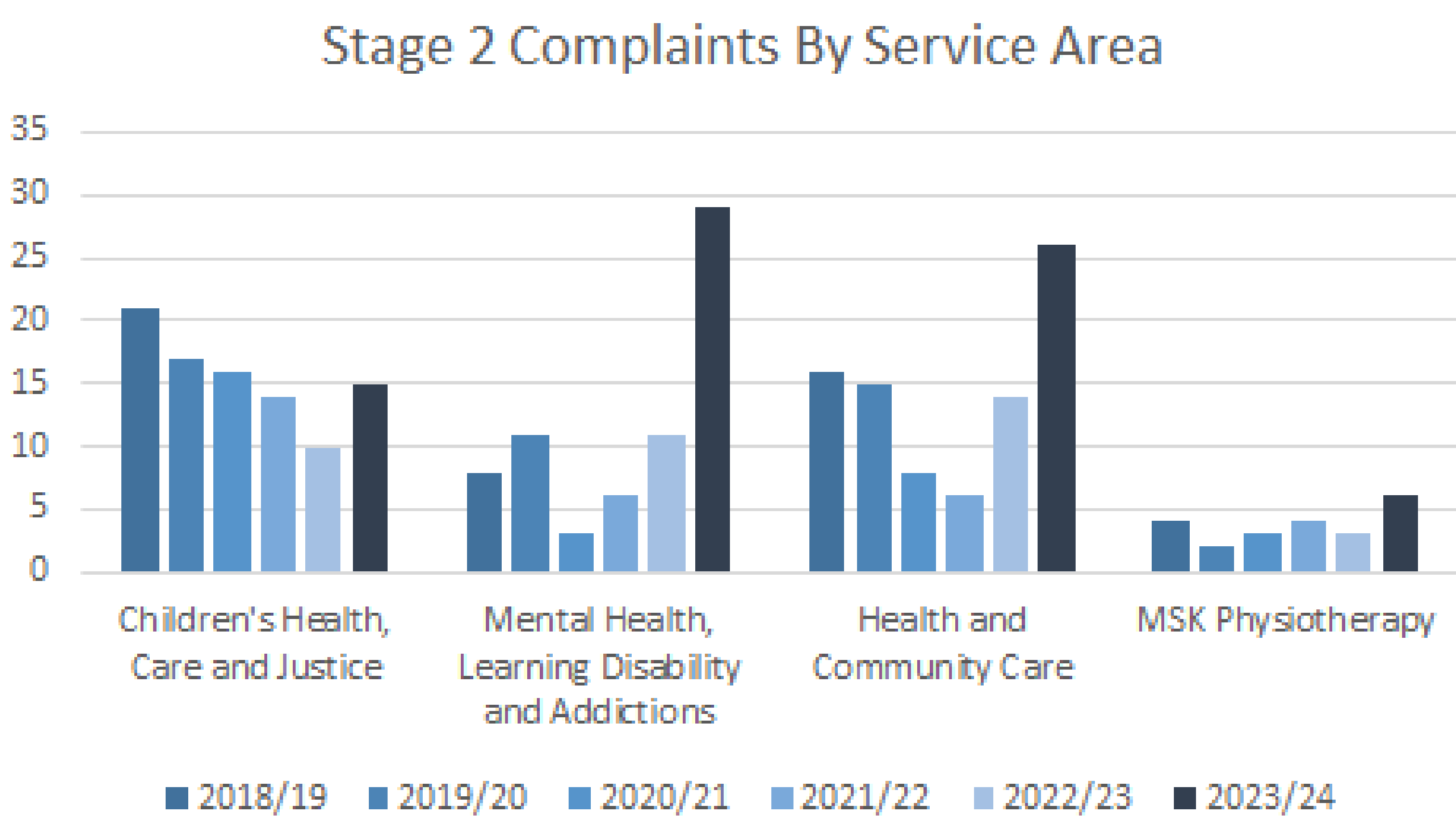
It was recommended that a similar exercise be undertaken for the remaining quarters of 2023/24 to establish whether a pattern becomes apparent or whether the higher level of complaints appears to be a new normal situation given changes in recording procedures. In addition it was recommended that more detailed information and context be provided in our Quarterly Performance Reports to our Audit and Performance Committee including details of which services are receiving complaints.

The analysis demonstrated how challenging reporting stage 1 complaints currently is, given the variation in how complaints can be received by and recorded within the HSCP. The lack of a single central system for managing complaints has led to the use of existing systems as a way of recording complaints which may not be the best fit and has led to a separation in recording between systems.

As a result it was recommended that options around a standardised approach to complaints recording are explored, which would simplify recording processes, complaints management and reporting, potentially including additional information around stage 1 complaints that is not currently reported. This work will begin early 2024/25 in discussions with our partner organisations West Dunbartonshire Council and NHS Greater Glasgow and Clyde.

In addition, it has been agreed that complaints, MP/MSP and Councillor enquiries will be included in the HSCP's Weekly/Monthly Performance Dashboards to allow more timely scrutiny of the volume of stage 1 and 2 complaints being received and the service areas they cover to highlight any patterns or areas of concern.

Appendix 1: Stage 2 Complaints



Please note that complaints may cover more than one theme.

Upheld Complaints

Service Area	Themes	Upheld	Partially Upheld
Children’s Health, Care and Justice	Failure to provide service/Failure to achieve standards/quality of service		1
	Failure to provide service	1	
Health and Community Care	Communication	2	1
	Failure to fulfil statutory responsibilities/Failure to achieve standards/quality of service	1	1
	Failure to provide service/Failure to achieve standards/quality of service/Communication		1
	Failure to achieve standards/quality of service	1	6
Mental Health, Learning Disability and Addictions	Access		
	Communication	1	
	Access/Communication		3
	Failure to provide service/Failure to achieve standards/quality of service		
		6	13

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

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

24 September 2024

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
Quarterly Performance Report 2024/25 Quarter One**

1. Purpose

- 1.1** The purpose of this report is to support the West Dunbartonshire HSCP Audit and Performance Committee to fulfil its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the new West Dunbartonshire HSCP Strategic Plan 2023-2026: Improving Lives Together.
- 1.2** This report presents the HSCP performance information reported against the strategic priorities for the period April to June 2024 (Appendix I) for the Committee's consideration.
- 1.3** It includes an Exception Report highlighting those indicators which are currently at red status (not meeting local targets and out with tolerances).
- 1.4** The performance information is presented in order to allow the Committee to fulfil its scrutiny function.

2. Recommendations

It is recommended that the Audit and Performance Committee:

- 2.1** Comment on the content of the HSCP Quarterly Performance Report 2024/25 Quarter One and performance against the Strategic Plan 2023 - 2026 by exception.
- 2.2** Note that due to timing issues this report presents partial Quarter One data.

3. Background

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

- 3.3** Performance targets are currently being reviewed for 2024/2025 therefore we continue to report performance against 2023/2024 targets in the interim. The report includes narrative showing key highlights and challenges within the services.

4. Main Issues

- 4.1** The West Dunbartonshire HSCP performance indicators include a suite of challenging targets. Following the publication of the Strategic Plan 2023 – 2026: Improving Lives Together, informal sessions were held with the HSCP Senior Management Team and HSCP Board members to develop a new framework and agree targets for each of the measures which will be refined for 2024/2025.
- 4.2** It should be noted that due to timing issues this report presents partial Quarter One data.
- 4.4** The HSCP have 48 performance indicators. Of the 40 reported on in Quarter one, 11 indicators are in Red Status which is out with target tolerances. These exceptions are detailed in Appendix 1 together with information about improvement actions currently being taken to address these performance issues.
- 4.5** Ongoing measurement against this suite of indicators provides an indication of how the HSCP is making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible.
- 4.6** Importantly they help to demonstrate how the HSCP is securing best value in respect of ensuring good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.
- 4.7** It is recognised that the factors influencing changes in performance can be various and complex. Performance monitoring arrangements continue to be refined and developed to ensure appropriate scrutiny and ownership of the factors and issues affecting performance.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

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

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

- 10.1** Not required for this report.

11. Consultation

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

12. Strategic Assessment

- 12.1** Not required for this report.

13. Directions

Not required for this report.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation
Date:	03 September 2024

Person to Contact:

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Appendices:

West Dunbartonshire HSCP Performance Report
2024/25: Quarter One April to June 2024

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership
Performance Report 2024/25: Quarter 1 April to June 2024

This report will outline the Health and Social Care Partnership's performance against the priorities set out in our Strategic Plan 2023-2026: Improving Lives Together.

Local targets for 2024/25 are under review and 2023/24 targets will be retained in the interim.

Key Highlights/Challenges

All children and young people referred to Child and Adolescent Mental Health Services were seen within 18 weeks. The average wait was 3 weeks.

Continued financial pressures in relation to care at home, supporting children and young people in both community and residential placements, and prescribing.

While absence rates continue to be high for both Council and NHS staff there has been a slight improvement for both employing organisations on the previous quarter.

High referral rates and complexity of patient needs is continuing to impact on meeting timescales for psychological therapies treatments.

Development of short-term delayed discharge trajectories in conjunction with the Scottish Government and NHS Greater Glasgow and Clyde to target improvement.

Significant improvement in the number of bed days lost to complex delayed discharges with a 23% reduction on the previous quarter, January to March 2024. April to June was a particularly challenging period with total delays peaking at 54 and an average of 44 daily delays.






Vacancies within Criminal Justice impacted on the ability to support service users to commence Community Payback Orders within timescales.

Due to financial pressures, the use of agency staff within MSK Physiotherapy was discontinued in February 2024, resulting in decreased capacity across the service during April to June 2024.




The availability of key staff within Children's Services during April to June has impacted on timescales for Child Protection case conferences.

Strategic Plan Performance Indicators

Due to timing issues some data is not yet available and it should also be noted that Unscheduled Care data, i.e. hospital data, is subject to change historically.




























PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Target Type	
N	National Target
L	Local Target
M	Monitoring only – no target set

Short Term Trends	
	Improving*
	No Change
	Getting Worse*

*Where an indicator is Data Only with no target set, the up and down arrows denote whether the number or percentage is increasing (up) or decreasing (down).

Caring Communities

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
1	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	91.7%	95%	L			87%	97%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	91.7%	95%	L			87%	98.5%	
3	Number of Adult Carer Support Plans completed	48	N/A	M			46	67	
4	Balance of Care for looked after children: % of children being looked after in the Community	89.5%	90%	N			88.9%	89%	
5	Number of Looked After Children	504	N/A	M			506	474	
6	Number of Looked After children looked after in a residential setting	53	N/A	M			56	52	
7	Number of Looked After children looked after at home with parents	68	N/A	M			66	63	
8	Number of Looked After children looked after by foster carers	127	N/A	M			128	117	
9	Number of Looked After children looked after in other	256	N/A	M			256	242	

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
	community settings								
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%	N	✓	▬	100%	98.6%	
11	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	3	18	L	✓	▬	3	9	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	75%	90%	N	✗	⬆	60.8%	52.9%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published Sep 2024	90%	N	Not yet available	Not yet available	98.8%	97.8%	




Safe and Thriving Communities

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
14	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	N	✓	▬	100%	100%	
15	Percentage of child protection investigations to case conference within 28 days	71.9%	95%	N	✗	⬇	80.6%	New PI	
16	Number of Child Protection investigations	108	N/A	M		⬆	103	71	
17	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	58	N/A	M		▬	58	60	
18	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	70	N/A	M		⬇	75	177	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	42	N/A	M		⬆	39	36	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	63%	100%	N	✗	⬇	63.6%	61%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	17	0	N	✗	⬆	23	19	
22	Number of bed days lost to delayed discharge 18+ All reasons	3,953	2,781	L	✗	⬆	4,075	3,581	





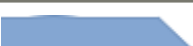











Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	1,416	1,405	L			1,831	1,568	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,097	2,278	L			3,178	2,996	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,020	982	L			1,341	1,387	
26	Number of clients receiving Home Care Pharmacy Team support	288	312	L			221	285	
27	Number of people receiving Telecare/Community Alarm service - All ages	1,844	1,869	L			1,869	1,856	
28	Number of people receiving homecare - All ages	1,241	N/A	M			1,361	1,429	
29	Number of weekly hours of homecare - All ages	9,214	9,000	M			9,338	10,535	
30	Percentage of people who receive 20 or more interventions per week	46.6%	40%	L			40%	40.2%	
31	Percentage of homecare clients receiving personal care	99.8%	99%	L			99.6%	99.2%	
32	Number of people receiving reablement homecare	25	N/A	M			21	New PI	
33	Number of hours of reablement homecare	180	N/A	M			167	New PI	

Equal Communities

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72.8%	98%	N			73.4%	62.7%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	54%	80%	N			69%	92.3%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	28.4%	80%	N			40.4%	60.6%	
37	Percentage of children from BME communities who are looked after that are being looked after in the community	92.3%	90%	L			86.2%	88%	

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
38	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	67%	80%	L			N/A*	67%	

Healthy Communities

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
39	Number of emergency admissions 18+	Not yet available	1,989	L	Not yet available	Not yet available	2,326	2,390	
40	Number of emergency admissions aged 65+	Not yet available	1,066	L	Not yet available	Not yet available	1,247	1,224	
41	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	60	L	Not yet available	Not yet available	70	68.7	
42	Number of unscheduled bed days 18+	Not yet available	20,094	L	Not yet available	Not yet available	21,928	22,841	
43	Unscheduled acute bed days (aged 65+)	Not yet available	14,565	L	Not yet available	Not yet available	16,069	16,671	
44	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	817	L	Not yet available	Not yet available	902.2	936	
45	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	L	Not yet available	Not yet available	5,944	5,937	
46	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	40%	90%	N			44%	46%	
47	Prescribing cost per weighted patient (Annualised)	£193.15	£193.03	L			£193.03	£185.96	
48	Compliance with Formulary Preferred List	74.51%	78%	N			74.34%	77.65%	

Financial Update

The HSCP Board meeting on 20 August 2024 considered the following financial papers:

- 2024/25 Financial Performance Report as at Period 3 (30 June 2024)

The financial performance report provided an update on the position to 30 June 2024 and a projection to 31 March 2025 based on Quarter 1 activity and performance.

The financial projection based on Quarter 1 data reported an overspend of £3.525m (1.73%) after net application of earmarked reserves of £2.311m are accounted for. There continues to be financial pressures in relation to care at home, the ongoing demand for supporting children and young people (in both community placements and other residential accommodation), and prescribing.

The financial performance report also provided an update on outstanding budget pressures for 2024/25 and updated budget gaps for 2025/26 to 2026/27 as detailed in the table below.

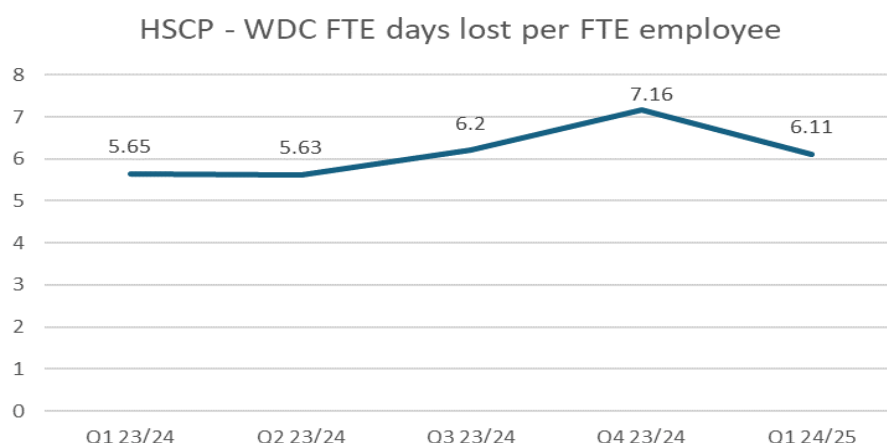
Consolidated Budget Gap Analysis	2024/25	2025/26	2026/27
	£000's	£000's	£000's
Budget Gap Reported March 2024	0	4,943	10,500
Forecast Deficit @June 2024	3,525		
Application of unearmarked Reserves above PB			
Budget Adjustments / Pressures not Reported			
Social Care Pay Inflation increased on average 1.27%	750	773	796
Community Placements and Universal Credit (assume 3 month impact)	172	687	687
Pressures within Community Placements and Childrens Residential Care		1,386	1,455
Pressures within Care Homes and Care at Home		4,101	4,225
Revised Budget Gap @ June 2024	4,447	11,890	17,662

The HSCP's Chief Officer and Chief Financial Officer have already met with both NHS Greater Glasgow and Clyde and West Dunbartonshire Council Chief Executives to consider the forecast outturn based on Quarter 1's actual position and a range of actions must be developed. The Senior Management Team met on 8 August 2024 to discuss the possibility of accelerating the development of 2025/26 savings options, to determine those options that could mitigate the in-year pressure and be sufficiently robust to minimise the impact on future year budget setting and an update is provided in the Period 4 Financial Performance Update Report as a separate report within the 24 September HSCP Board meeting.

Absence

West Dunbartonshire Council and NHS Greater Glasgow and Clyde report staff absence for West Dunbartonshire HSCP staff in different ways: WDC by Full Time Equivalent (FTE) lost per FTE employee each quarter and NHS by the percentage of rostered hours lost to staff absence.

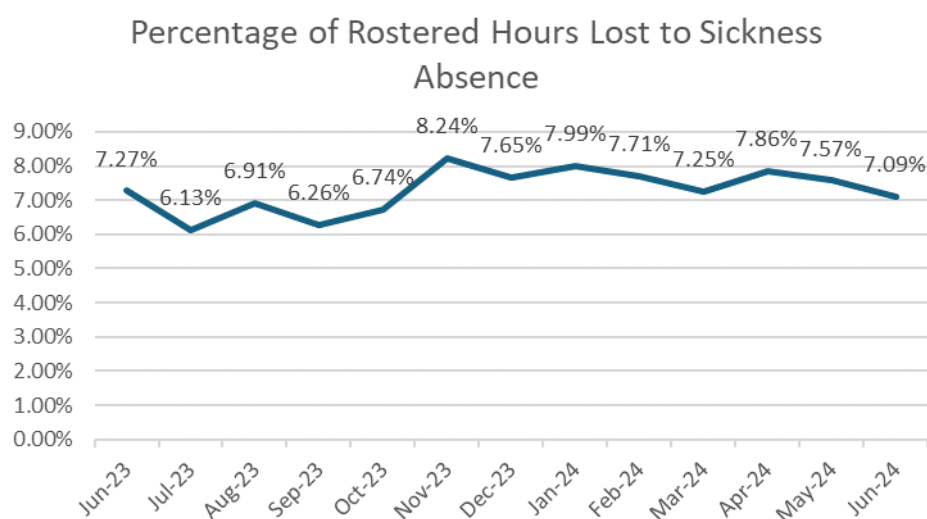
WDC HSCP staff absence was slightly higher during April to June 2024 (6.11 days) than in the same period in 2023 (5.65 days) but lower than in the previous quarter January to March 2024 (7.16 days).



Nationally, West Dunbartonshire Council (all non-teaching staff) absence is published by the Improvement Service through the Local Government Benchmarking Framework. Latest figures are for 2022/23 where WDC had a higher number of Full Time Equivalent (FTE) days lost per employee at 15.32 than the Scotland figure of 13.21 and had dropped from 23rd lowest number of days in 2021/22 to the 27th lowest (or 6th highest) in Scotland.

	WDC	Scotland	Ranking 1 - lowest to 32 - highest FTE days lost per employee
2019/20	11.4	11.9	13
2020/21	8.38	9.58	8
2021/22	13.28	12.17	23
2022/23	15.32	13.21	27




NHS HSCP staff absence is reported monthly. Absence rates in June 2024 were at their lowest since November 2023.



Latest available data at national and health board level is for February 2024 where West Dunbartonshire HSCP’s figure (7.71%) is higher than both NHS Scotland (6.2%) and NHS Greater Glasgow and Clyde (7.56%).

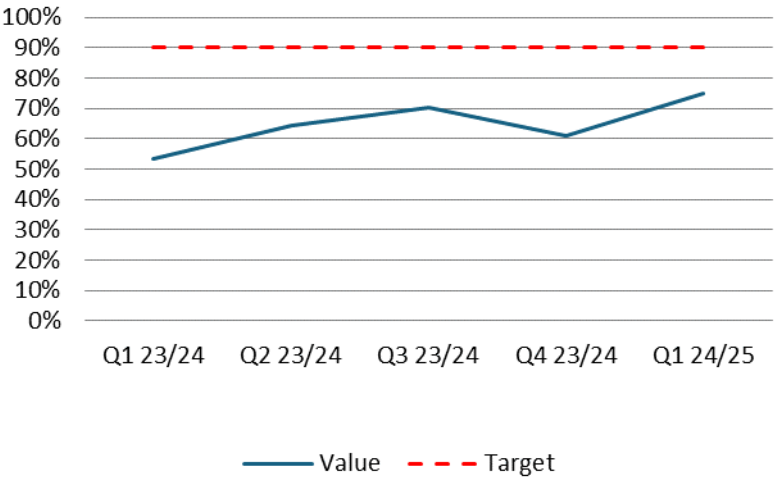
West Dunbartonshire Health and Social Care Partnership
Exceptions Reporting: Quarter 1 April to June 2024

Performance Area: Psychological Therapies

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	75%	90%	N			60.8%	52.9%	

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

Quarter	Value	Target
Q1 23/24	53.2%	90%
Q2 23/24	64.3%	90%
Q3 23/24	70.4%	90%
Q4 23/24	60.8%	90%
Q1 24/25	75.0%	90%



Key Points:

75 of the 100 people who started psychological therapies between April and June 2024 did so within 18 weeks of referral.

There is an ongoing Band 8A Psychologist vacancy within the Primary Care Mental Health Team.

Referrals to Dumbarton Older People’s Community Mental Health Team have increased significantly over the past 4 years, while referrals to Clydebank Older People’s Community Mental Health Team have remained stable. However, the complexity of patient presentations across all areas means there are a higher number of contacts and a greater level of multi-disciplinary team involvement per patient. Complex presentations require longer engagement with clinical psychology, reducing flow and leading to longer patient waits.

Staff training is required to improve skills and confidence in using low intensity psychological interventions e.g. safety and stabilisation training for trauma interventions/non-pharmacological interventions for managing symptoms of dementia.

Improvement Actions:




Continued efforts to recruit to the Band 8A Psychologist vacancy within the Primary Care Mental Health Team.

Consultant Clinical Psychologist to start additional clinic in Dumbarton to ease waiting list pressures.

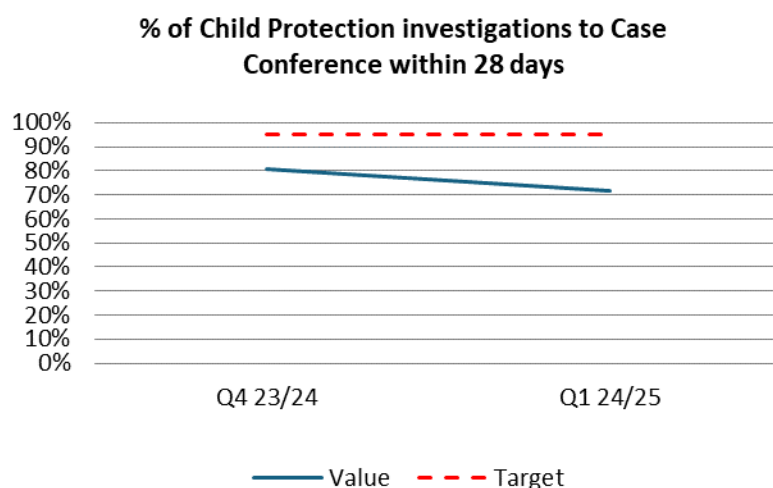
Triage new referrals to check suitability for psychological assessment. Identify people who may benefit from low intensity psychological therapies and provide self-help information to manage symptoms while on the psychology waiting list.

Psychological therapies training to be offered when permanent staff numbers improve: staff cannot be released for training while referral rates are high and staff availability is low.

Performance Area: Child Protection

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
15	Percentage of child protection investigations to case conference within 28 days	71.9%	95%	N			80.6%	New PI	

Quarter	Value	Target
Q4 23/24	80.60%	95%
Q1 24/25	71.90%	95%



Key Points:

There were 32 case conferences in Quarter 1 and 23 of these were held within the 28 day timescale.

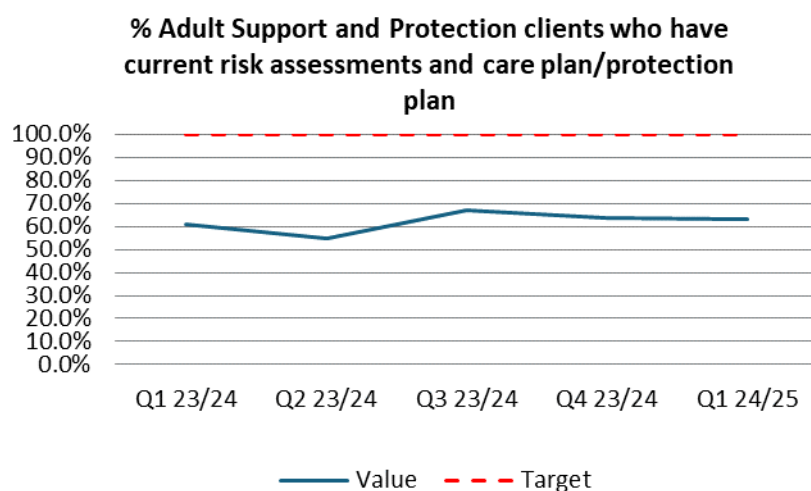
Improvement Actions:

Since January 2024 timescales have been extended to reflect revised timescales within the updated National Child Protection Guidance, however the availability of key staff during April to June has impacted on timescales for case conferences. This will be taken into consideration going forward and closely monitored.

Performance Area: Adult Support and Protection

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	63%	100%	N			63.6%	61%	

Quarter	Value	Target
Q1 23/24	61.0%	100%
Q2 23/24	55.0%	100%
Q3 23/24	67.0%	100%
Q4 23/24	63.6%	100%
Q1 24/25	63.0%	100%



Key Points:

10 of the 16 Adult Support and Protection clients had a current risk assessment and care plan/protection plan in place between April and June 2024. This is lower than the 63.6% in the previous quarter but higher than the 61% in the same period in 2023.

Improvement Actions:

A meeting took place on 5 September 2024 with all Senior Social Worker chairs of Adult Support and Protection Case Conferences. The purpose of the meeting was to discuss outstanding actions in relation to Adult Support and Protection work and this included seeking commitment to ensuring all processes and procedures are followed in terms of performance and completing necessary paperwork on the case management system, CareFirst, within timeframes.

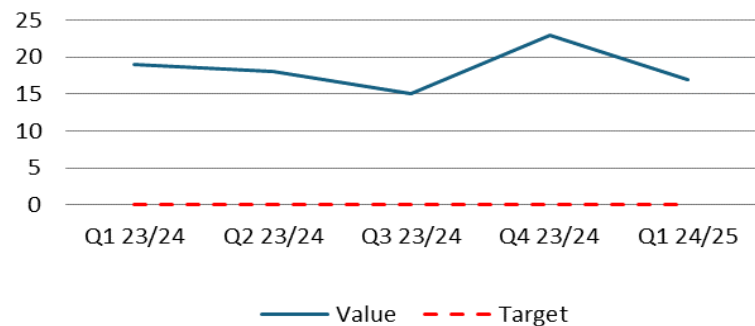
Performance Area: Delayed Discharge

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	17	0	N	🛑	⬆️	23	19	
22	Number of bed days lost to delayed discharge 18+ All reasons	3,953	2,781	L	🛑	⬆️	4,075	3,581	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,097	2,278	L	🛑	⬆️	3,178	2,996	

Quarter	Value	Target
Q1 23/24	19	0
Q2 23/24	18	0
Q3 23/24	15	0

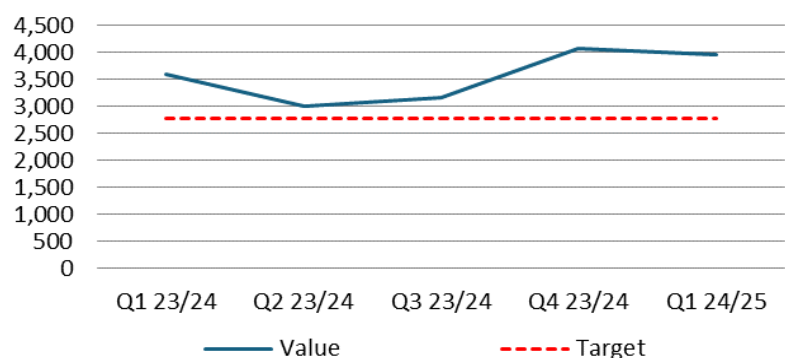
Q4 23/24	23	0
Q1 24/25	17	0

**Number of delayed discharges over 3 days (72 hours)
non-complex cases**



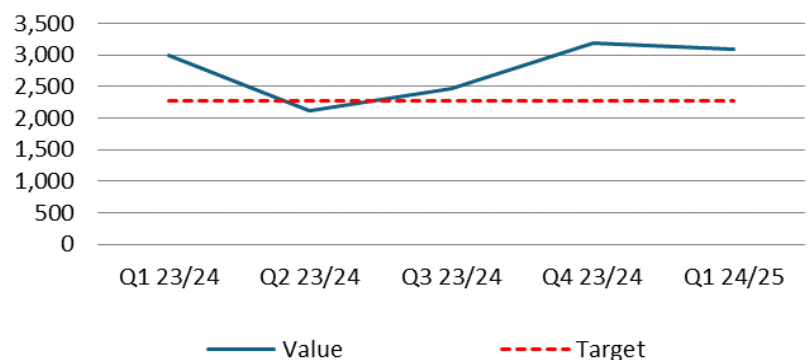
Quarter	Value	Target
Q1 23/24	3581	2781
Q2 23/24	3006	2781
Q3 23/24	3157	2781
Q4 23/24	4075	2781
Q1 24/25	3953	2781

Bed Days Lost to Delayed Discharge 18+ All Reasons



Quarter	Value	Target
Q1 23/24	2996	2278
Q2 23/24	2115	2278
Q3 23/24	2476	2278
Q4 23/24	3178	2278
Q1 24/25	3097	2278

Bed Days Lost to Delayed Discharge 65+ All Reasons



Key Points:

The Scottish Government's aspirational target is that no one with a non-complex discharge should experience a delay of more than 3 days. This figure is a snapshot as at the monthly census point. Targets for bed days lost to delayed discharge are locally set and we are currently reviewing these for 2024/25. For these indicators we are reporting performance against 2023/24 targets in the interim.

While non-complex delays continue to exceed our local targets, there has been significant improvement in complex delays. During April to June 2024, bed days lost to complex delays were 23% lower than in the previous quarter, January to March 2024, and 10% lower than in April to June 2023. This reduction in complex bed days was during a particularly challenging period where total delays peaked at 54 and the

average number of daily delays was 44. The volume of delayed discharge activity across both complex and non-complex delays is demonstrated by the table below.

	Apr Jun 2023	Apr Jun 2024	% increase
Number New Delays	72	97	35%
Number Delayed Discharges	56	80	43%

Improvement Actions:

Short term trajectories for West Dunbartonshire HSCP were developed in conjunction with the Scottish Government and NHS Greater Glasgow and Clyde during Quarter 1 as below:

Scottish Government - A reduction to 24 delayed discharges across Acute and Mental Health by October 2024.

NHS Greater Glasgow and Clyde - A reduction to 25 Acute delayed discharges by the end of July 2024.

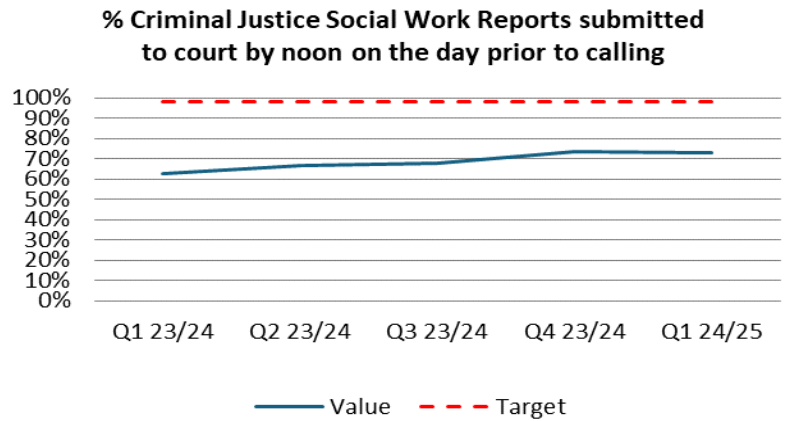
Significant efforts to tackle the high number of delays in line with these trajectories has seen the total number of delays reduced from 54 in April to 35 by the end of June 2024 and the number of acute delays reduced from a peak of 48 in April to 31 by the end of June. The improvement in performance has been driven by the Integrated Operations Manager and two Senior Social Workers in the team, assisted by a full staffing complement and opportunity to embed improvement activity.

Performance Area: Criminal Justice Social Work

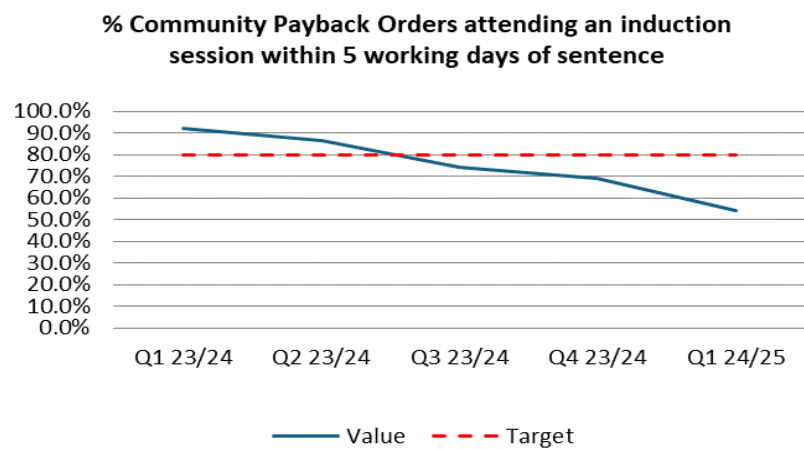
Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72.8%	98%	N			73.4%	62.7%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	54%	80%	N			69%	92.3%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	28.4%	80%	N			40.4%	60.6%	

Quarter	Value	Target
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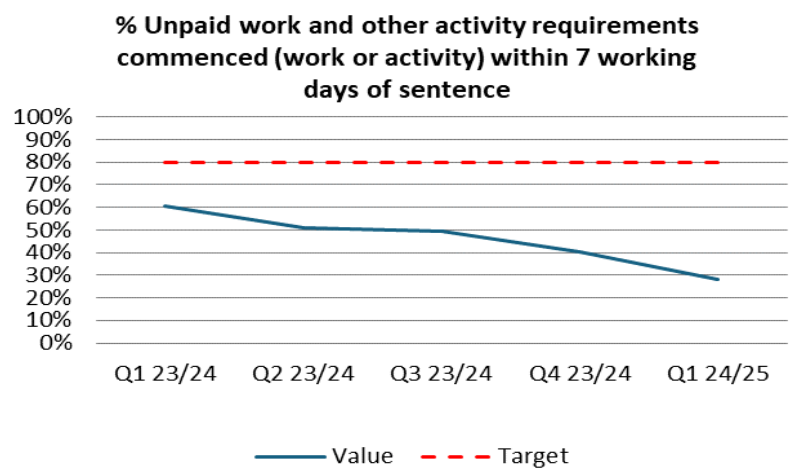
Q1 23/24	62.7%	98%
Q2 23/24	66.9%	98%
Q3 23/24	67.9%	98%
Q4 23/24	73.4%	98%
Q1 24/25	72.8%	98%



Quarter	Value	Target
Q1 23/24	92.3%	80%
Q2 23/24	86.8%	80%
Q3 23/24	74.4%	80%
Q4 23/24	69.0%	80%
Q1 24/25	54.0%	80%



Quarter	Value	Target
Q1 23/24	60.6%	80%
Q2 23/24	51.1%	80%
Q3 23/24	49.2%	80%
Q4 23/24	40.4%	80%
Q1 24/25	28.4%	80%



Key Points:

In Quarter 1 there were requests for 217 Justice Social Work Reports to Courts. This was an increase of 4% on Quarter 1 2023-24. Figures indicate an average of 72.8% of these reports were completed on time. For every report not completed, a letter is sent to Court outlining the rationale for the requested report not having been sent.

The number of Community Payback Orders imposed in Quarter 1 was 113 with 62 of these having an unpaid work requirement. Of those 113 imposed orders, 54% of individuals attended an induction session within 5 working days of sentence.




Service users attending work placements within 7 days has decreased from 40.4% to 28.4%.

Every service user made subject to a statutory Community Payback Order at Dumbarton Sheriff Court is seen within 24 hours of the Court imposing the order.

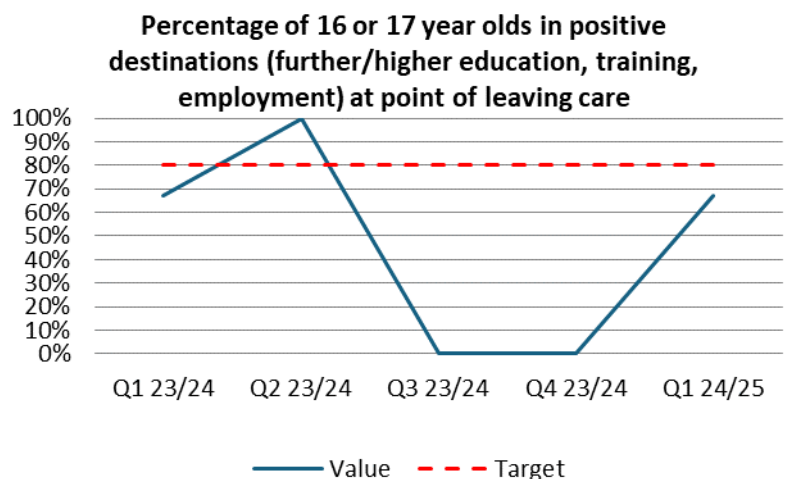
Improvement Actions:

Recruitment has taken place to fill Community Payback posts. This will support service users commencing their orders timeously.

Performance Area: Looked After Children

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
38	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	67%	80%	L			N/A*	67%	

Quarter	Value	Target
Q1 23/24	67%	80%
Q2 23/24	100%	80%
Q3 23/24	N/A*	80%
Q4 23/24	N/A*	80%
Q1 24/25	67%	80%



*No young people aged 16 or 17 left care during this quarter.




Key Points:

This relates to a very small number of young people and therefore percentages fluctuate more significantly. Numbers are also so low that they are potentially identifiable.

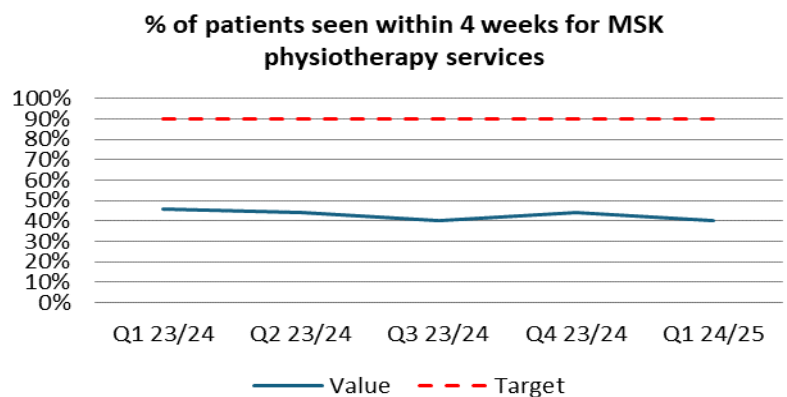
Improvement Actions:

The HSCP's Throughcare and Aftercare service continue to support care experienced young people to access education, employment and training alongside a range of supports in relation to housing, finances and developing confidence and lifeskills.

Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q1 2024/25					Q4 2023/24	Q1 2023/24	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
46	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	40%	90%	N			44%	46%	

Quarter	Value	Target
Q1 23/24	46%	90%
Q2 23/24	44%	90%
Q3 23/24	40%	90%
Q4 23/24	44%	90%
Q1 24/25	40%	90%



Key Points:

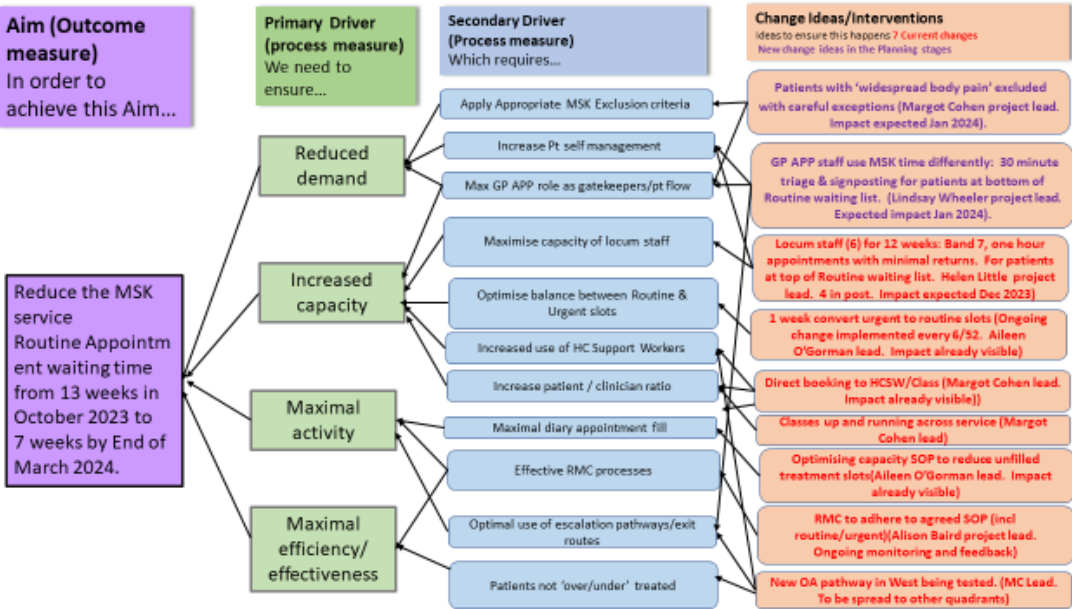
The number of patients waiting for a routine appointment over the 4 week target continued to rise in Quarter 1 due to increased demand. The use of agency staff was discontinued in February 2024 due to financial pressures. This meant that all agency staff caseloads had to be reabsorbed in March and capacity has subsequently decreased as a result. Numbers waiting for a routine appointment have increased despite ongoing focus to try and address routine waiting times.

The maximum wait for a routine appointment initially improved in Quarter 1 despite the rise in referral rates but has now returned to a maximum wait of 13 weeks for a routine appointment.

Improvement Actions:

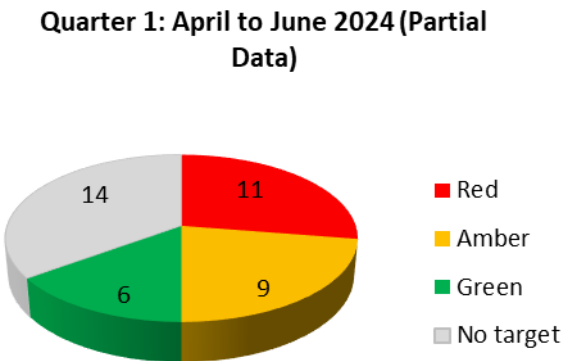
Waiting times remain a priority project within the service and the 13% increase in demand within 2023/24 has meant that some of the impact of the waiting times work has not been realised as the maximum wait

for service has remained relatively static. The driver diagram below illustrates the ongoing tests of change within the service.



Although the focused waiting times work has increased service activity rates, this has only served to keep the waiting times static due to the large rise in demand over the year.

Summary of Strategic Plan Key Performance Indicators



West Dunbartonshire Health and Social Care Partnership
Complaints Reporting: Quarter 1 April to June 2024

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

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

SPSO Indicator	Measure	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	54	63	40	57	73
	Number of complaints direct to Stage 2	16	15	19	26	27
	Total number of complaints	70	78	59	83	100
3	% closed within timescale - Stage 1	Not available				
	% closed within timescale - direct to Stage 2	31%	40%	47%	46%	55%
	% closed within timescale - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A
4	Average response time - Stage 1	Not available				
	Average response time - direct to Stage 2	24	20	18	25	23
	Average response time - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A

Indicator 5: Outcomes of Complaints

Stage 2 – Quarter 1 2024/25

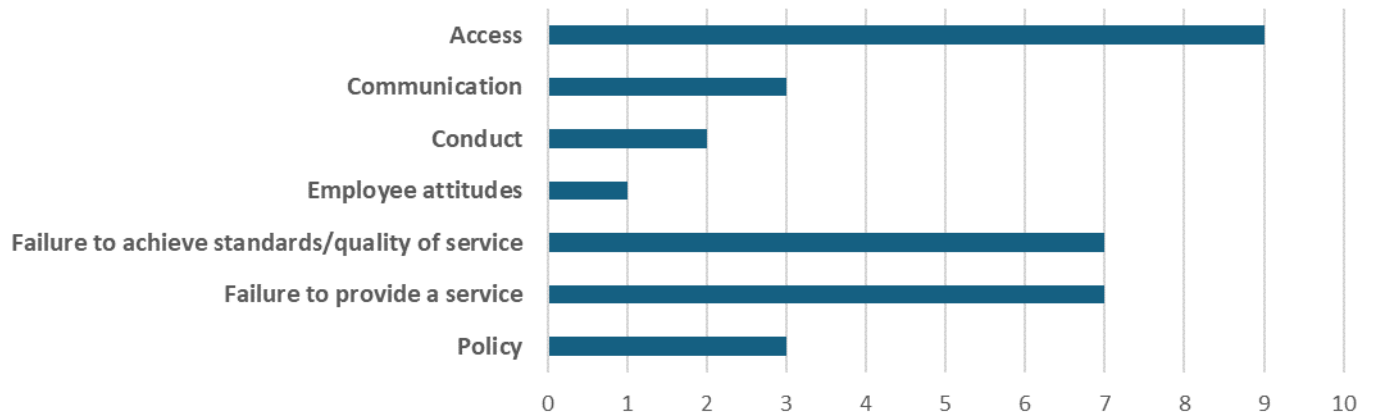
Outcome	Q1 23/24			Q2 23/24			Q3 23/24			Q4 23/24		
	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total	NHS GGC	WDC	% of total	NHS GGC	WDC*	% of total
Fully Upheld			0%		1	7%		3	18%	1	1	8%
Partially Upheld	1	6	44%		2	13%		1	6%	1	1	8%
Not Upheld	4	5	56%	4	8	80%	4	9	76%	10	10	83%
Unsubstantiated			0%			0%			0%	0	0	0%
Total	5	11		4	11		4	13		12	12	

*2 ongoing

Outcome	Q1 24/25		
	NHS GGC	WDC*	% of total
Fully Upheld	0	3	12%
Partially Upheld	2	5	27%
Not Upheld	10	6	62%
Unsubstantiated	0	0	0%
Total	12	14	

* 1 ongoing

Themes of Stage 2 Complaints April to June 2024



Please note a complaint may cover multiple themes.

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

**Report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and
Addiction Services**

24 September 2024

Subject: Alcohol and Drug Partnership (ADP) Annual Update

1. Purpose

The aim of the report is to provide the Health and Social Care Partnership (HSCP) Board with an update on the Alcohol and Drug Partnership (ADP) Strategy, implementation of the Medication Assisted Treatment (MAT) Standards, provide an overview of the (ADP) Annual Reporting Survey submitted in June 2024, and ADP waiting times.

2. Recommendations

2.1 The HSCP Audit and Performance Committee are asked to:

- (a) Note that West Dunbartonshire ADP have successfully implemented the MAT Standards;
- (b) Approve the Alcohol and Drugs Partnership (ADP) Annual Reporting Survey;
- (c) Note that West Dunbartonshire Health and Social Care Partnership has met the required waiting times target in the most recently published data; and
- (d) Note the new Alcohol and Drugs Partnership (ADP) priorities.

3. Background

3.1 West Dunbartonshire Alcohol and Drug Partnership (ADP) is a strategic, multiagency group tasked by the Scottish Government to reduce harm caused by alcohol and drug use. The ADP is the framework where statutory and non-statutory service providers assess, plan and deliver services that are developed to prevent problem substance use and provide treatment services for people directly and indirectly affected by problematic substance use.

3.2 Medication Assisted Treatment (MAT) Standards

The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland. The standards apply to all services and organisations responsible for the delivery of care in a recovery orientated system. The purpose of the standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate, and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

3.3 ADP Annual Survey

The ADP survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission. The information submitted will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach; Group, the Public Health Surveillance Group, and the Residential Rehabilitation Development Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

3.4 ADP Waiting Times

The Local Delivery Plan Standard (formerly HEAT target) is that people should wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery, with a target of 90%.

4. Main Issues

4.1 Medicated Assisted Treatment (MAT) Standards

The 29 Alcohol and Drug Partnership (ADP) areas were assessed against the 10 MAT standards using three streams of evidence: process, numerical and experiential. This means that 290 individual assessments were carried out, 145 for MAT standards 1–5 and 145 for standard 6–10. The evidence required to demonstrate implementation of each MAT standard was based on the criteria and indicators in the [MAT standards document](#).

4.2 The evidence submitted for each standard was analysed and scored by MAT Implementation Support Team (MIST) on the extent to which it

complied with the agreed criteria and thresholds for each evidence stream:

Score 0 = no compliance demonstrated or no evidence.

Score 1 = compliance demonstrated at some settings/services.

Score 2 = compliance demonstrated at all settings/services.

- 4.3** The scores for the evidence streams (three for MAT standards 1–5, two for 6–10) were combined and then all 29 ADPs were jointly reviewed and repeatedly cross checked by the MIST clinical and analytic leads to interpret the information and allocate the final evidence-based RAGB. West Dunbartonshire's score is noted below in figure 1.

Figure 1 – MAT Standards Benchmarking Report for West Dunbartonshire ADP

MAT Standards Benchmarking by Reporting Year											
Reporting Year	West Dunbartonshire										
	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022	Red	Amber	Amber	Amber	Amber	N/A	N/A	N/A	N/A	N/A	N/A
2023	Provisional Green	Provisional Green	Amber	Green	Amber	Provisional Amber	N/A	Amber	Amber	Provisional Amber	Provisional Amber
2024	Green	Green	Green	Green	Green	N/A	Provisional Green	Provisional Green	Provisional Green	Provisional Green	N/A

RAGB colour legend

- Red
- Provisional Amber
- Amber
- Provisional Green
- Green

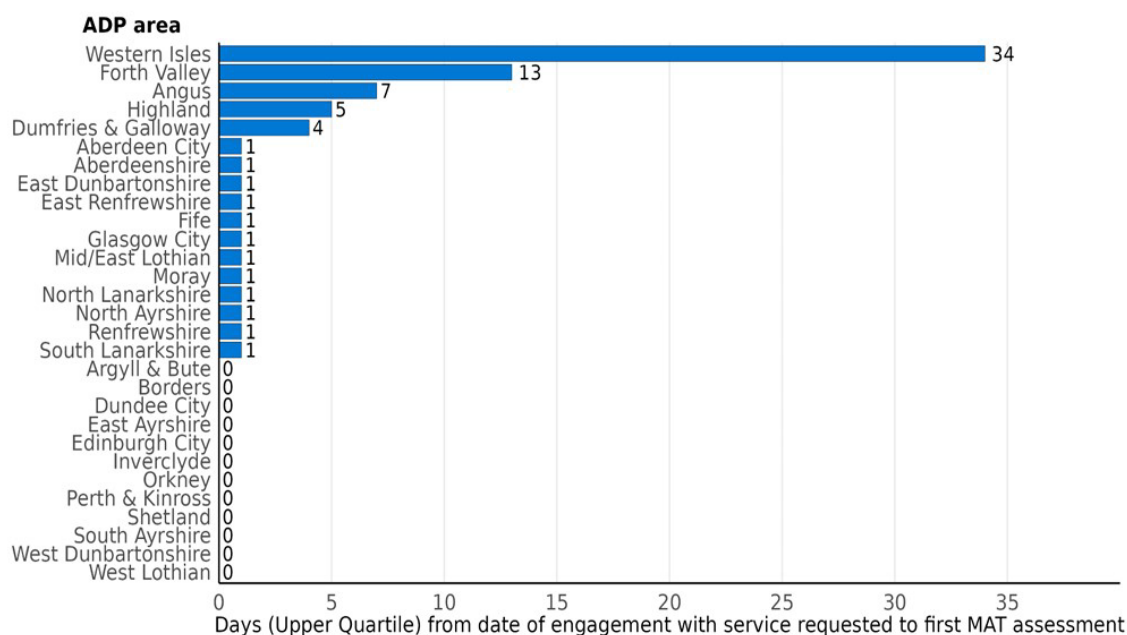
2022 – MAT 6 to MAT 10 were not assessed
2023 – MAT 6 and MAT 10 were assessed separately
2024 – MAT 6 and MAT 10 were assessed jointly

MAT Standard 1 - 5 Benchmarking across ADPs

MAT standard 1: Same-day access

- 4.4** The intention of MAT standard 1 is to ensure that all people accessing services have the option to start MAT from the same day of presentation and that options should include psychosocial care as well as pharmacological care if appropriate.

Figure 2 - Number of days from engagement to prescription for 50% of people by ADP area. Scotland 2024



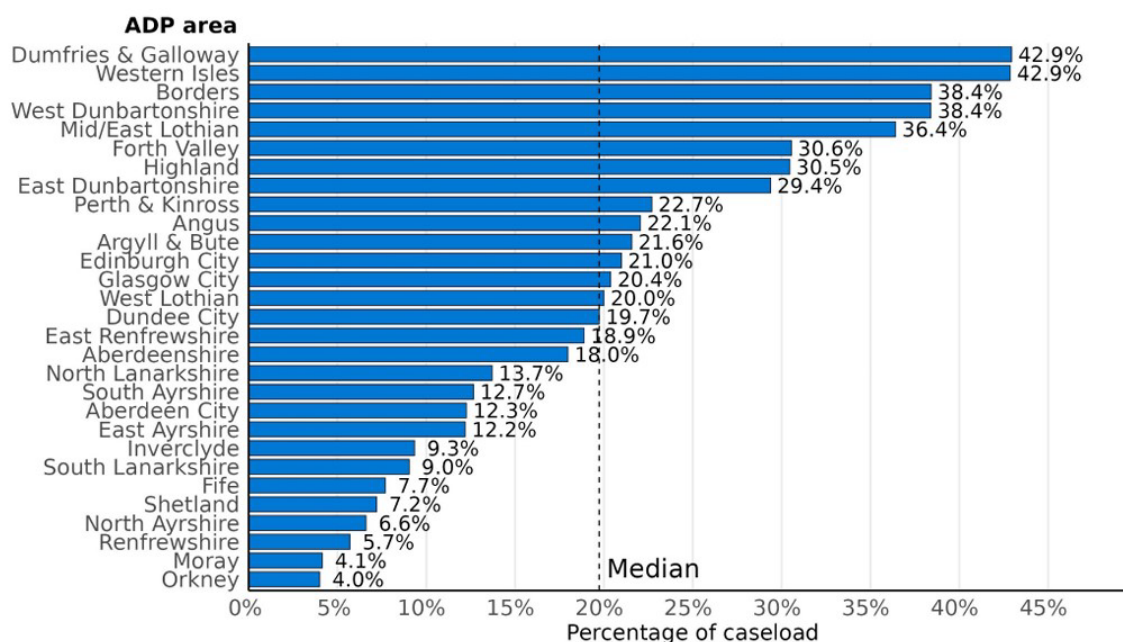
4.5 Figure 2 shows the standard was assessed as fully implemented (RAGB green) in 23/29 ADP areas, including West Dunbartonshire. In these areas 75% of people received their MAT assessment ('first date the service offers for MAT assessment and where treatment can be initiated if appropriate') either on the same day of initial presentation or the next day.

4.6 Within West Dunbartonshire, a pathway for rapid access to MAT was also established for people identified as being at very high risk of drug harm. The improvement work includes the development of information leaflets and welcome packs advising people how to access services and what to expect.

MAT standard 2: Choice

4.7 The intention of MAT standard 2 is to ensure that all people are supported to make an informed choice on what medication to use (if any) along with psychosocial interventions as part of MAT. The standard was assessed as implemented in 28/29 ADP areas because process documentation is clear that all pharmacological options, as set out in the agreed criteria, are available and numerical evidence demonstrates that there is uptake.

Figure 3 - Percentage of caseload prescribed long-acting injectable buprenorphine by ADP area. Scotland 2024.



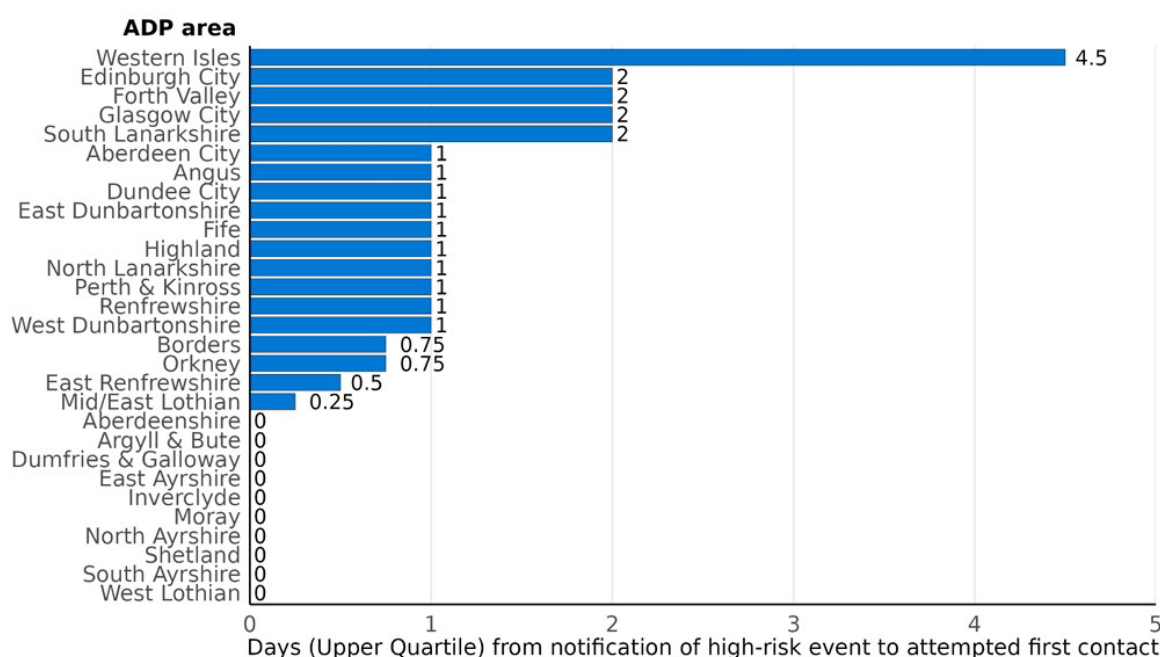
4.8 Figure 3 shows, 29 of the 29 ADP areas reported individuals on their MAT opioid substitution therapy caseload with a prescription for long-acting injectable buprenorphine. The percentage of the current caseload per ADP prescribed long acting injectable buprenorphine at the snapshot date varies from 4.0% to 42.9%, with a median of 19% across Scotland for 2023/24. This is an increase from 12.5% median in 2022/23. Within West Dunbartonshire, the proportion of individuals prescribed buprenorphine is 38.4%. This is an increase on last year's figure.

MAT standard 3: Assertive outreach and anticipatory care

4.9 This standard aims to ensure all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

4.10 If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.

Figure 4: Notification of High Risk Events



4.11 Figure 4 shows, the time taken between notifications of high-risk event sent and the first attempted contact varies from same day for 10 ADP areas to 4.5 days for one ADP area. 97% of ADP areas (n = 28) provided first attempted contact within the 72 hours stated in MAT standard 3. Within West Dunbartonshire it was 24 hours between notification and attempted contact.

MAT standard 4: Harm reduction

4.12 The aim of MAT standard 4 is to ensure that all people are offered evidence based harm reduction at the point of MAT delivery, to minimise missed opportunities and to reduce stigma. The standard was assessed as sustained implementation (RAGB blue) in two ADP areas, fully implemented (RAGB green) in 25 and partially implemented (RAGB provisional green) in two ADP areas.

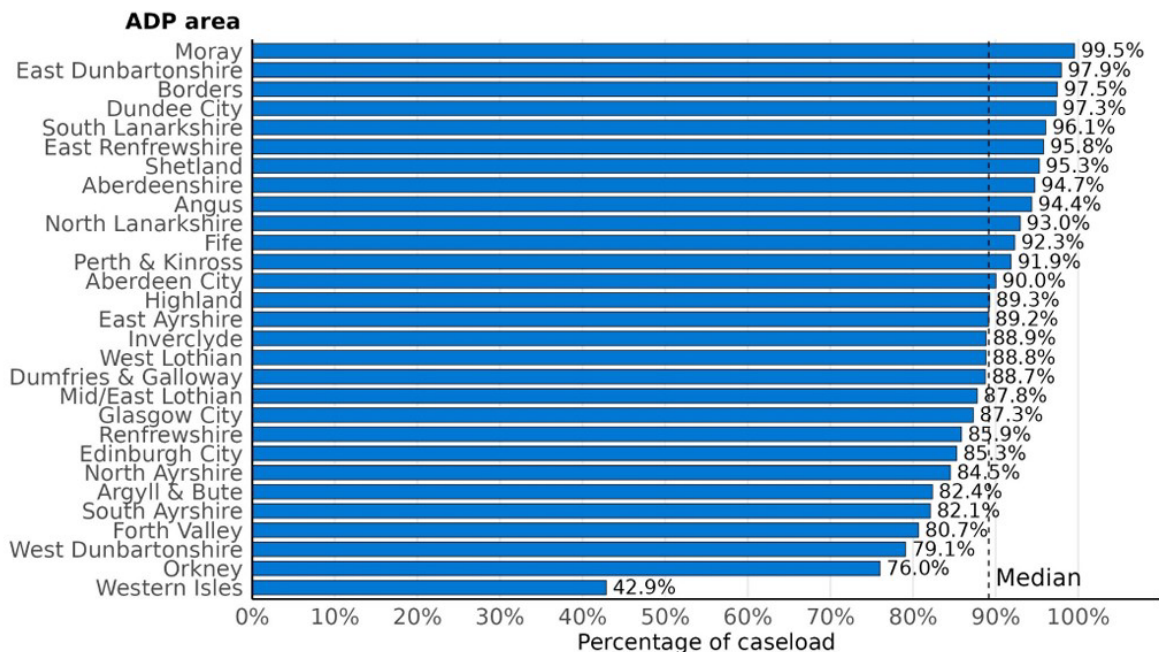
4.13 All ADP areas conducted a structured self-assessment for this standard and all but one report that blood-borne virus (BBV) testing, injection equipment provision (IEP), naloxone and overdose awareness and wound care are available for at least 75% of the caseload at all MAT appointments, either immediately in the room or in the same building at the same time as the appointment (but in a different room or from a different worker) as the benchmark for MAT 4.

4.14 West Dunbartonshire has successfully implemented a Harm Reduction Mobile unit offers an out of hour's provision to the areas where drug related deaths and harms are taken place. The aim of the unit is to provide a service in the heart of the community where these incidents are occurring.

MAT standard 5: Retention as long as needed

- 4.15** MAT standard 5 aims to ensure all people will receive support to remain in treatment for as long as requested. This standard was assessed as fully implemented (RAGB green) in 27/29 ADP areas. A key intention of this standard is to help reduce unplanned discharge because this can pose an increased risk of harm if people are not supported in the transition from care. Data on discharges are difficult to collect consistently and to analyse and interpret. But for the RAGB benchmarking the proportion of the caseload in treatment for six months is used as a proxy for effective support for retention in care. A total of 28 ADP areas achieved the benchmark of 75% of people retained in care for six months. Western Isles ADP was below the 50% benchmark (42.9%) but this is difficult to interpret as a different approach was used for data collection and there are small numbers on the caseload.

Figure 6 - Percentage of caseload retained in treatment for six months or more by ADP area. Scotland 2023

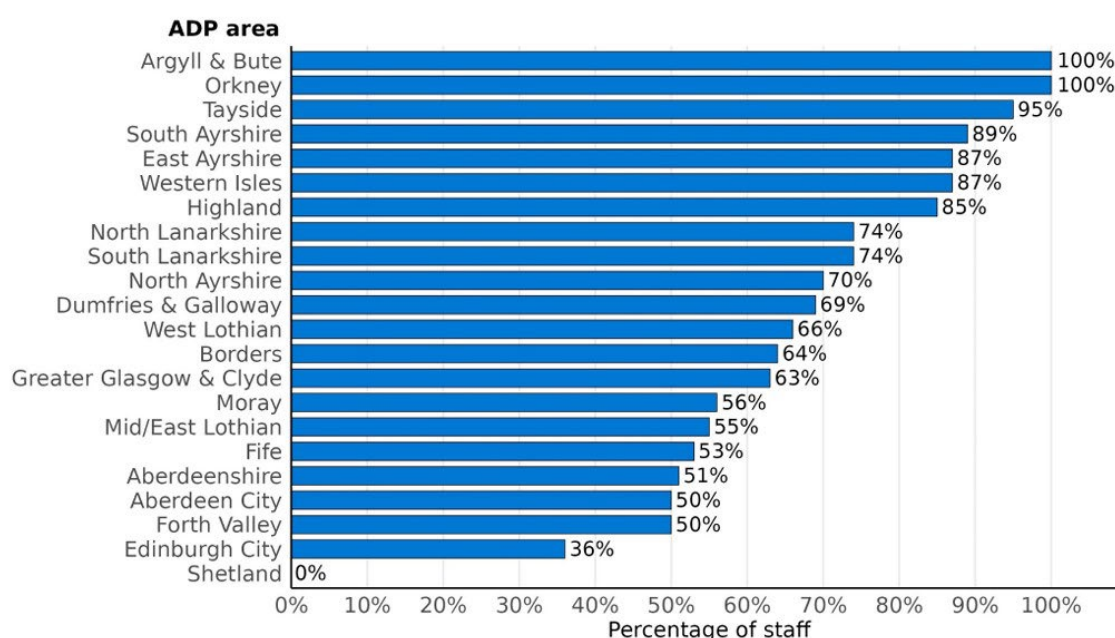


- 4.16** Figure 6 above shows the total reported MAT standard 5 caseload was 21,564 with 89% (n = 19,281) retained in treatment for at least 6 months at the point of the reporting snapshot date. 28 ADP areas had 75% or more of their current caseload retained in treatment for at least six months, including West Dunbartonshire at 79.1%. This is an increase from the previous year (72%).

MAT standards 6 and 10: Psychological support and trauma informed care

- 4.17** MAT standard 6 aims to ensure that the system that provides MAT is psychologically informed, provides psychosocial interventions and supports individuals to grow social networks. MAT standard 10 aims to ensure all people receive trauma-informed care. MAT standards 6 and 10 were assessed separately in 2022/23 but assessed jointly in 2023/24 because there is a lot of overlap with process documentation and delivery. All but one ADP area were assessed as provisional green, including West Dunbartonshire. This is because they were able to demonstrate a service delivery plan, training of staff and an experiential programme in place to enable feedback and participation.

Figure 7 - Percentage of staff who have completed appropriate tier 1 training (as defined in the local training and implementation plans) in the last two years by ADP area – Scotland 2023/24.



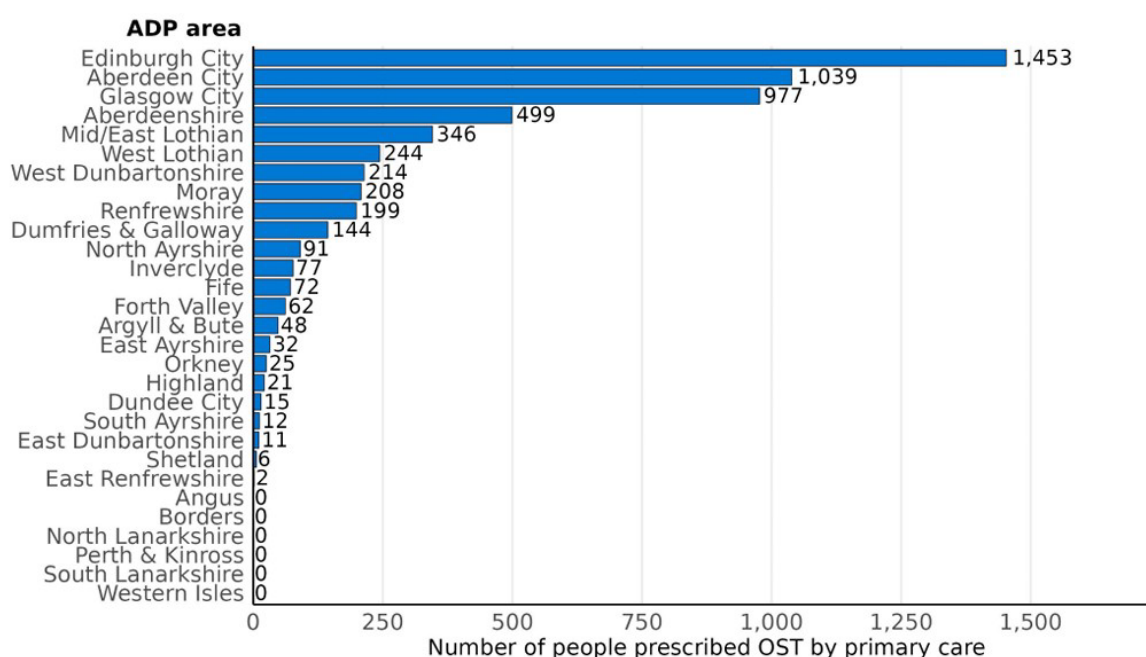
- 4.18** Figure 7 shows Percentage of staff who have completed appropriate Tier 1 training in the last 2 years as defined in local training and implementation plans. Therefore, there is likely to be a variation in submitted data. 93% (27/29) ADP areas have achieved over 50% staff trained in tier 1 training over that period.
- 4.19** Please note data were submitted at health board level for Tayside (Angus, Dundee, Perth & Kinross) and Greater Glasgow and Clyde (Glasgow City, East Dunbartonshire, East Renfrewshire, Inverclyde, Renfrewshire, West Dunbartonshire).

MAT standard 7: Primary care

4.20 The aim of MAT standard 7 is to ensure that all people have the option of MAT shared with primary care and that this would help to ensure that they also receive care for general health issues. The process evidence submitted demonstrates that most ADP areas are exploring various models to implement MAT 7 and have agreed pathways and protocols.

Perth and Kinross, Angus and Western Isles ADP areas are beginning to establish pathways and agreements for care but Borders, North and South Lanarkshire and Shetland have no pathways to systematically share care between specialist services, GPs, community pharmacies and others. A total of 22 ADP areas were assessed as RAGB provisional green, with a further four amber and three provisional amber but this does not always mean that shared care is happening.

Figure 8 - Number of people prescribed OST by primary care by ADP area – Scotland 2023/24.



4.21 The reporting period for 2024 data covers any 3 consecutive months between November 2023 and March 2024 in which 5,712 people were prescribed Opioid Substitution Therapy (OST) through primary care.

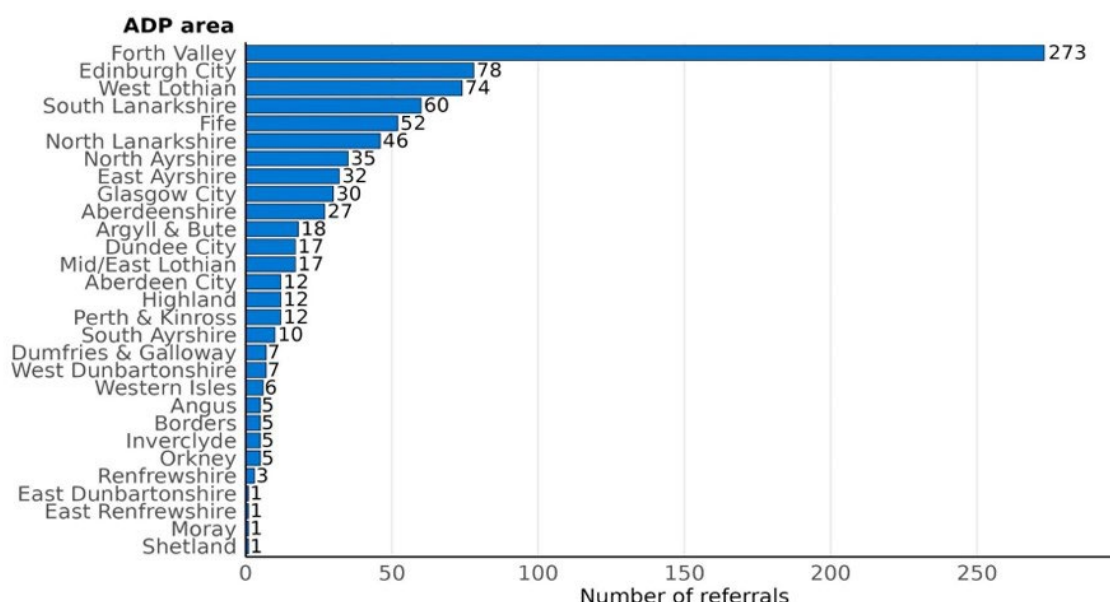
West Dunbartonshire had 214 people prescribed through primary care.

MAT standard 8: Independent advocacy and social support

4.22 MAT standard 8 aims to ensure that all people have access to independent advocacy and support for housing, welfare and income needs. All 29 ADP areas were assessed as provisional green for this standard. This means that ADP areas have commissioned (or engage

with) independent advocacy services and have advocacy training plans in place for staff. It is important to note that this standard, as some others, used data from a selected 3 month period and not a full year, due to systems not being consistently in place to log annual activity.

Figure 9 - The referral numbers from substance use services to independent advocacy services by ADP area – Scotland 2023/24.



- 4.23** Figure 9 shows, for the selected 3 month periods, 835 people were referred from substance use services to advocacy for support. This was 7 individuals referred during this period within West Dunbartonshire.

MAT standard 9: Mental health

- 4.24** The intention of MAT standard 9 is to ensure that all people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. This standard was assessed as provisional green in 25/29 ADP areas, including West Dunbartonshire, which documented procedures for joint working to care for people with co-occurring mental health and substance use issues.

ADP 2023/24 Annual Survey Report

- 4.25** West Dunbartonshire Alcohol and Drug Partnership Annual Reporting Survey was submitted this to Scottish Government in June 2024. A copy is appended in Appendix 1 of this report.

Official Waiting Times – Report published by Public Health Scotland 27th June 2024.

- 4.26** Table 1 below shows that in each of the four quarters of 2022/23, West Dunbartonshire has been over the 90% threshold (for waits 21 days and below), and the percentages have been consistently higher than both NHSGGC and Scotland as a whole.

Table 1 – Percentage of waits 21 days and below:

Area	Q1	Q2	Q3	Q4
West Dunbartonshire	95.7	97.5	93.7	96.4
NHSGGC	91.9	94.1	92.9	92.7
NHS Scotland	89.2	89.7	90.8	92.2

- 4.27** When comparing West Dunbartonshire ADP performance across NHSGGC, Table 2 below highlights, West Dunbartonshire was 3rd highest in Q1, 2nd highest in Q2, 4th in Q3, and 2nd again in Q4.

Table 2 - NHSGGC ADP Waiting Time Comparison:

Area	Q1	Q2	Q3	Q4
NHS Scotland	89.2	89.7	90.8	92.2
NHSGGC	91.9	94.1	92.9	92.7
East Dunbartonshire	92.0	87.6	85.5	81.1
West Dunbartonshire	95.7	97.5	93.7	96.4
City of Glasgow	92.6	95.4	94.8	94.1
Inverclyde	97.0	97.1	96.9	94.4
Renfrewshire	67.5	75.4	76.4	84.7
East Renfrewshire	97.9	98.1	100	96.6

- 4.28** Table 3 below shows the number of waits registered in West Dunbartonshire in each quarter ranged from 205 (in Q3) to a high of 239 (in Q2). On average across 2022/23 there were 225 waits per quarter compared to 2021/22 where the average was 231 waits per quarter. In 2021/22 there were 923 waits in total compared to 901 in 2022/23, which was a decrease of 2.4%.

Table 3 - Number of waits within West Dunbartonshire

Area	Q1	Q2	Q3	Q4
NHS Scotland	7,932	7,481	7,239	7,716
NHSGGC	2,143	2,073	2,093	2,208
East Dunbartonshire	88	97	69	74
West Dunbartonshire	233	239	205	224
City of Glasgow	1,522	1,437	1,437	1,425
Inverclyde	132	105	130	125
Renfrewshire	120	142	199	301
East Renfrewshire	48	53	53	59

ADP Strategy 2024 – 2027

4.29 The Scottish Government requires all ADPs to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The National Mission Plan 2022, which as of 2023 includes an alcohol focus, runs until 2026. The West Dunbartonshire ADP strategy refresh aims to deliver an ambitious programme of priorities that will improve the quality of life for people, families and communities in West Dunbartonshire.

The strategy outlines 5 strategic priorities:

- Substance Use Prevention;
- Young People and Families;
- Improve services to support those with co-existing mental health and substance use and/or multiple complex needs;
- Tackling alcohol and drug related stigma; and
- Reducing the harm associated with alcohol and drug use

5 Options Appraisal

5.1 Not applicable

6. People Implications

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

7. Financial and Procurement Implications

- 7.1** Financial plans will require ongoing monitoring to ensure compliance with Scottish Government funding criteria and to ensure that all plans remain affordable within the overall funding envelope.

8. Risk Analysis

- 8.1** Recruitment challenges are being experienced in all Health Boards and Integration Authorities across many staff groups and disciplines, and ADP/ADRS Services are no exception. This has the potential to impact on delivery of priorities where additional staffing requirements have been identified. To mitigate this, some posts have been identified for permanent recruitment in areas where fixed term posts are particularly challenging to fill. This in turn presents a risk beyond the current guarantee of funding to 2026 which will need to be managed by the HSCP with appropriate planning and monitoring strategies and in continued communications with Scottish Government. However, the advice that Programme for Government and National Mission funding allocations should be considered Earmarked Recurring and that Scottish Government will look to baseline this funding in future years provides a degree of assurance.

- 8.2** Regular financial performance reports to the HSCP board will report on the overall progress of budget performance. All recurring costs will be factored into future budget plans with a funding source identified.

9.0 Equalities Impact Assessment (EIA)

- 9.1** There is no EIA required for this report.

10. Environmental Sustainability

- 10.1** Not applicable

11. Consultation

- 11.1** There is no consultation required for this report.

12. Strategic Assessment

- 12.1** This work demonstrates the WDADP and WDHSCP contribution to primary prevention actions in the following national strategies:

- Scotland's Public Health Priorities: Priority 4 - A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- Raising Scotland's tobacco-free generation: our tobacco control action plan 2018
- Alcohol Framework 2018: Preventing Harm
- Rights, Respect and Recovery action plan 2019 to 2021 (version 2)
- National Drug Mission and Outcome Framework
- The HSCP boards own Strategic Plan 2023-2026 Improving Lives Together: All 4 Strategic Priorities

12.2 ADP Ministerial Priorities 2021/22

This work also contributes to the delivery of the following:

- A whole family approach/family inclusive practice on alcohol and drugs
- Education, prevention and early intervention on alcohol and drugs
- A reduction in the attractiveness, affordability and availability of alcohol

13. Directions

13.1 Not required

Sylvia Chatfield
Head of Mental Health, Learning Disabilities and Addiction Services
17 September 2024

Person to Contact:	Chris Kelly
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Appendices:	Appendix 1: ADP Annual Reporting Survey



Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- x West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

☒ Drug death review group

☒ Drug trend monitoring group/Early Warning System

None

Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

☒ Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

Through MDT and Briefing note severity 5 are discussed weekly and monthly to monitor all harms and deaths in West Dun.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.

[single option]

☒ Yes

No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

Uptake of Naloxone distribution and more visible warnings in all our buildings and community settings.
--

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	3.20
Total vacancies (whole-time equivalent)	1.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).

[open text – maximum 500 characters]

ADP Co-ordinator

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).

[open text – maximum 2,000 characters]

Staff have access to a range of services including: coaching, supervision and reflective practice workshops; access to wellbeing services and resources and access to psychological support.
--

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

- ☒ Experiential data collected as part of MAT programme
- ☐ Feedback / complaints process
- ☒ Lived / living experience panel, forum and / or focus group
- ☐ Questionnaire / survey
- ☐ No formal mechanism in place
- ☐ Other (please specify):

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy		
Feedback is presented at the ADP board level	X	
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	
Feedback used to inform service improvement	X	
Other (please specify)		

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

- ☒ Through ADP board membership
- ☒ Through a group or network that is independent of the ADP
- ☒ Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)
Not currently able to participate
Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making?
Mark all that apply with an 'x'.
[multiple choice]

X Through ADP board membership
X Through a group or network that is independent of the ADP
Through an existing ADP group/panel/reference group
Through membership in other areas of ADP governance (e.g. steering group)
Not currently able to participate
Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

Prerequisite for our commissioning
Asked about in their reporting
Mentioned in our contracts
None
X Other (please specify): The delivery of the service.

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation² in the last financial year. Within your answer please indicate which activities have been most costly.
[open text – maximum 2,000 characters]

Delivery of recovery hubs in the local area. Purchase equipment for psychosocial group work (Metal detecting, Magnet Fishing, Litter picking, art groups, Drop ins). Recovery Hubs have been the most costly due to the cost of lets. We have also purchased promotional material to promote the groups and raise awareness. Workwear for the volunteers.

² The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X ADP strategy, delivery and/or action plan
 - Alcohol deaths and harms prevention action plan
 - Communication strategy
 - Community action plan
 - Drug deaths and harms prevention action plan
- ☒ X MAT standards delivery plan
 - Service development, improvement and/or delivery plan
- ☐ None
- ☒ X Other (please specify): Substance use Prevention Strategy

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.

[open text – maximum 2,000 characters]

West Dunbartonshire is working with NHGGGC drug and alcohol team to develop work in this area alongside advocacy services and Lived experience. Also looking at the model of recovery cafes and call them hubs which can then include community in the work to raise awareness and reduce stigma.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).

[open text – maximum 500 characters]

We are currently unable to measure the impacts.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.

[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			
People from minority ethnic groups			
People from religious groups			
People who are experiencing homelessness			
People who are LGBTQI+			
People who are pregnant or peri-natal			
People who engage in transactional sex			
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties		X	
Veterans			
Women			

Question 16

Which of the following education or prevention activities were funded or supported³ by the ADP? Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information			
Harm reduction services		X	X
Learning materials			
Mental wellbeing			
Peer-led interventions		X	X
Physical health			
Planet Youth	x		
Pregnancy & parenting			
Youth activities			
Other (please specify)			

³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	x	X	x	
Drug services (NHS, third sector, council)	X	X	x	X
Family support services	X			
General practices	X	X	X	X
Homelessness services	X			
Hospitals (incl. A&E, inpatient departments)		X		X
Justice services	X	X		
Mental health services	X	X		
Mobile/outreach services	X	X	X	X
Peer-led initiatives	X			
Prison				
Sexual health services	X	X		
Women support services	X			
Young people's service				
None				
Other (please specify)				

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

Drug checking

Drug testing strips

x Heroin Assisted Treatment

Safer drug consumption facility

Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

Buprenorphine is in high demand within West Dun.
--

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers		
Homeless services		
Hospitals (including emergency departments)	x	
Housing services		
Mental health services		
Police Scotland		
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	x	
Third sector substance use services	x	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Further workforce training required

x Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Workforce capacity

None

Other (please specify):

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.
[multiple choice]

Strategic level

- ☒ ADP representation on local Community Justice Partnership
- ☒ Contributed to strategic planning
- ☒ Coordinated activities between justice, health or social care partners
- ☒ Data sharing
- ☒ Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- ☒ Provided advice and guidance
- Other (please specify):

Operational level

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- Supported staff training on drug or alcohol related issues
- Other (please specify):

Service level

Funded or supported:

- Navigators for people in the justice system who use drugs
- ☒ Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders institutions
- ☒ Services specifically for Drug Treatment and Testing Orders (DTTOs)
- Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators		x			X
Alcohol interventions					X
Drug and alcohol use and treatment needs screening					X
Harm reduction inc. naloxone					X
Health education & life skills					
Medically supervised detoxification					X
Opioid Substitution Therapy					X
Psychosocial and mental health based interventions					X
Psychological and mental health screening					X
Recovery (e.g. café, community)					X
Referrals to drug and alcohol treatment services		x			X
Staff training					x
None					
Other (please specify)					

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

X No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area¹⁰? Mark with an 'x'. [single option]

x Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

¹⁰ We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

☒ Alcohol hospital liaison

☒ Arrangements for the delivery of alcohol brief interventions in all priority settings

☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings

☒ Pathways for early detection of alcohol-related liver disease

☐ None

☐ Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

☒ Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

☒ Alcohol hospital liaison

☒ Alcohol related cognitive testing (e.g. for alcohol related brain damage)

☒ Community alcohol detox (including at-home)

☒ In-patient alcohol detox

☒ Pathways into mental health treatment

☒ Psychosocial counselling

☒ Residential rehabilitation

☐ None

☐ Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Availability of aftercare

Availability of detox services

Availability of stabilisation services

Current models are not working

Difficulty identifying all those who will benefit

Further workforce training required

☒ Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

☒ Lack of specialist providers

☒ Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Ensuring individuals are motivated in the first instance and exhausted community supports available to ensure funding is appropriately spent.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

☒ No revisions or updates made in 2023/24

Yes - Revised or updated in 2023/24 and this has been published

Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area?
Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

Re-align budget from other sources

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities		X	X
Employability support			
Family support services		X	X
Information services			
Justice services			
Mental health services (including wellbeing)			
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)			X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)			
Other (please specify)			

Question 31

Please list all recovery groups¹¹ in your ADP area that are funded or supported¹² by your ADP.

[open text – maximum 2,000 characters]

For all Bankies (FAB) Dumbarton Rock Recovery (DRR) Building Bridges (BD) Alternatives -Family Support Services Rocky Road Support Group Daca Groups

¹¹ 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

¹² Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups?
Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups		
People from religious groups		
People who are experiencing homelessness		
People who are LGBTQI+		
People who are pregnant or peri-natal		
People who engage in transactional sex		
People with hearing impairments and/or visual impairments		
People with learning disabilities and literacy difficulties		
Veterans		
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.

[open text – maximum 500 characters]

There is access to Consultant Psychiatrist and through nurse led Mental Health Assessment with addiction services

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

☐ Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

☒ Pathways for referral to mental health services or other multi-disciplinary teams

☒ Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages?

Mark all that apply with an 'x'.

[multiple choice]

☐ By representation on strategic groups or topic-specific sub-groups

☒ By representation on the ADP board

☐ Through partnership working

Via provision of funding

Not applicable

Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹³ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Engaging with people with lived/living experience
- ☒ X Engaging with third sector/community partners
- ☐ Provision of trauma-informed spaces/accommodation
- ☐ Recruiting staff
- ☒ x Training existing workforce
- ☐ Working group
- ☐ None
- ☐ Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

- ☒ x Yes
- ☐ No
- ☐ Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

- ☒ x Yes
- ☐ No
- ☐ Don't know

¹³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support			
Diversionary activities		X	
Employability support			
Family support services		X	x
Information services			
Mental health services			
Outreach/mobile services			
Recovery communities			X
School outreach			
Support/discussion groups		X	
Other (please specify)		Routes Project	Routes Project

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- x Naloxone training
- X Support groups
- Training
- None
- Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

Yes

X No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

--

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	X	X
Advocacy	X	x
Mentoring		
Peer support	X	x
Personal development		
Social activities		
Support for victims of gender based violence and their families		
Youth services		
Other (please specify)	Bearevement support	Bearevement support

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

X No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

--

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

[illegible]

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

ADP

IJB

X Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 20/08/2024

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

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

**Report by Sylvia Chatfield, Head of Mental Health, Learning Disabilities and
Addiction Services**

24 September 2024

Subject: Drug-Related Deaths in West Dunbartonshire

1. Purpose

The aim of the report is to provide the Health and Social Care Partnership (HSCP) Audit and Performance Committee with an update on drug-related deaths in West Dunbartonshire following the publication of the [National Records of Scotland \(NRS\) “Drug-Related Deaths in Scotland 2023”](#) Report, and on the efforts to prevent them.

2. Recommendations

The HSCP Audit and Performance Committee are asked to note the contents of the report.

3. Background

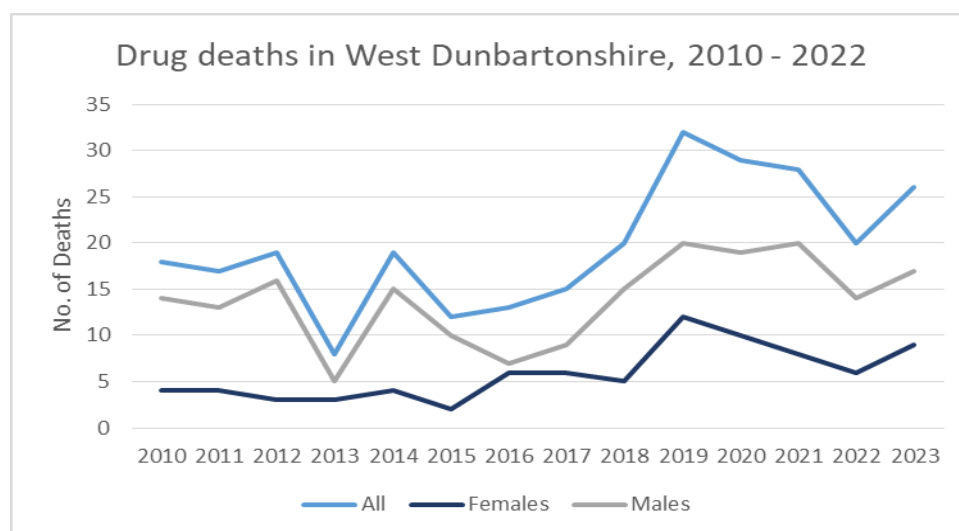
- 3.1** Each year the National Records of Scotland (NRS) publish the “Drug related deaths in Scotland” report. This report provides some of the details of those vulnerable individuals who sadly lost their lives to drug-related deaths (DRDs) registered within that year.
- 3.2** Drug-related deaths and drug harms have been and remain a significant public health concern in Scotland and for West Dunbartonshire.
- 3.3** The number of drug-related deaths increased steadily in Scotland and in West Dunbartonshire for many years, and particularly over the past decade. The rate of deaths in West Dunbartonshire has been consistently higher than in Scotland as a whole.
- 3.4** A [Drug Deaths Task Force](#) was established by the Scottish Government in 2019 to tackle the rising number of drug-related deaths in Scotland, and in January 2021 the First Minister announced a national mission to reduce drug-related deaths and harms. In 2022 the [National Mission](#) published a Plan for 2022-2026 to reduce drug-related deaths and improve the lives of those impacted by drugs.

4. Main Issues

Drug-Related Deaths

- 4.1** The number of confirmed drug-related deaths in West Dunbartonshire had been declining since a peak in 2019. Unfortunately, this trend stopped in 2023 with a 30% rise in confirmed drug related deaths from 20 (2022) to 26 (2023) (figure 1). Although, the number of deaths in 2023 are not as high as the peak number seen in previous years. These changes (including the increase in 2023) are very similarly reflected in the rest of Scotland.

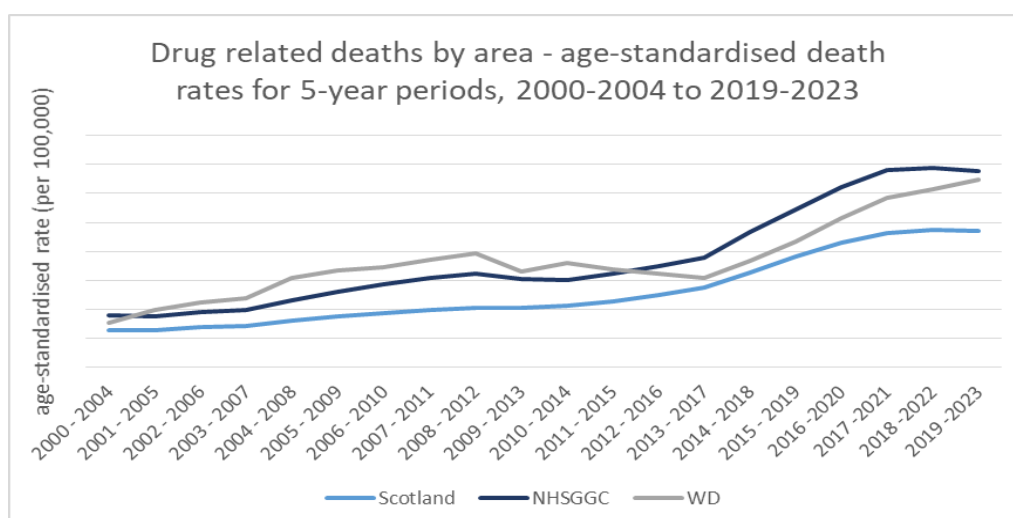
Figure 1 Drug deaths in West Dunbartonshire, 2010 - 2023



Source: NRS, 2024

- 4.2** Figure 2 below shows that for the 5-year period 2019-2023, there were 32.4 deaths per 100,000 in West Dunbartonshire. In comparison for Scotland the rate per 100,000 population was 23.6 (2019-2023) and NHSGGC 33.8 (2019-2023).

Figure 2 Drug related deaths by area - age-standardised death rates for 5-year periods, 2000-2004 to 2018-2022



Source: NRS, 2024

- 4.3 Table 1 shows West Dunbartonshire had a 30% increase in drug related deaths between 2022 and 2023 compared to 18.3% in NHSGGC and 11.5% in Scotland.

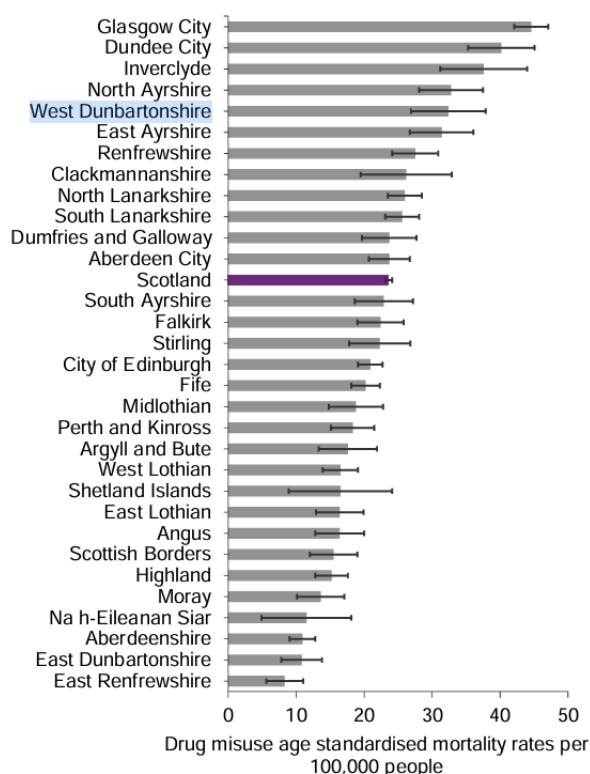
Table 1 on year percentage change

Area	2022	2023	%age change
W. DUN	20	26	30.0 inc
NHS GG&C	300	355	18.3 inc
SCO	1,051	1,172	11.5 inc

Source NRS, 2024

- 4.4 Figure 3 below shows of all the local authority areas, Glasgow City had the highest rate of drug misuse death with 44.6 deaths per 100,000 people for the period 2019-2023. The rate of drug misuse death was above the Scotland average in: Glasgow City, Dundee City, Inverclyde, North Ayrshire, West Dunbartonshire, East Ayrshire, Renfrewshire, and North Lanarkshire.

Figure 3 Drug deaths for selected council areas, age standardised death rate per 100,000

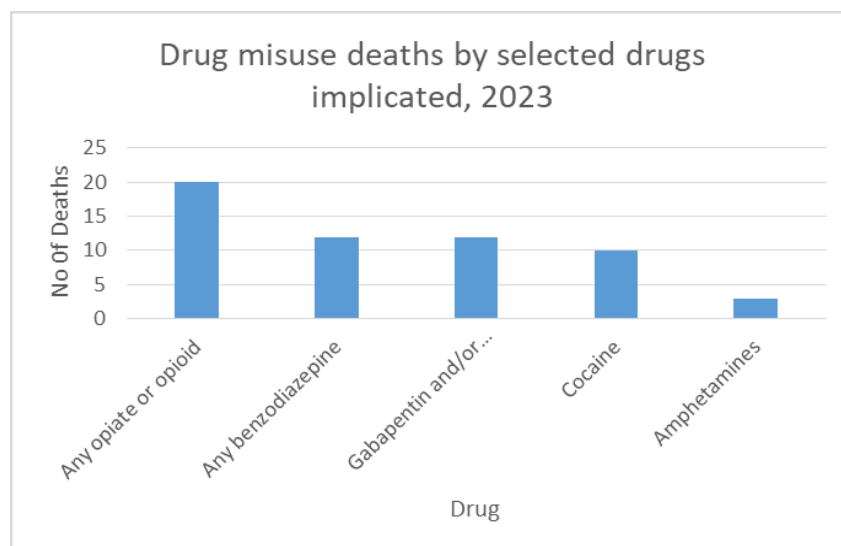


Source: NRS, 2024

- 4.5 Figure 4 below shows that of all drug related deaths in 2023 (West Dunbartonshire), the following substances were implicated:
- opiates/opioids (such as heroin/morphine and methadone): 20 deaths (77% of the deaths)

- Benzodiazepines (such as diazepam and bromazolam):12 (48%)
- Gabapentin and/or pregabalin: 12 (48%)
- Cocaine: 10 (38%)
- Amphetamines: 3 (12%)

Figure 4 Drug misuse deaths by selected drugs implicated, 2023



Source: NRS, 2024

Actions Being Undertaken

4.6 Development and roll out of West Dunbartonshire Alcohol and Drug Partnership's (ADP) refreshed strategy, including:

- Maintaining current progress in rolling out [Medicated Assisted Treatment \(MAT\) Standards](#)
- Supporting young people affected by substance use: the ADP have agreed to increase funding to Scottish Families Affected by Alcohol and Drugs to expand their [Routes](#) project within West Dunbartonshire.
- Enhanced Outreach Programs: We are intensifying our efforts to reach out to individuals at risk, providing them with access to harm reduction services, counselling, and treatment options.
- Naloxone Distribution: We are expanding the distribution of Naloxone, an opioid overdose reversal medication, to those who may encounter individuals in distress due to drug use.
- Community Education: We are working with our community to raise awareness about the dangers of drug use, the signs of overdose, self-harm and available support services.
- Treatment Access: We are working to reduce barriers to addiction treatment services, ensuring that those who seek help can access it promptly.

5. Options Appraisal

5.1 Not applicable

6. People Implications

6.1 Not applicable

7. Financial and Procurement Implications

7.1 Not applicable

8. Risk Analysis

8.1 No risks identified

9. Equalities Impact Assessment (EIA)

9.1 There is no EIA required for this report.

10. Environmental Sustainability

10.1 Not applicable

11. Consultation

11.1 There is no consultation required for this report.

12. Strategic Assessment

12.1 This work demonstrates the WDADP and WDHSCP contribution to primary prevention actions in the following national strategies:

- Scotland's Public Health Priorities: Priority 4 - A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- Raising Scotland's tobacco-free generation: our tobacco control action plan 2018
- Alcohol Framework 2018: Preventing Harm
- Rights, Respect and Recovery action plan 2019 to 2021 (version 2)
- National Drug Mission and Outcome Framework
- The HSCP boards own Strategic Plan 2023-2026 Improving Lives Together: All 4 Strategic Priorities

12.2 ADP Ministerial Priorities 2021/22

This work also contributes to the delivery of the following:

- A whole family approach/family inclusive practice on alcohol and drugs
- Education, prevention and early intervention on alcohol and drugs
- A reduction in the attractiveness, affordability and availability of alcohol

13. Directions

13.1 Not required

Sylvia Chatfield

Head of Mental Health, Learning Disabilities and Addiction Services

17 September 2024

Person to Contact: Chris Kelly
Email: chris.kelly@ggc.scot.nhs.uk
Appendices: None
Background Papers: None
Footnotes: Website links detailed below

- National Records of Scotland, 2024. *Drug-related deaths in Scotland in 2023: Report*. Available at: <https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/23/drug-related-deaths-23-report.pdf> [Accessed 1 September 2024].
- Scottish Government, 2023. *National Mission on Drugs: Annual Report 2022-23*. Available at: <https://www.gov.scot/publications/national-mission-drugs-annual-report-2022-23/pages/4/> [Accessed 1 September 2024].
- Scottish Government, 2023. *Drug Deaths Taskforce: A cross-government approach*. Available at: <https://www.gov.scot/publications/drug-deaths-taskforce-response-cross-government-approach/documents/> [Accessed 1 September 2024].

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
BOARD**

AUDIT AND PERFORMANCE COMMITTEE

Report by Fiona Taylor, Head of Health and Community Care

24 September 2024

Subject: Care Inspection of West Dunbartonshire Health and Social Care Partnership (HSCP) Care at Home Service: Summary of the Inspection Report

1. Purpose

- 1.1** The purpose of this report is to summarise the Care Inspectorate report following an announced (short notice) inspection of West Dunbartonshire HSCP Care at Home Services from the 25th to 27th March 2024. The report was published on the 24th June 2024.

2. Recommendations

- 2.1** The Committee is asked to note that the Care Inspectorate graded the West Dunbartonshire Care at Home Service an overall grade 2 – weak.
- 2.2** The Committee is asked to note that an action plan is underway to demonstrate the activities in place to address the requirements identified by the Care Inspectorate.

3. Background

- 3.1** On the 25th March 2024 the Care Inspectorate commenced an announced (short notice) inspection of West Dunbartonshire Care at Home Service. They spoke with twenty seven people using the service and eleven of their family members. They also spoke with nineteen staff and management and observed practice and daily life. They reviewed documents and spoke with four visiting professionals.
- 3.2** The Care Inspectorate last conducted an unannounced inspection in March 2023. At this inspection the following grades were awarded:

How well do we support people's wellbeing	Grade 3 - adequate
How good is our leadership	Grade 3 - adequate
How good is our staff team	Grade 3 - adequate
How well is our care and support planned	Grade 3 - adequate

- 3.3** The Care Inspectorate identified four requirements in March 2023. A requirement sets out steps the service must take to improve outcomes for people who use their services.
- The provider must ensure that people's care plans are reflective of care and support that is right for them.
 - The provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation.
 - The provider must review and improve communication systems when people are returning home following a hospital admission.
 - The provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained.
- 3.4** Between March 2023 and March 2024 the service worked towards an action plan, collated to address the range of improvement activities required to meet the requirements.
- 3.5** In March 2024 the Inspectors assessed the service to ascertain if these four requirements had been met.

4. Main Issues

- 4.1** Following the March 2024 Inspection, the Inspectors met with the service to provide verbal feedback. They advised that, although they could see that improvement activity had been undertaken, the size and scope of this activity was not yet evidenced. In addition, they required evidence of a whole system approach to demonstrate sustainability in improvement activity. They also acknowledged high unplanned employee absence rate, reaching 15% in early 2024. However, all components of a requirement must be met to consider the overall requirement met.

- 4.2** The grades allocated from the March 2024 Inspection are as follows:

How well do we support people's wellbeing	Grade 2
How good is our leadership	Grade 2
How good is our staff team	Grade 2
How well is our care and support planned	Grade 2

- 4.3** The Inspectors have identified four requirements from this Inspection.
- 4.4** The service met one of the four requirements from March 2023. Three have been continued and one added. The requirement met is that:
- The provider must review and improve communication systems when people are returning home following a hospital admission.

- 4.5** The following requirements must be achieved by 21st December 2024:
- The provider must ensure that people's care plans are reflective of care and support that is right for them.
 - The provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation.
- 4.6** The following requirements must be achieved by the 21st March 2025:
- The provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained.
 - The provider must evidence effective communication with staff and support for staff development by establishing regular and ongoing team meetings across all teams and establishing regular and effective supervision sessions for staff.
- 4.7** One of eight Areas for Improvement from March 2023 was met:
- To protect people from potential risks of financial harm, the provider should implement a cash handling policy and procedure. This should include, but not limited to, training in cash handling procedures and service spot checks.
- 4.8** Two Areas for Improvement have been amalgamated into a requirement, seen at 4.6: The provider must evidence effective communication with staff and support for staff development by establishing regular and ongoing team meetings across all teams and establishing regular and effective supervision sessions for staff.
- 4.9** The service now has five Area's for Improvement:
- The service should ensure that they communicate effectively with people about their service when changes need to happen.
 - The service should ensure that medication risk assessment processes are reviewed to include the time required between medication doses.
 - To support people's health and wellbeing, the provider should ensure staff are competent with promoting good infection prevention control practices.
 - To ensure complaints are managed effectively and in accordance with own policy and procedure; the service should ensure all who raise concerns or complaints are treated with courtesy, ensuring that follow up actions are met in line with policy, or in an agreed manner.

- To improve outcomes for people, the provider should ensure they continually monitor, evaluate and complete all actions they have identified in their improvement plan.

5. Next steps

- 5.1** The Chief Officer, Chief Social Work Officer and Head of Service met with the Care Inspectorate to discuss the report. The Care Inspectorate notified the HSCP that if the requirements are not met within the timescales there is a risk of enforcement action.
- 5.2** The Care Inspectorate proposed that Care Inspectorate Quality Improvement Advisors work with a Project Team (led by the Head of Service) in a 90 day quality improvement cycle. This proposal was accepted by the HSCP and the agreed focus of this improvement work is care and support planning and reviews as they underpin the safe delivery of care.
- 5.3** The Advisors completed an initial 90 Improvement Cycle, meeting with the project team, the Chief Officer, the CSWO and Organisers over a period of weeks. Process mapping identified change areas and 'pain points', and improvement activity was agreed and implemented.
- 5.4** The Advisors evaluated the response from the service at the end of July and agreed to complete a further 90 Improvement Cycle. The stated outcome of this second cycle is to support the embedding of improvement activity actioned in the first cycle.
- 5.5** Improvement activity to date:
- Review and care and support planning training for organisers has been completed and a Standard Operating Procedure collated.
 - Management reports for reviews due via Care First will be available from the 1st October 2024.
 - Community referrals to Care at Home must be supported by an MLA-S.
 - Additional improvement activity is in progress to enable automated reporting of care and support plans in order to meet the requirement.
 - The service is reconfiguring Organiser resource to increase the number of statutory reviews that must be completed weekly to achieve this requirement.
 - The service requires to continue to manage workload capacity to ensure that requirements can be delivered while undertaking service redesign.

- 5.6** The other two requirements will continue to be progressed, but as agreed with the Care Inspectorate, the care and support plans and reviews will be prioritised over these two requirements until the 21st December 2024.
- 5.7** The Chief Officer chairs weekly Care at Home oversight meetings to monitor the progress of improvement activity.
- 5.8** Monitoring visits are completed by the Inspectors. During these visits they review progress towards the requirements. They also have regular meetings with the Advisors.
- 6. Options Appraisal**
- 6.1** Not required for this report.
- 7. People Implications**
- 7.1** There are no personnel issues associated with this report.
- 8. Financial and Procurement Implications**
- 8.1** The review of all care packages should happen on a 6 monthly basis. As many packages of care have not been reviewed recently there may be an increase or decrease in allocated hours per week. The number of completed care package reviews are reported on a weekly basis to demonstrate the weekly overall increase or decrease in hours of care packages.
- 8.2** The training and development component of the requirements requires the delivery of a significant suite of training for frontline staff. An in house trainer post is within the establishment however the service is not yet able to recruit until the matching process from the redesign has concluded. Training is currently commissioned via an external trainer.
- 9. Risk Analysis**
- 9.1** Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. Any failure to meet requirements within time-scales set out could result in a reduction in grading or enforcement action. Enforcement action is an Organisational Risk.
- 9.2** The Service is addressing the need to complete reviews and effective care and support planning for all service users. This has an implication for the capacity Organisers have to deliver other key aspects of their role. In addition, the Redesign of the service provides additional workload for Organisers and managers.
- 10. Equalities Impact Assessment (EIA)**
- 10.1** There are no Equalities Impact Assessments associated with this report.

11. Environmental Sustainability

11.1 Not required for this request.

12. Consultation

12.1 None required for this report.

13. Strategic Assessment

13.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan 2023 – 2026 recognises the need to ensure that services align with strategic outcomes and priorities, and work with people to safely maintain their independence at home and in their local community, building on strengths and supporting unmet need.

14. Directions

14.1 There are no directions required for this report.

Name: Fiona Taylor
Designation: Head of Community Health and Care
Date: 21/08/2024

Person to Contact: Fiona Taylor
fiona.taylor2@ggc.scot.nhs.uk

Appendices:

- Appendix 1** – Care Inspectorate Report
- Appendix 2** – Evaluation Action Plan: Reviews and Care and Support Planning
- Appendix 3** – Evaluation Action Plan: training / development and team meetings / supervision



West Dunbartonshire Council Home Care Service Housing Support Service

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Telephone: 01412322317

Type of inspection:
Announced (short notice)

Completed on:
8 April 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2004077075



About the service

West Dunbartonshire Council Home Care Services provide support to clients of all ages and ethnic groups, assisting them to live as independently as possible in their own home whilst respecting their right to dignity, privacy, choice, safety, realising potential, equality and diversity.

The service operates throughout the West Dunbartonshire area from two office bases, in Clydebank and Dumbarton.

At the time of our inspection, the service was supporting around 1340 people.

About the inspection

This was an announced (short notice) inspection which took place on 25, 26, 27 March 2024. The inspection was carried out by 3 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, survey results returned by staff, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 27 people using the service and 11 of their family members
- Spoke with 19 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with 4 visiting professionals

Key messages

- People mostly felt respected and happy with the standard of care from individual care staff, however, we felt that the service had not acknowledged people's changing needs and wishes.
- The service did not appear to be delivering the required care in terms of time spent with people to achieve good outcomes.
- We were not assured that the service had clear protocols regarding medication and several policies and guidelines were very out of date. We had concerns regarding recent poor outcomes for some people.
- Some improvements were noted, but progress had been slow and not always well documented.
- Staff training statistics were low, and staff often felt unsupported. Regular team meetings and supervision sessions had not been established across all area teams.
- Care planning had not always reflected the current needs of people receiving care. Six-monthly reviews were well behind schedule and risks of poor outcomes for people were evident.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

People told us that individual staff members treated them with dignity and respect, and we also observed positive interactions between people and care staff. However, low numbers of reviews, sparse consultation with people and some absence of care plans showed a lack of dignity and respect for people and their needs and wishes. People's views, or that of their representatives, had not always been captured in reviews that had taken place. There were several examples of people who felt that their complaints and concerns had not been taken seriously or responded to. Several people told us that they found it difficult to get in contact with the office when they needed to. This meant that people's support was often being delivered with little regard to their needs and wishes.

People were mostly happy, or very happy with the staff who delivered their care and support, especially if this was delivered by familiar and consistent staff members. Many people were worried about knowing who was coming to support them, did not like unfamiliar staff or being supported by agency workers. We had real concerns about the amount of time that staff members had to spend with people. There was evidence that showed the service were delivering far fewer hours than were planned. We were aware that some of this was possibly due to staff not always clocking in and out on their work phones when attending people's homes. However, we did not think that this would account for as many hours as had appeared undelivered. We saw some examples where staff were scheduled to be in more than one place or had visits with no travel time between. This meant that we were not assured that people were getting the most out of their visits. The care diaries we sampled did not often capture people's wellbeing and only a few examples of recordings of this were found.

We did receive positive feedback from three external health professionals about home care organisers and the care that staff delivered. People who used the service valued the carers and told us, 'can't fault the staff' and 'my life would be hard without them'. We also heard from people who said, 'only in for a minute or three' and 'if it's people I don't know I panic'. Many people told us that they would prefer regular staff and consistency. It was not clear exactly what level of responsibility care staff had for medication. Managers confirmed that staff did not administer medication, but some care staff told us that they did. Management did agree that staff could be involved in applying topical lotions and eye drops to people but there did not appear to be documentation that recorded this. We highlighted that some lotions and drops may be prescribed and should be recorded as such. There was guidance that said care organisers complete medication assessments, but we did not see this in practice.

This guidance had been completed by a staff member who left the service some time ago and it was not clear if there had been a policy change since then. There were some policies and procedures for staff that were out of date. This included a medication policy and some IPC (infection prevention and control) information. As a result, we were not assured that staff had access to current best practice guidance and information. There had been recent concerns and complaint activity regarding the care provided and instances that had led to poor outcomes for people's health and wellbeing. We spoke to one external professional about a recent incident. We had concerns that tick-box reviews of people's care could lead to reductions in service and felt there had been some missed opportunities to intervene. We could not be sure that people's health and wellbeing always benefitted from their care and support.

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

How good is our leadership?

2 - Weak

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

We did appreciate the current challenges that the service faced in terms of staffing resources, high absence levels and a redesign of the service. We could see that the service had made some progress towards putting quality assurance processes in place. There had been a survey that was sent out to people using the service in May 2023, which had shown that the majority of respondents were satisfied with their care and support. There were a lower number of people who were unhappy, and the service had compiled results that showed 200 plus people wanted to make changes to their care plans. We also identified that the service was well behind on completing the necessary six-monthly reviews for people. The service had introduced a team to support reviews but the overall numbers of reviews taking place was still low. Some reviews that we sampled had only tick-box responses and did not show input from people whose care was being reviewed. We felt that this had the potential to result in poor outcomes for people, especially for those who had not realised that a review had taken place. Several staff members told us that there were people who had not had reviews who no longer required care, and that there was not enough time for the people who did require support.

There had been guidelines developed for how and when audits would be carried out by the service. Some audits had only been completed once and some had been poorly recorded. Record keeping audits had identified actions and dates for completion, however, we found that the actions had not been signed off as completed and some of the care plans identified remained unchanged. Several items were unsigned and undated which made it difficult to track progress and actions. Some overviews were in place for reviews, team meetings and staff supervision but none of these were taking place at sufficient pace. We found that information across some service documents was conflicting and confusing. We felt that the audits would be valuable once embedded, completed to a higher standard and followed through.

We were mostly concerned by the pace of progress in terms of establishing effective quality assurance. It was also the case that some reports were poorly recorded. This included the complaints log and a lack of team meeting minutes. People told us that their concerns were not always acknowledged and responded to. The notifications that the service were required to submit to us were not always completed under the correct category, within the required time frame or containing sufficient information. This meant that our scrutiny and assurance work was not always well informed (**see area for improvement 1**).

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

Areas for improvement

1. The service should comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event and provide updates if applicable.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

How good is our staff team?

2 - Weak

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

The service did seem to have a mostly effective overview of SSSC (Scottish Social Services Council) registration for staff, though we did note that many staff had conditions that required them to complete qualifications by certain dates. It wasn't clear how the service planned to manage this. Since last inspection training statistics had improved, but these were far lower than hoped for a staff team of this size. Staff appeared knowledgeable and competent, but the service was not able to effectively evidence this as not all staff teams had had team meetings or supervision sessions (**see requirement 1**). The low numbers of supervision sessions meant that staff were not able to reflect on their practice or set SMART (specific, measurable, achievable, realistic, time specific) targets for their personal learning and development. The supervision sessions records that we sampled did not include reflection or target setting by staff. We could see that a good template for team meeting agendas had been developed but it wasn't clear how this had been implemented. Spot checks of staff competencies and practice had not yet been introduced.

Care staff we spoke to, and returned survey results, told us that they were stressed and over worked. Some care at home organisers appeared overwhelmed by their assigned workload. Management advised that organiser workloads were being addressed via the redesign. Staff shared our concerns that there could be poor outcomes for people receiving care and support. They recognised that care plans lacked the detail that they felt was required for effective support. Care staff told us that they loved their roles but often felt unsupported. High vacancy and absence levels had impacted the effective delivery of care and support.

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

Requirements

1. By 21st March 2025, the provider must evidence effective communication with staff and support for staff development by:

- a) establishing regular and ongoing team meetings across all area teams
- b) establishing regular and effective supervision sessions for staff across all area teams

This is to comply with Regulation 9(2) (b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes' (HSCS 3.14).

How well is our care and support planned?**2 - Weak**

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

We could see that the service had continued to complete some reviews, but the pace had not been sufficient. The service had recognised the slow pace and told us that there had been staff identified for completing reviews. Some reviews we sampled were of a good standard and contained narrative from people and/or their representatives regarding their care and support. However, other reviews contained only tick box type information and had not reflected input from people regarding their needs and wishes. We felt that there was significant risk of poor outcomes for people if up to date care plans were not in place. Several care staff told us that there were people in receipt of care who no longer needed it. We had concerns that people may not be properly consulted regarding changes in their care and support. We noted that many people were not sure if their reviews had taken place. We did not feel the service had the capacity to keep up with reviews on an ongoing basis. Some plans that were reviewed six months ago were due for next six-monthly review whilst others remained unreviewed. We did not see any evidence that the service had an effective overview of when six-monthly reviews were due.

We sampled some care plans that lacked detail, and this was also highlighted by care staff. Care plans needed a good level of detail as it was often unfamiliar or agency staff who were attending visits at people's homes. Reports provided by the service showed that under half of the planned hours were being delivered and we saw examples of staff schedules which were unworkable in terms of time spent supporting people and travelling time. Improvements required for care planning were identified a year ago and very limited progress has been made in this area.

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 24th March 2024, the provider must ensure that people's care plans are reflective of care and support that is right for them. To do this the provider must, at a minimum, ensure:

- a) people have access to current detailed information about their service which details their support needs including any highlighted risks and how the provider will meet these
- b) information about how to complain is updated
- c) information within care plans is person centred including how to promote people's independence where possible with personal care

d) person centred strategies that describe how people living with dementia like their support to be provided. This should include information about their likes, dislikes and how staff should introduce care tasks and what they should do if the person declines support

e) oral care is highlighted within care plans where appropriate

f) records and reports are included within care plans about people's wellbeing

g) managers are involved in the monitoring and the audit of people's needs and records

h) update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

This requirement was made on 27 March 2023.

Action taken on previous requirement

We could see that the provider had updated the information given to people about the service. However, this only consisted of contact details and did not always detail people's support needs, any highlighted risks or how the provider will meet these. The majority of people using the service had yet to have reviews carried out regarding their current support needs. This component of the requirement has not been met.

People had received updated paperwork which had been delivered to them. This included information on how to contact the service and how to complain. This component of the requirement has been met.

Some care plans we sampled had information regarding personal care and promoting independence, however this wasn't widespread across all care plans we looked at. Staff told us they would like more detail in care plans. We felt this was especially important as support was not always provided by familiar staff and that agency staff were also being used. We did find a number of people who still had no care plans in place. This component of the requirement has not been met.

We did not see any examples of care plans that detailed how people living with dementia liked their support to be provided. It may have been the case that the care plans we chose to sample did not include many people living with dementia. We did read one care plan for a lady who lived with dementia, but this type of detail was not included. This component of the requirement has not been met.

Oral care tasks had been included in the updated care and support diaries that had been distributed to people and were being used by staff. Oral care was also being referred to in audit paperwork. This component of the requirement has been met.

We were not always able to find reviews that had taken place for people whose care plans we sampled. Where we did find review paperwork, there were some examples that included narrative regarding people's wellbeing. However, we did find several examples of reviews that contained only tick box content and no narrative regarding people's wellbeing. The care and support diaries we sampled only mentioned wellbeing very briefly and only in very few examples. The daily reporting in people's care and support diaries remained task focussed. This component of the requirement has not been met.

The provider had developed guidelines for auditing, but this appeared newly created in the month we visited and was still in draft form. We did not see any clear evidence of management input into audits. There were sparse examples of auditing that had taken place. Often these did not note who had carried out the audits and there was little evidence that identified items were actioned. There were still many people that had not yet had reviews. This component of the requirement has not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

All components must be met to consider the overall requirement met. This requirement has not been met and has been repeated and given a new date of 21st December 2024.

Not met

Requirement 2

By 25th March 2024, the provider must review and improve communication systems when people are returning home following a hospital admission. To do this the provider must:

- a) Ensure the hospital discharge letter is opened, read and understood by all staff involved in the person's care
- b) Ensure discharge letter is accessible to all involved in the person's care
- c) Implement any support changes necessary to the person's care plan
- d) Managers monitor and audit this task
- e) Update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This requirement was made on 27 March 2023.

Action taken on previous requirement

Forms had been added to care plans for staff to sign with regards to opening, reading and understanding care plans following hospital discharge. This component of the requirement has been met.

Care plans had dedicated space for hospital discharge letters and protocols regarding this had been added to care plan templates. This component of the requirement has been met.

Where someone had been discharged from hospital, we could see that the care diary noted this and changes to support had been made. This component of the requirement has been met.

Hospital discharge letters had been included in the auditing process for care plans. This component of the requirement not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

This requirement has been met.

Met - within timescales

Requirement 3

By 25th March 2024, the provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained. To do this, the provider must, at a minimum, ensure:

- a) all staff have completed core mandatory training particularly adult support and protection training
- b) all staff have the appropriate levels of training for their role including dementia skilled, skin integrity, record keeping and confidentiality training.
- c) all staff have clear and SMART (specific, measurable, achievable, realistic, time specific) learning objectives to evaluate their practice and professional development.
- d) all staff are aware of their responsibility in maintaining accurate records and retaining records
- e) managers are involved in the monitoring and the audit of staff training.
- f) Update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes' (HSCS 3.14).

This requirement was made on 27 March 2023.

Action taken on previous requirement

Although we did see progress in this area, numbers of staff completing mandatory training were not yet at sufficient levels. We did see that a temporary trainer had only been in place for a few weeks at time of inspection. This component of the requirement has not been met.

Dementia training at skilled level had only been completed by 18 staff out of a 584 staff team. Figures we were given for recording and documentation training only showed completion for 20 staff members. We did not see any evidence of skin integrity training. This component of the requirement has not been met.

Staff supervision had not been effectively capturing SMART (specific, measurable, achievable, realistic, time specific) learning objectives. Although we could see that some supervision had been taking place, this was not yet at sufficient levels. Many staff we met had not yet had supervision. This component of the requirement has not been met.

As above, completion figures of training on recording and documentation was low. We could see the topic had been added to some team meeting agendas, but it wasn't clear how effective this had been. Many staff had not yet attended team meetings. This component of the requirement has not been met.

We did see that training had been mentioned in reports and audits, however audits had not yet been completed often enough to note any impact in this area. We did note that phone alerts were being implemented to remind staff members that training was due. This component of the requirement has not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

All components must be met to consider the overall requirement met. This requirement has not been met and has been repeated and given a new date of 21st March 2025.

Not met

Requirement 4

By 25th March 2024, the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation. To do this, the provider must, at a minimum, ensure:

- a) people are supported to understand and be included within their care review
- b) they collaborate with people and others involved with their care to gather their views on what is working well with their care and support. This includes but is not limited to reviewing health and safety risk assessments and needs assessments
- c) ensure that any agreed actions are completed and reviewed regularly to ensure they remain effective. Completed actions to be carried forward to the next agreed review date
- d) people and their representatives (where appropriate) have read over and are happy with the record of their review
- e) managers are involved in the monitoring and the audit of people's reviews
- f) Update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This requirement was made on 27 March 2023.

Action taken on previous requirement

We did sample some recent reviews where narratives had captured people's views. However, several examples of recent reviews had contained only tick-box responses, and we could not see where people had any input into those reviews. This component of the requirement has not been met.

Many people we spoke to were not sure if they'd had a review or not. We spoke with one person and a relative who had review paperwork dated very recently but neither of them were able to recall the review having taken place. Meaningful reviews were not always captured for people. The numbers of reviews that had taken place was still very low. This component of the requirement has not been met.

We were not able to see any care plans that had been reviewed more than once to evidence that they were reviewed regularly, and we did note that some that had been reviewed would be due for review again. We did not see any future review dates that had been set or agreed. This component of the requirement has not been met.

We did not see examples of where people were being asked to read over, or were happy with, the record of their reviews. Many people were not sure if a review had taken place or not. We did not feel that the tick box style of some reviews lent themselves to people agreeing that records were accurate. Several people told us that the paperwork had just been dropped off. This component of the requirement has not been met.

There was evidence that managers had some oversight of the numbers of reviews that were taking place. A review team had been put in place but numbers of completed reviews was still very low and the pace was slow. There was no evidence that there was any audit regarding the quality or content of the reviews that had taken place. This component of the requirement has not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

All components must be met to consider the overall requirement met. This requirement has not been met and has been repeated and given a new date of 21st December 2024.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To meet people's needs, the provider should ensure that they communicate effectively with people about their service when changes need to happen. This should include but not limited to updating people's preferred modes and timing of communication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9)

This area for improvement was made on 27 March 2023.

Action taken since then

The people we spoke to mostly did not know which staff would be attending. This was something that most people and their relatives told us was of great importance. We heard that several people were not aware of changes that had been made to their support. We did feel that tick-box reviews were not an effective way to communicate that the service would be changing. There were examples within some care plans regarding people's preferred communication methods but as many of these plans had not been reviewed for some time, we felt information may not reflect current needs and wishes.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

The provider should ensure that medication risk assessment processes are reviewed to include the time required between medication doses. People's care visits should be scheduled to allow them to take their medication safely and in accordance with prescribing instructions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This area for improvement was made on 27 March 2023.

Action taken since then

We only saw one document that clearly showed this for one person. On this visit our sample of care plans did not reflect people that this was applicable to. Further examples would be required to consider this met.

This area for improvement has not been met and will be repeated.

Previous area for improvement 3

To support people's health and wellbeing, the provider should ensure that staff are competent with promoting good infection prevention and control practices. This should include but not limited to observing staff in training and in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

This area for improvement was made on 27 March 2023.

Action taken since then

The records that we saw reflected that a very low number of staff had completed IPC (Infection Prevention and Control) training. We did see that a larger number of staff had completed hand hygiene observations at training, but this was still less than half of the staff team. We also noted that the observations had been carried out at training in a clinical environment and there was no evidence of competency in practice.

This area for improvement has not been met and will be repeated.

Previous area for improvement 4

To ensure complaints are managed effectively and in accordance with their own policy and procedure, the care service should ensure that all who raise complaints or concerns are treated with courtesy, any information requests, concerns and complaints are recorded accurately and responded to promptly, ensuring that follow up actions are met in line with the policy or in an agreed manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

This area for improvement was made on 27 March 2023.

Action taken since then

The complaints log that we saw was poorly recorded and also recorded complaints regarding another West Dunbartonshire Council service. We found it difficult to distinguish which complaints were about the home care service. We could see that dates of when complaints had been responded to were recorded, but outcomes were not noted so we could not tell which complaints had been upheld. The numbers of complaints in this log did not triangulate with other evidence provided by the service or reflect complaints that we knew had been made. Less than half of the known complaints appeared on this log. We had also found that the service was not always as responsive as it should be to complaints that been assigned for investigation or action.

This area for improvement has not been met and will be repeated.

Previous area for improvement 5

To improve outcomes for people, the provider should ensure that they continually monitor, evaluate and complete all actions that they have identified within their improvement plan. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 27 March 2023.

Action taken since then

The service did supply us with a document regarding service improvements. However, we did find that this document was not sufficiently detailed or clearly showed progress that had been made. It did not always reflect the requirements or areas for improvement that the service were required to address. Some planned completion dates were too far in the future and did not match with our dates for when requirements must be met.

This area for improvement has not been met and will be repeated.

Previous area for improvement 6

To protect people from potential risks of financial harm, the provider should implement a cash handling policy and procedure. This should include but not limited to training in cash handling procedures and service spot checks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 27 March 2023.

Action taken since then

The service did provide information which was disseminated via a staff handbook and clearly detailed cash handling procedures. We were aware that cash handling was not widespread across the service, however, we did sample some care diaries that had appropriate recording, receipts and signatures. Cash handling records were included in audit paperwork.

This area for improvement has been met.

Previous area for improvement 7

To support people's health and wellbeing the provider needs to implement and evidence regular staff team meetings across the services.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

This area for improvement was made on 27 March 2023.

Action taken since then

We saw some evidence that team meetings were taking place across some area teams, but that this was not widespread across all staff teams. Some staff told us that team meetings did not happen for the team they were in. We did see that a good template had been developed for leading staff meetings, but we did not see examples of this having yet been used in practice. Some documents only provided us with an agenda and no minutes of the meeting, making it hard for us to see any input or feedback from the staff team. We were supplied with some attendee lists, but these were not dated, and it was not clear who had attended what meeting and when.

This area for improvement has not been met and has been amalgamated with area for improvement 8 and will become a new requirement under key question 3.

Previous area for improvement 8

To support people's health and wellbeing, the provider should implement a system to ensure that all staff are supervised on a regular basis. This includes but is not limited to supervising staff on an individual, group and on-the-job basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 27 March 2023.

Action taken since then

We could see that some supervision sessions had been taking place, but this was not at sufficient levels across all staff teams. We met some staff who told us they had never attended supervision sessions. We could see that one audit had taken place regarding supervision but that this had not covered all area staff teams and it was not clear what actions were required.

This area for improvement has not been met and has been amalgamated with area for improvement 7 and will become a new requirement under key question 3.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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WDCHC Evaluation Table

Area of Focus		What has already been done?	What is missing?	What needs to happen?	Who is doing it and by when?
R1/a	People have access to current detailed information about their service which details their support needs including any highlighted risks and how the provider will meet these?	By 12 th August 2024 437 reviews have taken place and care and supports plan generated that highlight risks / mitigation.	Standardised process and monitoring / oversight.	<p>Completion of an SOP for Reviews and Care and Support Planning, inclusive of risk identification.</p> <p>Delivery of training to all Organisers in C&S planning</p> <p>Trajectory and monitoring of number of weekly C&S plans that need completed to reach 100% of all service users having a completed C&S</p>	<p>SOP: Training Officer and SIL Completed</p> <p>Training- Training Officer, to be delivered by 23rd August 2024. Completed</p> <p>Trajectory / monitoring: Team Leads Trajectory completed</p>

				<p>plan by the 21st December 2024.</p> <p>Agreed process for cross cover to complete C&S plans for Organisers on extended leave. Absence.</p>	<p>Cross cover: Team leads and Organisers</p>
		<p>Clear communication to Organisers and carers to direct the need that service users must have a paper copy of C&S plans in homes</p> <p>Audit tool and reporting / action planning in progress.</p>	<p>Embedding the process.</p>	<p>Embedding of audit process to demonstrate improvement activity</p>	<p>Team Leads Organisers Communication: completed</p> <p>Measure: valid and reliable audit tool. Evidence of audit activity. Evidence of action planning.</p>
R1/b	<p>Information within care plans is person centred including how to promote people's independence where possible with</p>	<p>Referrals from the reablement team contain this information.</p> <p>New C&SP and review</p>		<p>Include in Training for new staff, refresher training for current staff and also in guidance for Organisers to</p>	<p>See R1/a</p> <p>Measure: Audit activity Measure: training stats</p>

	personal care (including oral health.)	documentation developed to ensure more person centred practice		ensure oral health is recorded.	
R1/c	Person centred strategies that describe how people living with dementia like their support to be provided. This should include information about their likes, dislikes and how staff should introduce care tasks and what they should do if the person declines support	A revised process is in place to ensure that new service users have care and support needs / risks recorded	See R1/a	Reviews and C&S planning must be progressed as per R1/a.	See R1/a
		Dementia training is in progress for front line staff and Organisers to ensure people living with dementia have person centred care and support plans that define their needs appropriately.		Include in training for new staff, refresher training for current staff and also in guidance for Organisers to ensure a dementia diagnosis is recorded and	Measure: training stats

				appropriately care planned.	
		Raising Concerns MDT meetings 2 weekly for Organisers to flag concerns if care is consistently declined.		Refreshed requirement regarding attendance from stakeholders	Completed July 2024
R1/d	Records and reports are included within care plans about people's wellbeing	Requirement to note wellbeing at each visit cascaded to staff via text / face to face at Team Meetings	Carers must record wellbeing as a key component of recording in care diaries.	Embedding of audit process to demonstrate improvement activity	Team Leads Co-ordinator: 21 st December 2024. Measure: Audit activity
R1/e	Managers are involved in the monitoring and the audit of people's needs and records	Development of an SOP to provide guidance for the governance pathway for audit activity within Care at Home Services.	Evidence that the audit process has been embedded in practice.	Embedding of audit process to demonstrate improvement activity	Team Leads Measure: Audit activity
		Weekly manager meetings in place to review management reports that define the current status of		Audit schedule to be embedded in practice, demonstrated by results to management oversight group	Measure: Audit activity

		various components of service delivery.		and also reported to the Social care and Governance group, chaired by the CSWO.	
R4/a	People are supported to understand and be included in their care review	The revised review form includes the need to evidence that people have been consulted meaningfully.	Evidence that the HSCP has a standardised approach to completing reviews.	Completion of an SOP for Reviews and Care and Support Planning, inclusive of risk identification.	Completed
			An audit tool to provide assurance of the quality of reviews.	<p>Audit tool to be developed based on the SOP</p> <p>Training being developed for Organisers in completing safe, person centred reviews.</p> <p>Ensure service users and Next of Kin have the opportunity to consider and respond to the</p>	<p>Completed</p> <p>Trainer to deliver review training to 100% Organisers by end August 2024 Completed</p> <p>Measure: audit activity</p>

				review documentation.	
R4/b	They collaborate with people and others involved with their care to gather their views on what is working well with their care and support. This includes but is not limited to reviewing health and safety risk assessments and needs assessments	Care diaries allow professionals and families to communicate with carers who in turn flag issues with Organisers	Governance process to provide assurance that this is in place	Training being delivered to Organisers in completing safe, person centred reviews.	Organisers Completed Measure: Audit activity
		Raising Concerns MDT meetings are minuted with a requirement that services evidences discussions about individuals in their notes.		Reviews must include reference to relevant professionals. Those with complex care needs should also have an identified care manager within social care to coordinate care and manage risk. All community	Completed

				referrals to home care to have a MLA-S completed, this will flag any risks	
		Community Pharmacy Team work directly with organisers to provide person centred medication advice and support.	Raise awareness of role of CAP's	Small group of organisers identified to clarify the role of support offered by community pharmacy.	Organisers Completed
R4/c	Ensure that any agreed actions are completed and reviewed regularly to ensure they remain effective. Completed actions to be carried forward to the next agreed review date	Move reviews to Care First to enable monthly management reports to identify all reviews due per month.	Governance process to provide assurance that this is in place	Team leads have responsibility for oversight of all reviews. Audit activity	Team leads
R4/d	People and their representatives (where appropriate) have read over and are happy with the record of their review	Reviews are copied and available within the persons home for the individual and family	The service requires to be clear that the person and representatives can ask for amendments to the plans and reviews.	The guidance that will accompany the care and support plan and guidance will have clear guidance on how the plan will be shared.	Completed

R4/e	Managers are involved in the monitoring and audit of people's reviews	Development of an SOP to provide guidance for the governance pathway for audit activity within Care at Home Services.	Evidence that the audit process has been embedded in practice.	Embedding of audit process to demonstrate improvement activity	21 st December 2024
		4 weekly management meetings chaired by the Chief Officer for oversight of the monitoring process		Audit schedule to be embedded in practice, demonstrated by results to management oversight group and also reported to the Social care and Governance group, chaired by the CSWO.	21 st Dec for initial review of audit activity to date



WDCHC Evaluation Table

Area of Focus		What has already been done?	What is missing?	What needs to happen?	Who is doing it and by when?
R2/a	The provider must evidence effective communication with staff and support for staff development by: Establishing regular and ongoing team meetings across all area teams	Team meeting template created.	Scheduled time for team meetings. Evidence that meetings are happening	Every area must evidence team meetings. Meetings must be minuted to demonstrate feedback from staff Attendance must be logged.	Team Leads Organisers 21 st March 2025
R2/b	Establishing regular and effective supervision sessions for staff across all area teams	100% organisers attended training in the HSCP policy for Supervision and application of the policy to C@H.		Further training required to develop confidence in Organisers in	Team Leads Organisers 21 st March 2025

		<p>Template for supervision in place, with prompts to ensure sessions are SMART.</p> <p>SOP in place for supervision, inclusive of recording in CM2000</p> <p>Audit tool developed to monitor effective implementation and embedding of process.</p> <p>Audit schedule developed to facilitate reporting via Social care and Governance group.</p>		<p>having difficult conversations.</p> <p>Protected time to allow supervision to take place.</p> <p>Case studies to be created to provide discussion at supervision.</p> <p>Provide opportunity for direct observation of supervision for organisers to support development of skills.</p>	
R3	The Provider must ensure people and staff are kept safe by ensuring the				Trainer 21 st March 2025

	workforce is appropriately trained				
R3/a	All staff have completed core mandatory training particularly adult support and protection training	ASP training delivered to 60% carers and 100% Organisers	Ongoing ASP training scheduled to reach 100%		Trainer 21 st March 2025
R3/b	All staff have appropriate levels of training for their role including dementia skilled. Skin integrity, record keeping and confidentiality training.	Dementia training in progress.		Conclude Dementia skilled training. Deliver record keeping via team meetings and discuss within Supervision. Deliver skin integrity training	Trainer 21 st March 2025
R3/c	All staff have SMART learning objectives to evaluate their practice and	Template for supervision in place, with prompts to ensure sessions are SMART			Team Leaders Organisers March 2025

	professional development				
R3/d	All staff are aware of their responsibility in maintaining accurate records and retaining records	100% organisers attended training in effective record keeping.		<p>Deliver record keeping via team meetings and discuss within Supervision</p> <p>Evidence effective record keeping via audit activity</p>	Organisers 21 st March 2025
R3/e	Managers are involved in the monitoring and the audit of staff training			Develop audit tool to evidence audit activity	IOM Team leads 21 st March 2025

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
BOARD**

AUDIT AND PERFORMANCE COMMITTEE

Report by Fiona Taylor, Head of Health and Community Care

24 September 2024

Subject: Care Inspection of West Dunbartonshire Health and Social Care Partnership (HSCP) Sheltered Housing: Summary of the Inspection Report

1. Purpose

- 1.1** The purpose of this report is to summarise the Care Inspectorate report following an unannounced inspection of West Dunbartonshire HSCP Sheltered Housing Service between the 17th and 19th April 2024. The report was published in July 2024.

2 Recommendations

- 2.1** The Committee is asked to note that the Care Inspectorate graded West Dunbartonshire Sheltered Housing with an overall grade 5 – Very Good.
- 2.2** The Committee is asked to note that an action plan is in place to monitor completion of the actions required to address the Requirements and Areas for Improvement (Afl's) identified by the Care Inspectorate.

3 Background

- 3.1** On the 17th April 2024 the Care Inspectorate commenced an unannounced inspection of West Dunbartonshire Sheltered Housing Service. They spoke with ten people using the service and eight family representatives. They also spoke with eight staff and management and conducted direct observation of practice. Finally, they reviewed relevant documentation and recent service user survey response. Three multi-disciplinary team (MDT) professionals were also interviewed as part of the inspection.
- 3.2** The last Sheltered Housing Inspection was a follow up unannounced inspection in August 2023 to monitor if the requirements set in April 2023 had been met.
- 3.3** The three requirements were:
1. By 31st of August the service must comply with the Care Inspectorate guidance "Records that all registered care services (except childminding) must keep guidance on notification reporting". The provider must notify

the Care Inspectorate of all relevant incidents under the correct notification heading and within the required timeframe.

2. By 31st of August the service must reintroduce supervision for staff to support their learning and development.
3. By the 31st of August the service must have completed, or have scheduled, training for sheltered housing supervisors. This should include, but not limited to completion of Induction, IPC and dementia training to skilled level.

3.4 The follow up inspection in August 2023 confirmed all requirements had been met.

3.5 Areas for Improvement were identified:

1. The service should undertake regular spot checks on staff competencies in key areas. This should include, but not limited to IPC standards. This was not met and was to be repeated.
2. Dementia training at Skilled Level should be completed by all staff. This was met.

4 Main Issues

4.1 The Inspection in April 2024 resulted in the following grades:

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 – Very Good
How well is our care and support planned?	4 - Good

4.2 There were four key messages identified in the report.

- The Care Inspectorate found that people's health and wellbeing were very well supported within the service.
- Leadership was effective and management were accessible to people and staff. Overviews were placed that positively impacted on service provision.
- Staff teams worked well together, and arrangements were in place that supported the staff teams in their roles.
- People's care and support was well planned, but this was sometimes affected by staff being called away to support in the wider community.

4.3 The Care Inspectorate identified two areas for improvement (Afl). An area for improvement is a statement that sets out an area or areas of care indicating

where a care service provider should make changes, because outcomes or potential outcomes for people experiencing care need to be better than they currently are.

4.4 The two Afl's are as follows:

1. The service should routinely issue surveys and / or seek formal feedback from people using the service / their representative and external stakeholders. This information should be analysed, collated, and used to inform the service development plan.
2. The service should undertake regular spot checks on staff competencies in key areas. This should include, but not limited to, IPC standard.

Next steps

- 4.5** The Integrated Operations Manager (IOM) for Care at Home and Team Lead developed an action plan to demonstrate progression towards meeting the Areas for Improvement (appendix 2).
- 4.6** There is currently a vacancy for the Team Lead post with responsibility for Sheltered Housing. This will be recruited to once posts are released following the matching process for the Care at Home Redesign. Regular meetings with the IOM, Sheltered Housing Service Manager and Coordinator are in place in order to ensure the appropriate level of operational scrutiny and accountability to ensure effective implementation of the action plan.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

- 6.1** The management team are reviewing service capacity to complete competency checks on carers.

7. Financial and Procurement Implications

- 7.1** Nil identified

8. Risk Analysis

- 8.1** Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. Any failure to meet AFI's may result in "Requirements" being identified within the next inspection.
- 8.2** Recruitment to the vacant Team Lead post is central to maintaining this high standard of care.

9. Equalities Impact Assessment (EIA)

9.1 There are no Equalities Impact Assessments associated with this report.

10. Environmental Sustainability

10.1 Not required for this request.

11. Consultation

11.1 None required for this report.

12. Strategic Assessment

12.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan 2023 – 2026 recognises the need to ensure that services align with strategic outcomes and priorities, and work with people to safely maintain their independence at home and in their local community, building on strengths and supporting unmet need.

13. Directions

13.1 There are no directions required for this report.

Fiona Taylor
Head of Community Health and Care
26 August 2024

Person to Contact:	Fiona Taylor
Email:	fiona.taylor@nhs.scot

Appendices:	Appendix 1 - Care Inspection Report
	Appendix 2 - Sheltered Housing Improvement Action Plan

West Dunbartonshire Council Sheltered Housing Housing Support Service

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Telephone: 01419 516 188

Type of inspection:
Unannounced

Completed on:
22 April 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2004077072

About the service

At the time of inspection, West Dunbartonshire Council Sheltered Housing supported 212 people living in nine complexes within the local authority area. The service utilises sheltered housing supervisors to provide support on a twenty four hour basis, seven days a week. There is a designated sheltered housing supervisor at each complex on day and back shifts. Night shift is covered by a team responding to people across the complexes as required. The service aims to provide appropriate support for promotion of independence within a safe, secure environment. There were opportunities to access common rooms for social activities and events.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 April 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and eight of their family members
- spoke with eight staff and management
- reviewed survey responses that were returned to us
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

We found that people's health and wellbeing were very well supported within the service. Care and support was provided by the sheltered housing supervisors at appropriate levels for each person.

Leadership was effective and management were accessible to people and staff. Overviews were in place that positively impacted on service provision. We did suggest that the service introduce a way to obtain formal feedback from people, their representatives and external professionals.

Staff teams worked well together and arrangements were in place that supported the staff teams in their roles. Some competency checks were still in the planning stage.

People's care and support was well planned, but this was sometimes affected by staff being called away to support in the wider community.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We visited four of the nine complexes and spoke to people who lived at the other services, or their representatives, by telephone. We received very positive feedback from the people we spoke to.

People living at the complexes told us:

'five star, goes that extra mile,'

'if I won the lottery, I would not leave here,'

'very supportive and welcoming here.'

Relatives told us:

'we know the wardens, they're all spot on,'

'they work with us and understand her, any doubts they phone,'

'we're all happy with what happens in here.'

We witnessed positive interactions between sheltered housing supervisors and people who lived at the complexes. It was clear that staff knew people well and were able to carry out the supports that were delivered within their roles. We observed a fire safety talk that had been arranged at one complex for the residents. This was very well attended and we could see the sense of community that had developed amongst people who lived there. Common rooms were available for residents and each complex used these in ways that worked for the people that lived there. People told us that they felt well informed and as included as they wanted to be in meetings and activities. One complex had been lacking a common room but work had just been completed to re-establish this facility. One other complex had been identified as requiring upgrading and this work was about to start, with empty flats there not being filled until work is completed.

We sampled newsletters and saw that regular activities and outings were taking place. People told us that they enjoyed the activities that were on offer, or that they enjoyed using the communal areas in informal ways too. Some complexes had plans in place for improving their outdoor spaces and residents were looking forward to being more involved with those. People we spoke to were happy and felt secure. They told us that knowing that there was someone on shift was very reassuring and that buzzers were answered promptly.

We could see that positive outcomes were being achieved with people in terms of their health and wellbeing. The service had very good links with other services such as external health professionals and housing officers and worked in conjunction with home care and community alarm staff. It was clear that the service were recording and reporting any concerns to relevant others and making the required notifications to us. The three external health and social care professionals we spoke to about the service also agreed that people's health and wellbeing were being effectively supported by the service.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We met with management who had very good oversight of the service that was provided. There were effective overviews of repairs, reviews, accidents/incidents and adult support and protection concerns. We could see that any of these areas were actioned quickly and positive outcomes were achieved. We found the management team to be very responsive to any queries that we raised and answers and solutions were promptly provided. We did make a few suggestions regarding how accidents and incidents were recorded and the service agreed to take this on board. The complaints log was clearly recorded and included dates and actions that had happened.

We saw that team meetings were held for staff throughout the year and that clear action plans were used to record what was needed, who was responsible to carry out the actions, and by when. Staff felt very well supported by the co-ordinator and we could see that the service was providing regular and effective supervision for its staff team. The training overview was effective at identifying which sessions had taken place, when sessions were nearing refresher time and showed only a couple that were overdue with reasons for those recorded.

We could see that monthly reports were submitted by sheltered housing supervisors and that these supported the facilities to run as best they could. This included safety and wellbeing checks. Management provided online policies and procedures that were available for staff. We did find that although most relevant information and best practice links were found, there were some links that were very dated and should be reviewed or removed. We also found that although the tenant handbook was very informative some details also required to be updated. The service agreed to look into these areas.

We did feel that although tenant's forums were active, that the service should consider the wishes of people who don't engage in the forums by giving the opportunity to respond by survey or questionnaire. These could also include the views of family members, representatives and external stakeholders (**see area for improvement 1**). Overall, we were confident that quality assurance was led well.

Areas for improvement

1. The service should routinely issue surveys and/or seek formal feedback from people using the service/ their representatives and external stakeholders. This information should be analysed, collated and used to inform the service development plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We met management and staff that were happy and confident in their roles. Sheltered housing supervisors felt that they had the right support to provide effective outcomes for people in their care. We could see that training statistics were high and that staff engaged very well in the learning process. Effective supervision sessions meant that staff were able to reflect on their practice as well as receive feedback from their line managers. Staff were able to request training that they felt they required and the service were able to provide this through formal learning or peer support.

We could see that staff were able to attend regular team meetings with their colleagues, and that minutes were taken and shared for those who could not attend. Since last inspection the service had developed an effective and thorough induction programme for new staff and had used this in the last rounds of recruitment. Rotas were mostly clearly established and there were few gaps that were filled by their own internal supply of bank supervisors. There were effective handovers between shifts and communication books to ensure appointments and important events were not missed. Staff told us that there was effective communication across the service and from line management. We heard that managers were accessible and available when required.

External health professionals also gave us very positive feedback about how the staff were knowledgeable and engaged with people. Another told us that the sheltered housing supervisors always took time to discuss needed information. We heard that the co-ordinator had been particularly effective at giving insights into housing policies and risk assessments that provided best practice for staff and positive outcomes for residents. This meant that we were assured that staffing arrangements were right and staff worked well together.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service improvement plan had already identified changes that management planned to make to support plans. This involved capturing more detail and making the plans more personalised for each person. We agreed that the plans could be more person-centred. We felt that the current plans captured a reasonable amount of information and that all of the plans that we sampled had been regularly reviewed with the person. There was also a tracker in place that demonstrated that the vast majority of support plans were routinely rechecked for any changes. All of the people that we spoke to confirmed that sheltered housing supervisors did review their plans with them on a six-monthly basis and that they were happy that the content was an accurate reflection of their current needs. The review records and the tracker both identified the dates of when the next review was due.

People told us that they were able to make suggestions regarding changes to the service. This included active tenant's forums and participation events. We were shown questionnaires that had been used to gather views of residents in the complex which had completed a new communal area. Residents also told us that they were supplied with regular newsletters and information on events and celebrations. We could see that there were display boards to let people know which staff were on shift and which activities had been planned. Each complex had folders with need to know information on the location, the routines and on each person living within the service. People told us that the staff made regular checks on them as often as was required. This meant we could see that people had influence on their care assessments and clearly showed their desired outcomes and wishes.

We did hear that some residents were concerned that there were times when activities were affected and that staff could be called away to assist with community supports in the wider area. Some visitors to the complexes had also identified that sometimes they had difficulty accessing the building if the supervisors had not been onsite. The service gave us assurances that this practice was being phased out and that the instances of this happening had been reducing. We will check for changes to this at our next inspection.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should undertake regular spot checks on staff competencies in key areas. This should include, but not limited to, IPC standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 25 April 2023.

Action taken since then

The service had completed some competencies in IPC (Infection Prevention and Control) with staff. These competencies had been completed at training rather than in practice. We would expect spot checks to take place during staff practice in the sheltered housing services. Spot checks should also include other key areas based on the job role and should be carried out on a routine basis. The competencies may include communication, recording and reporting or areas identified as integral to the role by the management team. The service improvement plan had already identified the introduction of regular competency checks.

This area for improvement has not been met and will be repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

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West Dunbartonshire Council Sheltered Housing Housing Support Service

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Telephone: 01419 516 188

Type of inspection:
Unannounced

Completed on:
22 April 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2004077072

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Areas for improvement

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How good is our staff team?

5 - Very Good

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We met management and staff that were happy and confident in their roles. Sheltered housing supervisors felt that they had the right support to provide effective outcomes for people in their care. We could see that training statistics were high and that staff engaged very well in the learning process. Effective supervision sessions meant that staff were able to reflect on their practice as well as receive feedback from their line managers. Staff were able to request training that they felt they required and the service were able to provide this through formal learning or peer support.

We could see that staff were able to attend regular team meetings with their colleagues, and that minutes were taken and shared for those who could not attend. Since last inspection the service had developed an effective and thorough induction programme for new staff and had used this in the last rounds of recruitment. Rotas were mostly clearly established and there were few gaps that were filled by their own internal supply of bank supervisors. There were effective handovers between shifts and communication books to ensure appointments and important events were not missed. Staff told us that there was effective communication across the service and from line management. We heard that managers were accessible and available when required.

External health professionals also gave us very positive feedback about how the staff were knowledgeable and engaged with people. Another told us that the sheltered housing supervisors always took time to discuss needed information. We heard that the co-ordinator had been particularly effective at giving insights into housing policies and risk assessments that provided best practice for staff and positive outcomes for residents. This meant that we were assured that staffing arrangements were right and staff worked well together.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service improvement plan had already identified changes that management planned to make to support plans. This involved capturing more detail and making the plans more personalised for each person. We agreed that the plans could be more person-centred. We felt that the current plans captured a reasonable amount of information and that all of the plans that we sampled had been regularly reviewed with the person. There was also a tracker in place that demonstrated that the vast majority of support plans were routinely rechecked for any changes. All of the people that we spoke to confirmed that sheltered housing supervisors did review their plans with them on a six-monthly basis and that they were happy that the content was an accurate reflection of their current needs. The review records and the tracker both identified the dates of when the next review was due.

People told us that they were able to make suggestions regarding changes to the service. This included active tenant's forums and participation events. We were shown questionnaires that had been used to gather views of residents in the complex which had completed a new communal area. Residents also told us that they were supplied with regular newsletters and information on events and celebrations. We could see that there were display boards to let people know which staff were on shift and which activities had been planned. Each complex had folders with need to know information on the location, the routines and on each person living within the service. People told us that the staff made regular checks on them as often as was required. This meant we could see that people had influence on their care assessments and clearly showed their desired outcomes and wishes.

We did hear that some residents were concerned that there were times when activities were affected and that staff could be called away to assist with community supports in the wider area. Some visitors to the complexes had also identified that sometimes they had difficulty accessing the building if the supervisors had not been onsite. The service gave us assurances that this practice was being phased out and that the instances of this happening had been reducing. We will check for changes to this at our next inspection.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should undertake regular spot checks on staff competencies in key areas. This should include, but not limited to, IPC standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 25 April 2023.

Action taken since then

The service had completed some competencies in IPC (Infection Prevention and Control) with staff. These competencies had been completed at training rather than in practice. We would expect spot checks to take place during staff practice in the sheltered housing services. Spot checks should also include other key areas based on the job role and should be carried out on a routine basis. The competencies may include communication, recording and reporting or areas identified as integral to the role by the management team. The service improvement plan had already identified the introduction of regular competency checks.

This area for improvement has not been met and will be repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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

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

24 September 2024

**Subject: Scrutiny of Fostering, Adoption and Continuing Care Services in
West Dunbartonshire by the Care Inspectorate**

1. Purpose

- 1.1** To provide an update to Members on the findings and evaluations of the recent inspections of fostering, adoption and continuing cares services in West Dunbartonshire.

2. Recommendations

- 2.1** To note the contents of this report and improvement since the last Care Inspectorate scrutiny.

3. Background

- 3.1** The Care Inspectorate conducted a short notice announced inspection of West Dunbartonshire Fostering Service between 27 May and 19 June 2024. West Dunbartonshire Council Adoption Service and Continuing Care Service were inspected at the same time and the separate reports are included and attached at Appendix 1-3.
- 3.2.** As part of its statutory duties the service recruits, assesses and supports foster carers in the local area to provide care to children and young people aged from birth to 21years.
The local authority has a statutory duty to assess carers who wish to be considered as adoptive parents and their suitability for any child placed in their care.
Continuing care applies to children who are over the age of 18 years and who are care experienced who wish to remain in their present care placement. The service is now registered to provide care for young people up to the age of 21 years.
- 3.3.** As part of the Care Inspectorate scrutiny programme for 2024-25, there is a focus on how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them.

- 3.4.** The inspections evaluated four key areas in all three inspections. In evaluating quality, the care Inspectorate use six-point scale where 1 is unsatisfactory and 6 is excellent. The Care Inspectorate can make requirements on services and suggested areas for Improvement. A requirement specified by the Care Inspectorate must be met whereas identified areas for improvement is a recommendation to the service. A summary of grades is detailed below.

4. Fostering Services Evaluation 2024

- | | |
|--|-------------|
| • How well do we support people's wellbeing? | 4 Good |
| • How good is our leadership? | 3. Adequate |
| • How good is our staff team? | 4. Good |
| • How well is our care and support planned | 4. Good |

4.1 Fostering Service Key Messages

- Children and young people benefit from loving and dependable relationships within their caregiver families.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.
- The local authority has taken significant steps to overcome drift and delay in permanence planning for children with positive outcomes for many.
- To ensure children are always placed with carers who have the right skills to meet their individual needs the service should strengthen practice around matching young people with carers.
- Panel processes are strong. However, the service needs to strengthen quality assurance and improvement practices.
- A skilled staff team consistently formed trusting and supportive relationships with caregiver families, enabling carers to best meet the needs of children in their care.
- Children and young people benefit from a significant improvement in the quality of care planning and feel that their voices are heard in this process.
- The local authority should seek to ensure a more consistent approach is taken to pathway planning and welfare assessment well in advance of young people reaching adulthood.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.

4.2 Continuous Improvement

Both requirements from the previous inspection were fully met, as were the 6 areas for improvement detailed in the full Care inspectorate report in Appendix 1.

The comparator evaluation grades from the January 2023 Fostering Inspection are detailed below showing the significant progress made:

How well do we support people's wellbeing?	2 Weak
--	--------

Good How good is our leadership?	3 Adequate
How good is our staff team?	5 Very good
How well is our care and support planned?	4 Adequate

Improvement has been supported by the temporary appointment of independent reviewing officers which has significantly contributed to improvement in children's care planning as a result. The creation and redeployment of resource to create a permanence team to support children and young people's permanence plans has significantly reduced draft and delay in children permanence plan being concluded removing uncertainty and ensuring earlier stability in their care. The requirement detailed and areas for improvements are aligned to practice standards and align to Health and Social Care standards and SSSC Codes of Practice required by employers to support our workforce. There are key themes in relation to the need to strengthen supervision, quality assurance and training for staff and carers.

4.3 The service now has one new requirement and 5 new areas of Improvement:

Requirement

By 2 September 2024, the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview and improvement work. This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19); and "I use a service and organisation that are well led and managed".

4.4 Area for improvement 1.

To ensure that children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should seek to develop or source learning opportunities that support carers to develop a stronger trauma skilled approach.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

4.5 Area for Improvement 2.

To ensure that there is clear assessment that caregivers have the capacity to meet the identified needs of individual children, the service should strengthen its referral and matching processes. This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care

and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19)

4.6 Area for Improvement 3.

To ensure children and young people's daily experiences and developments are meaningfully recorded, the service should seek to ensure caregiver and social worker practice in this area is high quality and consistent, in line with the commitments of The Promise. This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

4.7 Area for Improvement 4.

To support and enable young people to experience stable and consistent care beyond the age of 18, the service should seek to ensure a more consistent approach is taken to care planning. This should include but not be limited to ensuring all young people have co-produced pathways plans in place well in advance of their 18th birthdays; and ensuring that this explicitly contains a continuing care welfare assessment.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210). This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

4.8 Area for Improvement

To support caregiver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and their learning and development needs are well understood.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14). This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice'.

5. Adoption Service

West Dunbartonshire Adoption Service provides a service for children and young people aged from birth to 18 years and their families. The service

recruits and supports adoptive parents to provide families for those children who cannot be with their birth parents or extended family members, and whose needs have been assessed as best met in an adoptive family.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

5.1 Adoption Services Evaluation 2024

How well do we support people's wellbeing?	4 Good
How good is our leadership?	3 Adequate
How good is our staff team?	4 Good
How well is our care and support planned?	4 Good

5.3 Adoption Service Key Messages

- The local authority has taken significant steps to overcome drift and delay in permanence planning for children with positive outcomes for many.
- The Care Inspectorate identified that 'the local authority has taken significant structural steps to overcome drift and delay in permanence planning, including the introduction of independent reviewing coordinators and the establishment of a specialist permanence team which sits within the adoption team.
- In addition, the streamlining of permanence paperwork in some cases meant the provider was beginning to make good progress in addressing the backlog of permanence planning. We look forward to seeing the full impact of this at the next inspection.
- Children benefitted from affectionate and secure relationships with their adoptive family.
- Children benefitted from well-managed and positive transitions.
- There were some gaps in the service's oversight of quality assurance.
- The service should set clear expectations regarding pre-adoptive carer training.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.
- Adoption support plans should be available at an earlier stage.

5.3 Continuous Improvement

The previous 2 requirements and 4 areas for improvement were fully met by the service. The full details can be found in Appendix 2 of this report.

5.4 The comparator evaluation grades from the 2023 Adoption Inspection are detailed below showing the considerable progress made:

How well do we support people's wellbeing?	2 Weak
How good is our leadership?	3 Adequate
How good is our staff team?	5 Very good
How well is our care and support planned?	4 Adequate

5.5 Requirements and Areas for Improvement

The service now has 1 has one new requirement and 6 new areas of improvement.

Requirement

By 2 September 2024, the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview and improvement work. This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19); and "I use a service and organisation that are well led and managed".

5.6 Area for Improvement 1

In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training and development. This should include but is not limited to; All staff and caregivers having a clear understanding about what mandatory training should be undertaken by pre-adoptive foster carers. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes."

5.7 Area for Improvement 2

To ensure that children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should seek to develop or source learning opportunities that support carers to develop a stronger trauma skilled approach. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice".

5.8 Area for Improvement 3

In order to ensure all adopted children and their families benefit from a co-ordinated partnership approach to post-adoption support, the service should fully involve adoptive parents and, where appropriate, young people in the production and review of post-adoption support plans. This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me".

5.9 Area for Improvement 4

To support care giver and children's wellbeing, and staff's learning and development, the service should ensure that all staff are sufficiently confident, supported and their learning and development needs are well understood. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14) This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: "provide Effective, regular supervision to social service workers to support them to develop and improve through reflective practice."

5.10 Area for Improvement 5

To ensure children and young people's daily experiences and development are meaningfully recorded, the service should seek to ensure caregiver and social worker practice in this area is high quality and consistent, in line with the commitments of The Promise. This is to ensure that care and support is consistent with Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence guidance and best practice."

5.11 Area for Improvement 6

Children and young people's safety, health and wellbeing are robustly prioritised and confidently responded to by their pre-adoptive caregivers through effective use of safer caring plans and risk This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice."

6. Continuing Care Service

West Dunbartonshire Continuing Care Service has been registered with the Care Inspectorate since 2023. The service is registered as an adult placement service and is provided to young adults aged 18 years or over, allowing young people in foster care the opportunity to remain with their existing fostering family until they are ready to move into independent or alternative accommodation.

The service vision states 'Our vision is to ensure that every child and young person who is looked after by West Dunbartonshire Council has the opportunity to reach their full potential and achieve the best possible outcomes'. The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. In these circumstances Care Inspectorate expectations focus on outcomes and evaluations remain identical to Fostering and Adoption services.

6.1 Continuing Care Evaluation

West Dunbartonshire registered as an adult care provider of continuing care for young people aged 18 and over in 2023 and the first inspection of Continuing Care in West Dunbartonshire. The evaluation is detailed as below:

How well do we support people's wellbeing?	4 Good
How good is our leadership?	3 Adequate
How good is our staff team?	5 Very Good
How well is our care and support planned?	4 Good

6.2 Continuing Care Service Key Messages

- Young people benefit from loving and dependable relationships within their caregiver families.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.
- Panel processes are strong; however, the service needs to strengthen quality assurance and improvement practices.
- A skilled staff team consistently formed trusting and supportive relationships with caregiver families, enabling carers to best meet the needs of children in their care.
- Young people benefit from a significant improvement in the quality-of-care planning and feel that their voices are heard in this process.
- The local authority should seek to ensure a more consistent approach is taken to pathway planning and welfare assessment well in advance of young people reaching adulthood.

6.2 Continuous Improvement

Given the recent registration to enable carers to offer continuing care to those young people over 18 years there are no previous requirements or areas for Improvement. The full report is attached at appendix 3.

6.3 The service has 1 requirement and 5 areas for improvement.

Requirement

By 2 September 2024, the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview and improvement work. This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19); and "I use a service and organisation that are well led and managed".

6.4 Area for improvement 1.

To ensure that children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should seek to develop or source learning opportunities that support carers to develop a stronger trauma skilled approach.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

6.5 Area for Improvement 2.

To ensure that young people are supported by people who can help to keep them safe, the service should ensure caregivers and a service have a strong understanding of adult protection processes and adult development. This should include ensuring that all caregivers and staff have, at a minimum, completed adult protection training. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'.

6.6 Area for Improvement 3.

To support caregiver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and their learning and development needs are well understood. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14). This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice'.

6.7 Area for Improvement 4.

To ensure children and young people's daily experiences and developments are meaningfully recorded, the service should seek to ensure caregiver and social worker practice in this area is high quality and consistent in line with the commitments of The Promise. This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

6.8 Area for Improvement 5.

In order to support and enable young people to experience stable and consistent care beyond the age of 18, the service should seek to ensure a more consistent approach is taken to care planning ensuring all young people have co-produced pathways plans in place well in advance of their 18th birthdays; and ensuring that this explicitly contains a continuing care welfare assessment.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

7. Risk Analysis

- 7.1** The service in these regulated areas have demonstrated significant improvement in key areas as detailed and risk in relation to children and young people's care planning has reduced. This is testimony to the hard work of staff and has also been achieved through reconfiguration of existing resource. Recruitment of independent reviewing co-ordinators with reserve funding aligned to Children's risk of Harm inspection in 2022 has also significantly supported the improvement.
- 7.2** The sustainability of these post remains a risk in relation to impacting on progress to date and the service is currently considering all options to ensure sustainability of this resource.
- 7.3** Key themes in relation to staff and carers learning, and professional supervision of staff are highlighted in key areas for improvement. Staff learning and training remains a current gap and being able to effectively support our workforce within social work and social care in relation to their professional roles. Two learning and development posts funded from HSCP reserves remain within a job evaluation process which has in part delayed recruitment.
- 7.4** Failure to deliver on the requirement and improvement areas identified within this report could result in an improvement notice by the care inspectorate and ultimately loss of registration. Failure to deliver on required statutory functions could cause reputational damage to the Local authority and West Dunbartonshire as corporate parents.

8. Equalities Impact Assessment (EIA)

There is no requirement for an EIA.

9. Environmental Sustainability

An environmental assessment is not required.

10. Consultation

Consultation with carers and young people as part of the service delivery is aligned with the West Dunbartonshire commitment to Keep the Promise will continue.

11. Strategic Assessment

Not applicable.

12. Directions

There are no directions required.

13. Financial and Procurement Implications

13.1 Independent Reviewing Co-ordinators are currently funded for 2-year fixed term, this will run until May 2025. The sustainability of the posts is being actively considered as referenced in the Risk Analysis section of this report.

13.2 The services capacity to ensure appropriate learning and training for staff within current staffing within Children's Service presents challenges in relation to capacity for improvement. The appointment of a dedicated learning and development officer for children services as proposed, will support delivery of required training however it should be noted that this post is supported by use of reserves fixed term for x 2 years.

14. Consultation

14.1 The HSCP Senior Management Team, the HSCP Monitoring Solicitor and the Chief Financial Officer have all been consulted in the production of this report and their comments incorporated accordingly.

15. Strategic Assessment

15.1 Children and Families 5 year Strategic Plan What Would It Take? was approved by the Board in April 2024. A key work stream within the plan is to Permanence and Care Excellence (PACE) to ensure children and young people who require regulated care services are support by a skilled workforce, delivering required practice standards ensuring children and young people benefit from, secure safe nurturing family-based care without unnecessary delay in their plans. The inspection activity detailed within this report aligns to the 5 year strategic plan and the HSCP Improving Lives 3 year strategic and delivery plan.

Lesley James
Head of Children's Health, Care and Justice Services and Chief Social Work Officer
17 September 2024

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Appendices:

- Appendix 1 - Care Inspectorate Inspection – West Dunbartonshire Council Fostering Service
- Appendix 2 - Care Inspectorate Inspection – West Dunbartonshire Council Adoption Service
- Appendix 3 - Care Inspectorate Inspection – West Dunbartonshire Continuing Care and Adult Placement Service

Background Papers: Care Inspection report January 2023 – Fostering Service

West Dunbartonshire Council Fostering Service Fostering Service

Council Offices
16 Church Street
Dumbarton
G82 1QL

Telephone: 01389 776421

Type of inspection:
Announced (short notice)

Completed on:
20 June 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2004085886

About the service

West Dunbartonshire Council Fostering Service provides a fostering service for children and young people in the local authority area. The service recruits, assesses and supports fostering families to provide care to children and young people in need of such a service.

The service states that 'Our vision is to ensure that every child and young person who is looked after by West Dunbartonshire Council has the opportunity to reach their full potential and achieve the best possible outcomes'.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

About the inspection

This was a short notice announced inspection which took place between 27 May 2024 and 19 June 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five caregivers and seventeen completed our questionnaire
- met with and observed five children and young people
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals and four responded to our questionnaire.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

West Dunbartonshire Council Adoption Service and Continuing Care Service were inspected at the same time and separate reports are available.

Key messages

- Children and young people benefit from loving and dependable relationships within their caregiver families.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.
- The local authority has taken significant steps to overcome drift and delay in permanence planning for children with positive outcomes for many.
- To ensure children are always placed with carers who have the right skills to meet their individual needs the service should strengthen practice around matching young people with carers.
- Panel processes are strong. However, the service needs to strengthen quality assurance and improvement practices.
- A skilled staff team consistently formed trusting and supportive relationships with caregiver families, enabling carers to best meet the needs of children in their care.
- Children and young people benefit from a significant improvement in the quality of care planning and feel that their voices are heard in this process.
- The local authority should seek to ensure a more consistent approach is taken to pathway planning and welfare assessment well in advance of young people reaching adulthood.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Children and young people benefitted from loving and dependable relationships within their caregiver families. One young person said this about their foster carer, "I felt the love right from when I first met her - we have a special connection". These relationships provided a secure base, enabling young people to thrive in all areas of their lives.

Foster carers had good relationships with and received responsive support from their supervising social workers. Carers felt confident that they could always get the support they needed and the fostering service sometimes 'filled the gaps' when children did not have regular contact with allocated social workers. This enabled foster carers to best meet the needs of children and young people.

Many carers were skilled advocates for the needs and rights of the children and young people in their care. Caregivers worked effectively with a wide range of other services to ensure that young people were aware of their rights and these were championed.

Resource issues meant that some children and young people continued to be separated from their brothers and sisters in foster care. However, the new care plan reviewing processes ensured that these relationships were prioritised and actively supported. Caregivers fully embraced their role in supporting relationships with family and other important people.

Children benefitted from a thoughtful approach to planning any time away from main caregiver families. Where short breaks with other caregivers were used, these were well planned with children spending time with carers they had established relationships with. The service promoted the use of friends and family carers but could have been more consistent in their approach to this.

Children and young people were supported to get the most out of school and learning opportunities. Carers described positive working relationships with schools. Young people were supported to meet their educational potential and their skills and achievements were acknowledged and celebrated.

The service offers a small range of carer training in key areas and also signposts carers to additional learning opportunities. However, not all carers have consistently engaged with training. Social workers have been increasingly tenacious in supporting carers in this area, with clear action plans discussed at foster carer reviews where engagement with training has been an issue. This could be further enhanced with more effective quality assurance to ensure that managers have an overview of any gaps in training across the service.

The service did not offer any specific training in trauma informed care and we advised the service to introduce mandatory training in this area to ensure that carers are supported to best meet the emotional needs of children and young people in line with the commitments of The Promise. This would be further supported if the service invested in training on evidence based therapeutic interventions to enhance the trauma skilled approach of the supervising social worker team. **(See Area for improvement 1)**

The service effectively follows national guidance in relation to child protection and serious practice concerns or allegations were usually dealt with robustly in partnership with other agencies. However, in some cases the service should have been proactive in addressing concerns about carer practice at an earlier stage.

Staff and caregivers work well with partner agencies to promote good health outcomes, supporting healthy eating and healthy active lifestyles. Where young people needed additional wellbeing support, this was provided timeously by the Young People in Mind Service. Many carers had experience of working with this service and reported that the support had a significant impact on both young people's mental health and their own capacity to meet their needs.

Caregiver families are comprehensively assessed to ensure that they have the capacity to meet the needs of children and young people. Carer approvals were specific and reflected the assessed capacity of carers. However, the service should be more robust in ensuring appropriate checks and assessments are carried out when caregivers have new partners and must ensure that carers are always returned to panel timeously when they are caring for children outwith their registration.

The views of all children within fostering households were regularly sought and considered during carer reviews. Young people and caregivers also told us that they felt that their views were listened to more in their statutory reviews chaired by the independent reviewing coordinators than they had been previously.

The local authority has taken significant steps to overcome drift and delay in permanence planning, including the introduction of independent reviewing coordinators and the establishment of a specialist permanence team. There is evidence of permanence being achieved for a number of children, although for others the significant backlog means that they continue to experience delay in permanence planning. However, we have confidence that the service and wider authority will continue to work to ensure as many children and young people as possible benefit from timely decisions being made about their futures.

The lack of fostering resource within the local authority means that decision making around matching young people's needs with the capacity of carers is not as robust as it could be. Despite this, we found that workers and managers had a strong shared sense of the strengths and learning needs of caregiver families and worked hard to ensure the best decisions were made for children and young people in the longer term, even if emergency placements did not always reflect strong matching practice. It was hard to fully evaluate the strength of matching processes due to there being a lack of written evidence of why placing decisions were made and this is an area the service should seek to address. **(See Area for improvement 2)**

Young people and their caregivers were well informed about young people's rights under continuing care legislation and the registration of the continuing care service had brought additional reassurance about this. Where pathways plans had been completed, these were of good quality although we found that these were not routinely being done in advance of young people turning 18. The local authority's draft continuing care policy accurately reflects the law and best practice, but has not yet been approved or distributed throughout the local authority contributing to the lack of consistency of practice.

Areas for improvement

1. To ensure that children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should seek to develop or source learning opportunities that support carers to develop a stronger trauma skilled approach.

This should include but not be limited to: ensuring the staff team have access to high quality specialist training to further develop skills and knowledge, and ensuring all carers engage with training opportunities to help them strengthen their approach to supporting children impacted by trauma.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To ensure that there is clear assessment that caregivers have the capacity to meet the identified needs of individual children, the service should strengthen its referral and matching processes.

This should include but not be limited to: ensuring there is a clear written record evidencing how caregivers are equipped to meet the specific needs of each child placed in their care; ensuring that any carers going outwith approval are returned to panel for discussion within a short period of time.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service has some effective systems in place which monitor and evaluate the experiences of children, young people and caregivers. This included quarterly meetings between caregivers and service managers, and a fostering and adoption panel that functioned very well. One member of staff stated, "Panel members are child centred in my view and have been working to address some of the changes required since the Care review and recommendations in The Promise Scotland." The fostering and adoption panel, with an independent chair, is a significant strength of the service. It was evident that the panel took a child centred view and skilfully held foster carers and the wider service to account when necessary. The fostering panel would be further strengthened by the introduction of panel member appraisals, which the service has now planned.

On the whole, statutory requirements such as, PVG checks and unannounced visits were monitored effectively and were within timescales. However, there were no mechanisms working effectively to track and monitor accidents and incidents, carer and social worker training, or unplanned endings of foster placements for children. There was also no regular system of case file audit or practice evaluation. Workers within the fostering team had a good grasp of the areas of practice they felt were strong and those which needed to be improved and felt supported by their line managers, but there was a clear lack of strategic overview from more senior management.

It was very difficult for us to get information on placement endings. The service was not able to provide a clear overview of the number of or reasons for children moving from fostering families. The service has not yet embedded a clear policy or system for the review of children and carer's experiences when placements end in an unplanned way. This was identified as an area for improvement at the time of the last inspection that has not been effectively addressed.

The local authority have acknowledged that manager illness and the wide remit of the team leader for the service means that senior social workers within the family placement services have been relied on to drive improvement in fostering and adoption, in addition to their day to day operational responsibilities. One member of staff stated, "It feels as though our service is broadly improving, and the culture is a good one. There is a lot of expertise / experience in the team ... We could be so much better though with more dynamic and available leadership at a higher level." This means that quality assurance activity has not been a priority. There are plans to review leadership structures in the council's five year plan; however, currently this continues to be a significant gap. **(See Requirement 1)**

The staff team and carers have highlighted that there is a lack of written policies and procedures within the fostering service which means that carers are not always given consistent guidance. The social work team have been proactive about working to address this as a team, demonstrating their commitment and skill. However, this is work that would be more effectively led by a manager within the service, in collaboration with the team.

Requirements

1. By 2 September 2024, the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview and improvement work.

To do this the provider must as a minimum:

- a) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to, carer logs, carer supervision records, risk assessments, safer caring plans and adoption support planning.
- b) Implement effective systems for monitoring and evaluating unplanned placement endings.
- c) Implement a clear system for the tracking and evaluation of incidents and accidents including protection concerns.
- d) Implement a clear system for the tracking and evaluation or carer engagement with training.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Staff consistently formed enduring, trusting and genuine relationships with people being supported by the service. Feedback from caregivers highlighted the supportive relationships that the staff formed with them and with the young people. One caregiver told us, "Our supervising social worker is both skilled and very committed to supporting us as required." This provided carers with a sense of security and confidence that enabled them to care for children and young people to the best of their ability.

In most circumstances, staff used their authority appropriately and skilfully supporting caregiver families to manage challenging situations such as, resolving conflict. Additionally, we heard that when necessary, staff were able to challenge carers in a supportive way in different settings. However, there were some situations where we felt concerns about carer practice should have been addressed in a more robust and timeous way in order to minimise disruption and improve experiences for children and young people.

Staff were reflective about their practice and we saw that reflective discussions were facilitated during the team meeting. While staff told us they felt well supported by their line managers, there was no written evidence of formal supervision of staff. We did not doubt that supervision was usually taking place on a regular basis, but there was little in the way of recordings. Staff should be provided with a record of any actions agreed at supervision to improve clarity and accountability. This would also ensure managers effectively evidence the support provided and how any practice issues or training needs are addressed.

Most of the staff team had completed relevant training since the last inspection and some much less, according to the individual training logs. The staff team were encouraged to engage with external training relevant to the role. However, there was no evidence of recent trauma informed practice training, although staff members did display an understanding of this and an eagerness to learn more. As highlighted earlier in this report, we would recommend the service invests in this area of development for the staff team to further develop the therapeutic and trauma skilled elements of the service.

There was no evidence of appraisal or performance review of staff. Although staff were given opportunities for further training and development and the service was open to ideas that the staff brought when they identified training, we could not see how this was prioritised. A staffing skills analysis and training plan, informed by staff supervision and appraisal would support this assessment and ensure that training is targeted. **(See Area for improvement 1)**

Areas for improvement

1. To support caregiver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and their learning and development needs are well understood.

This should include but is not limited to:

- a) provision of regular opportunities for good quality supervision in line with their policy
- b) ensuring staff have a written record of any actions agreed during their supervision
- c) implementation of systems of appraisal for all staff

d) developing an analysis of skills and training needs for the team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

The local authority have made significant progress in the area of care planning since the time of the last inspection. Independent reviewing coordinator posts were introduced in the summer of 2023. All looked after and accommodated children and young people have now had reviews and these are being held within statutory timescales. All young people now have active child's plans in place and these are shared with young people and carers. Carers and young people's views are clearly recorded within the minutes of these meetings and within the plans themselves. Some work could still be done to make these plans more SMART (specific, measurable, achievable, realistic and time bound), particularly with regards to identifying more specific time frames for agreed actions to be carried out.

Staff within the family placement team take an active role within children's statutory reviews, and caregivers and staff were usually in attendance at meetings though did not routinely provide reports for these meetings.

Whilst safer caring plans were in place for each child and young person, these varied in quality and some could have been more individualised to the needs of young people and their caregivers. It was sometimes unclear whether these were written by carers or social workers and they weren't always signed or updated.

There is a risk assessment proforma in use for many children and young people. However, not all young people had risk assessments that clearly identified any areas of risk or gave clear guidance to the caregiver in how to manage the risk. Some workers within the service had not been aware that there was a risk assessment proforma in use, which provides an example of the themes around quality assurance and clarity of policies and procedures within the service highlighted previously.

There is also a need to improve practice in the area of carer recordings of day to day life and key events for young people. Very few carers were regularly keeping or sharing records of young people's experiences. The staff team have recognised this gap and are working to draft an agreed policy and procedure. However, it is clear that up until now practice in this area has been lacking and previous attempts to address this issue have been ineffective. **(See Area for improvement 1)**

Practice around the completion of pathways plans for young people approaching adulthood was not consistent. Where pathways plans had been completed, these were of good quality although we found that these were not routinely being done in advance of young people turning 18. For young people with no allocated social worker, it was not always clear who was responsible for coordinating the pathways assessment. We found that a continuing care welfare assessment was not explicitly contained within the pathways assessments nor were there standalone welfare assessments in place. This is an area that the local authority must seek to address as soon as possible. **(See Area for improvement 2)**

Areas for improvement

1. To ensure children and young people's daily experiences and developments are meaningfully recorded, the service should seek to ensure caregiver and social worker practice in this area is high quality and consistent, in line with the commitments of The Promise.

This should include but not be limited to: developing a clear written policy on caregiver recording; providing all carers with training on child centred record keeping; and ensuring these records are regularly monitored by supervising social workers.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. In order to support and enable young people to experience stable and consistent care beyond the age of 18, the service should seek to ensure a more consistent approach is taken to care planning.

This should include but not be limited to: ensuring all young people have co-produced pathways plans in place well in advance of their 18th birthdays; and ensuring that this explicitly contains a continuing care welfare assessment.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

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.

To do this the provider must at a minimum ensure:

- a) All children in need of permanent fostering have their plans reviewed by managers.
- b) Managers maintain an overview of all timescales taken when planning for children in need of permanent foster care and address and resource any delays.
- c) Assessments are carried out within timescales.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16); and

In order to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 19 January 2023.

Action taken on previous requirement

The local authority has introduced independent reviewing coordinators since the last inspection. This means that all children's reviews are now held within statutory timescales and children and young people's permanent needs are discussed within these meetings.

The permanence tracking and review meeting takes place monthly which means that managers have an overview of this.

A permanence team has been established and will initially focus on moving forward assessment and planning for children and young people who have experienced the most extreme drift and delay in planning.

Due to the size of the backlog, this will take time to address; however, the local authority have invested significant resources to improve this situation, showing commitment and vision.

Met - outwith timescales

Requirement 2

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.

To do this the provider must at a minimum ensure:

- a) Regular audit of child's plans is undertaken to ensure they are outcome focused and SMART.
- b) The role of the fostering service is well articulated in the plan.
- c) A copy of the Child's Plan and any updates are received by foster carers.
- d) The format of the Child's Plan is accessible to children in foster care who wish a copy.
- e) The views of children and carers are contained within the minutes of planning meetings.
- f) Appropriate independent scrutiny is in place to ensure professional challenge to the service aimed at improving practice.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

In order to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 19 January 2023.

Action taken on previous requirement

The local authority introduced independent reviewing coordinator posts in summer 2023. All looked after children and young people within the authority have now had reviews and these are being held within statutory timescales. All young people now have active child's plans in place and these are shared with young people and carers. Carers and young people's views are clearly recorded within the minutes of these meetings and within the plans themselves.

Some work could still be done to make these plans more SMART – particularly with regards to agreeing more specific time frames for agreed actions to be carried out.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that all children are able to maintain life long connections with brothers and sisters, the provider must ensure that clear plans are made for children at key stages.

This should include but is not limited to: recording why children are not placed together if they are separated; reviewing this decision at key points and clearly documenting expectations around how connections will be maintained or promoted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18); and

Complies with Part 13 of Children (Scotland) Act 2020 and the Looked After Children (Scotland) Amendment Regulations.

This area for improvement was made on 19 January 2023.

Action taken since then

Discussion around connections with brothers and sisters and other important people is clearly taking place within children's looked after reviews and at permanence panels. The local authority's promise lead has been reviewing children's relationships and reasons for separation when this occurs. An increasing number of Together or Apart Assessments are being undertaken. The local authority is exploring and promoting the more effective use of family group decision making.

Previous area for improvement 2

To enable young people to experience stable and consistent care beyond the age of 18, the provider should ensure that carers and young people are well prepared and know what support they can expect from the local authority.

This should include but is not limited to: finalising the local authorities continuing care policy, ensuring that a continuing care welfare assessment is undertaken timeously for all young people using the service and taking steps to assess, train and approve foster carers as adult placement carers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

In order to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This area for improvement was made on 19 January 2023.

Action taken since then

The local authority registered an adult placement service for the purpose of continuing care in January 2023. Most carers have been approved appropriately, with some exceptions. No specific training has been offered to continuing care care caregivers, including adult protection training. The local authority has drafted a new continuing care policy which accurately reflects legislation but this has not been approved yet and is not widely understood through children's services. Some progress but more work is required in this area and this area for improvement will continue in a varied format.

Previous area for improvement 3

To ensure that young people with additional needs are supported consistently in their transition to adult services, the provider should take steps to ensure that children and adult services work together to plan and assess need well in advance of adulthood.

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.14 which states: 'My future care and support needs are anticipated as part of my assessment'.

This area for improvement was made on 19 January 2023.

Action taken since then

A transitions pathway is in place and the young people we tracked experienced coherent and joined up approaches to future planning. Some young people in continuing care did not have an active allocated social worker. However, we heard that the Throughcare workers worked well with young people, their caregivers and supervising social workers to ensure there was a clear understanding of young people's needs going forwards.

Previous area for improvement 4

To ensure that foster carer performance and development is appropriately reviewed and supported, the service should ensure that all foster carer reviews take place within statutory timescales.

This is to comply with Regulation 25 (1) of The Looked After Children (Scotland) Regulations 2009.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 19 January 2023.

Action taken since then

The service has now made changes to their policy around the review of foster carer registration and aims to return carers to the fostering panel every two years instead of every three years. Although this timescale does sometimes slip, it appeared that all reviews are now taking place well within the three year statutory required period.

Foster carers should be taken to panel for review more timeously when they are caring for young people outwith their registration.

Previous area for improvement 5

To ensure that children and foster carers are given the best possible chance to succeed, the service should develop and use a clear process when foster placements end in an unplanned way. This should include but is not limited to, holding unplanned ending meetings in a timely manner and considering whether carers need to be formally reviewed at panel before further children are placed in their care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 19 January 2023.

Action taken since then

The service has plans to use an independent service to review all unplanned endings. One review is currently underway; however, this has not yet been effectively implemented by the service. There is no accurate management overview available of the number of and reasons for unplanned endings.

This area for improvement will continue as part of a wider Requirement about quality assurance.

Previous area for improvement 6

To ensure all children and young people receive consistent and predictable care, the provider should ensure detailed plans are in place, which identify triggers and support needs, and include strategies for emotional and physical safety and the development of healthy coping behaviours.

This should include but is not limited to: ensuring children and young people who display complex and distressed behaviours co-produce personal support plans which link to risk assessments and/or individualised safer caring plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I can experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 19 January 2023.

Action taken since then

All children and young people now have individual child's plans and most have individualised safer caring plans in place. The service has also begun to use a risk assessment which highlights areas of vulnerability and risk. These documents together provide guidance for the care of most children. However, for some children where risks are higher, plans which more specifically outline the expectations and strategies that should be used by foster carers would be valuable. Personal support plans as outlined above are not in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

To find out more

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Adoption Service Adoption Service

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Dumbarton
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Telephone: 01389776414

Type of inspection:
Announced (short notice)

Completed on:
20 June 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2004085883

About the service

West Dunbartonshire Adoption Service provides a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for those children who cannot be with their birth parents or extended family members, and whose needs have been assessed as best met in an adoptive family.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

About the inspection

This was a short notice announced inspection which took place between 27 May 2024 and 19 June 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with four adopters and two completed our questionnaire.
- Met with and observed three children.
- Spoke with seven staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with four visiting professionals and four responded to our questionnaire.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

West Dunbartonshire Council Fostering Service and Continuing Care Service were inspected at the same time and separate reports are available.

Key messages

- Children benefitted from affectionate and secure relationships with their adoptive family.
- Children benefited from well-managed and positive transitions.
- There were some gaps in the service's oversight of quality assurance.
- The local authority has taken significant steps to overcome drift and delay in permanence planning for children with positive outcomes for many.
- The service should set clear expectations regarding pre-adoptive carer training.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.
- Adoption support plans should be available at an earlier stage.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Children benefitted from affectionate and secure relationships with their adoptive family. They were embraced by the family and the extended family. These relationships provided a secure base, enabling children to thrive in the other areas of their life.

Caregivers were comprehensively assessed to ensure they could meet the needs of children and young people. Caregiver families also enjoyed enduring, positive relationships with staff within the service. One said that their worker "has been great, they explain everything and advocate for us".

Children and caregivers benefitted from decisions strongly informed by matching the child's needs and the capacity of the caregiver family to meet those needs. There were good assessments and good quality discussions at matching panels.

The service worked well in partnership with the caregivers and other services to ensure children had sufficient time and support to get to know the caregiver family prior to moving in with them. This meant that children benefited from well-managed and positive transitions which supported bonding and attachments.

Caregivers supported children to have positive relationships with others including family and friends and children were living with their siblings, unless this had been assessed as not appropriate. Together or apart sibling assessments were carried out and the ways in which children were able to stay in touch were well thought through. Caregivers were aware that this was potentially a dynamic situation and that the children's needs may change as they get older. They were prepared to support children to stay in touch with their siblings in whatever way best met the child's needs.

Caregiver families advocated passionately and effectively on behalf of the children. This had a positive impact on children's education and mental wellbeing and caregivers were instrumental in supporting the progress of children's plans.

The local authority has taken significant structural steps to overcome drift and delay in permanence planning, including the introduction of independent reviewing coordinators and the establishment of a specialist permanence team which sits within the adoption team. In addition, the streamlining of permanence paperwork in some cases meant the provider was beginning to make good progress in addressing the backlog of permanence planning. We look forward to seeing the full impact of this at the next inspection.

Children living within caregiver families were kept safe both emotionally and physically. However, some pre-adoptive caregivers did not have an understanding of safer caring which meant there was a risk to outcomes. We asked the service to ensure that all pre-adoptive foster carers understand safer caring and have a safer caring plan. **(Area For Improvement 2 "How well is our care & support planned?")**

Some adopters had not completed any post approval training. While, some adopters told us that "The service offers great training opportunities for adoptive parents" we advised the service to strengthen the training provided to adoptive families by setting clear expectations regarding the training that should be completed whilst caregivers are still within the fostering role on their journey to adoption. (Area for improvement 1)

Carers were also not required to attend any specific training in relation to attachment and loss or trauma skilled care. We advised the service to introduce mandatory training in this area to ensure that carers are supported to best meet the emotional needs of children and young people in line with the commitments of The Promise. (Area for improvement 2)

Children living in caregiver families thrived, and this supported their positive mental health. Children also received support through play therapy or life story work when this was identified as appropriate. However, caregivers did not always have a clear sense of what support would be available after the adoption order was granted. We advised the service to ensure that all caregivers are given a clear plan, that outlines the anticipated support and with clear guidance on how to access this if required. **(Area for improvement 3 "How well is our care & support planned?")**

Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training and development.

This should include but is not limited to;

All staff and caregivers having a clear understanding about what mandatory training should be undertaken by pre-adoptive foster carers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

2. To ensure that children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should seek to develop or source learning opportunities that support carers to develop a stronger trauma skilled approach.

This should include but not be limited to: ensuring the staff team have access to high quality specialist training to further develop skills and knowledge, and ensuring all carers engage with training opportunities to help them strengthen their approach to supporting children impacted by trauma.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The registered manager was commended for their pivotal role in driving the permanence planning improvements and the positive impact this already had on some children. We looked forward to seeing the fuller impact of these improvements at the next inspection.

There were some systems in place to monitor and evaluate service delivery. This included quarterly meetings between carers and service managers, and a robust and thorough fostering and adoption panel. The fostering and adoption panel, with an independent panel chair, was a significant strength of the service. It was evident that the panel took a child centred view and skilfully held caregivers and the wider service to account when necessary. A staff member said "Panel members are child centred in my view and have been working to address some of the changes required since the Care review and recommendations in, The Promise Scotland."

Statutory requirements were monitored and were within timescales. However, there were no mechanisms working effectively to track and monitor accidents and incidents, carer and social worker training, or unplanned endings for children. This meant the service was not always pro-actively learning from these areas of practice or addressing issues timeously. (Requirement 1)

There was no regular system of case file audit or practice evaluation and this was highlighted by the absence of shared adoption support plans, safer caring plans and risk assessments in some adoptive households. (Requirement 1)

The service has not yet embedded a clear policy or system for the review of children and carer's experiences when placements end in an unplanned way. This was an area identified as an area for improvement at the time of the last inspection that has not been sufficiently addressed. (Requirement 1)

Requirements

1. By 2 September 2024, the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview and improvement work.

To do this the provider must as a minimum:

- a) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to, carer logs, carer supervision records, risk assessments, safer caring plans and adoption support planning.
- b) Implement effective systems for monitoring and evaluating unplanned placement endings.
- c) Implement a clear system for the tracking and evaluation of carer training, incidents and accidents including protection concerns.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19); and

"I use a service and organisation that are well led and managed" (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Staff consistently formed enduring, trusting and genuine relationships with people being supported by the service. Feedback from all the caregivers highlighted the supportive relationships that the staff formed with them, and with the young people.

Staff used their authority appropriately and were highly skilled in supporting caregiver families to manage challenging situations such as resolving conflict. We were given feedback about staff being able to challenge carers and other professionals in a supportive way in different settings.

Staff were reflective about their practice and the team had reflective discussions during team meetings. While staff told us they felt well supported by their line managers, there was no evidence of ongoing formal and recorded supervision of staff. Staff should be provided with a record of any actions agreed at supervision to monitor staff wellbeing, improve clarity and accountability. This would also ensure managers effectively evidence the support provided and how any practice issues or training needs are identified and addressed. (Area for improvement 1)

While some staff had recently completed relevant training others had completed very little. There was no evidence of recent trauma informed practice training however staff did display an understanding of this and an eagerness to learn more.

The teams development was not supported through effective use of appraisals. Although staff were given opportunity for further training and development and the service was open to ideas that the staff brought when they identified training, we could not see how this was identified. A staffing skills analysis and training plan, informed by staff supervision and appraisal would support this assessment and ensure that training is targeted. (Area for improvement 1)

Areas for improvement

1. To support care giver and children's wellbeing, and staffs learning and development, the service should ensure that all staff are sufficiently confident, supported and their learning and development needs are well understood.

This should include, but is not limited to:

- a) Provision of regular opportunities for good quality supervision in line with their policy.
- b) Ensuring staff have a written record of any actions agreed during their supervision.
- c) Implementation of systems of appraisal for all staff.
- d) Developing an analysis of skills and training needs for the team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: "provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice." (HSCS 3.5)

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

The local authority have made significant progress in the area of care planning since the time of the last inspection. They introduced independent reviewing coordinator posts in 2023. All looked after children and young people's plans had been reviewed and held within statutory timescales. All young people had active child's plans in place, and these were shared with young people and carers. Carers and young people's views were clearly recorded within the minutes of these meetings and within the plans themselves. Some work could still be done to make these plans more Specific Measurable Achievable Realistic and Timebound.

Staff within the family placement team take an active role within children's statutory reviews, and were usually in attendance at meetings though did not routinely provide reports for these meetings.

There is also a need to improve practice in the area of carer recordings of day-to-day life and key events for young people. Not all caregivers were regularly keeping or sharing records of young people's experiences. The staff team had recognised this gap and were working to draft an agreed policy and procedure, however it was clear that up until now practice in this area had been lacking and previous attempts to address this issue have not been effective. (Area for Improvement 1)

Not all adopters had safer caring plans in place and the children placed with adopters did not have a risk assessment that identified potential areas of risk and clear guidance as to how the caregivers should manage this. (Area for improvement 2)

Adopters were not aware of having a post adoption support plan. Although the service provided a draft of these they weren't co-produced or clear and explicit regarding the ongoing needs of adopters or how they would go about getting support in the future. Although some adopters had an idea of who to contact in the future they told us that having this clearly laid out in a plan would be helpful. The service did carry out a post adoption meeting at the point of the order being granted, which was good practice, however the service should enhance this by ensuring a clear plan is created and reviewed at each key stage of the child and caregivers' adoption journey. (Area for improvement 3)

Areas for improvement

1. To ensure children and young people's daily experiences and developments are meaningfully recorded, the service should seek to ensure caregiver and social worker practice in this area is high quality and consistent, in line with the commitments of The Promise.

This should include but not be limited to: developing a clear written policy on caregiver recording; providing all carers with training on record keeping; and ensuring these records are regularly monitored by supervising social workers.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

2. Children and young people's safety, health and wellbeing are robustly prioritised and confidently responded to by their pre-adoptive caregivers through effective use of safer caring plans and risk assessments.

To do this the service should ensure individual safer caring plans and risk assessments are in place for all children and young people, reviewed and updated regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

3. In order to ensure all adopted children and their families benefit from a co-ordinated partnership approach to post-adoption support, the service should fully involve adoptive parents and, where appropriate, young people in the production and review of post-adoption support plans.

This should include but is not limited to co-producing plans with adoptive parents and ensuring all adoption support plans are reviewed at key points including at the point of matching and after an adoption order has been granted.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1 March 2023, the provider must have a robust plan in place to ensure that all children in need of permanent care have their assessments completed and plans carried out without unnecessary delay.

To do this the provider must, at a minimum, ensure:

- a) all children in need of permanent care have their plans reviewed by managers;
- b) managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays; and
- c) assessments are carried out within timescales.

This requirement was made on 31 January 2023.

Action taken on previous requirement

The local authority has introduced independent reviewing coordinators since the last inspection. This means that all children's reviews are now held within statutory timescales, and children and young people's permanent needs are discussed within these meetings.

The permanence tracking and review meeting takes place monthly which means that managers have an overview of this.

A permanence team has been established and will initially focus on moving forward assessment and planning for children and young people who have experienced the most extreme drift and delay in planning.

Due to the size of the backlog, this will take time to address however the local authority have invested significant resources to improve this situation, showing commitment and vision.

Met - within timescales

Requirement 2

By 1 March 2023, the provider must ensure a clear, outcome focused Child's Plan is in place with statutory timeframes recorded as part of the action planning.

To do this, the provider must, at a minimum ensure:

- a) an audit of children's plans is undertaken to ensure they are outcome focused and SMART;
- b) statutory timeframes are included as part of the planning and review process;
- c) where timeframes have been delayed there are clear actions and resources identified to remedy this; and
- d) the adoption service have a clearly recorded role in ensuring compliance within plans to statutory timeframes.

This requirement was made on 31 January 2023.

Action taken on previous requirement

The local authority introduced independent reviewing coordinator posts in summer 2023. All looked after children and young people within the authority have now had reviews and these are being held within statutory timescales. All young people now have active child's plans in place, and these are shared with young people and carers. Carers and young people's views are clearly recorded within the minutes of these meetings and within the plans themselves.

Some work could still be done to make these plans more SMART - particularly with regards to agreeing more specific time frames for agreed actions to be carried out.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that the views of children, young people, their birth families and carers are sought, considered and acted upon, the provider must improve the quality of recording.

This should include, but is not limited to:

- a) recording the views of children, young people, their birth families and carers;
- b) providing practical support where required in the completion of documentation; and
- c) evidencing consideration of views as part of the decision making process.

This area for improvement was made on 31 January 2023.

Action taken since then

While views were being recorded in the Child's Plans and looked after review minutes. There were gaps in ongoing recording. Home visits were not all being recorded as supervision even though supervision was taking place on most occasions. The quality of the recordings did not always reflect the level of support that was being offered.

Adoption support plans are not consistently being collaboratively completed and shared with adopters. This will therefore be a new area for improvement.

Previous area for improvement 2

To ensure that all children are able to maintain life long connections with brothers and sisters, the provider must ensure that clear plans are made for children at key stages. This should include, but is not limited to:

- a) recording why children are not placed together if they are separated; and
- b) reviewing this decision at key points and clearly documenting expectations around how connections will be maintained or promoted.

This area for improvement was made on 31 January 2023.

Action taken since then

Discussion around connections with brothers and sisters and other important people was clearly taking place within children's looked after reviews. The local authority's promise lead had been reviewing children's relationships and reasons for separation when this occurs. An increasing number of Together or Apart Assessments were being undertaken. The local authority was exploring and promoting the more effective use of family group decision making.

Previous area for improvement 3

To enable young people to experience permanent care at a time that is right for them, the provider should ensure that the monitoring of permanency processes meets statutory timeframes and that all assessments and decision making is undertaken timeously for all young people using the service.

This area for improvement was made on 31 January 2023.

Action taken since then

The local authority introduced independent reviewing coordinators since the last inspection. This meant that all children's reviews were held within statutory timescales, and children and young people's permanent needs were discussed within these meetings.

The permanence tracking and review meeting takes place monthly which means that managers have an overview of this.

A permanence team had been established and was initially focussing on moving forward assessment and planning for children and young people who have experienced the most extreme drift and delay in planning.

Due to the size of the backlog, this will take time to address however the local authority have invested significant resources to improve this situation, showing commitment and vision.

Previous area for improvement 4

To ensure all children and young people experience transitions of care that are right for them, the provider should ensure detailed plans are in place. These plans should be informed by recommendations from previous assessments, national guidance and theories of child development, trauma and attachment. The plans should include but not be limited to, identify support needs, and include strategies for emotional safety. Ensuring that transitions occur within a timeframe that is right for the child and does not cause emotional harm.

This area for improvement was made on 31 January 2023.

Action taken since then

The service has evidenced their ability to work in partnership to ensure transitions are carried out in a way that is right for the child. The service has advocated for children and influenced transition plans where they are not the agency making the plan and this has also included taking a flexible approach to each stage of the transition based on children's needs.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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West Dunbartonshire Continuing Care Service Adult Placement Service

Council Offices
16 Church Street
Dumbarton
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Telephone: 01389 772166

Type of inspection:
Announced (short notice)

Completed on:
20 June 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2022000371

About the service

West Dunbartonshire Continuing Care Service has been registered with the Care Inspectorate since 2023. The service is registered as an adult placement service and is provided to young adults age 18 years or over, allowing young people in foster care the opportunity to remain with their existing fostering family until they are ready to move into independent or alternative accommodation.

The service states that 'Our vision is to ensure that every child and young person who is looked after by West Dunbartonshire Council has the opportunity to reach their full potential and achieve the best possible outcomes'.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

About the inspection

This was a short notice announced inspection which took place between 27 May 2024 and 19 June 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two caregivers and two completed our questionnaire
- met with one young person
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals and four responded to our questionnaire.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care, and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

West Dunbartonshire Council Adoption Service and Fostering Service were inspected at the same time and separate reports are available.

Key messages

- Young people benefit from loving and dependable relationships within their caregiver families.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.
- Panel processes are strong. However, the service needs to strengthen quality assurance and improvement practices.
- A skilled staff team consistently formed trusting and supportive relationships with caregiver families, enabling carers to best meet the needs of children in their care.
- Young people benefit from a significant improvement in the quality of care planning and feel that their voices are heard in this process.
- The local authority should seek to ensure a more consistent approach is taken to pathway planning and welfare assessment well in advance of young people reaching adulthood.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Young people benefitted from loving and dependable relationships within their caregiver families. One young person said this about their carer, "I felt the love right from when I first met her - we have a special connection". These relationships provided a secure base, enabling young people to thrive in all areas of their lives.

Caregivers had good relationships with and received responsive support from their supervising social workers. Carers felt confident that they could always get the support they needed and family placement social workers sometimes 'filled the gaps' when young people did not have regular contact with allocated social workers. This ensured young people's needs were met to a high level even when support from allocated workers was limited.

Many carers were skilled advocates for the needs and rights of young people in their care. We heard of one strong example where carers advocated for a young person during a hospital stay which led to health staff taking a more mindful and trauma informed approach to caring for the young person. Caregivers worked effectively with a wide range of other services to ensure that young people were aware of their rights and these were championed.

Young people were supported to get the most out of employment and learning opportunities. Caregivers had good local links within education and the world of work and young people were supported to meet their potential. Skills and achievements were acknowledged and celebrated.

The service offers a small range of carer training in key areas and also signposts carers to additional learning opportunities. However, not all carers have consistently engaged with training. Social workers have been increasingly tenacious in supporting carers in this area, with clear action plans discussed at carer reviews where engagement with training has been an issue. This could be further enhanced with more effective quality assurance to ensure that managers have an overview of any gaps in training across the service.

The service did not offer any specific training in trauma informed care and we advised the service to introduce mandatory training in this area, to ensure that carers are supported to best meet the emotional needs of young people in line with the commitments of The Promise. This would be further supported if the service invested in training on evidence based therapeutic interventions to enhance the trauma skilled approach of the supervising social worker team. **(See Area for improvement 1)**

The service should also ensure that all carers providing continuing care and staff members have undertaken training relevant to caring for young adults, including at a minimum adult protection training. **(See Area for improvement 2)**

The service effectively follows national guidance in relation to protection and serious practice concerns or allegations were usually dealt with robustly in partnership with other agencies.

Caregiver families are comprehensively assessed to ensure that they have the capacity to meet the needs of young people and most adult placement carers had been appropriately approved as adult placement carers. Carer approvals were specific and reflected the assessed capacity of carers. This ensured that young people received a service that was right for them.

The views of all young people were regularly sought and considered during carer reviews. Young people and caregivers also told us that they felt that their views were listened to more in their statutory reviews chaired by the independent reviewing coordinators than they had been previously. These reviews continued seamlessly when young adults were in continuing care placements. This supported young people to feel more in control of decision making about their own lives.

Young people and their caregivers were well informed about young people's rights under continuing care legislation and the registration of the continuing care service had brought additional reassurance about this. Where pathways plans had been completed, these were of good quality although we found that these were not routinely being done in advance of young people turning 18. The local authority's draft continuing care policy accurately reflects the law and best practice but has not yet been approved or distributed throughout the local authority contributing to the lack of consistency of practice.

Areas for improvement

1. To ensure that children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should seek to develop or source learning opportunities that support carers to develop a stronger trauma skilled approach.

This should include but not be limited to: ensuring the staff team have access to high quality specialist training to further develop skills and knowledge, and ensuring all carers engage with training opportunities to help them strengthen their approach to supporting children impacted by trauma.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To ensure that young people are supported by people who can help to keep them safe, the service should ensure caregivers and a service have a strong understanding of adult protection processes and adult development.

This should include ensuring that all caregivers and staff have, at a minimum, completed adult protection training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service has some effective systems in place which monitor and evaluate the experiences of children, young people and caregivers. This included quarterly meetings between caregivers and service managers, and a fostering and adoption panel that functioned very well. The fostering and adoption panel, with an independent chair, is a significant strength of the service. It was evident that the panel took a young person centred view and skilfully held caregivers and the wider service to account when necessary. The fostering panel would be further strengthened by the introduction of panel member appraisals, which the service has now planned.

On the whole, statutory requirements such as, PVG checks and unannounced visits were monitored effectively and were within timescales. However, there were no mechanisms working effectively to track and monitor accidents and incidents, carer and social worker training, or unplanned endings of foster placements for children. There was also no regular system of case file audit or practice evaluation. Workers within the fostering team had a good grasp of the areas of practice they felt were strong and those which needed to be improved, and felt supported by their line managers, but there was a clear lack of strategic overview from more senior management.

It was very difficult for us to get information on placement endings. The service was not able to provide a clear overview of the number of or reasons for young people moving from adult placements. The service has not yet embedded a clear policy or system for the review of young people and carer's experiences when placements end in an unplanned way. This was identified as an area for improvement at the time of the last inspection that has not been effectively addressed.

The local authority have acknowledged that manager illness and the wide remit of the team leader for the service means that, senior social workers within the family placement services have been relied on to drive improvement in fostering and adoption in addition to their day to day operational responsibilities. One member of staff stated, "It feels as though our service is broadly improving, and the culture is a good one. There is a lot of expertise / experience in the team ... We could be so much better though with more dynamic and available leadership at a higher level." This means that quality assurance activity has not been a priority. There are plans to review leadership structures in the council's five year plan; however, currently this continues to be a significant gap. **(See Requirement 1)**

The staff team and carers have highlighted that there was a lack of written policies and procedures within the service which means that carers are not always given consistent guidance. The social work team have been proactive about working to address this as a team, demonstrating their commitment and skill. However, this is work that would be more effectively led by a manager within the service, in collaboration with the team.

Requirements

1. By 2 September 2024, the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview and improvement work.

To do this the provider must as a minimum:

a) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to, carer logs, carer supervision records, risk assessments, safer caring plans and adoption support planning.

- b) Implement effective systems for monitoring and evaluating unplanned placement endings.
- c) Implement a clear system for the tracking and evaluation of incidents and accidents including protection concerns.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

5 - Very Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Staff consistently formed enduring, trusting and genuine relationships with people being supported by the service. Feedback from caregivers highlighted the supportive relationships that the staff formed with them and with the young people. One caregiver told us, "Our supervising social worker is both skilled and very committed to supporting us as required." This provided carers with a sense of security and confidence that enabled them to care for children and young people to the best of their ability.

In most circumstances, staff used their authority appropriately and skilfully supporting caregiver families to manage challenging situations such as, resolving conflict. Additionally, we heard that when necessary, staff were able to challenge carers in a supportive way in different settings. However, there were some situations where we felt concerns about carer practice should have been addressed in a more robust and timeous way in order to minimise disruption and improve experiences for children and young people.

Staff were reflective about their practice and we saw that reflective discussions were facilitated during the team meeting. While staff told us they felt well supported by their line managers, there was no written evidence of formal supervision of staff. We did not doubt that supervision was usually taking place on a regular basis but there was little in the way of recordings. Staff should be provided with a record of any actions agreed at supervision to improve clarity and accountability. This would also ensure managers effectively evidence the support provided and how any practice issues or training needs are addressed.

Most of the staff team had completed relevant training since the last inspection and some much less, according to the individual training logs. The staff team were encouraged to engage with external training relevant to the role. However, there was no evidence of recent trauma informed practice training, although staff members did display an understanding of this and an eagerness to learn more. As highlighted earlier in this report, we would recommend the service invests in this area of development for the staff team to further develop the therapeutic and trauma skilled elements of the service.

There was no evidence of appraisal or performance review of staff. Although staff were given opportunities for further training and development and the service was open to ideas that the staff brought when they identified training, we could not see how this was prioritised. A staffing skills analysis and training plan, informed by staff supervision and appraisal would support this assessment and ensure that training is targeted. **(See Area for improvement 1)**

Areas for improvement

1. To support caregiver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and their learning and development needs are well understood.

This should include but is not limited to:

- a) provision of regular opportunities for good quality supervision in line with their policy
- b) ensuring staff have a written record of any actions agreed during their supervision
- c) implementation of systems of appraisal for all staff
- d) developing an analysis of skills and training needs for the team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

The local authority have made significant progress in the area of care planning since the time of the last inspection. Independent reviewing coordinator posts were introduced in the summer of 2023. All looked after and accommodated children and young people have now had reviews and these are being held within statutory timescales, including young people in continuing care. All young people now have active child's plans in place and these are appropriately shared with young people and carers. Carers and young people's views are clearly recorded within the minutes of these meetings and within the plans themselves. Some work could still be done to make these plans more SMART (specific, measurable, achievable, realistic and time bound), particularly with regards to identifying more specific time frames for agreed actions to be carried out.

Staff within the family placement team take an active role within children's statutory reviews, and caregivers and staff were usually in attendance at meetings though did not routinely provide reports for these meetings. This ensured that young people's day to day experiences were considered at planning meetings.

Safer caring plans were in place for each young person, helping to ensure that day to day care arrangements appropriately reflected needs and wishes. These varied in quality and some could have been more individualised to the needs of young people and their caregivers. It was sometimes unclear whether these were written by carers or social workers and it wasn't clear whether young people had contributed to the writing of these in any way.

There is a risk assessment proforma in use for many children and young people. However, not all young people had risk assessments that clearly identified any areas of risk or gave clear guidance to the caregiver in how to manage the risk. Some workers within the service had not been aware that there was a risk assessment proforma in use, which provides an example of the themes around quality assurance and clarity of policies and procedures within the service highlighted previously.

There is also a need to improve practice in the area of carer recordings of day to day life and key events for young people. Very few carers were regularly keeping or sharing records of young people's experiences. The staff team have recognised this gap and are working to draft an agreed policy and procedure. However, it is clear that up until now practice in this area has been lacking and previous attempts to address this issue have been ineffective. **(See Area for improvement 1)**

Practice around the completion of pathways plans for young people approaching adulthood was not consistent. Where pathways plans had been completed, these were of good quality although we found that these were not routinely being done in advance of young people turning 18. For young people with no allocated social worker, it was not always clear who was responsible for coordinating the pathways assessment. We found that a continuing care welfare assessment was not explicitly contained within the pathways assessments nor were there standalone welfare assessments in place. This is an area that the local authority must seek to address as soon as possible. **(See Area for improvement 2)**

Areas for improvement

1. To ensure children and young people's daily experiences and developments are meaningfully recorded, the service should seek to ensure caregiver and social worker practice in this area is high quality and consistent in line with the commitments of The Promise.

This should include but not be limited to: developing a clear written policy on caregiver recording; providing all carers with training on child centred record keeping; and ensuring these records are regularly monitored by supervising social workers.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. In order to support and enable young people to experience stable and consistent care beyond the age of 18, the service should seek to ensure a more consistent approach is taken to care planning.

This should include but not be limited to: ensuring all young people have co-produced pathways plans in place well in advance of their 18th birthdays; and ensuring that this explicitly contains a continuing care welfare assessment.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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

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

24 September 2024

Subject: Q1 Regulated Services Report

1. Purpose

- 1.1** To provide the HSCP Board Audit and Performance Committee with an update on Care Inspectorate inspection reports for commissioned registered services located within West Dunbartonshire during the period 1 April – 30 June 2024 (Quarter One).

2. Recommendations

- 2.1** The HSCP Board Audit and Performance Committee is asked to note the content of this report and its appendices.

3. Background

- 3.1** The Care Inspectorate now use Key Questions rather than Quality Themes in their inspections. They still use the six-point scale:

Grade	Description
1 - Unsatisfactory	Major Weaknesses – Urgent Remedial Action Required
2 – Weak	Important Weaknesses – Priority Action Required
3 – Adequate	Strengths Just Outweigh Weaknesses
4 – Good	Important Strengths, With Some Areas For Improvement
5 – Very Good	Major Strengths
6 – Excellent	Outstanding or Sector Leading

- 3.2** During the COVID-19 pandemic the Care Inspectorate amended the focus of their inspections. They focused only on how well Care Home residents were being supported during the COVID-19 pandemic rather than the full range of Key Questions.

- 3.3** They amended their quality framework for Care Homes to include a new Key Question; ‘How good is our care and support during the COVID-19 pandemic?’ This Key Question has 3 quality indicators:
- People’s health and wellbeing are supported and safeguarded during the COVID-19 pandemic;
 - Infection control practices support a safe environment for both people experiencing care and staff; and
 - Staffing arrangements are responsive to the changing needs of people experiencing care.
- 3.4** The Care Inspectorate have resumed looking at the Key Questions which now include elements from the Covid Key Question in their inspections.
- 3.5** The commissioned service providers which were inspected during the period 1 April – 30 June 2024 and reported within this period are:
- Hill View Care Home – Adults and Older People Care Home;
 - Clyde Court Care Home – Adults and Older People Care Home;
 - ScotNursing and Medical Services Limited – Children and Adults Support Service;
- 3.6** A copy of each inspection report has been published and can be accessed on the Care Inspectorate website: www.careinspectorate.com
- 3.7** The structure of the Care Inspectorate website means that we cannot include links to each report.
- 3.8** During the reporting period, Cornerstone’s Baxter View service remained under special measures following the outcome of the Care Inspectorate’s inspection in 2023-24 Quarter Four. A separate report has been appended to this report to provide the Audit and Performance Committee with an update. Please see **Appendix 1 – Cornerstone, Baxter View Update Report**

4. Main Issues

Hill View – 36 Singer Road, Dalmuir, Clydebank G81 4SB

- 4.1** Hill View Care Home is owned by Advinia Care Homes Limited. Hill View Care Home is registered with the Care Inspectorate for a maximum of 150 residents – including 8 under the age of 65 with physical disabilities. At the time of inspection there were 144 residents being supported in Hill View Care Home.
- 4.2** This service was inspected between 20 – 22 March 2024, report issued on 14 June 2024. The table below summarises the grades awarded to Hill View over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
21.03.24	2	3	N/A	3	2
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
23.11.23	N/A	4	N/A	N/A	N/A
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
07.08.23	4	3	NA	NA	4

4.3 This inspection focused on 4 Key Questions – resulting in a decrease in grades from previous inspections. In this inspection report there were 4 requirements highlighted for remedial action by the service with a timescale of 12 August 2024 these are:

1. By 12 August 2024, the provider is required to make proper provision for social events, entertainment and activities which meet the assessment need and choice of people who use the service and are in line with good practice. The provision of activities must be clearly recorded within the personal plan of the individual resident as well as the activity planner.
2. By 12 August 2024, the provider must ensure that the approach to quality assurance, including audits and observations, is reviewed and improved. This must include the development of clear action plans, detailing the areas for attention, staff responsible, timescales for action and outcomes for people. The deadline for this requirement has been extended from 22 April 2024.
3. By 12 August 2024, the provider must promote the health, welfare and safety of people experiencing care by ensuring that all personal plans, risk assessments and related recording tools are accurate and contain sufficient detail to inform staff of people's individual social, emotional and physical support needs in all aspects of daily living and that these needs are appropriately met. To do this, the provider must, at a minimum, ensure:
 - a) each person receiving care and support has a detailed personal plan, which reflects a person-centred and outcome focused approach;
 - b) personal plans contain accurate and up-to-date information, which directs staff on how to meet people's care and support need;

- c) personal plans contain accurate and up-to-date risk assessments, which direct staff on current/potential risks and risk management strategies to assist in minimising the risks identified;
- d) records reflect the effectiveness of the implementation of the care and support being received by people, as set out in their personal plans and other recording tools, and this information is used to inform reviews;
- e) personal plans are regularly reviewed and updated, with involvement from relatives and advocates.
- f) detailed six monthly care reviews are undertaken which reflect people's care needs and preferences.

The deadline for this requirement has been extended from 15 March 2024.

4. By 12 August 2024 the provider must ensure people are safe and receive care and support that meets their needs.

To do this the provider must, at a minimum, ensure:

- a) people's skin integrity is assessed and monitored and when a risk is identified, an appropriate prevention and management plan is in place which reflects this, and details what measures are put in place to minimise the risks;
- b) the treatment plan is followed, ongoing monitoring is undertaken and recorded to allow further assessment and details any amendment to the treatment plan;
- c) care staff are trained and knowledgeable in skin care and integrity;
- d) where people have developed a moisture lesion, pressure ulcer or wound, staff record and monitor progress and seek external professional support and advice when necessary.

The deadline for this requirement has been extended from 15 March 2024.

- 4.4** As a result of the grades from the inspection West Dunbartonshire HSCP placed a Moratorium on placements to Hill View with effect from 10 April 2024 which will remain in place until at least 12 August 2024 in line with Care Inspectorate timescales.

- 4.5** Key messages highlighted by inspectors were:

- People and families are satisfied with the quality and commitment of staff.
- Allocation of staff does not appear to reflect the needs of the people living there.
- Planned activities, when they happen, are not sufficient to keep people physically and mentally well.
- Some people were not receiving care and support they had been assessed as requiring.

- Care plans required improvement to ensure good outcomes for people.

- 4.6** The provider has put a robust action plan in place and are working to this to ensure the requirements highlighted will be met within the allocated timescales.
- 4.7** Following official Care Inspectorate feedback in April 2024 and publication of the draft report from the inspection, West Dunbartonshire HSCP staff met with the Management Team from Hill View to discuss their action plan and offer training and support from the Care Home Collaborative.
- 4.8** Given the grading by the Care Inspectorate, Hill View has therefore been operating under special measures and a separate report has been included as an appendix, to provide an update to the HSCP Board Audit and Performance Committee. Please see **Appendix 2 – Advinia Care Homes, Hill View Update Report**

Clyde Court Care Home – South Avenue, Clydebank Business Park,
Clydebank G81 2RW

- 4.9** Clyde Court is owned by Maven Healthcare Limited. Clyde Court is registered with the Care Inspectorate for a maximum of 70 residents – including 1 named person under the age of 65. At the time of inspection there were 51 residents being supported in Clyde Court Care Home.
- 4.10** This service was inspected between 30 April – 3 May 2024, report issued on 24 June 2024. The table below summarises the grades awarded to Clyde Court over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
03.05.24	3	3	3	3	4
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
24.08.23	3	3	3	3	N/A
Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
25.05.23	2	2	3	2	N/A

- 4.11** This inspection focused on all 5 Key Questions – the grades of 3 'Adequate' for Key Questions 1 – 4 remain from the previous inspection with a grade of 4

'Good' for Key Question 5. In this inspection report there was 1 requirement highlighted for remedial action by the service with a timescale of 14 July 2024 this is:

1. By 14 July 2024, the provider must ensure people are supported to have food and drink that meets their needs and wishes.

To do this the provider must, as a minimum, ensure that:

- a) people identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day;
- b) staff are trained in food fortification and how to support people to eat and drink well;
- c) food and fluid charts are completed and retained to allow for further assessment and to provide evidence that first line interventions have been implemented.

4.12 Key messages highlighted by inspectors were:

- People we observed and spoke to looked presentable and groomed;
- The environment looked nicer and lighter due to decoration and new furnishings;
- Food and nutrition needed to be improved;
- Staffing levels need to be re-assessed and improved to meet the needs of people;
- Care planning and recording had improved.

4.13 The Management and staff are working with the Care Inspectorates 'Improvement Team' on food and nourishment.

4.14 The provider put a robust action plan in place to ensure that the requirement highlighted will be met within the allocated timescales.

4.15 Management and staff continue to work to improve the service in collaboration with the HSCP and associated agencies.

ScotNursing and Medical Services Limited - Merchant House, 30 George Square, Glasgow G2 1EG

4.16 ScotNursing is registered with the Care Inspectorate to provide a support service to adults and children with a range of physical and/or mental health needs including those with complex care needs and/or receiving palliative care, living in their own homes and in their local community.

4.17 This service was inspected between 3 April – 16 April 2024, report issued in May 2024. The table below summarises the grades awarded to ScotNursing over their last 3 inspections:

Inspection date	How well do we support people's wellbeing	How good is our leadership	How good is our staff team	How good is our setting	How well is our care and support planned
16.04.24	5	N/A	5	NA	NA
Inspection date	Care and Support	Environment	Staffing	Management and Leadership	
05.02.20	5	NA	5	NA	
Inspection date	Care and Support	Environment	Staffing	Management and Leadership	
21.11.18	5	NA	N/A	5	

4.18 This inspection focused on 2 Key Questions – the grades of 5 ‘Very Good’ for both questions remain from the previous inspection. There were no requirements highlighted in this inspection.

4.19 Key messages highlighted by inspectors were:

- People's personal plans were very detailed and relevant to people's complex needs and the care and support required;
- People's health and wellbeing was supported well;
- A recent survey returned positive feedback from people they support and staff;
- Staff arrangements supported positive outcomes for people;
- Some changes could further enhance staff recruitment and quality assurance processes.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 There are no personnel issues associated with this report.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications with this report.

8. Risk Analysis

8.1 Grades awarded to a registered care service after a Care Inspectorate inspection are an important performance indicator for registered services. For

any service assessed by the Care Inspectorate, failure to meet requirements within time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

- 8.2** Where a registered service receives a grade 2, no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a 3 and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

9. Equalities Impact Assessment (EIA)

- 9.1** There are no Equalities Impact Assessments associated with this report.

10. Environmental Sustainability

- 10.1** Not required for this request.

11. Consultation

- 11.1** None required for this report.

12. Strategic Assessment

- 12.1** The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2023 – 26 priorities are:

- Caring Communities;
- Safe and thriving communities;
- Equal Communities;
- Healthy Communities;

- 12.2** The strategic priorities above emphasise the importance of quality assurance amongst providers of care and the HSCP's commitment to work with providers within an agreed assurance framework.

13. Directions

- 13.1** Not required for this report.

Margaret-Jane Cardno
Head of Strategy and Transformation
17 September 2024

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Appendices: **Appendix 1 – Cornerstone, Baxter View Update Report**
 Appendix 2 – Hill View Update Report

Background Papers: All the inspection reports can be accessed from [https://
www.careinspectorate.com/](https://www.careinspectorate.com/)

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

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

24 September 2024

Subject: Appendix 1 – Baxter View Update

1. Purpose

- 1.1** To provide the Audit and Performance Committee with an up-date on Care Inspectorate reporting for Cornerstone - Baxter View, which is a housing support and care at home service, which supports adults aged 18 - 65 years old with a learning disability and complex needs, located within West Dunbartonshire.

2. Background

- 2.1** Baxter View is owned by Cornerstone. Baxter View is a purpose-built facility consisting of 8 independent flats. Baxter View is registered with the Care Inspectorate to provide housing support and care at home to tenants aged over 18 years with learning disabilities, autism or acquired brain injury living in their own homes.

The service has been operational since 2014. Cornerstone is a national organisation, which is a registered Scottish charity.

3. Main Issues

- 3.1** An unannounced inspection took place on 18 and 19 October 2023. The inspection was carried out by 1 inspector and focussed on 4 Key Questions. Feedback on the full inspection was provided on 3 November 2023 with the final report published in December 2023.
- 3.2** The inspection resulted in the following grades:

KQ 1	How well do we support people's wellbeing	2 - Weak
KQ2	How good is our Leadership	2 - Weak
KQ3	How good is our staff team	2 - Weak
KQ4	How good is our setting	N/A*
KQ5	How well is our care and support planned ?	2 - Weak

***This area was not inspected by the Care Inspectorate.**

3.3 Inspectors made 4 requirements all with a timescale of 12 March 2024. Full details of the requirements can be found below:

No.	Requirement	Timescale	Requirement Met/Not Met
1	<p>The provider must demonstrate that the service has systems in place to ensure that the health needs of service users are regularly assessed, monitored and adequately met. When people have specific physical and or/mental health needs the provider must ensure that the care plan is fully implemented. To do this, the provider must:</p> <ul style="list-style-type: none"> a) ensure that there is good communication between staff in relation to people's physical and mental health needs in order that the care plan can be implemented consistently by staff; b) demonstrate that staff will seek advice from relevant professionals promptly when people's mental or physical health is not improving; c) ensure that staff have the necessary skills and experience to assess when residents require further assessment, investigations or treatment; d) ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists; and e) ensure that managers monitor and audit people's mental and physical health needs robustly. 	12/03/24	NOT MET
2	<p>The provider must develop and implement effective and robust quality assurance systems. To do this, the provider must:</p> <ul style="list-style-type: none"> a) review and improve recording, monitoring, and auditing of service provision and ensure that detailed and accurate notes are kept by 	12/03/24	NOT MET

	<p>staff. This must include improvements to the recording, monitoring and auditing of personal plans, daily notes, handover notes and reporting of accidents and incidents;</p> <p>b) implement a development plan which is dynamic and effective; and</p> <p>c) implement effective action planning to address areas of required improvement. This should include appropriate timescales for completion and review of action to be undertaken, and ensuring staff are accountable for and carry out required remedial actions within identified timescales.</p>		
3	<p>The provider must ensure that staff are suitably trained to carry out their job role. To do this, the provider must:</p> <p>a) provide an induction that is suitable to prepare staff for their role;</p> <p>b) assess the support needs of people currently using the service and ensure that staff training prepares staff with the right skills and knowledge to meet people's support needs;</p> <p>c) through supervision, competence checks and appraisals, leaders should evaluate whether training is being implemented in practice; and</p> <p>d) leaders must demonstrate that further training is provided to staff where there are identified deficits in knowledge.</p>	12/03/24	NOT MET
4	<p>The provider must ensure that people's care plans provide robust and up to date information and guidance on how to support people. To do this, the provider must:</p> <p>a) ensure that a full assessment of all people's needs and wishes is undertaken;</p> <p>b) ensure that the assessment contains details about people's daily routines, communication needs, wishes and goals;</p>	12/03/24	NOT MET

	<p>c) ensure that the plans reflect all current risk, welfare and safety needs in a coherent manner;</p> <p>d) ensure that the written plan is clear, concise and easy to access;</p> <p>e) ensure that the written plan is legible and understood by staff;</p> <p>f) ensure that the written plan is effectively implemented and reviewed.</p>		
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- 3.4** On the 12 March 2024, the Care Inspectorate visited Baxter View for a follow-up visit. WD HSCP Quality Assurance team attended the feedback session with the Care Inspectorate and senior management from Cornerstone where the Care Inspectorate advised that the requirements had not been met within the timescale set and therefore the grades remained at 2 (Unsatisfactory).
- 3.5** The Care Inspectorate had 2 options available to them, the first being an option to extend the timescales attached to the 4 requirements (subject to further evidence being submitted by Cornerstone to the Care Inspectorate). The second option available to them was to issue an Enforcement Notice to Cornerstone. An Enforcement Notice refers to legal powers set out in the Public Services Reform (Scotland) Act 2010 which the Care Inspectorate can use to change conditions of registration, require improvements or to cancel a service's registration.
- 3.6** Following additional discussion and the submission of evidence to the Care Inspectorate, they were granted an extension to the timescales relating to the requirements noted in section 4.3. The new deadline for satisfying each requirement was the 12 August 2024.
- 3.7** From May onwards the HSCP became aware of significant quality assurance issues relating to safe care and the delivery of the service, through reports from colleagues and data around notifiable incidents, culminating in a number of Adult Support and Protection referrals being made. After several meetings with Cornerstone and their senior staff (including Chief Executive) to discuss quality assurance, the HSCP did not have confidence that quality was improving. The HSCP offered several supportive measures such as training and support from pharmacy colleagues given there was a high proportion of medication errors.
- 3.8** At a Multi-Disciplinary meeting on the 22 July 2024 involving the Care Inspectorate, Police Scotland, and HSCP senior staff including, the Head of Service for Learning Disability, Mental Health and Addictions, Chief Social Work Officer, Quality Assurance Officer, Contracts, Commissioning and Quality Assurance Manager and the Senior Social Worker a final request for information was agreed to be requested from Cornerstone. This focussed on their improvement/action plan, risk assessment, environmental concerns and quality of care plans. A return date of the 5th of August was agreed. The returned information was reviewed by the HSCP and as a result a

recommendation was made to the Chief Social Work Officer to progress to a Large Scale Investigation. This recommendation was accepted by the Chief Social Work Officer and in line with the HSCP's protocol a Large Scale Investigation (LSI) commenced on the 20 August 2024.

- 3.9** On the 13 August 2024 we were advised by the Care Inspectorate that they were carrying out an unannounced follow up visit to inspect the service in line with the requirements made (as noted in section 4.3 above). As this was a new inspection year the Care Inspectorate carried out a full inspection as well as making a determination regarding whether the requirements had been met. The Care Inspectorate spent 4 days in the service.
- 3.10** A feedback session was planned for the 20 August 2024, however this was cancelled by the Care Inspectorate and rescheduled for Monday the 26 August 2024.
- 3.11** Following the postponement the Care Inspectorate submitted 4 Adult Support and Protection referrals between the 21 (1) and 22 (3) August 2024, the subject matter of these referrals indicated further decline in the quality of the services, giving the HSCP significant concern about the care and support being delivered.
- 3.12** After reviewing the Adult Support and Protection referrals, the Head of Service for Learning Disability, Mental Health and Addictions, Chief Nurse, Integrated Operational Manager for LD Services, Contracts, Commissioning and Quality Assurance Manager and Quality Assurance Officer met to discuss the immediate assurances the HSCP would require.
- 3.13** On the 22 August 2024 the HSCP arranged a short notice crisis meeting with the CEO of Cornerstone and advised that Cornerstone must implement the following assurance measures:
- To put in an experienced registered manager into the service (someone who has a background in working with complex LD services)
 - To base the Quality Assurance Manager at the service; and
 - Either the Director of Delivery or the Deputy Director of Delivery shall be based from the service.
- 3.14** In order to satisfy the above, Cornerstone have agreed to put the following measures in place (the below is an extract from an email from Cornerstone's CEO):
- *"As of Tuesday (27 August) of next week we have seconded a highly experienced registered manager from another branch to be the Service Lead within Baxter View.*
 - *Our Head of Continuous Improvement and Learning spent today at the service. She has confirmed that there will be a quality team presence within the service, either herself or one of our Quality Improvement Officers. They will be both observing practice and undertaking a comprehensive review of care plans, risk assessments and other*

protocols regarding the individuals supported there. Both a Culture Lead and a Branch Leader from another branch who is also a qualified LD nurse will be supporting her team in completing this work.

- As previously stated the local Branch Leader will base herself out of the service and she will be supported in this by another Branch Leader to allow her time to oversee any other duties she has.*
- Our PBS Coach Practitioner will be based in the service for the time being and she will observe and support the staff team.*
- Our Deputy Director of Delivery will continue to attend the service on a weekly basis.*
- Our Training Academy have prioritised training for the service, in particular around record keeping, administration of medication and Adult Support and Protection.*
- In order to facilitate the presence of these personnel we are urgently sourcing additional accommodation to be provided on site which will also hope to minimise the impact of the people we support."*

3.15 The HSCP deem this to meet our requirements in relation to immediate assurances.

3.16 The above issues will be fed back to the LSI. Part of the process of the LSI is also to meet with the families and those individuals being supported at the Baxter View service. This meeting is taking place and includes members of the HSCP senior management and our local advocacy service.

3.17 Care Inspectorate feedback took place on the 26th of August 2024, the Care Inspectorate advised of significant failings within the service. Cornerstone Senior Management and HSCP Senior Management were in attendance.

3.18 Given the findings by the Care Inspectorate, they have advised that they are exercising their Enforcement Action powers as set out in the Public Services Reform (Scotland) Act 2010 to issue an Improvement Notice. Furthermore, Cornerstone's grades will be downgraded from a 2 (Weak) in all areas to a 1 (Unsatisfactory) in all areas. This is the lowest grade available.

3.19 The exact detail of the Improvement Notice is not known yet, this will be delivered to Cornerstone within the next 2 working days (approximately) as it is a legal process. The HSCP Chief Officer and Chief Social Work Officer will be given a copy.

3.20 The Improvement Notice is likely to follow the requirements noted in section 4.3 and focus specifically on improving:

- Care planning and risk assessments
- Oversight (quality assurance)
- Staff training

- Restrictive practice
- 3.21** Timescales that relate to the Improvement Notice will be set by the Care Inspectorate and these are based on priority. It is likely that the care Inspectorate will stagger the timescales, however, the maximum period that Cornerstone will be given to improve will be 12 weeks from the date of the Improvement Notice.
- 3.22** The Care Inspectorate's report on the inspection is likely to be redacted in parts and made publicly available on their website by Friday 30 August 2024.
- 3.23** At the expiry of each requirements timescale the Care Inspectorate will inspect the service in relation to the requirement, the outcomes include:
- If the service demonstrates significant improvement then the requirement has been met and grades may improve.
 - If the service demonstrates some improvement and has engaged positively then the Care Inspectorate may at their sole discretion extend the timescale.
 - If the service cannot demonstrate improvement then the Care Inspectorate can issue a proposal to cancel the services registration.
- 3.24** The HSCP has a duty to ensure individuals receive quality care and support, the HSCP is continuing discussions with colleagues from the Council's legal team regarding issuing a formal legal notice concerning a material breach of contract which is capable of remedy. This is in relation to the Improvement Notice being served upon them and the down grading of their scores to a 1 (Unsatisfactory).
- 3.25** The HSCP requires to carefully consider the impact of these actions prior to making any formal recommendations surrounding taking further steps in order to safeguard the individuals and protect their tenancies (where it is appropriate to do so).
- 3.26** Furthermore, the HSCP has a duty to ensure best value is being achieved in relation to services being purchased by the HSCP (on behalf of the Council). Therefore, we are analysing the hours of delivery as there been reports of individuals receiving less than their social work assessed allocation of hours. This may have care and support, adult support and protection and financial consequences.
- 3.27** Staff from the Contracts, Commissioning and Quality Assurance team and senior officers from the HSCP are in regular contact with Cornerstone's Senior Management Team to offer support as we progress through the Large Scale Investigation.
- 3.28** A moratorium will continue in place until such times as the HSCP and Care Inspectorate are satisfied that sufficient and sustained improvements have been made.

4. Options Appraisal

4.1 Not required for this report.

5. People Implications

5.1 There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 There are no financial or procurement implications with this report.

7. Risk Analysis

7.1 Grades awarded to a registered care service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

7.2 Where a registered service receives a grade 2, no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a 3 and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

7.3 From reviewing the staffing reports from Cornerstone, we are aware that they are using a high amount of recruitment agency workers within the service, this is likely to be a significant cost borne solely by Cornerstone, however, for the purposes of this report we are highlighting a financial risk in relation to the on-going sustainability of the service if recruitment agency use continues. Meaning that there is a risk that Cornerstone may opt to hand back the service.

8. Equalities Impact Assessment (EIA)

8.1 There are no Equalities Impact Assessments associated with this report.

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2023 – 26 priorities are:

- Caring Communities;
- Safe and thriving communities;
- Equal Communities;
- Healthy Communities;

11.2 The strategic priorities above emphasise the importance of quality assurance amongst providers of care and the HSCP's commitment to work with providers within an agreed assurance framework.

12. Directions

12.1 Not required for this report.

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Appendices: None

Background Papers: All the inspection reports can be accessed from
<https://www.careinspectorate.com/>

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

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

24 September 2024

Subject: Appendix 2 – Hill View Care Home Update

1. Purpose

- 1.1** To provide the Audit and Performance Committee with an up-date on Care Inspectorate reporting for Hillview Care Home, which is a residential care home service, which supports adults and older people, located within West Dunbartonshire.

2. Background

- 2.1** Hill View Care Home is owned by Advinia Care Homes Limited. Hill View Care Home is registered with the Care Inspectorate for a maximum of 150 residents – including 8 under the age of 65 with physical disabilities. At the time of writing this report there were 130 residents being supported in Hill View Care Home.

3. Main Issues

- 3.1** An unannounced inspection took place on 20 – 22 March 2024. The inspection focussed on 4 Key Questions. Feedback on the full inspection was provided on 5 April 2024 with the final report published in June 2024.
- 3.2** The inspection resulted in the following grades:

KQ 1	How well do we support people's wellbeing	2 - Weak
KQ2	How good is our Leadership	3 - Adequate
KQ3	How good is our staff team	N/A*
KQ4	How good is our setting	3 - Adequate
KQ5	How well is our care and support planned ?	2 - Weak

***This area was not inspected by the Care Inspectorate.**

- 3.3** Inspectors made 4 requirements all with a timescale for completion of 12 August 2024. Full details of the requirements can be found below:

No.	Requirement	Timescale	Requirement Met/Not Met
1	The provider is required to make proper provision for social events, entertainment and activities which meet the assessment need and choice of people who use the service and are in line with good practice. The provision of activities must be clearly recorded within the personal plan of the individual resident as well as the activity planner.	12/08/24	TBC
2	The provider must ensure that the approach to quality assurance, including audits and observations, is reviewed and improved. This must include the development of clear action plans, detailing the areas for attention, staff responsible, timescales for action and outcomes for people. The deadline for this requirement has been extended from 22 April 2024.	12/08/24	TBC
3	<p>The provider must promote the health, welfare and safety of people experiencing care by ensuring that all personal plans, risk assessments and related recording tools are accurate and contain sufficient detail to inform staff of people's individual social, emotional and physical support needs in all aspects of daily living and that these needs are appropriately met. To do this, the provider must, at a minimum, ensure:</p> <ul style="list-style-type: none"> a) each person receiving care and support has a detailed personal plan, which reflects a person-centred and outcome focused approach; b) personal plans contain accurate and up-to-date information, which directs staff on how to meet people's care and support need; c) personal plans contain accurate and up-to-date risk assessments, which direct staff on current/potential risks and risk management strategies to assist in 	12/08/24	TBC

	<p>minimising the risks identified;</p> <p>d) records reflect the effectiveness of the implementation of the care and support being received by people, as set out in their personal plans and other recording tools, and this information is used to inform reviews;</p> <p>e) personal plans are regularly reviewed and updated, with involvement from relatives and advocates;</p> <p>f) detailed six monthly care reviews are undertaken which reflect people's care needs and preferences.</p> <p>The deadline for this requirement has been extended from 15 March 2024.</p>		
4	<p>The provider must ensure people are safe and receive care and support that meets their needs. To do this the provider must, at a minimum, ensure:</p> <p>a) people's skin integrity is assessed and monitored and when a risk is identified, an appropriate prevention and management plan is in place which reflects this, and details what measures are put in place to minimise the risks;</p> <p>b) the treatment plan is followed, ongoing monitoring is undertaken and recorded to allow further assessment and details any amendment to the treatment plan;</p> <p>c) care staff are trained and knowledgeable in skin care and integrity;</p> <p>d) where people have developed a moisture lesion, pressure ulcer or wound, staff record and monitor progress and seek external professional support and advice when necessary.</p>	12/08/24	TBC

3.4 As a result of the grades from the inspection West Dunbartonshire HSCP placed a Moratorium on placements to Hill View with effect from 10 April 2024

which will remain in place until at least 12 August 2024 in line with Care Inspectorate timescales.

- 3.5** At the time of drafting this report (19/08/24) the Care Inspectorate have not returned to Hill View to assess if the service has met the 4 requirements highlighted at the last inspection, this means that the Moratorium remains in place.
- 3.6** The management and staff at Hill View have been working hard to meet the 4 requirements – HSCP and Care Home Collaborative staff have worked with the service providing training and support in areas such as Care Planning/Recording, Tissue Viability/Pressure Sore Management, Strength and Balance Training, this training is enabling staff to provide weekly sessions in all 5 units.
- 3.7** Management at Hill View have approved an additional 30-hour post to concentrate on care planning/recording which will be shared across all five units. The service is also investing in an Activities Co-ordinator, once these posts are recruited, this will result in 2 full-time Co-ordinators.
- 3.8** During the inspection it was noted that each unit needed to be assessed using the Kings Fund. The Kings Fund is a suite of environment assessment tools for use across health and care settings to ensure these are dementia friendly.
- 3.9** As agreed with the Care Inspectorate this has been undertaken in one unit with any work required to be completed within the requirement timescale. A plan is in place for this to be undertaken in the other four units.
- 3.10** Staff from the Quality Assurance team and nursing/social work officers from West Dunbartonshire HSCP are in regular contact with Hill View staff to offer continued support and guidance.
- 3.11** A moratorium will continue in place until such times as the HSCP and Care Inspectorate are satisfied that sufficient and sustained improvements have been made.

4. Options Appraisal

- 4.1** Not required for this report.

5. People Implications

- 5.1** There are no personnel issues associated with this report.

6. Financial and Procurement Implications

6.1 There are no financial or procurement implications with this report.

7. Risk Analysis

7.1 Grades awarded to a registered care service after a Care Inspectorate inspection are an important performance indicator for registered services. For any service assessed by the Care Inspectorate, failure to meet requirements within time-scales set out could result in a reduction in grading or enforcement action. Consistently poor grades awarded to any registered service would be of concern to the Audit and Performance Committee, particularly in relation to the continued placement of vulnerable people in such establishments.

7.2 Where a registered service receives a grade 2 (Weak), no new placements are permitted until such times as the Care Inspectorate has re-assessed their grades to be a minimum of a 3 and the HSCP is satisfied that the provider has demonstrated sustained levels of improvement.

7.3 At the moment there are 20 vacancies in Hillview Care Home – at the time we placed the moratorium on placements there were 6 vacancies. It should be noted that if the moratorium remains in place this may have an impact on staffing levels and the financial stability of the service.

8. Equalities Impact Assessment (EIA)

8.1 There are no Equalities Impact Assessments associated with this report.

9. Environmental Sustainability

9.1 Not required for this request.

10. Consultation

10.1 None required for this report.

11. Strategic Assessment

11.1 The West Dunbartonshire Health and Social Care Partnership Board's Strategic Plan for 2023 – 26 priorities are:

- Caring Communities;
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11.2 The strategic priorities above emphasise the importance of quality assurance amongst providers of care and the HSCP's commitment to work with providers within an agreed assurance framework.

12. Directions

12.1 Not required for this report.

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Appendices: None

Background Papers: All the inspection reports can be accessed from
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