

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2023/2024

www.wdhscp.org.uk



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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



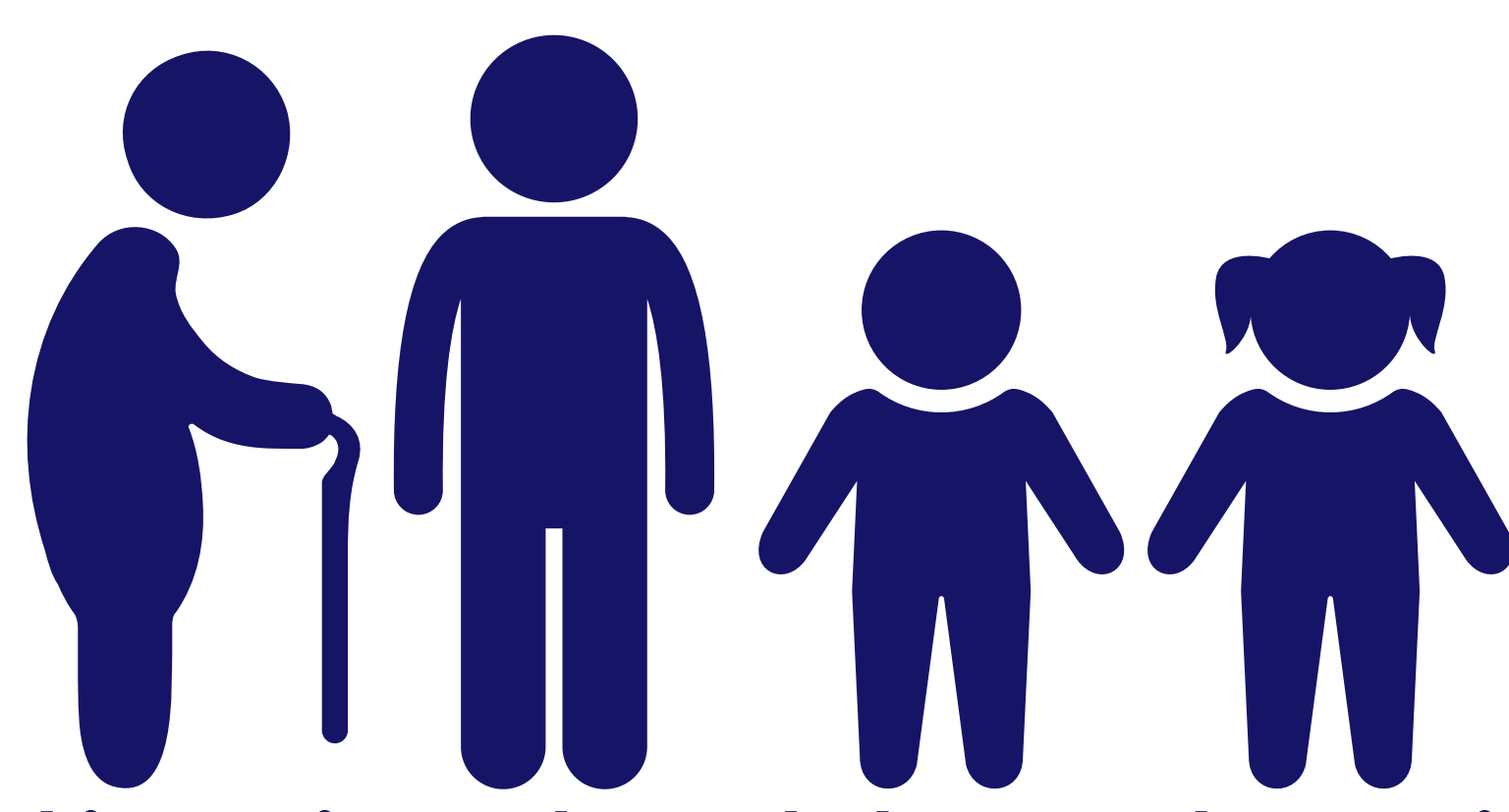
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



2023/24 budget of £200.6 million



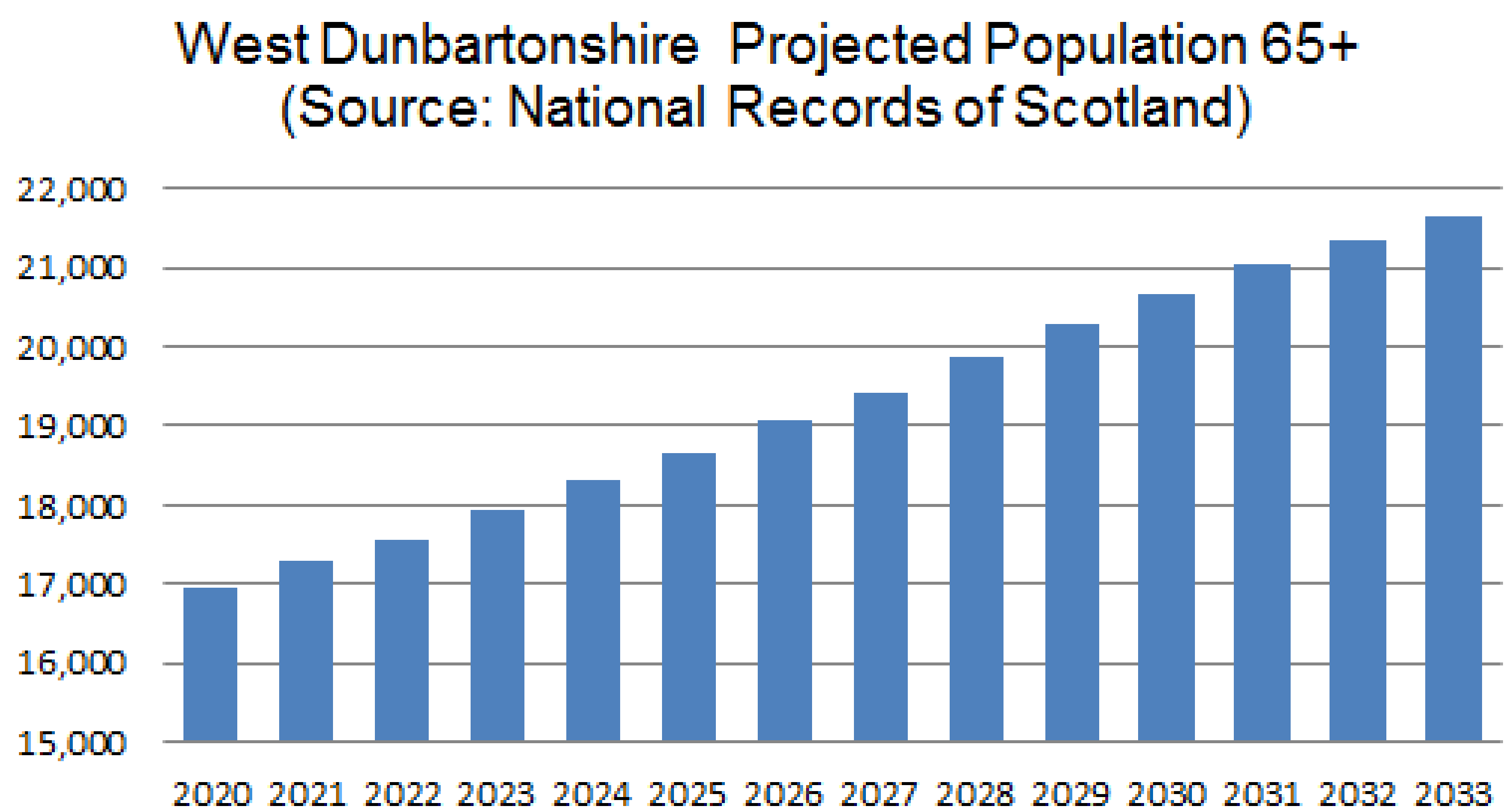
Employing 2,221 health and social care staff across Adult, Children's and Justice services (1,785 FTE)



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

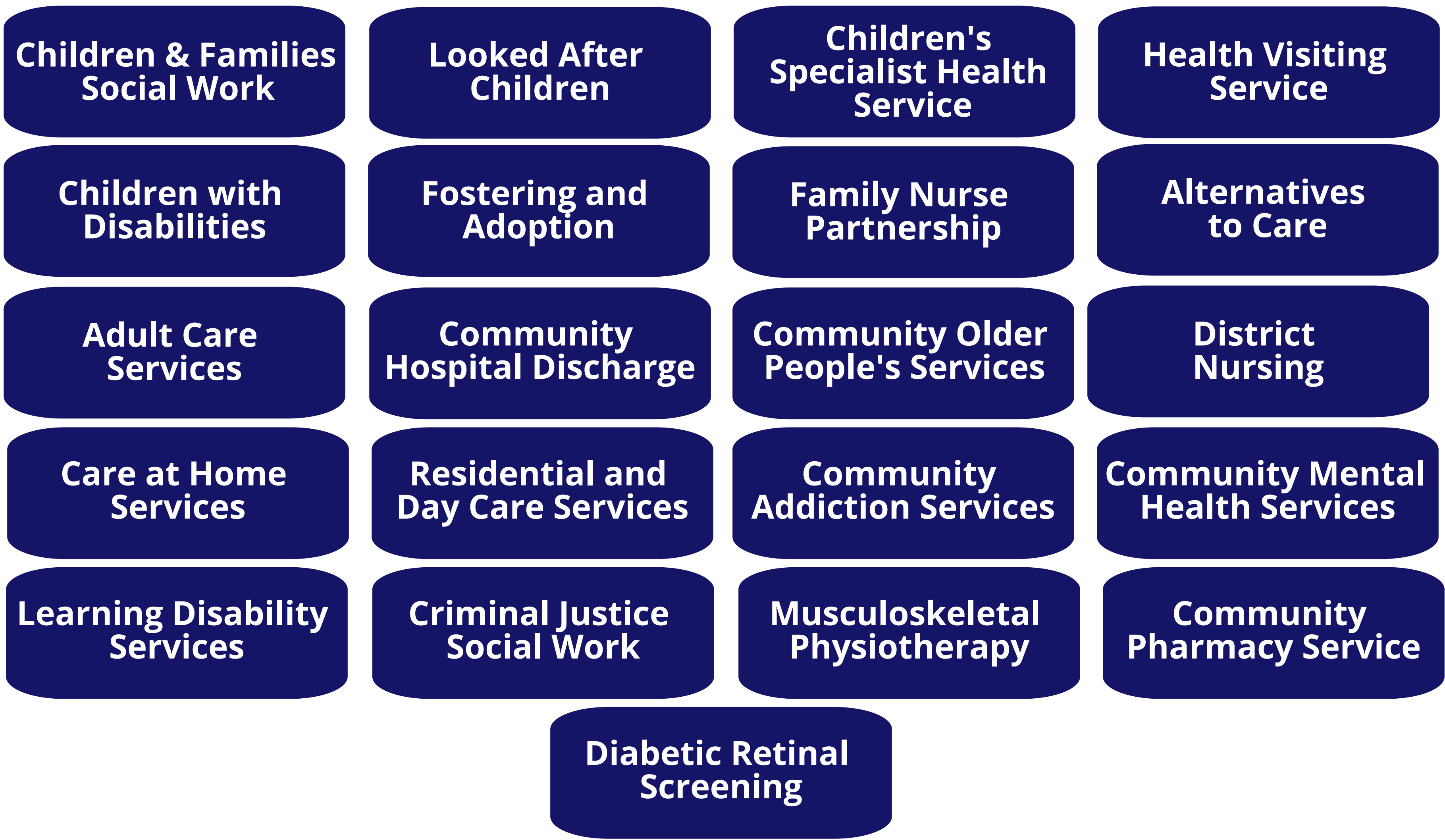
Honesty

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.

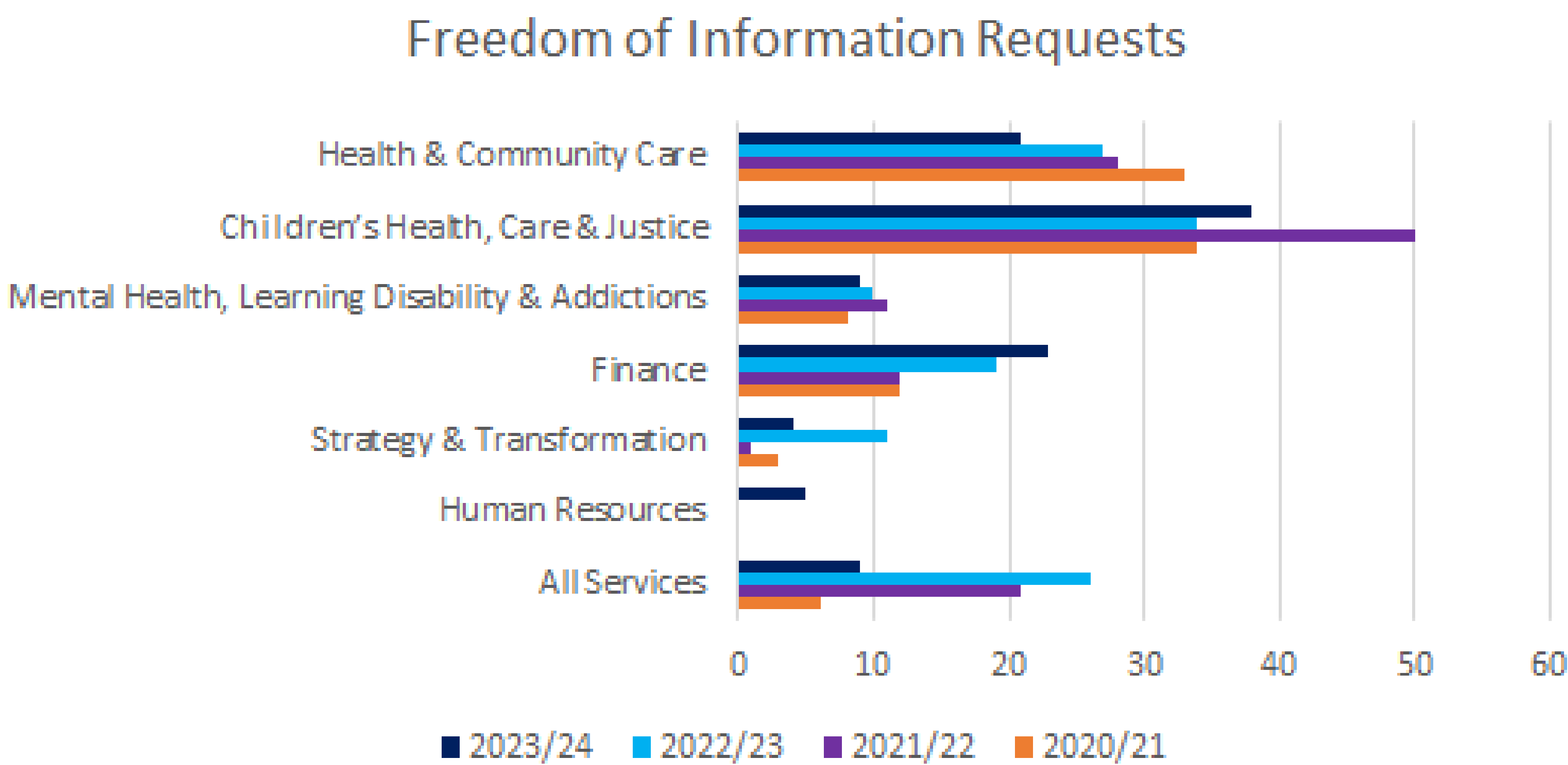
Access to Information

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

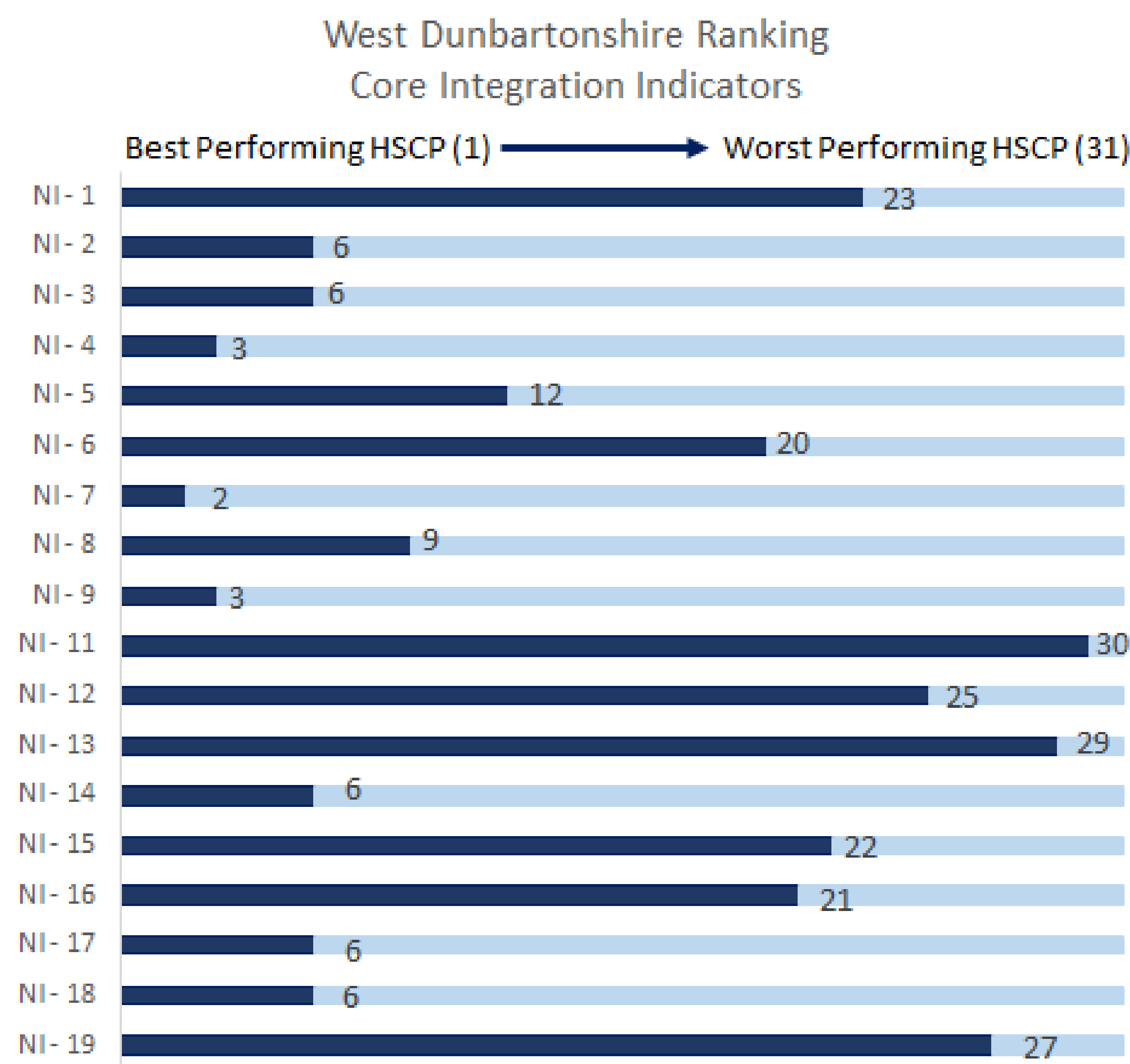
Core Integration Indicators



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.

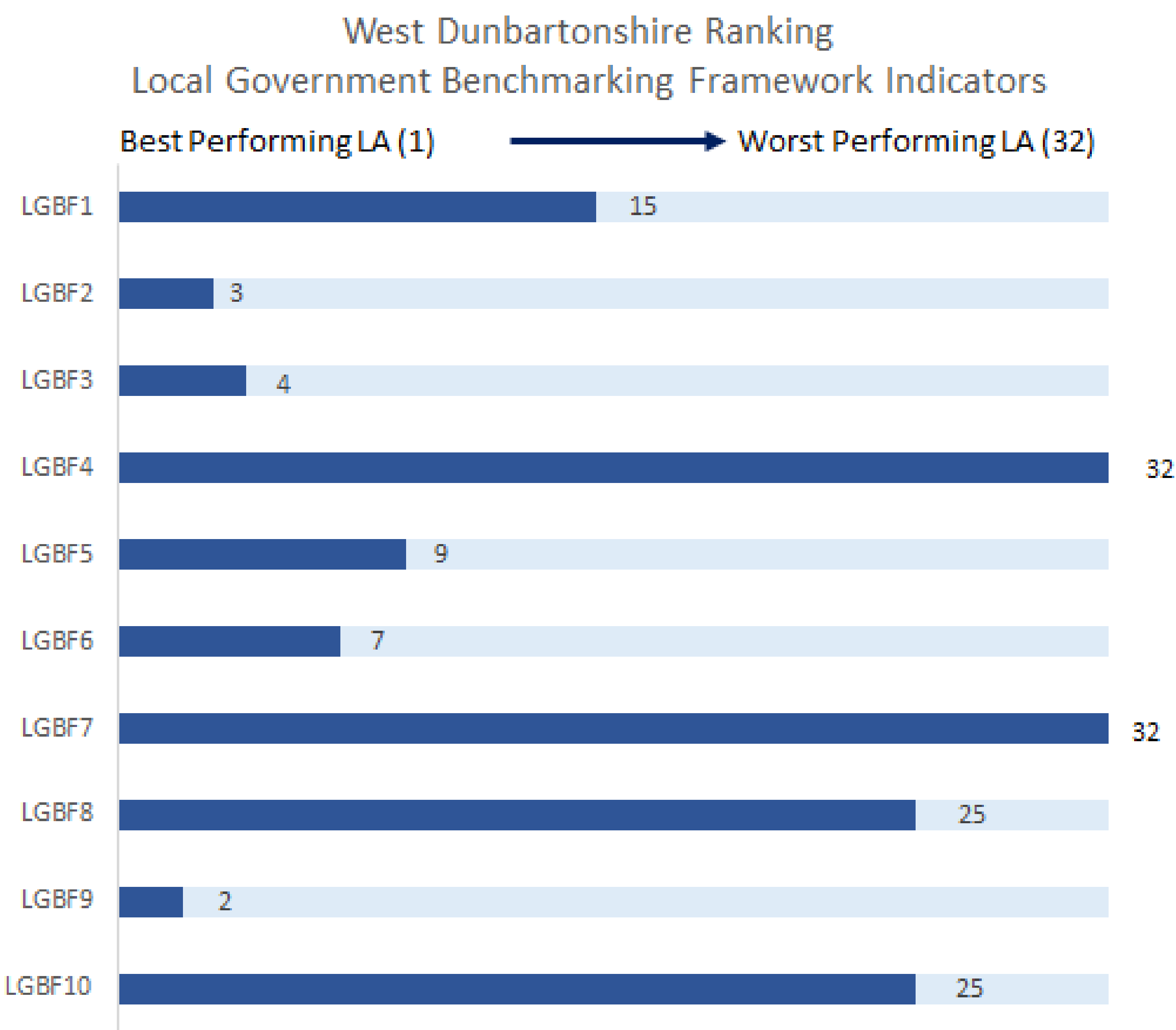
Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2023 the percentage of adults with intensive needs being supported at home was the 6th highest in Scotland at 70.2%: the Scotland figure was 64.8%.

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

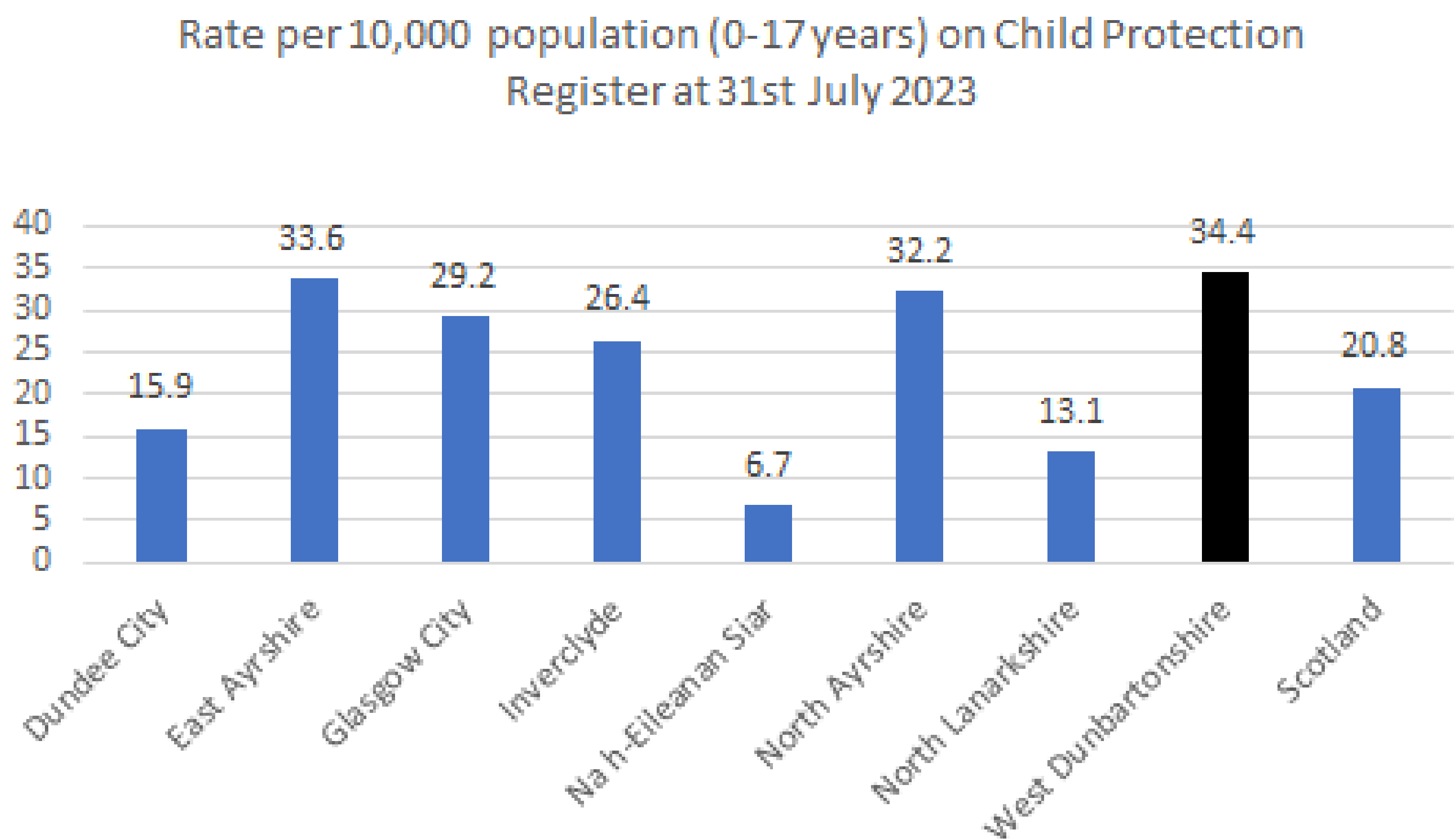
Phased implementation of the National Child Protection Guidance 2021 has been underway during 2023/24. Since January 2024 timescales for child protection investigations to case conference have been extended from 21 days to 28 days in line with the Guidance. In addition, work is ongoing to further develop 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

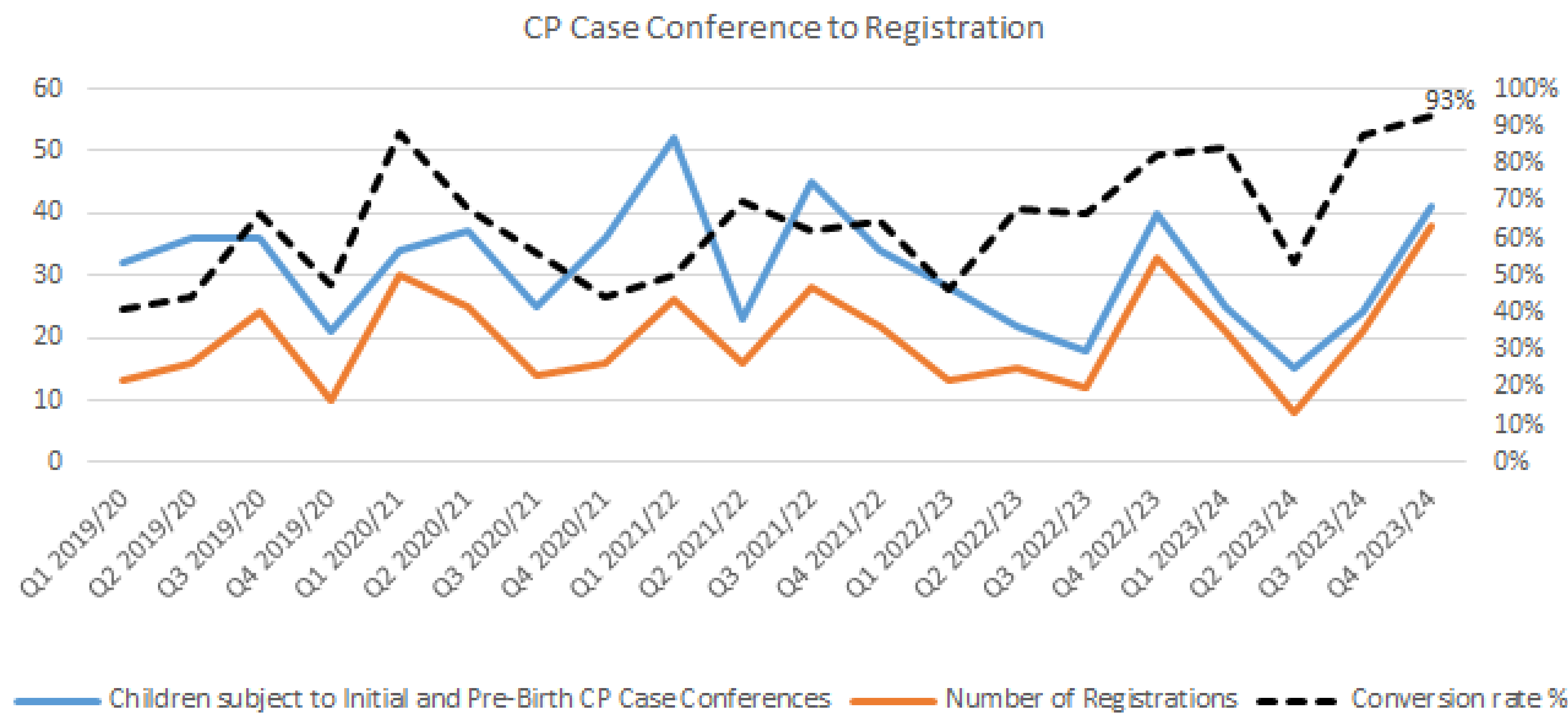
As at 31st March 2024 there were 58 children on the Child Protection Register with a total of 86 registrations and 79 de-registrations during 2023/24. Child Protection statistics are submitted to the Scottish Government annually in line with the academic year (1st August to 31st July) rather than the 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.

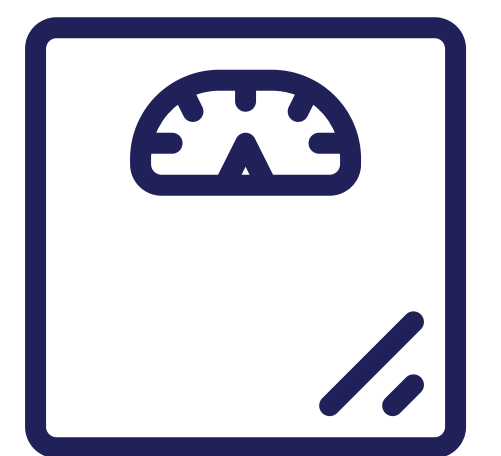
Further to this, council employees are being encouraged and supported to report Gender Based Violence (GBV) in the workplace as part of a new policy to raise awareness and ensure employees feel protected and are offered support. The policy also includes guidelines to address the behaviour of employees 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.

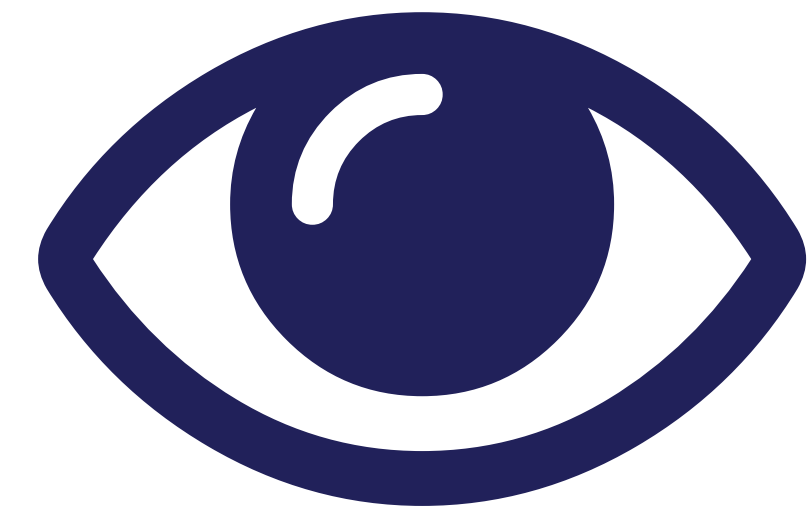
Positive and supportive working relationships also continue with Police Scotland colleagues in the management and supervision of those assessed as posing a high risk of re-offending.

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.

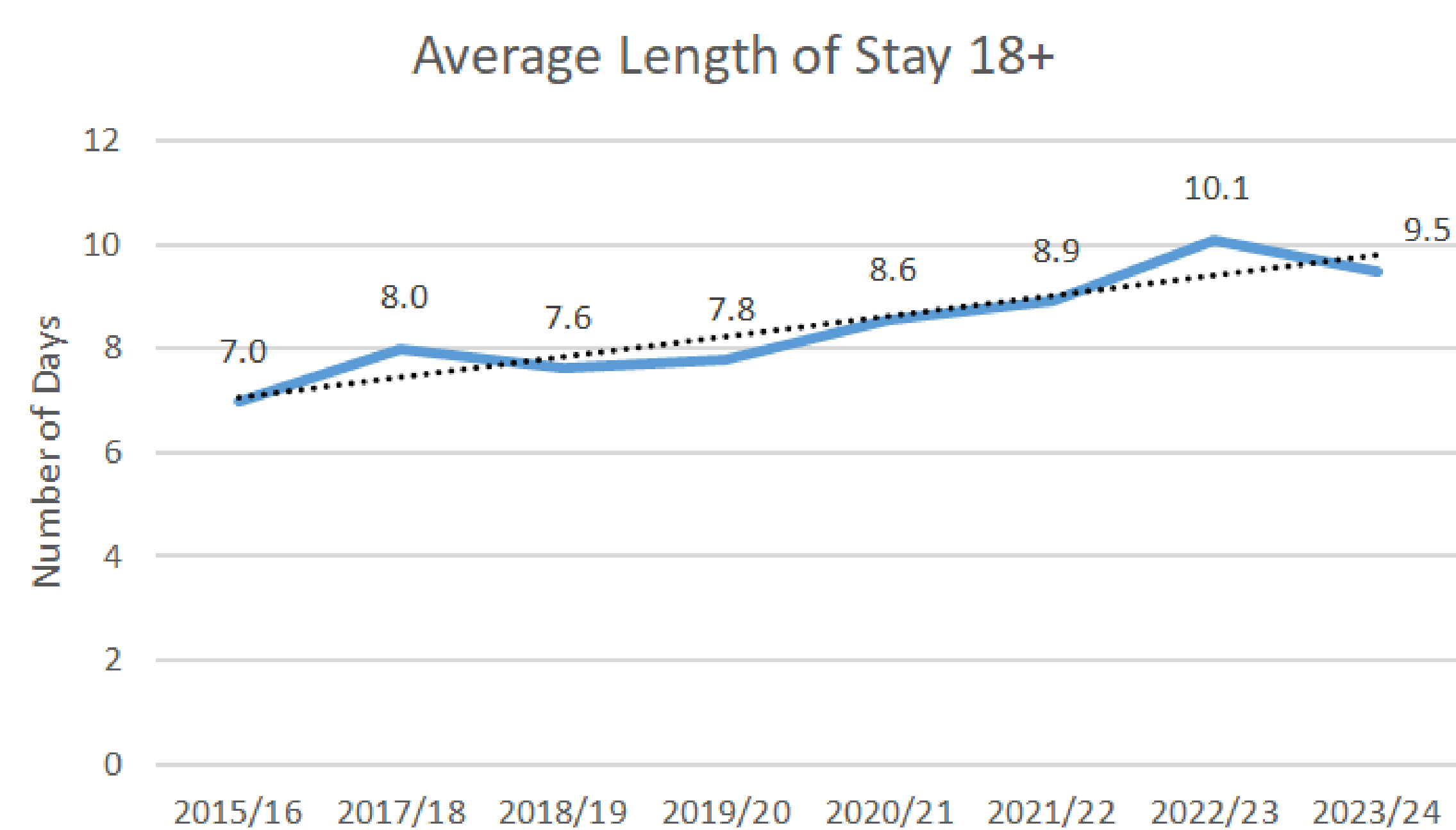
On average 420 care home residents attend Emergency Departments each month across Greater Glasgow and Clyde, many as a result of a fall. Following a successful test of change in Glasgow City, training has been rolled out to the HSCP and independent sector care home managers across West Dunbartonshire, 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.

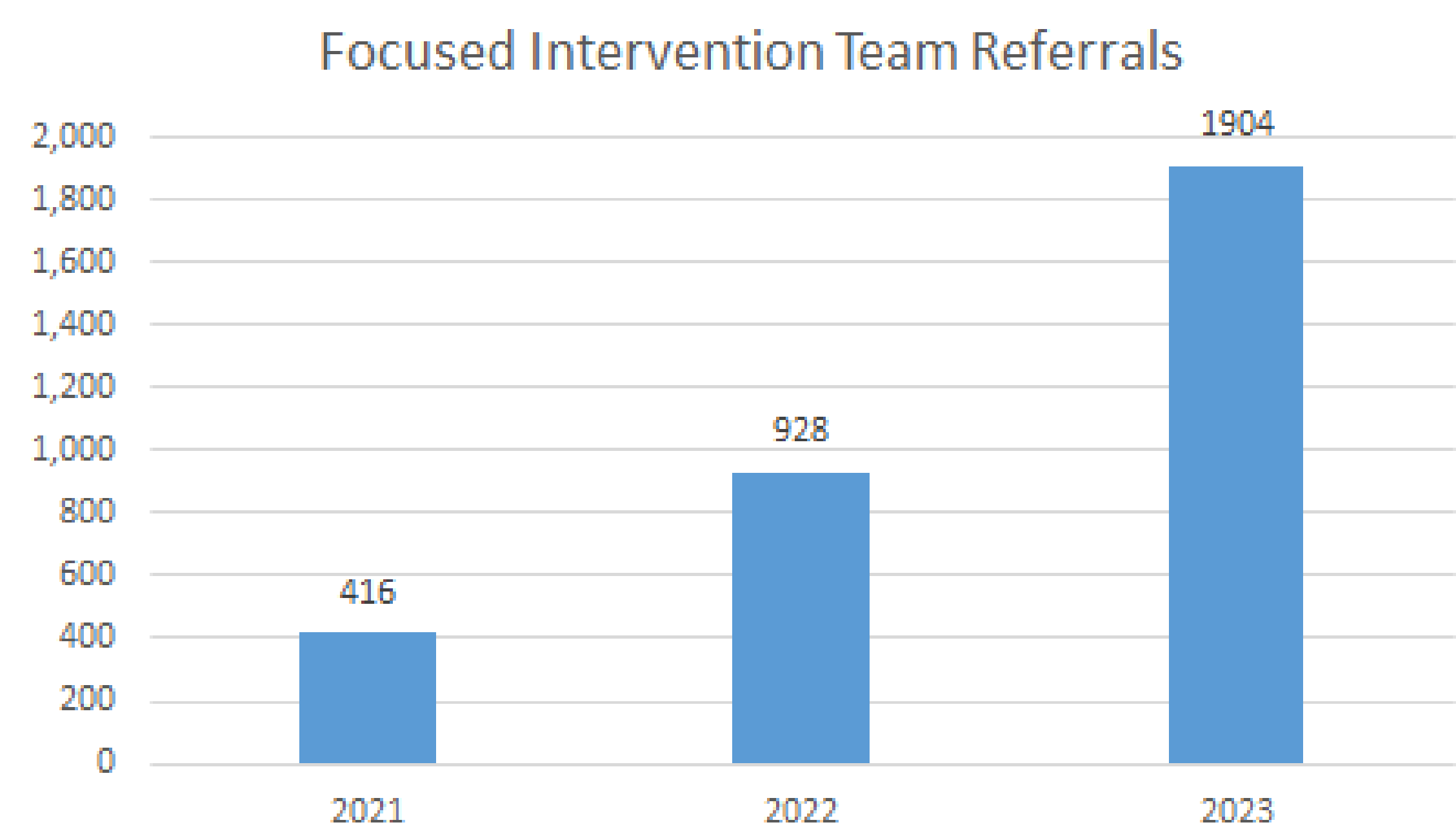
In 2022 combined conveyances for Queens Quay and Crosslet were 129. In 2023 this reduced to 96: a 26% reduction. A test of change introduced in December aims to reduce this figure further and involves a Nurse Team Lead meeting with the two Residential Care Homes every Friday to review those residents 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.

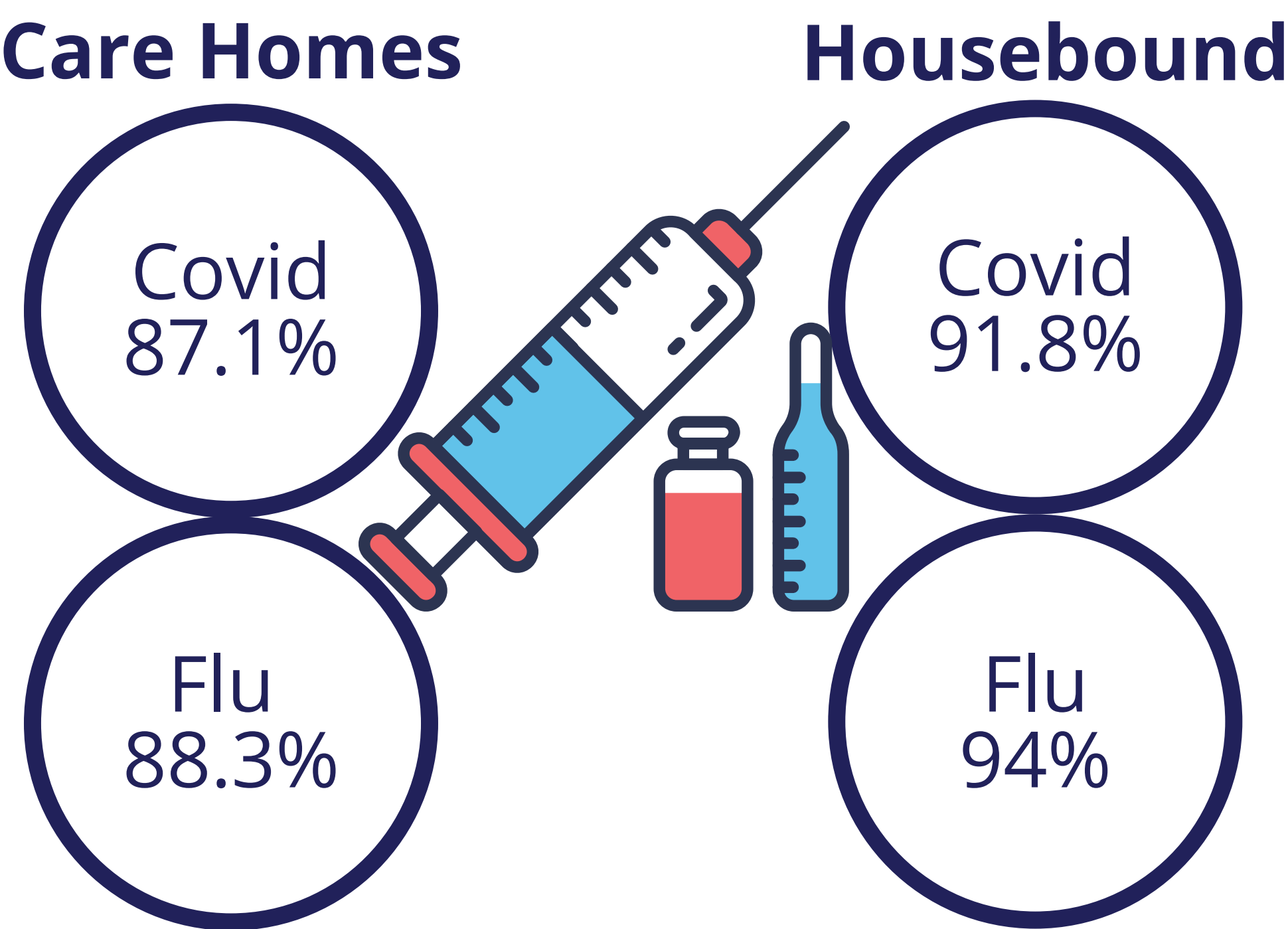
In addition, there has been the development of a pharmacy technician led COPD patient education session service in West Dunbartonshire from early 2024. This service supports patients with COPD who have been admitted to hospital within the last year with the aim to improving patient education, inhaler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

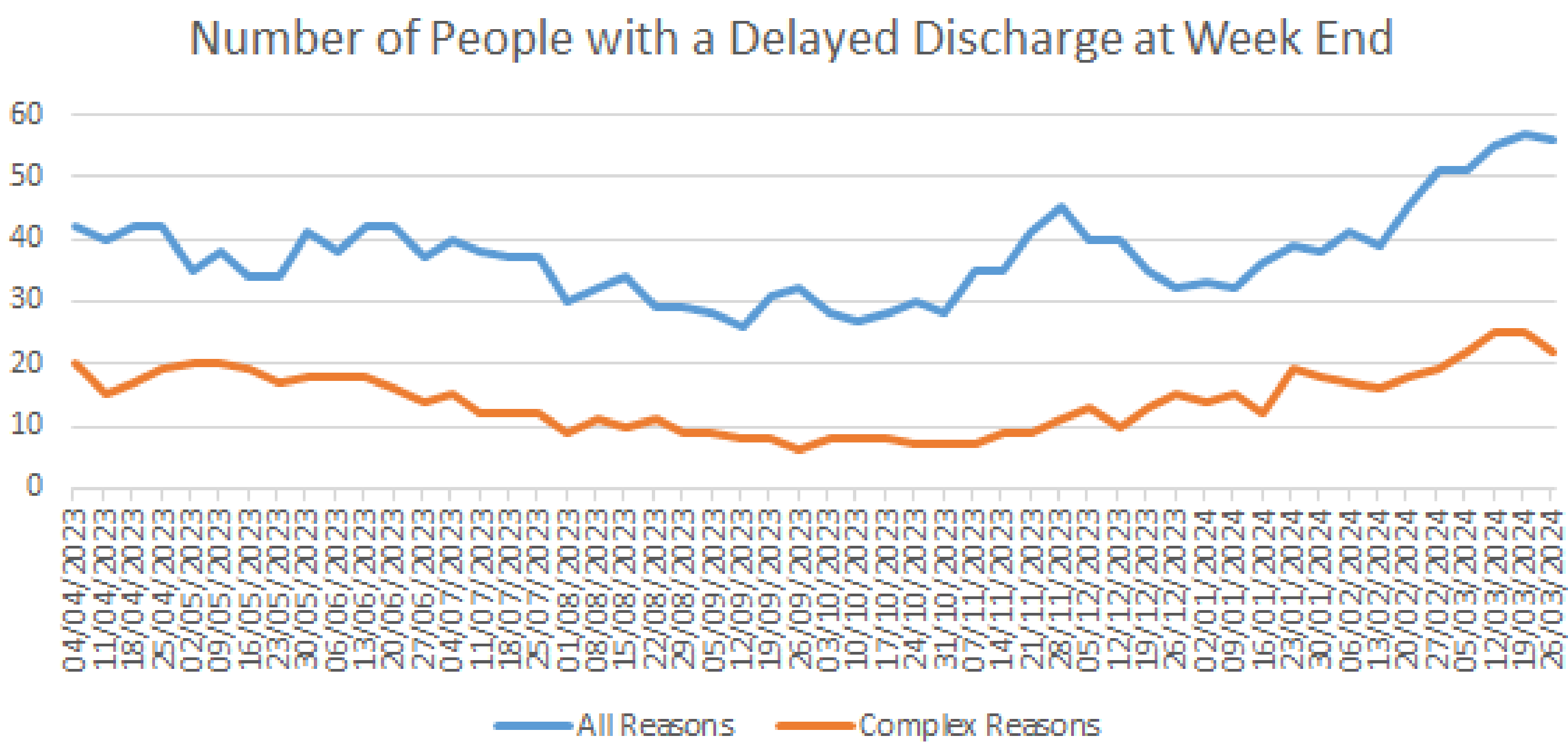
The Scottish Ambulance Service (SAS) is working closely with partners to increase the range of alternative clinical pathways in communities which support the service to deliver care closer to home. The Service’s Pathway Hub connects patients and carers with services and support by using a multi-disciplinary 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.

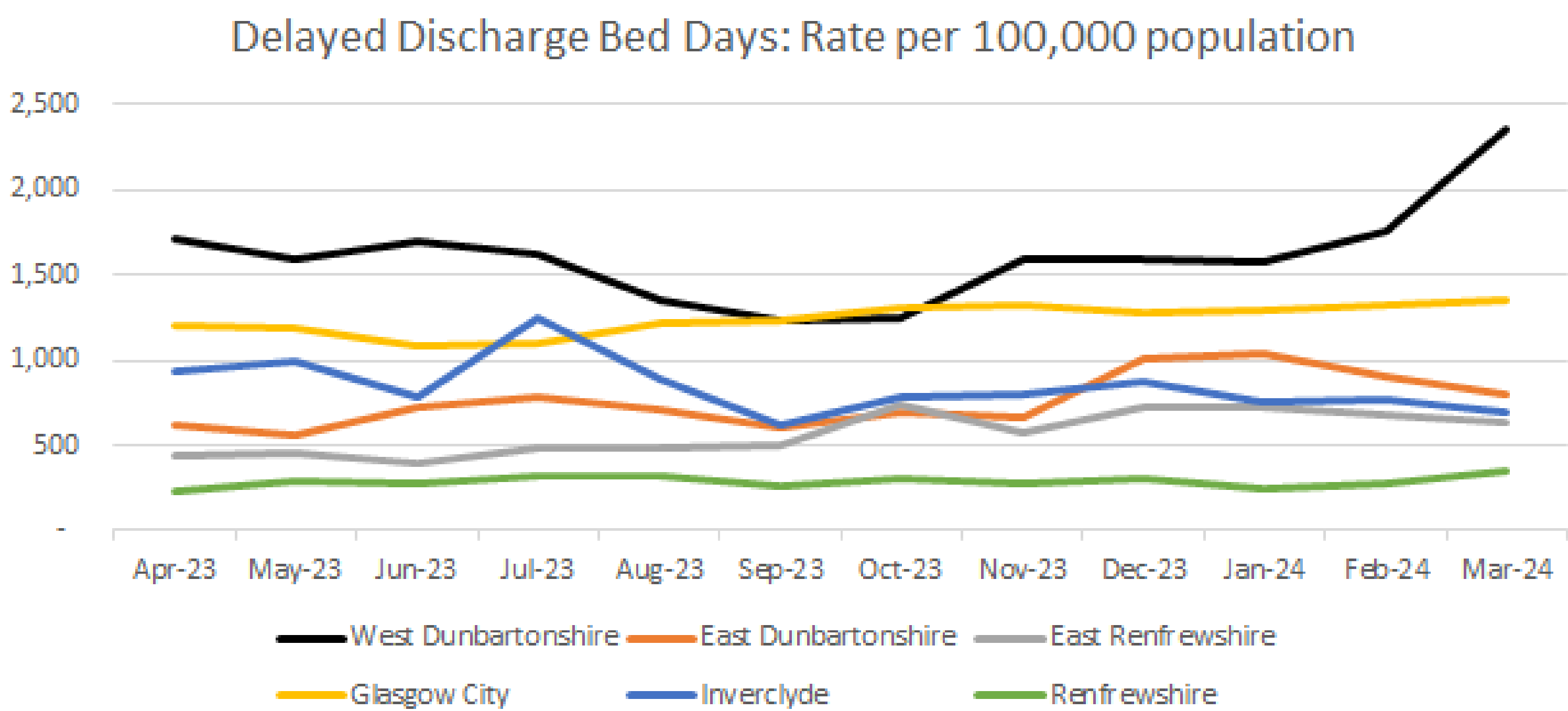
2023/24 also saw the creation of a Reablement Team comprising of a Team Lead, an Occupational Therapist, four Rehabilitation Support Workers, two Care Organisers and when fully staffed 24 Home Carers.

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.

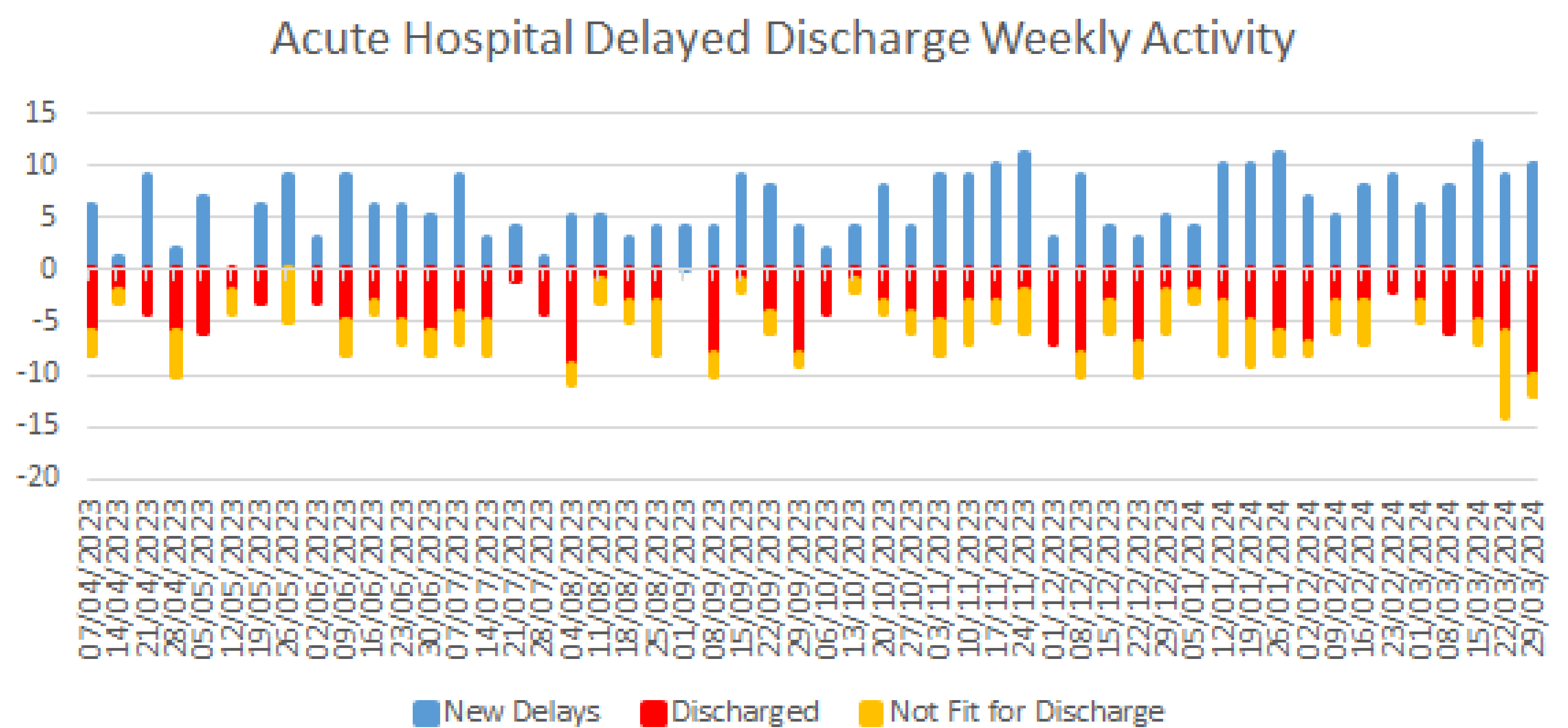


Delayed discharges are closely monitored and scrutinised on a daily basis by the Community Hospital Discharge Team and Heads of Service.

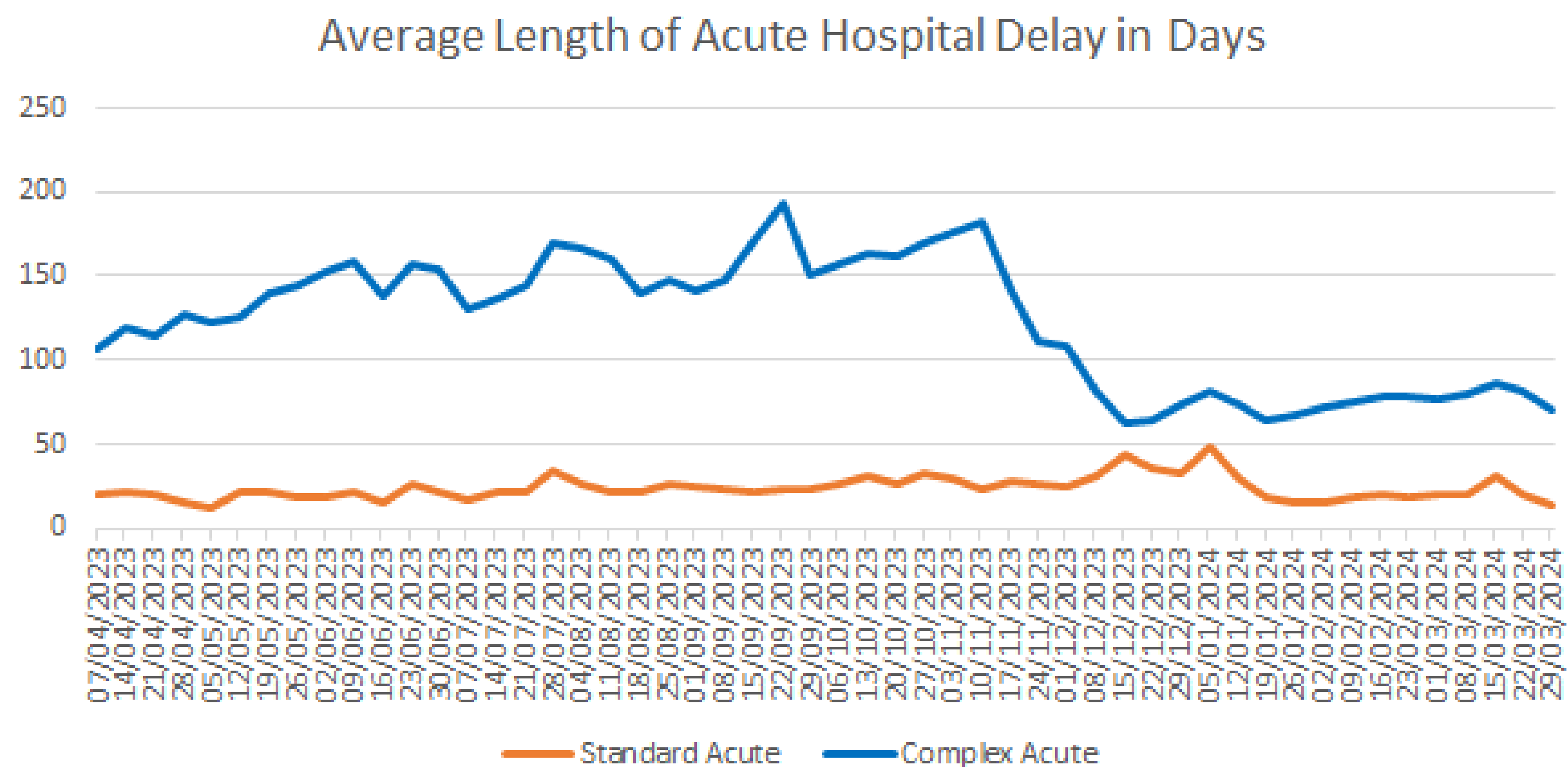
Recent quality improvement activity includes a test of change with older adult wards at Gartnavel General Hospital, with a multi-disciplinary focus on all West Dunbartonshire inpatients to ensure pathways of care were appropriate and early discharges encouraged.

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.

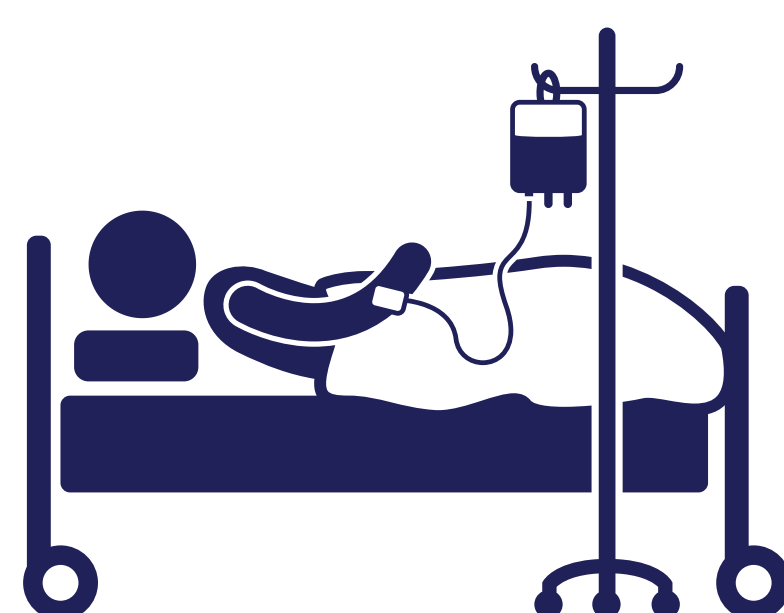


As well as the significant volume of activity around delayed discharge, we can see that our efforts in relation to arranging appropriate discharges for those complex delays (Code 9s) can be evidenced by the reduction in the average length of complex delay during the year while the average standard delay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

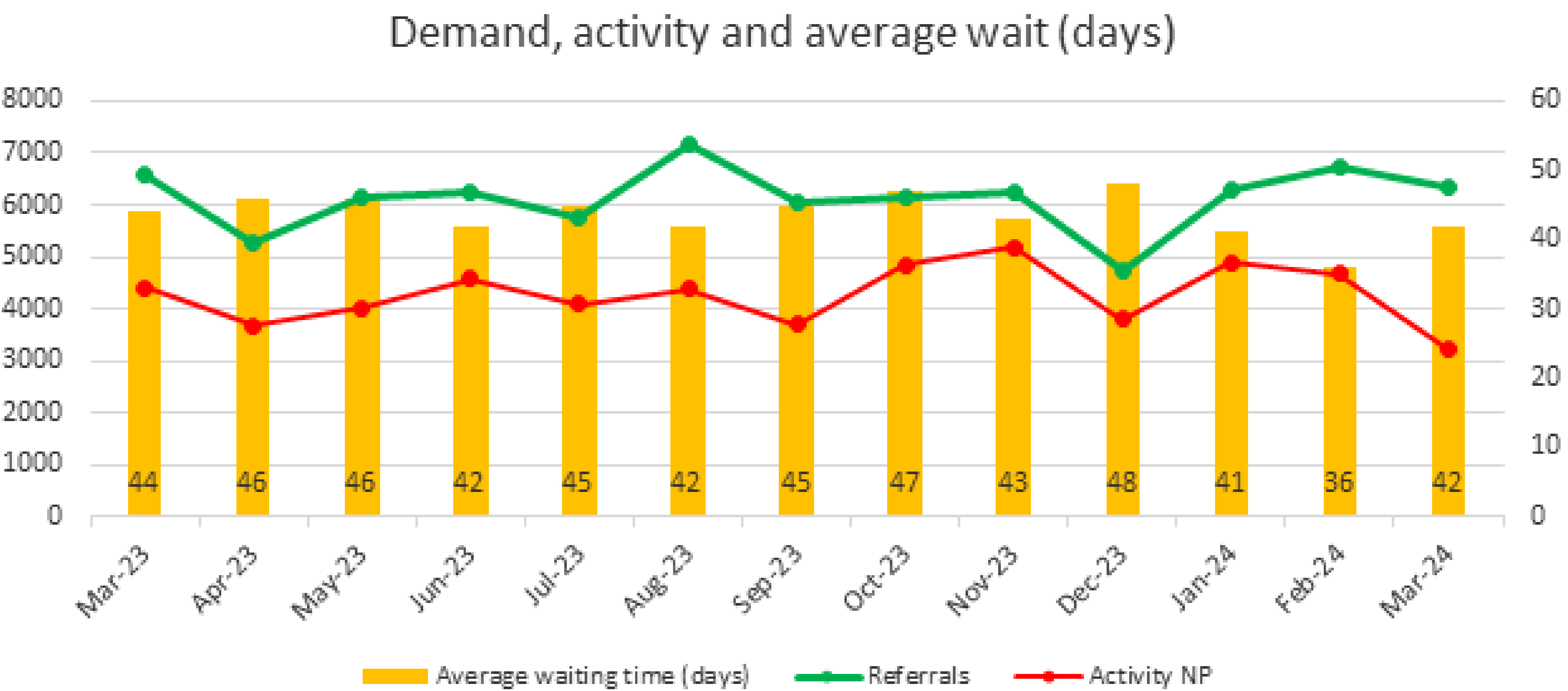
NHS Greater Glasgow and Clyde's MSK Physiotherapy Service is hosted within West Dunbartonshire HSCP who manage activity across the health board area.

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

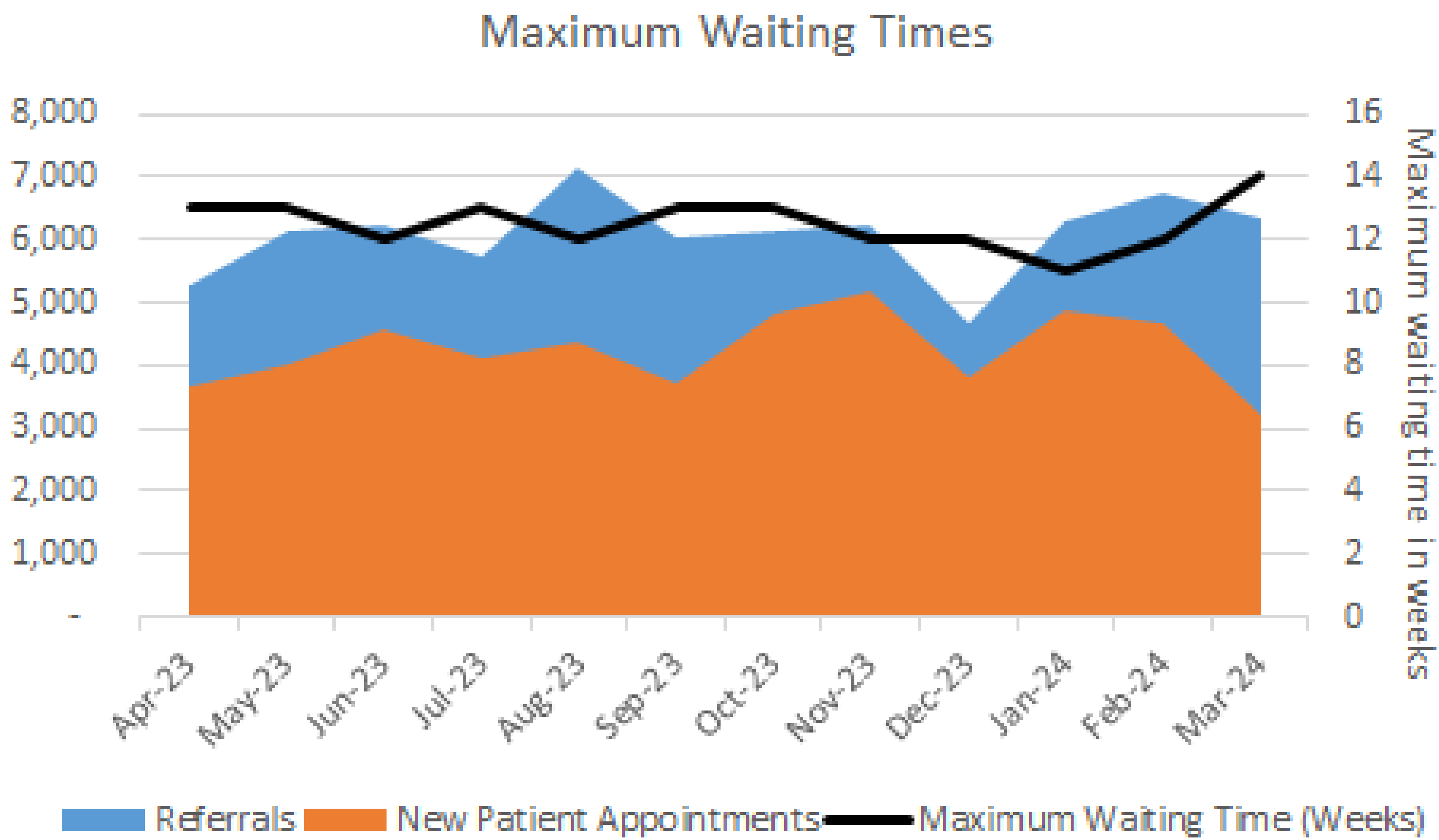
- Waiting times
- Streamlining of vetting
- Development of electronic internal referral across the service.

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.

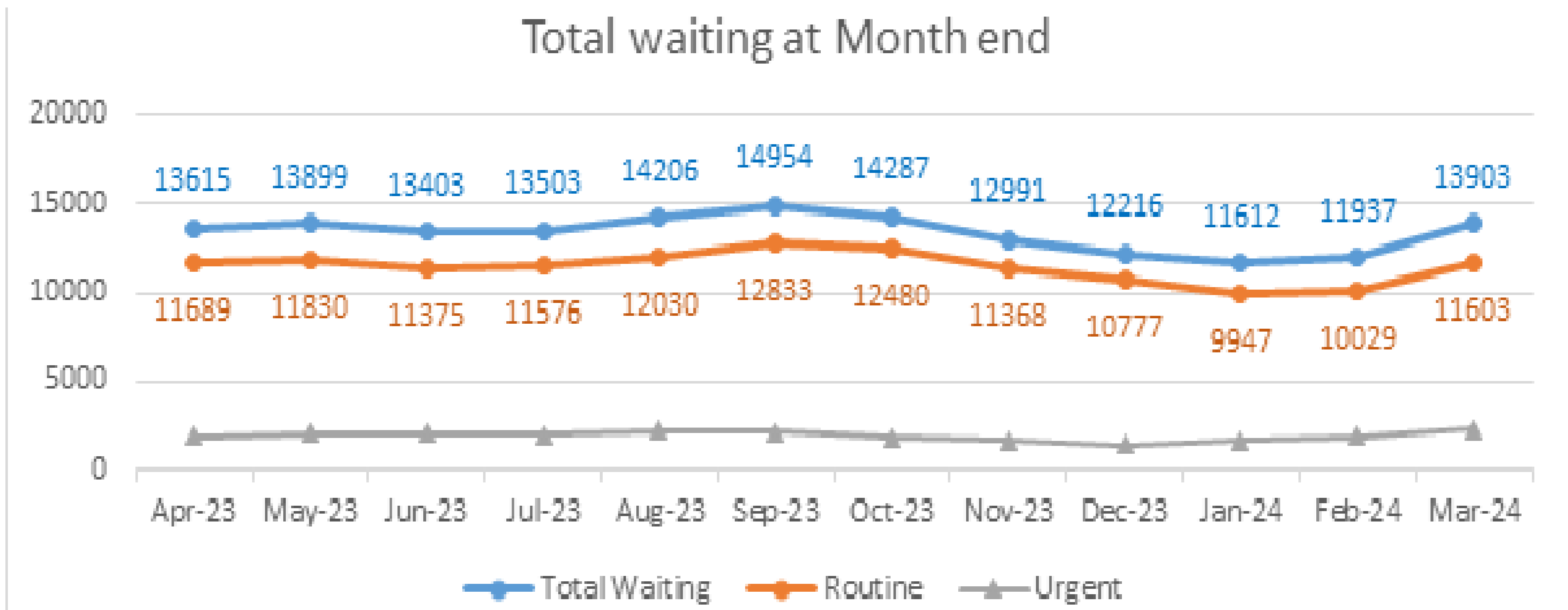
Demand for the MSK service across NHS Greater Glasgow and Clyde has risen in 2023/24 compared to the two previous years. The service received 73,680 referrals in 2023/24 compared with 65,017 referrals in 2022/23 and 61,877 in 2021/22. The referral rate was consistently around 6,000-7,000 referrals per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

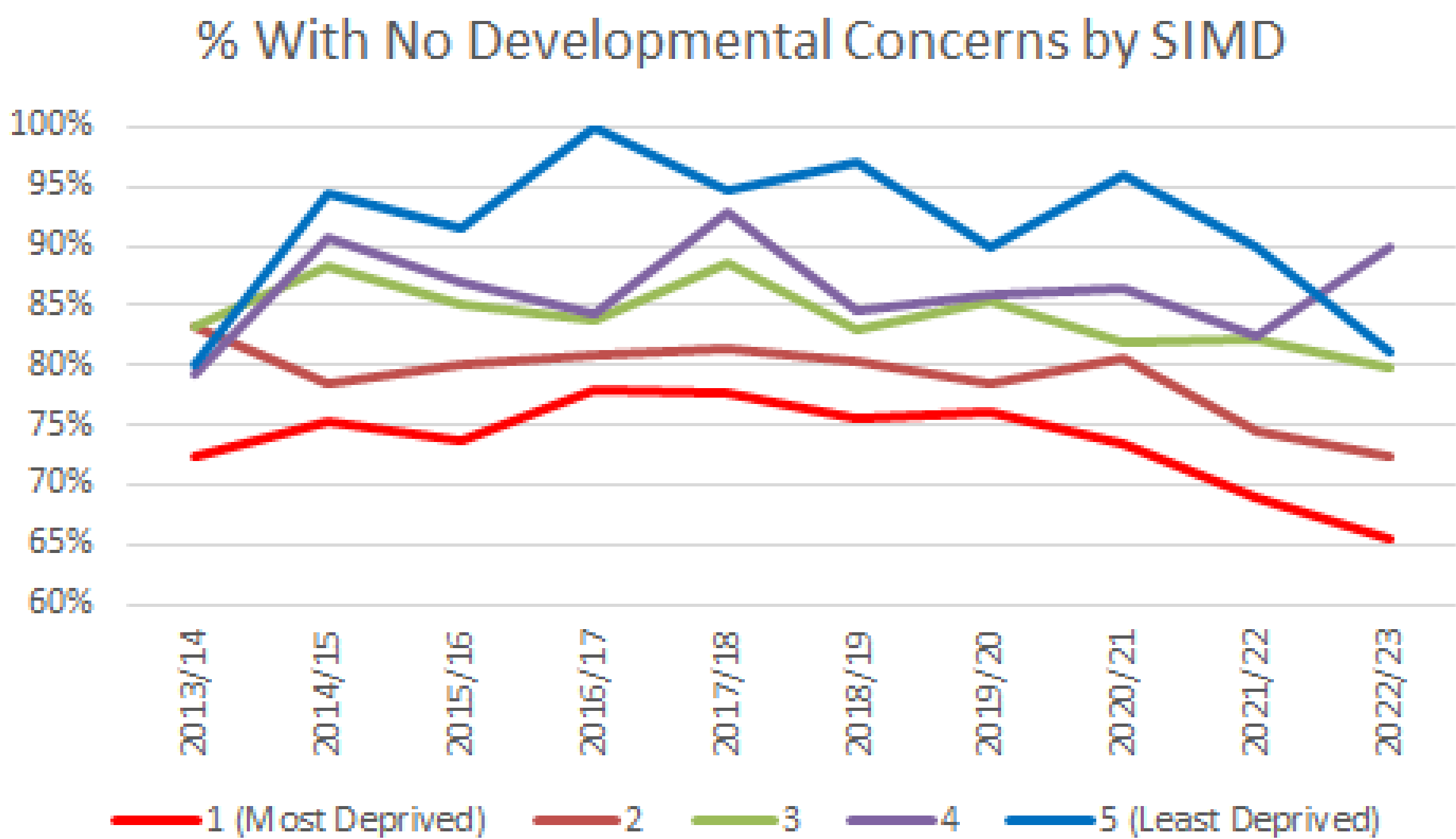
A total of 177 clients have enrolled in the programme in West Dunbartonshire with a high engagement rate of 82%. The programme has reached those mothers most in need as 83% are from the most deprived areas, Scottish Index of Multiple Deprivation (SIMD) quintiles, in West Dunbartonshire.

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

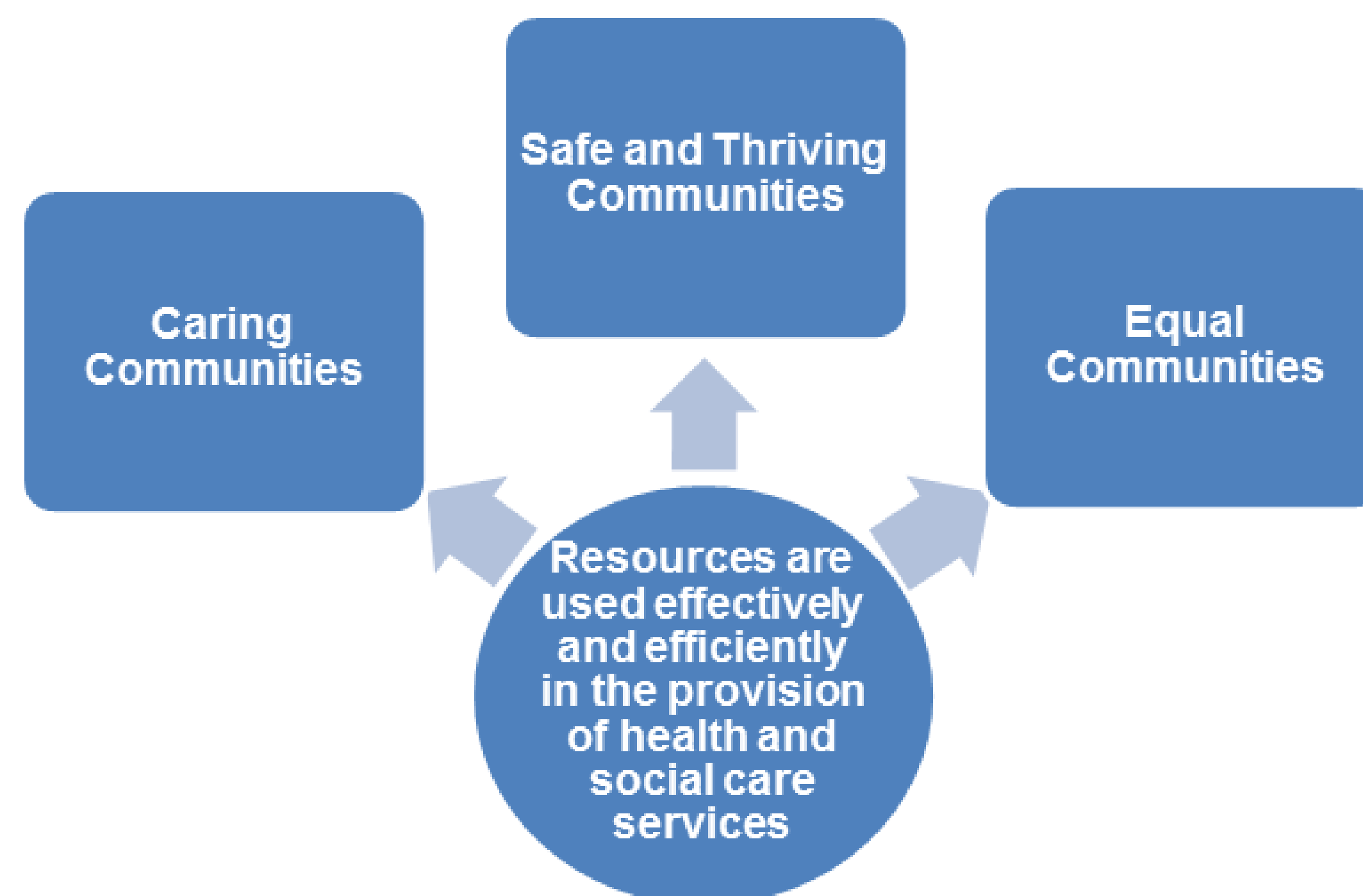
Equality Outcome	Link to General Equality Duty	Protected characteristic	Rationale
Increase the number and rate per 1000 people aged 65 plus choosing an option other than option 3 of self-directed support for those eligible for social care support	Advance equality of opportunity between people who share 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.

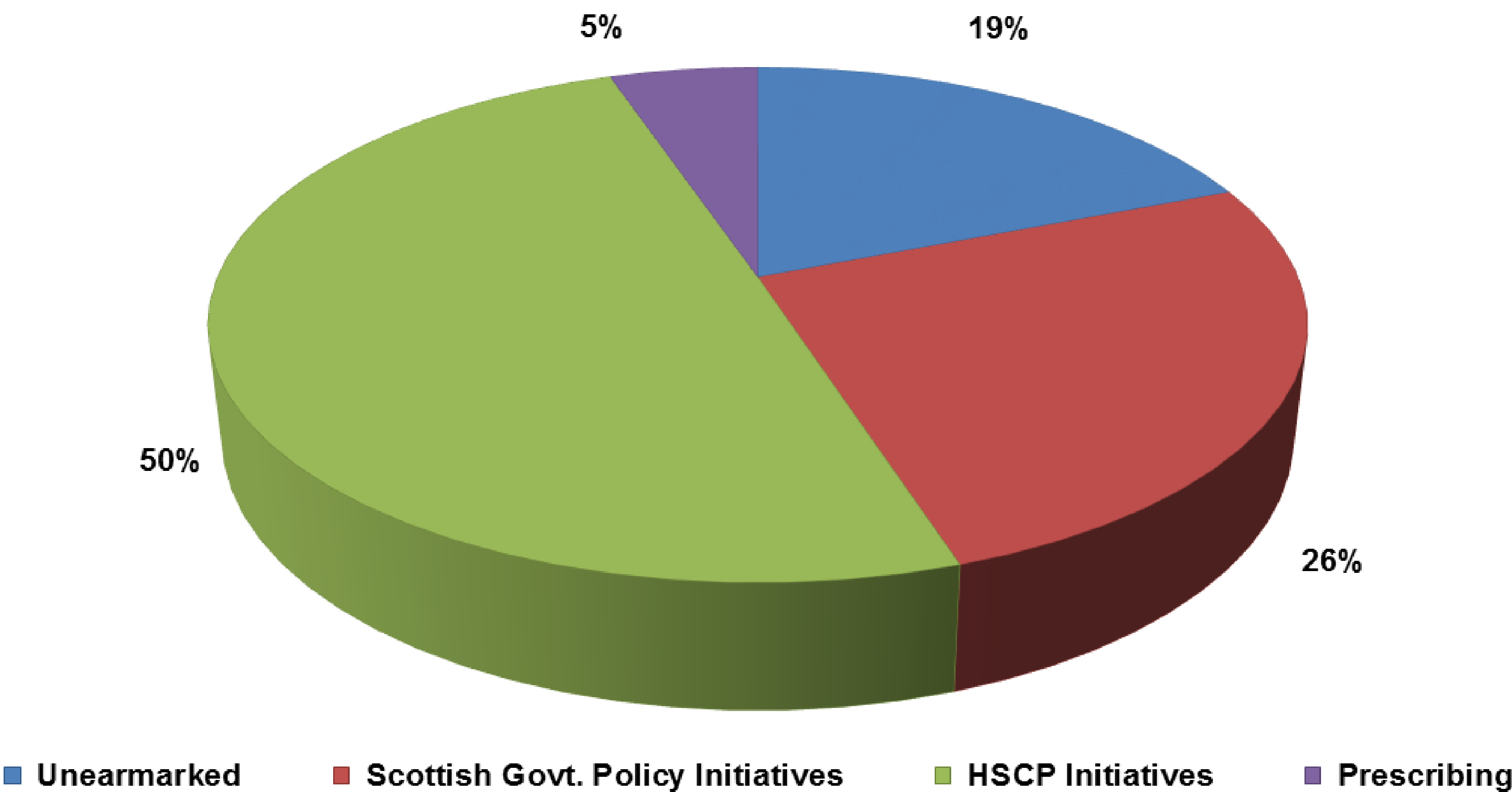
This deficit was partially funded by a planned drawdown of earmarked reserves of £3.866m and recovery planning measures of £1.932m leaving a net deficit of £1.731m. Reserves are classified as either:

- 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.

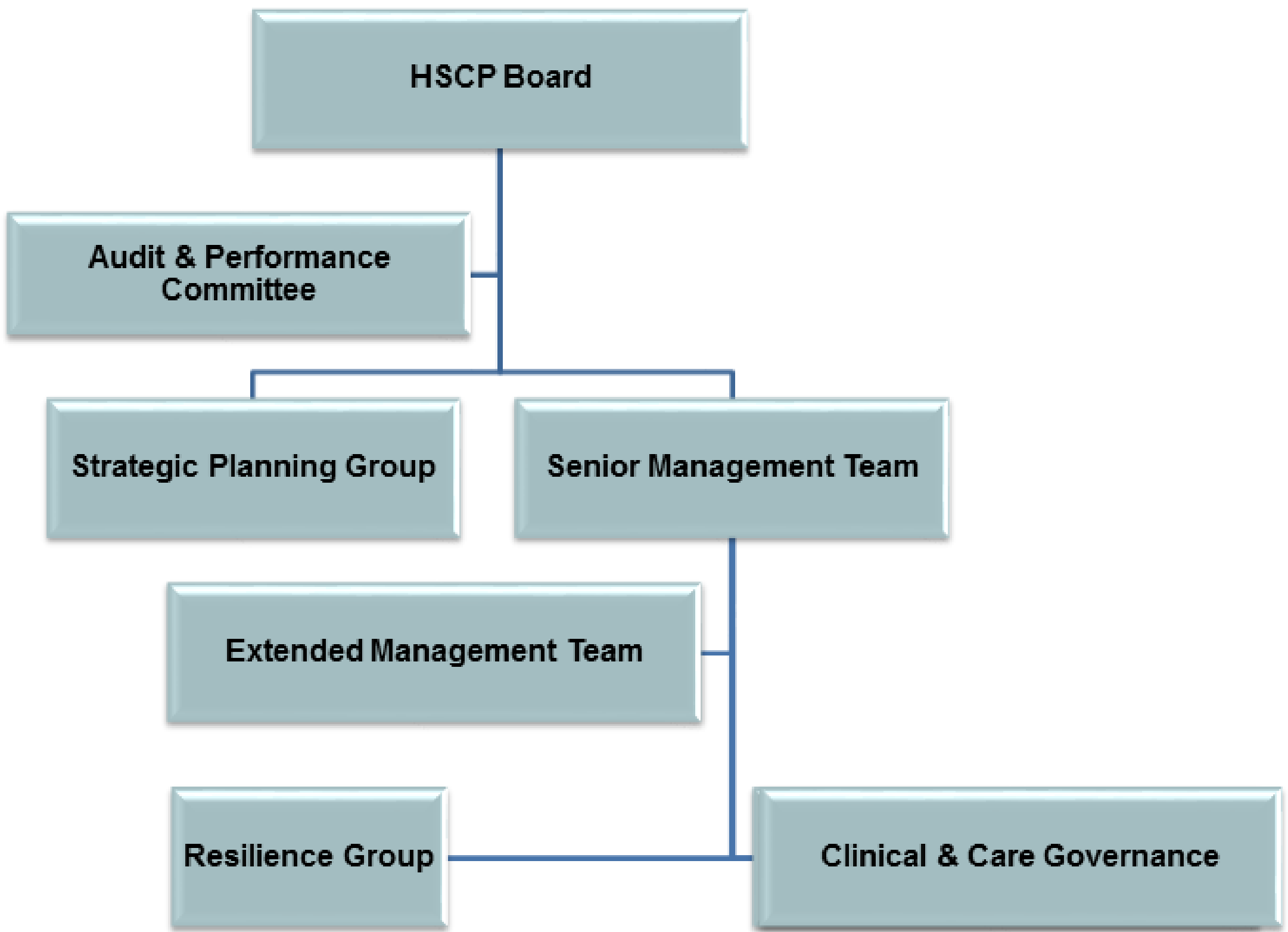
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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.

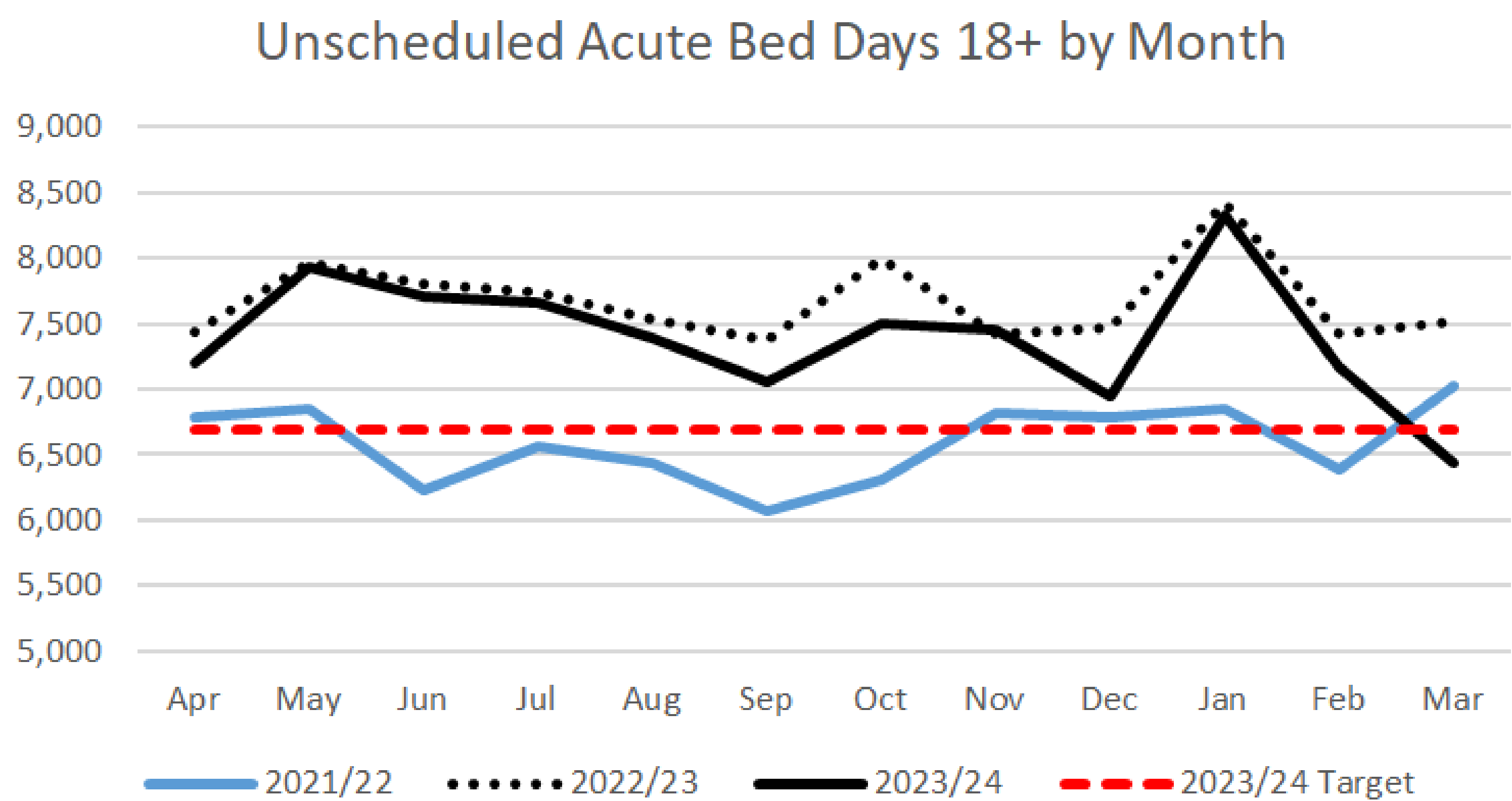
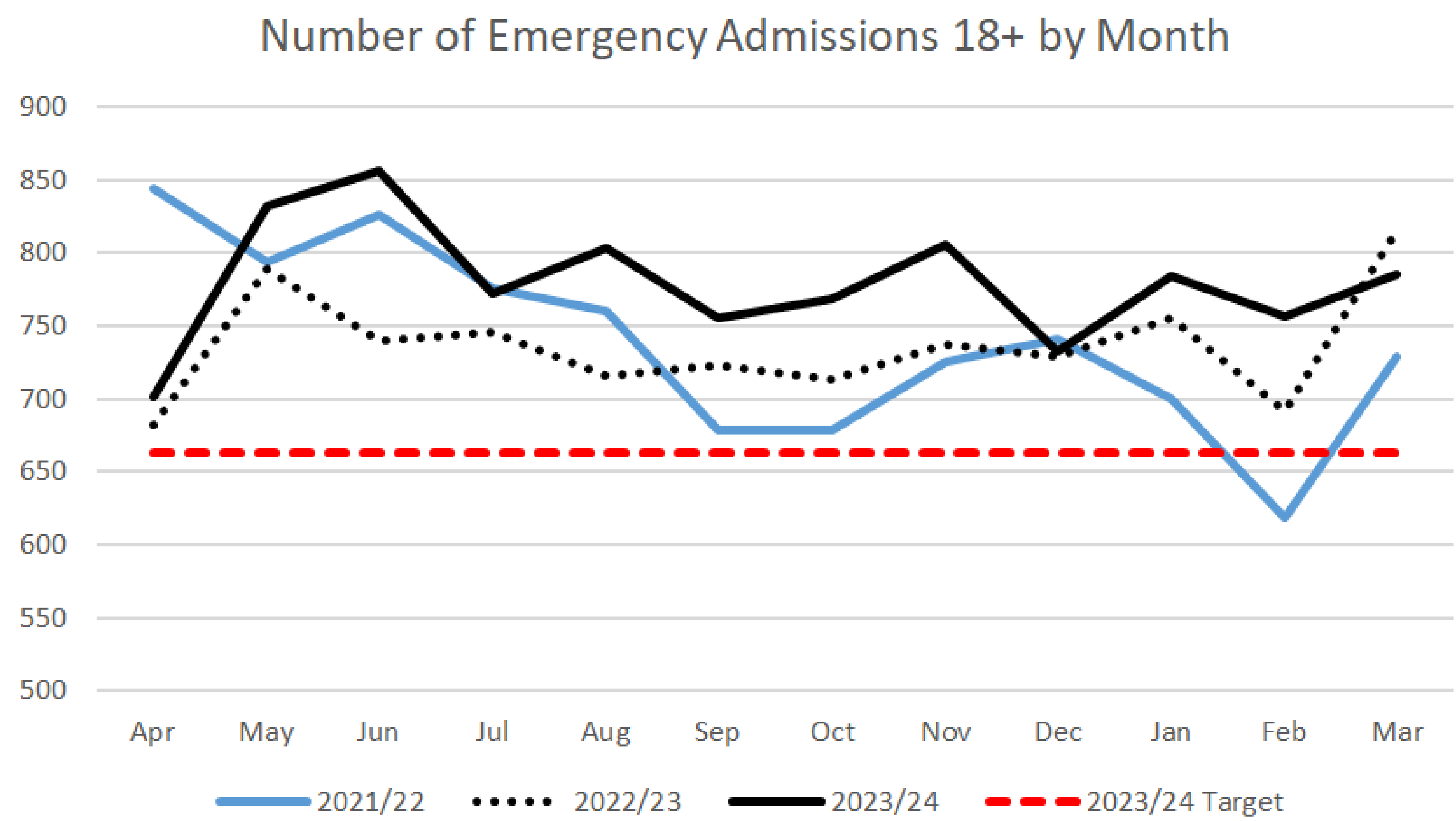
Appendix 1: Core Integration Indicators

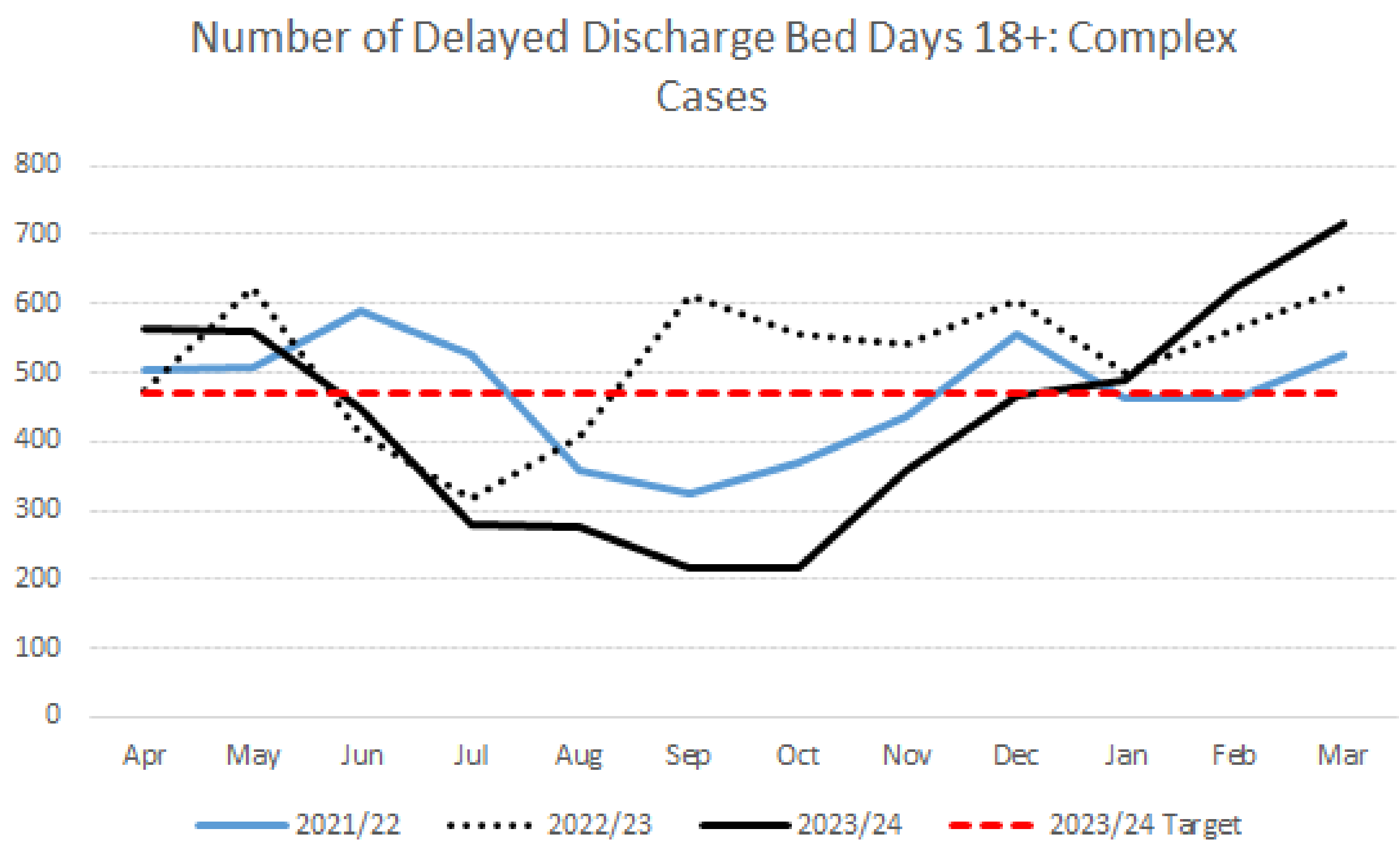
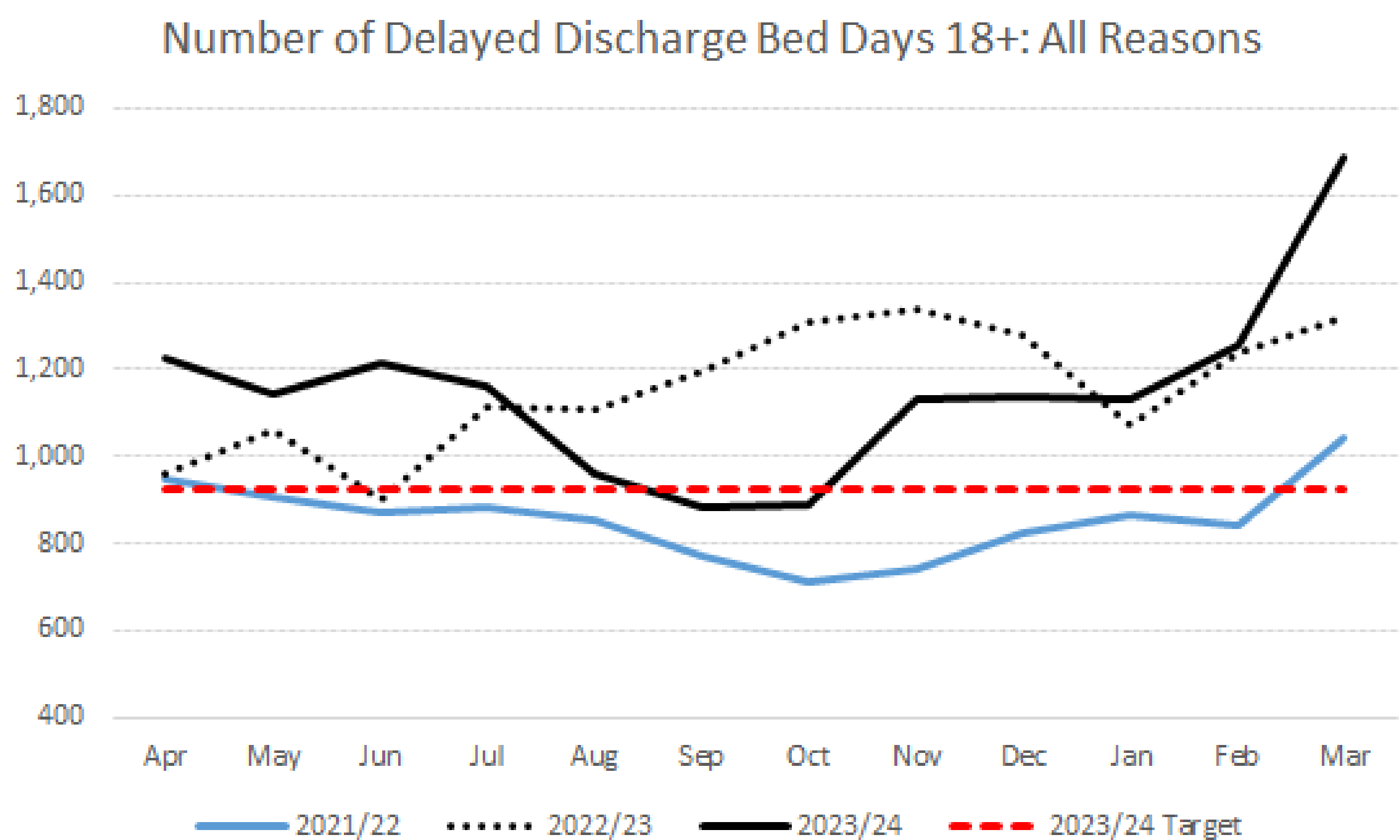
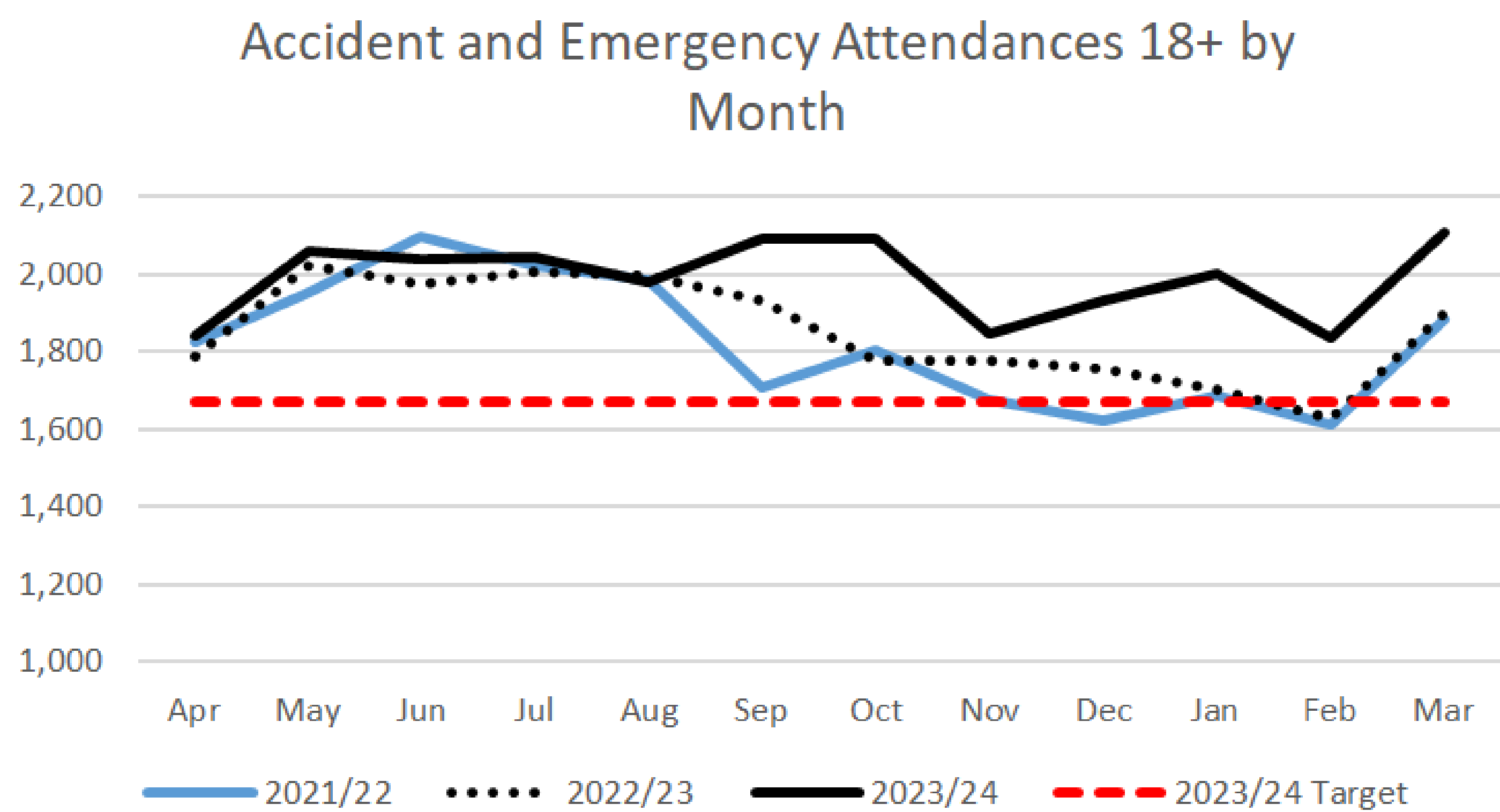
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.9%	90.9%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.2%	78.8%	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





















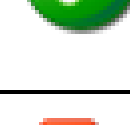

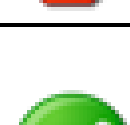

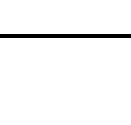
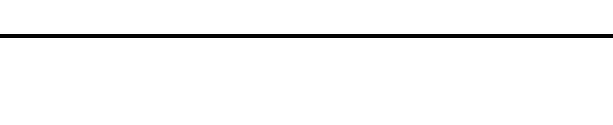






Appendix 4: HSCP Strategic Plan Key Performance Indicators

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>40%</div></div>		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>100%</div></div>		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>25%</div></div>		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>75%</div></div>		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>100%</div></div>		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>40%</div></div>		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>100%</div></div>		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>50%</div></div>		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>100%</div></div>		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>100%</div></div>		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>100%</div></div>		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>100%</div></div>		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>45%</div></div>		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



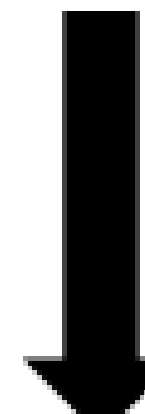

Strategic Enablers					
Workforce					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop management to support integration and build leadership capacity at all levels.	<div><div>50%</div></div>	<div></div>	31-Mar-24	We have not met Year One deadline however this is a priority for 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?
		3	Management and Leadership		4	How well do we support people's wellbeing?
		Adequate		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	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	How good is our leadership?
		N/A	Management and Leadership		Adequate	How well do we support people's wellbeing?
		5		Good	N/A	How good is our setting?
		Very Good	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						