

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Monday, 24 March 2025

Time: 14:00

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

Contact: Natalie Roger, Committee Officer
natalie.roger@west-dunbarton.gov.uk
committee.admin@west-dunbarton.gov.uk

Dear Member

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

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

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer
Health and Social Care Partnership Board

Distribution:-

Voting Members

Michelle Wailes (Chair)
Fiona Hennebry (Vice Chair)
Michelle McGinty
Martin Rooney
Lesley-Ann MacDonald
Libby Cairns

Non-Voting Members

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

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

Date of Issue: 17 March 2025

Audio Streaming

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

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

AGENDA

MONDAY, 24 MARCH 2025

1 STATEMENT BY CHAIR – AUDIO STREAMING

2 APOLOGIES

3 DECLARATIONS OF INTEREST

4 RECORDING OF VOTES

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

5 (a) MINUTES OF PREVIOUS MEETING 7 - 12

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 28 January 2025.

(b) ROLLING ACTION LIST 13 - 14

Submit for information the Rolling Action list for the Partnership Board.

6 VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer will provide a verbal update on the recent business of the Health and Social Care Partnership.

7 LEARNING DISABILITY REVIEW 15 - 34

Submit report by Sylvia Chatfield, Head of Addictions, Learning Disabilities and Mental Health, on the review of Work Connect, and to seek approval for closure of the service.

8/

8 FAIR ACCESS TO COMMUNITY CARE (ADULT SERVICES AND CHILDREN SERVICES) 35 - 70

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the HSCP Self Directed Support (SDS) Policy by introducing a fair access approach to community care which will enhance the HSCP Self Directed Support (SDS) Policy by providing greater transparency in relation to the local mechanism for the calculation of the “relevant amount”, ensuring equity of service across the HSCP and promoting further opportunities for service users to exercise choice and control.

9 KINSHIP ALLOWANCES FOR CARERS AND YOUNG PEOPLE IN WEST DUNBARTONSHIRE 71 - 96

Submit report by Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, considering eligibility and allowances to Kinship Carers who support children and young people in West Dunbartonshire.

10 BUDGET ENGAGEMENT UPDATE 97 - 120

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, updating the HSCP Board on the findings of the 2025/26 Budget Engagement Survey published by the West Dunbartonshire Health and Social Care Partnership in December 2024.

11 FINANCIAL PERFORMANCE UPDATE REPORT 121 - 156

Submit report by Julie Slavin, Chief Financial Officer, providing information on the financial performance as at period 10 to 31 January 2025 and a projected outturn position to 31 March 2025.

12 REVENUE BUDGET SETTING REPORT To Follow

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

13 STRATEGIC RISK REGISTER (APPROVAL) 157 - 172

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, presenting the Strategic Risk Register to the West Dunbartonshire Health and Social Care Partnership Board for approval.

14/

14 MEMBERSHIP OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD 173 - 178

Submit report by Margaret-Jane Cardno, Head of Strategy and Transformation, confirming the constitutional membership of the Integration Joint Board, known locally as the Health and Social Care Partnership Board.

15 CHIEF SOCIAL WORK OFFICER REPORT 179 - 251

Submit report by Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, providing information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.

16 DATE OF NEXT MEETING

Members are asked to note the next meeting of West Dunbartonshire Health and Social Care Partnership Board will be held on Tuesday 27 May 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

For information on the above agenda please contact: Natalie Roger, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.
Email: natalie.roger@west-dunbarton.gov.uk.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

At a Hybrid Meeting of the West Dunbartonshire Health and Social Care Partnership Board held in the Civic Space, 16 Church Street, Dumbarton on Tuesday, 28 January 2025 at 2.02 p.m.

- Present:** Libby Cairns, Lesley McDonald and Martin Cawley, NHS Greater Glasgow and Clyde (proxy for Michelle Wailes, NHS Representative) and Councillors Fiona Hennebry and Martin Rooney, West Dunbartonshire Council.
- Non-Voting** Beth Culshaw, Chief Officer; Julie Slavin, Chief Financial Officer; John Kerr, Housing Development Homeless Manager; Lesley James, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer; Helen Little, MSK Manager; Kim McNab, Service Manager - Carers of West Dunbartonshire; Dr Saied Pourghazi, Clinical Director; David Smith, Unpaid Carers Representative and Val Tierney, Chief Nurse.
- Also Attending:** Peter Hessematt, Chief Executive of West Dunbartonshire Council; Michael McDougall, Manager of Legal Services; Margaret-Jane Cardno, Head of Strategy and Transformation; Selina Ross, Chief Officer - West Dunbartonshire CVS; Anne McDougall, Chair of the Locality Engagement Network – Clydebank; Sylvia Chatfield, Head of Mental Health, Learning Disabilities and Addiction; Caleb Oguiche, External Auditor – Forvis Mazars; Gillian Gall, Head of Human Resources; Jennifer Ogilvie, Finance Manager and Lynn Straker and Natalie Roger, Committee Officers.
- Apologies:** Apologies for absence were intimated on behalf of Michelle Wailes, NHS Representative and Chair, Michelle McGinty, West Dunbartonshire Council Representative and Voting Member; Fiona Taylor, Head of Health and Community Care and Diana McCrone, Staff Representative (NHS Greater Glasgow and Clyde)

Fiona Hennebry in the Chair

DECLARATIONS OF INTEREST

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

RECORDING OF VOTES

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health and Social Care Partnership Board held on 19 November 2024 were submitted and approved as a correct record with the track changes remaining in the text being removed.

ROLLING ACTION LIST

The Rolling Action list for the Health and Social Care Partnership Board was submitted for information and relevant updates were noted and agreed.

VERBAL UPDATE FROM CHIEF OFFICER

Beth Culshaw, Chief Officer, provided a verbal update on the recent business of the Health and Social Care Partnership. She noted it had been a busy month with the Management Team being heavily involved in financial planning and cost savings.

Ms Culshaw went on to thank the Front-Line Teams as well as back office for their efforts in response to the Storm Eowyn. Positive messages were received on social media with regards to the Home Carers. Fiona Hennebry (Chair) noted her thanks to these teams also for their efforts during Storm Eowyn.

Ms Culshaw gave an update on Delayed Discharges and noted that in recent weeks there had been an unfortunate increase with Acute Delays sitting at 30.

Ms Culshaw reported on the media coverage of Queens Quay environmental issues. Work is progressing continuously, and the hope is that it will be resolved in the next week.

There were several questions for the Chief Officer:

Lesley McDonald asked for data regarding those who were waiting for Care at Home. The Chief Officer responded that there were currently 3 people waiting for this.

Martin Rooney asked for an update on vaccinations for the Health and Social Care staff group as well as those who are vulnerable within the community. The Chief

Officer passed over to Val Tierney, Chief Nurse who commented positively on the uptake of flu and covid vaccines at around 95% with those in Care Homes at a similar number. She commented that staff data is trickier to be captured but it has been promoted extensively. The uptake of flu vaccines has been lower overall however this will be considered with regards to promotion next year.

Martin Rooney asked for comment from the Chief Officer regarding the Community Link Workers funding. The Chief Officer, supported by the Clinical Director explained that initially there was no recruitment with reserves built up followed by a period of over-recruitment to use the reserves without knowing if the Scottish Government would continue to fund. Without this funding and to meet financial objectives, they had to choose which workstream to reduce and a range of measures including Community Link Workers had been considered by the Primary Care Steering Group.

2024/25 FINANCIAL PERFORMANCE REPORT: PERIOD 9 (31 DECEMBER 2024)

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on the financial performance as at period 9 to 31 December 2024 and a projected outturn position to 31 March 2025.

ADJOURNMENT

The Chair adjourned the meeting for a short recess due to technical issues. The meeting reconvened at 2.40 p.m. with all Members listed in the sederunt present.

After discussion and having heard the Chief Officer, the Chief Financial Officer, the Head of Strategy and Transformation and Martin Rooney, Voting Member in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and approve the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- (2) to note the reported revenue position for the period to 31 December 2024 is reporting an adverse (overspend) position of £2.471m (1.62%);
- (3) to note the projected outturn position of £3.277m overspend (1.58%) for 2024/25 including all planned transfers to/from earmarked reserves;
- (4) to note that the impact of recovery planning actions taken to date by the Senior Management Team to address the projected overspend;
- (5) to note the update on the monitoring of savings agreed for 2024/25;
- (6) to note the bad debt write off for July to September 2024;

- (7) to note the current reserves balances and the impact the projected overspend has on unearmarked balances;
- (8) to note the update on the capital position and projected completion timelines; and
- (9) to note that the progress to date on the budget planning process for 2025/26 to 2027/28 is detailed in a separate report within the agenda for this HSCP Board meeting.

2025/26 ANNUAL BUDGET SETTING UPDATE (REVENUE ESTIMATES)

A report was submitted by Julie Slavin, Chief Financial Officer, providing an update on the revenue estimates exercise for 2025/26, including the main cost pressures, funding assumptions and key financial risks for the HSCP Board. Options to close the gap will be presented to the Board on the 24 March 2025.

After discussion and having heard the Chief Officer, Chief Financial Officer, Head of Strategy and Transformation, Head of Children's Health, Care and Criminal Justice and Chief Social Work Officer, Head of Mental Health, Learning Disabilities and Addiction and Head of Human Resources, in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the progress on the 2025/26 budget setting process, planning assumptions, updated gap analysis, and the expected timeline in relation to our partner bodies budget offers;
- (2) to note the analysis of the reserves position and the projected balances as at 31 March 2025;
- (3) to note that options to close the gap will be presented to the Board on the 24 March 2025; and
- 4) to note the current progress and implications of the 2025/26 revised plans for delivery on programmes funded through the Enhanced Mental Health Outcomes Framework; and after consideration of the plans, approve the proposed funding arrangements to deliver programmes in 2025/26.

AUDIT SCOTLAND: INTEGRATION JOINT BOARDS' (IJBs) FINANCE AND PERFORMANCE 2024 – SELF EVALUATION AND IMPROVEMENT PLAN

A report was submitted by Margaret-Jane Cardno, Head of Strategy and Transformation, providing an update on the outcomes of the informal self-evaluation event held on the 12 November 2024, and to seek approval for the supporting improvement action plan.

After discussion and having heard the Chief Officer, Chief Financial Officer and Head of Strategy and Transformation in further explanation and in answer to Members'

questions, the Board agreed to approve the HSCP Board Finance and Performance Improvement Plan.

MINUTES OF MEETING FOR NOTING

The Minutes of Joint Staff Forum (JSF) Meetings held on 21 October 2024 and 21 November 2025 were submitted and noted.

DATE OF NEXT MEETING

Members noted that the next meeting of West Dunbartonshire Health and Social Care Partnership Board would be held on Monday, 24 March 2025 at 2.00 p.m. as a Hybrid Meeting in the Civic Space, 16 Church Street, Dumbarton G82 1QL.

The meeting closed at 3.33 p.m.

**WEST DUNBARTONSHIRE HSCP BOARD
ROLLING ACTION LIST**

Agenda Item	Decision / Minuted Action	Responsible Officer	Timescale	Progress/ Update/ Outcome	Status
REVIEW OF INTEGRATION SCHEME – August 2024	Query regarding delegated services within the Integration Scheme document. The Chief Officer is to provide revised definitions of delegated services.	Beth Culshaw	Information to be provided to Members as soon as possible	Update 19/11: The work is ongoing to agree the revised definitions and once a conclusion is reached, a Briefing Note will be distributed to Members.	Open
SHORT BREAK PILOTS OUTCOMES – November 2024	Action for Head of Strategy and Transformation to bring an update back to HSCP Board in 6 months' time regarding the outcomes and also to share work done with Scottish Government.	Margaret-Jane Cardno	Update required before July 2025	Report scheduled for IJB 19 August 2025	Open
MEMBERSHIP OF THE HSCP BOARD – November 2024	Action for Head of Strategy and Transformation to arrange a meeting off table with the 2 current Locality Engagement Network Representatives to discuss	Margaret-Jane Cardno	28 January 2025.	Incomplete, awaiting confirmation of dates.	Open

	what this would mean for their role going forward.				
AUDIT SCOTLAND REPORT	Action for Head of Strategy and Transformation to include details regarding good practice and challenging issues faced within the Annual Performance Report	Margaret-Jane Cardno	19 August 2025		Open

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Lesley James, Head of Mental Health, Learning Disability and Addictions****24 March 2025**

Subject: Learning Disability Review Phase 1**1. Purpose**

- 1.1** This report provides an update to the Health and Social Care Partnership Board on the review of Work Connect, and to seek approval for closure of the service.

2. Recommendations**It is recommended that the HSCP Board:**

- 2.1** Approve the closure of Work Connect
- 2.2** Note the alternative service provision options for service users impacted by this closure as outlined in paragraph 4 of this report; and
- 2.3** Note the staff and service user engagement as outlined in Appendix III of this report.

3. Background

- 3.1** Following HSCP Board approval on 27th June 2024 the review of Learning Disability (LD) services is well underway. A full report of the progress will come to HSCP Board in August 2025. Work Connect's core remit is to provide employability support to a range of service users, such as those with a mental health diagnosis, an acquired brain injury or an addiction, the management and governance of Work Connect sits within Learning Disability services, as does the budget. Until now Work Connect has been part of the wider Learning Disability Review, however, it has become clear that there is a substantial duplication of service delivery across Work Connect and several other providers delivering similar services. As Work Connect is no longer focussed on its core remit and employability support can be accessed through a number of alternative routes it is recommended that Work Connect be closed by midpoint of financial year 2025/26.
- 3.2** Work Connect's remit is to provide employability services within the Employability Pipeline, which aims to help people, facing the greatest

barriers, to progress towards and to sustain work.

3.3 The pipeline has five stages, as follows;

Stage		Service user status
1	Referral, Engagement and Assessment	Not job ready
2	Barrier Removal	Not job ready
3	Vocational activity	Job ready
4	Employer engagement and job matching	Job ready
5	In work support and aftercare	In work

3.4 Service User reviews have shown that the majority of those attending Work Connect do not meet the HSCP Accessing Adult Social Care Eligibility Criteria, in that their needs are not critical or substantial. Over a fifth of service users (around 20) have already been reviewed and will move on from the service and signposted to other assets available to them in the wider community; this process is ongoing.

3.5 Service users have also been in the service for a considerable length of time and use the support as more a social support than an employability service. This is contrary to the original ambitions of the Work Connect programme which was intended to create a system that was flexible, joined-up, and responsive to the needs of individuals, particularly those who face significant barriers to employment. This approach should have enabled service users to move through the pipeline, to access fair work opportunities and achieve their full potential, ultimately contributing to reducing poverty and promoting sustainable and inclusive economic growth.

3.6 It is proposed that any requirement to provide employability support for critical and substantial service users will be managed by using alternative employability resources in the area, these alternatives are outlined in paragraph 4.2 – 4.4 of this report. A small number of service users assessed as eligible for a social care package will be funded by the relevant service social care budget through the Adult Allocation Resource Group (AARG) panel process.

4. Main Issues

4.1 It is perceived that Work Connect is the only service that covers all five areas of the Employability Pipeline yet the ongoing review of service users outcomes indicates that many service users are not actively moving along the pipeline and are being supporting indefinitely with a less formal type of meaningful activity unrelated to volunteering or supported employment. This meaningful activity support can be provided in other ways for those who

continue to meet the eligibility criteria as referral to local community groups or small packages of care to support individuals to maximize social engagement and structure.

- 4.2** Work Connect receives funding from No One Left Behind funding. This is a Scottish Government initiative aimed at transforming employment support to be more tailored and responsive to the needs of individuals, especially those facing significant barriers to employment, such as people with health conditions, disabilities, and other disadvantages. The programme is administered by Working4U. In this financial year Work Connect will receive £59,978 to provide a service to a minimum of 15 people. This covers a small proportion of Work Connect's current running costs and is in addition to the core budget.
- 4.3** The Scottish Association for Mental Health (SAMH) has been delivering its Individual Placement and Support (IPS) service in West Dunbartonshire since 2016. The service aims to support individuals with severe and enduring mental illnesses to gain employment that will benefit overall health and wellbeing outcomes. People who experience severe and enduring mental health problems have one of the lowest rates of employment in the UK. This is a full time service which works closely with the Community Mental Health Teams (CMHTs) and supports 20 individuals at any given time with some flexibility dependent on the unique needs of those accessing the service. The total contract spend is £70,672 per annum in addition to the Work Connect budget.
- 4.4** West Dunbartonshire Council on behalf of West Dunbartonshire Strategic Employability Group, has commissioned SAMH, through the Council's Employability Grant programme, administered by Working4U, to run a programme called Step Up. Step Up equips service users with the 'soft skills' and offers practical support, to ensure readiness to engage. It is a personal development programme that includes up to date techniques, activities and resources to build up life skills and enable behaviour change. The primary aim of the service is to progress service users who are currently not engaging, to access further provision on the Employability Pipeline with enhanced confidence and competence. Each service user benefits from 1:1 and optional group support. The Step Up service is intended to be as accessible as possible and self-referrals are accepted as well as referrals from a variety of sources, be it HSCP, Council or third sector teams.

5. Options Appraisal

- 5.1 The Learning Disability Review is ongoing, and feedback collated from engagement sessions did not identify other options for this service, however comments were given around a lack of information about what was going on in the community and where people could get this information. This will be considered within the ongoing review.

6. People Implications

- 6.1 The closure of Work Connect will have direct and indirect implications for the workforce. This will be managed in line with all relevant Council HR policies and procedures and trade union colleagues, HR, staff teams and individuals will be consulted as appropriate.
- 6.2 There are currently 13 staff members (11.61 FTE) on the HR establishment of Work Connect. A number of vacancies exist within LD registered services and it is hoped that anyone potentially displaced will have the opportunity to find a suitable alternative post through the SWITCH process. Should this not be the case the anticipated cost of VR/VER, as a one off expense, is estimated to be in the region of £125K which could be funded from the earmarked reserve to support the delivery of savings.
- 6.3 The overall 2024/25 budget for Work Connect is £456,445. Staff costs are £455,666, which is about 99% of overall operating cost.

	Grade	No. of Employees	FTE	2024/25 £'000	2025/26 £'000	2026/27 £'000
Senior Employment Support Worker (2) Employment & Business Support Worker (1)	6	3	3.0	142	142	142
Employment Support Worker	5	6	5.8	236	236	236
Training and Events Coordinator	4	1	0.9	35	35	35
Facilities Assistant	3	1	0.6	18	18	18
Domestic Assistant	2	1	0.5	16	16	16
Transport Costs				2	2	2
Supplies and Services				2	2	2
Training				2	2	2
Apprenticeship Levy				2	2	2
Total		12.0	10.9	456	456	456

7. Financial and Procurement Implications

7.1 The Learning Disability Review phases align with the key themes of the Medium Term Financial Plan, specifically:

- Better ways of working – integrating and streamlining teams; delivering services more efficiently will release financial savings and protect frontline services for those with critical and substantial need.
- Community empowerment - support the vision of resilient communities with active, empowered and informed citizens who feel safe and engaged to contribute to service change across health and social care.
- Prioritising services – local engagement and partnership working are key strengths of the HSCP. HSCP must think and do things differently and find new solutions to providing support to those who need it. Avoid duplication to maximise efficiency and effectiveness.
- Equity and consistency of approach – robust application of Eligibility criteria and re-alignment of service provision where Eligibility criteria not met.
- Service redesign and transformation – build on the work already underway to redesign community support and ensure alignment of provision within the Employability Pipeline, across all care groups, in partnership with third sector and local providers.

8. Risk Analysis

- 8.1** There is an element of risk associated with this report; the closure of a service brings with it reputational risk. Service users and their families may find any changes, as a result of this closure, upsetting and unsettling which may in turn increase the level of complaints received. Mitigation is in place for service users as other employability services exist within West Dunbartonshire as outlined above as well as social support organisations such as Neighbourhood Networks and the Improving Lives Hub.

9. Equalities Impact Assessment (EIA)

- 9.1** A full EIA has been undertaken and can be found in Appendix II of this report.
- 9.2** The recommendation provides an opportunity for the HSCP to achieve best value whilst delivering more sustainable person centred services to vulnerable service users. This is a high cost service providing services to a small number of service users who are in receipt of a low number of hours of support per week.
- 9.3** The packages of support for those who meet the eligibility criteria for HSCP

services will be reviewed and alternative opportunities identified which more appropriately meet the needs of the service user, leading to better outcomes for the individual. This may include, for example, employability services.

- 9.4** For those current service users who do not meet the HSCP eligibility criteria (approx. 50%), these individuals will be supported to access community based services, which will more appropriately meet their needs and outcomes. These services users will be supported to manage that transition.

10. Environmental Sustainability

- 10.1** The recommendations within this report do not require the completion of a Strategic Environmental Assessment (SEA).

11. Consultation

- 11.1** There has been substantial communication and engagement within the Work Connect staff team over the past year in relation to various proposed changes to service delivery. Since the start of this financial year (2024/25) ten sessions have been held with staff and/or trade unions. More recently, both staff and service user engagement events have been held. A whole staff engagement took place on 11th December 2024 and a service user session was held on 12th December 2024. Follow up sessions were on 13th and 16th January 2025. These sessions have been hosted by the Head of Service with support from HSCP's community and engagement resource. Although not discussing the closure explicitly, staff and service users were asked a range of questions relating to how to modernise the service.

- 11.2** All feedback from the engagement sessions was anonymised. There is a recurring theme that while Work Connect is seen as a positive place it is not delivering what it was intended for. Clients do not move through the Employability Pipeline and come to Work Connect for the type of support that can be provided elsewhere. Clients become dependent on the service and are not empowered to be more self-reliant. Many clients have been with the service for a number of years and engage in meaningful activity, not volunteering or supported employment or employment. One participant said,

"It becomes like a day service opportunity rather than an employability service."

12. Strategic Assessment

- 12.1** On 15th March 2023 the HSCP Board approved its Strategic Plan 2023 -2026 "Improving Lives Together". The Plan outlines sustained challenge and change within health and social care; these changes bring with them a host of governance implications: cultural,

operational, structural, ethical and clinical.

- 12.2** Improving Lives Together seeks to shift the balance of care for adults by strengthening prevention and community-based support options, keeping individuals in their community where possible. This is aligned to 'Just Enough' support and empowering staff to empower the citizens of West Dunbartonshire to be more independent and to have greater choice and control. Services have developed hugely since Work Connect was first established and there are now very effective alternative options, which can support those individuals who still meet the eligibility criteria should the closure of Work Connect be approved.

13. Directions

- 13.1** The recommendations within the report require a direction to be issued to the Chief Executives of both NHS GG&C and West Dunbartonshire Council. This can be found in appendix I of the report.

Name	Sylvia Chatfield
Designation	Head of Mental Health, Learning Disability and Addictions
Date	24 th March 2025

Person to Contact: Lesley Kinloch, Service Manager LD
Lesley.kinloch@nhs.scot

Appendices:

Appendix I Directions
Appendix II EIA
Appendix III Staff and Service user engagement feedback

Appendix 1: Direction from Health and Social Care Partnership Board

The Chief Officer will issue the following direction email directly after Integration Joint Board approval:

From: Chief Officer, HSCP
To: Chief Executive(s) WDC and NHSGGC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction(s) from HSCP Board January 2025 FOR ACTION

Attachment: A Comprehensive Review of Learning Disability Services

Following the recent HSCP Board meeting, the direction below has been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000074SC24032025
2	Date direction issued by Integration Joint Board	24 th March 2025
3	Report Author	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Learning Disability Review Phase 1 (Closure of Work Connect Employability Service)
7	Full text and detail of direction	1. Agree the plan; 2. And note one off amount to be held for Hub model until review of LD services completed.
8	Specification of those impacted by the change	Service users, carers, staff and local community providers
9	Budget allocated by Integration Joint Board to carry out direction	NIL
10	Desired outcomes detail of what the direction is intended to achieve	Service redesign and transformation – build on the work already underway to redesign community support and ensure alignment of provision within the Employability Pipeline, across all care groups, in partnership with third sector and local providers.
11	Strategic Milestones	Savings option identified through ongoing review of Learning Disability Services and implementation of outcomes
12	Overall Delivery timescales	3 months from approval

13	Performance monitoring arrangements	The closure will be monitored by the Senior Management Team and reported to HSCP Board.
14	Date direction will be reviewed	3 months from approval

Equality Impact Assessment record layout for information

Owner:	Sylvia Chatfield
---------------	------------------

Resource:	HSCP	Service/Establishment:	Learning Disability
------------------	------	-------------------------------	---------------------

	First Name	Surname	Job Title
Head Officer:	Sylvia	Chatfield	Head of Mental Health, Learning Disability and Addictions.

	Include job titles/organisation
Members:	<p>Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions</p> <p>Gillian Gall, Head of HR</p> <p>Julie Slavin, Chief Financial Officer</p> <p>Lesley Kinloch, Service Manager, Learning Disability</p>

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Learning Disability Review (Phase 1) LD01a

The aim, objective, purpose and intended outcome of policy

The aim of this policy is to enable the HSCP to become more agile in the development and implementation of bespoke person centred services which are more responsive to the needs of service users, resulting in better outcomes for the individual.

Work Connect is a high cost service with 10.8 FTE staff who provide support to 49 service users who meet critical and substantial eligibility criteria, and 59 service users who do not meet this criteria. The hours of support range from 0 hours to 13 hours per week. 9 service users use 0 – 2 hours per week and 65 use 2 – 8 hours. This is a very low level of support with a budget of £415,082 (99% of which is staffing). This service could be provided in a more agile way via alternative providers or from services currently in place.

This would improve outcomes for service users, particularly those seeking volunteering and employment opportunities, and would realise substantial savings to the HSCP.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy
--

There has been engagement with staff and service users/carers.

Ongoing engagement with HSCP staff and TU reps

Does the proposals involve the procurement of any goods or services?	N
---	---

If yes please confirm that you have contacted our procurement services to discuss your requirements	
--	--

SCREENING

You must indicate if there is any relevance to the four areas

Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Y
Relevance to Human Rights (HR)	Y
Relevance to Health Impacts (H)	Y
Relevance to Social Economic Impacts (SE)	Y

Who will be affected by this policy?
<p>HSCP staff and service users/carers</p> <p>Partner organisations</p>

Who will be/has been involved in the consultation process?
<p>1. Joint staff forum and individual Unions in relation to consultation</p> <p>2. IJB and West Dunbartonshire Council</p> <p>3. HSCP Staff engagement</p> <p>4. Service user and carer engagement and consultation.</p>

Staff sessions held on 11th December 2024 and 13th January 2025 and service user sessions held on 12th December 2024 and 16th January 2025. Detailed anonymised feedback collated by WDHSCP community engagement officer.

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	Neutral		Neutral

	Needs	Evidence	Impact
Disability	Service users may be impacted due to their disabilities.	There are a number of service users who do not meet the HSCP eligibility criteria and, through review, have been, or are in the process of being, be signposted to alternative supports. All service users are being reviewed to ensure that needs are identified.	Some current service users may receive support from agencies other than the HSCP.
	Needs	Evidence	Impact
Gender Reassign	Neutral		Neutral
Marriage & Civil Partnership	Neutral		Neutral
Pregnancy & Maternity	Neutral		Neutral
	Needs	Evidence	Impact
Race	Neutral		Neutral
	Neutral		Neutral

Religion & Belief			
------------------------------	--	--	--

	Needs	Evidence	Impact
Sex	Neutral		Neutral
Sexual Orientation	Neutral		Neutral

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently	Neutral		Neutral

non statutory)			
Health	Neutral		Neutral

	Needs	Evidence	Impact
Social & Economic Impact	There may be concerns about impact of job changes on lower grade staff.	HR21 records Full review of current staffing shows that there are a number of staff who are on a lower grade, however, vacancies at the same level exist within other LD services	Negative – if alternative posts are not identified
Cross Cutting	Neutral		Neutral

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

There is potential for staff to be displaced as part of the closure of Work Connect. This process will be managed in line with the appropriate West Dunbartonshire Council Policies.

Will the impact of the policy be monitored and reported on an ongoing bases?

The progress and impact of this policy will be reported and monitored to the Senior Management Meeting and the HSCP Board on conclusion.

What is your recommendation for this policy?

It is recommended that this work is progressed and the Work Connect service is closed.

Please provide a meaningful summary of how you have reached the recommendation

This recommendations provides an opportunity for the HSCP to achieve best value whilst delivering more sustainable person centred services to vulnerable service users. This is a high cost service providing services to a small number of service users who are in receipt of a low number of hours of support per week.

The packages of support for those who meet the eligibility criteria for HSCP services will be reviewed and alternative opportunities identified which more appropriately meet the needs of the service user, leading to better outcomes for the individual. This may include, for example, employability services

For those current service users who do not meet the HSCP eligibility criteria (approx. 50%), these individuals will be supported to access community based services, which will more appropriately meet their needs and outcomes. These services users will be supported to manage that transition.

Appendix 3

Work Connect Service User and Staff Engagement Sessions**December 2024 and January 2025**

- Some common themes emerged from both the staff and service user feedback. Many service users report that Work Connect is a “place to go” and provides “structure to their week”...“even if there’s hardly any work to go is the positivity of communication with other people”. Staff view it as “more than employability and keeping people out of other services” whilst also acknowledging that “some things provided by Work Connect also provided by others” and there are “limited outcomes and progression; no end to service; day service”
- Service users talked about it being a social hub, a place to meet and a place to get support with daily living tasks such as bills. One client said: “lot of bother with forms and sorting benefits – if you ring up they help”.
- At the staff sessions they talked about providing support to someone if they are in crisis and they “feel they bridge the gap between mental health and social care”...“ideally they would be moved on to other services, quite often they continue to attend Work Connect to avoid CMHT” (Community Mental Health Team). In the context of the purpose of Work Connect as an employability service there was comment made that it has “unintentionally changed to a wider support than just employability” and “majority of clients did not progress further than volunteering...it is a day service opportunity rather than an employability service”.
- Staff spoke of the “community of Levensgrove that’s more than employability”, however, did also acknowledge there is duplication and some service users “sit about” for a considerable amount of time before “doing anything” and the support is for “general life admin”. They wondered whether some of their opportunities, such as horticulture, should be aligned with Regeneration and some of these resources could perhaps be used by other services in the future (for example, Greenspace), if Work Connect, as a service, closes.
- Service users kept reiterating the social benefits of Work Connect and the fact they meet people like themselves and “meet friends and socialise”. There was, however, mixed feedback about communication and development opportunities and that there was limited referral on to alternative community support options – “having to find them yourself over a long period”. There was a consistent theme about a “lack of communication”. Most service users had no information regarding where they were in the employability pipeline or had not heard of it, “sometimes more about socialising rather than employability pipeline” and they talked about the fact they “would like referrals to other community groups and support”. They also said “notice for events or communication was very poor and no one thought to organise things during school hours”. Some service users disagreed with these themes and thought the support and opportunities were “very good”. Many of these service users have been with Work Connect for a long period of time.
- Areas for improvement highlighted included better communication and more choice as there is a lack of consideration around referring on to community groups and employability opportunities. This theme of Levensgrove being a place to go rather than a specific service offering specific pathways was evident throughout the consultation and engagement. There is undoubtedly an emotional attachment from

some, which is more to do with the place, and the people, rather than the purpose of the service and the core employability outcomes of Work Connect have been diluted. The services they are now offering can be accessed in other forms within West Dunbartonshire.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Margaret Jane Cardo, Head of Strategy and Transformation

24 March 2025

Subject: Fair Access To Community Care (Adult Services and Children Services)

1. Purpose

- 1.1 The purpose of this report is to introduce a fair access approach to community care which will enhance the HSCP Self Directed Support (SDS) Policy by providing greater transparency in relation to the local mechanism for the calculation of the "relevant amount", ensuring equity of service across the HSCP and promoting further opportunities for service users to exercise choice and control.
- 1.2 In the context of the Social Care (Self-directed Support) (Scotland) Act 2013, the "relevant amount" refers to the budget that the local authority considers a reasonable estimate of the cost required to secure the provision of support for an individual.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1 approve the implementation of Self-Directed Support Equivalent Service Rates. Indicative rates are outlined in Appendix 1 of this report;
- 2.2 agree HSCP Officers will update the indicative rates in Appendix 1 once the external provider rates are known for 2025/26;
- 2.3 agree that these service rates be applied from the 1 April 2025; and
- 2.4 agree that the Indicative Self-Directed Support Equivalent Service Rates be appended to the current Self Directed Support Policy noting that a full review of this Policy is scheduled for the first half of the 2025/26 financial year.

3. Background

- 3.1 The Social Care (Self Directed Support) (Scotland) Act 2013 introduced choice and control in the provision of community care support. The Act places a duty on local authorities to offer people who are eligible for community care a range of choices over how they receive their community care and support. It allows people in many circumstances to choose how their support is provided to them, and enables people, if they wish to do so, to organise this support themselves.
- 3.2 The Act 2013 requires local authorities to offer people who are eligible for social

care four choices concerning how they receive support, taking account of the amount of choice and control the supported person wants over their social care arrangements. The four choices, or options, are:

- Option 1: The making of a direct payment by the local authority to the supported person for the provision of support.
- Option 2: The selection of support by the supported person and the making of arrangements for the provision of it by the local authority or an agreed third party (such as a support provider) on behalf of the supported person. Where the support is provided other than by the authority, the relevant amount in respect of the cost of that support is paid by the local authority.
- Option 3: The selection of support for the supported person by the local authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision. This is currently the most popular option for service users within West Dunbartonshire.
- Option 4: The selection by the supported person of combinations of Options 1, 2 and 3 and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support.

3.3 The Act requires that the local authority must provide information, including the available budget, to individuals to assist with their decision making. The budget provided to the service user will be based on their assessed need to enable them to make choices about their support. It should be noted that in relation to options 1,2 or 4 the payment made available by the local authority should be an amount that the local authority considers to be a reasonable estimate of the cost of securing the provision of support.

3.4 For clarity, Option 1 is a direct payment; Option 2, is where the service user directs the available support: this option should provide greater transparency and control for the supported person without the requirement to take this support as a direct payment. In line with Option 2 an Individual Service Fund (ISF) offers choice and flexibility, but not as much responsibility as a Direct Payment. It lets the service user decide how their care and support is to be provided but the sum of money for their support needs may be held by a care provider of their choice or it can be held by the Council. However, it is up to the service user to direct how the money is spent as long as this is in line with their assessed support needs and agreed outcomes.

3.5 On the 21 March 2022 the HSCP Board agreed the West Dunbartonshire HSCPs Self-Directed Support Policy. This policy will undergo a full review in the first half of the 2025/26 financial year. However, given the inequities highlighted within the main issues section of this report it was considered prudent to expedite this addendum to the current policy in order that clarity on the equivalent rates could be provided from the 1 April 2025.

4. Main Issues

- 4.1** Since 2019, there has been 216 service users utilising option one, 219 service users using option two and 237 service users utilising option four.
- 4.2** The West Dunbartonshire HSCP Self-Directed Support Policy does not provide specific detail in respect of what is referred to in The Act as the “relevant amount”.
- 4.3** This paper seeks to provide greater transparency in relation to the local mechanism for determining how much funding will be allocated as the relevant amount. This will enable practitioners to accurately inform the person about how their support will be estimated prior to exploring the four options, supporting the principle of informed choice.
- 4.4** The Partnership has a duty to ensure those who are eligible for a HSCP service receive an assessment to determine the resources which will help with their care and support. This assessment needs to be reviewed at appropriate intervals to ensure the care plan and resources allocated to the person are correct and will empower them to meet their outcomes.
- 4.5** In April 2023 the HSCP established a new Adult Governance process which oversees the allocation of resources, reviews assessments, considers the appropriateness of the resources and makes decisions by approving, declining or requesting more information through various avenues, such as the Adult Area Resource Group (AARG) and the Carers Area Resource Group (CARG).
- 4.6** This governance process reflects the Partnerships commitment to ensuring that resource allocation relating to a person’s care and support, is carried out in a way that is equitable and transparent. It provides staff with a position that aims to maximise independence, choice and control, values inherent within the HSCPs approach to Self-Directed Support.
- 4.7** The types of requests which are considered by AARG are: Non-residential assessments (includes all services which the HSCP would pay for, including Care at Home); non-residential emergency referrals; residential assessments; variations in service for a short period; carers short breaks and reviews of current packages of care.
- 4.8** This governance process has highlighted several inequities in relation to the cost of care packages and this report seeks to address this to ensure equitable provision across adult services.
- 4.9** The following case study is intended to exemplify these inequities:
- 4.10** A My Life Assessment was completed for Mrs M who is an 84-year-old living in

her own home with advancing dementia, diabetes and osteoarthritis. Until this point her family have been completing all her care and support needs including personal care, mealtimes and bedtime tuck-ins. Her husband sadly passed away last year, and the family are now struggling to maintain caring for their Mum alongside working and looking after their own mental and physical health needs. The family have a community alarm in place and have maximised use of Technology Enabled Care (TEC) within the home with an Alexa and Ring Doorbell on site.

- 4.11** Mrs M has attended day care in the past, but this was not successful, friends from her local church visit her every Wednesday afternoon as she can no longer attend services. It is important to Mrs M that she is washed and clean before anyone visits her and that she can maintain her contact with the church. She is no longer able to cook meals for herself but can manage small snacks such as porridge pots/cereal bars and her Alexa has been set up to provide medication prompts and meal reminders.
- 4.12** A request was taken to AARG and agreed for 20 hours per week of Care at Home support – this was a mixture of personal care (14 hours per week) and carer respite (6 hours per week). This care falls out with the non-residential charging policy.

After discussion the family felt an option one budget would be appropriate and had a family friend that would be happy to take on the PA role within the family home.	20 hours per week at £14 x 52 wks = £14,560 per annum Set up fees/running costs of option one = £500 per annum Total spend - £15,060 per annum
After discussion the family felt that Happyhome Support were the right company to meet their needs and through the option two route they requested the HSCP to arrange this service for them, the cost for Happyhome Support is £24.61 per hour.	20 hours per week @ £24.61 x 52 wks = £25,594 Total spend - £25,594 per annum
After discussion the family did not want to make any decisions about who would provide the care, nor did they want to manage a budget and asked the HSCP to arrange everything for them (option three). The HSCP were able to provide this via their Care at Home service.	20 hours per week @ £23.57 x 52 wks = £24,513 Total spend - £24,513 per annum

- 4.13** The rates in this table are based on 2023/24 hourly rates.
- 4.14** If the HSCP had published the equivalency rates the AARG would have agreed an indicative budget of £24,513. This is based on an option three budget.

- 4.15** Option one would be a cheaper option, as it would only cost £15,060. The Local Authority would pay the value of the 20 hours of support required at an option one rate. The option one rate is set by Scottish Government every April.
- 4.16** The option two costs would have been reduced to £24,513 which would have provided either 18 hours per week of support and the family and Social Worker together would have agreed how the remaining two hours of support would be covered, or the service user and family could have paid the difference of £1,081 direct to have the full 20 hours care from Happyhome Support. By publishing the equivalency rates would have resulted in a saving of approx. 4% on the package costs.
- 4.17** The HSCP would need to be assured that based on the assessment of need, all needs would be met, and the agreed care plan would mitigate against any assessed risks.
- 4.18** Option three costs would have remained unchanged. This package would be expected to be reviewed on an annual basis or when any significant change occurred.

Residential Care Homes

- 4.19** Under the Direct Payment Regulations 2014, the only circumstance where the authority is not permitted to offer a direct payment is in relation to the provision of long-term residential or nursing care to persons of any age. This means that the authority cannot provide a direct payment to any person of any age where the support required by the person is long-term residential care. The Self-directed Support (Direct Payments) (Scotland) Regulations 2014 define a period in excess of four consecutive weeks in a residential establishment in any 12-month period as the timeframe which would make an individual ineligible to receive a direct payment.
- 4.20** However, it remains important that the policy clearly states an equivalent amount, as the following case study exemplifies:

Case Study – Residential Care Vs Stay at Home 24-hour Care

- 4.21** Mrs M has been assessed as requiring 24-hour care due to her declining health and mobility. The family have been involved in her care and are keen to ensure Mum gets the best support possible.

Scenario 1

- 4.22** On discussion the family feel they would be happy to have her move into residential care, the cost of this would be £762.62 per week or £39,656.24 per annum. A financial assessment would be required to establish the contribution

expected from Mrs M. Care home residents are not eligible for Self-Directed Support (Ref paragraph 4.19).

Scenario 2

- 4.23** On discussion with the family they ask about the potential of having an SDS budget for their Mum so she can receive 24-hour care in her own home. They have identified a provider that can send live in carers to be with her 24 hours per day who rotate every three weeks, this would give the family peace of mind Mum's needs are being met. The cost of this service is £2,891 per week or £151,332 per annum. As some of the care would be personal care and carer respite a 24/7 grid would have to be worked out to establish a split between chargeable and non-chargeable services and the financial assessment would establish the exact amount the family would be expected to pay.

Scenario 3

- 4.24** On discussion with the family they ask about the potential of having an SDS budget for Mum so she can receive 24-hour care in her own home. They are keen to have a team of PA's provide round the clock care for Mum and have calculated they would need:
- Seven nights at £110.60 per night – £774.20 per week/£40,258 per annum
 - 16 hours per day at £14 per hour – £1,568 per week/£81,536 per annum
 - Set up costs (managed account/liability insurance etc) - £500 per annum
 - Total spend - £122,294 per annum
- 4.25** As some of the care would be personal care and carer respite a 24/7 grid would have to be worked out to establish a split between chargeable and non-chargeable services and the financial assessment would establish the exact amount the family would be expected to pay. Scenario three is very unlikely to occur due to recruitment challenges and also the aforementioned 2014 Regulations.
- 4.26** By publishing an equivalency rate the HSCP would be in a position to cap the contribution per week towards 24-hour care at home at £762.62 per week/£39,656.24 which would be in line with care home costs. However, discussions would be required in respect of the 2014 Regulations.
- 4.27** The Social Work (Scotland) Act 1968 places a duty on local authorities to ensure that resources (the aforementioned relevant amount) are made available to meet eligible care needs to a standard they consider suitable and adequate.
- 4.28** In order to achieve this duty, it is recommended that West Dunbartonshire HSCP adopt an 'equivalency model' for the allocation of resources under self-

directed support. This means an individual with eligible needs will be entitled to a personal budget which is equivalent to the cost of delivering a similar level of in-house services. The equivalency calculation of a budget is similar across all four SDS Individual Support Options, meaning that regardless of what option is chosen, it will not put an individual at any disadvantage.

- 4.29** The practitioner involved at the assessment stage should advise the service user of the relevant amount or allocation of resources available to them. This report covers all services users, including children.
- 4.30** Indicative equivalent rates for the financial year 2025/26 are set out in Appendix 1 of this report. It is recommended that these rates are reviewed annually in April to reflect any inflationary increase. Appendix 1 will be updated by HSCP officers to align with 2025/26 provider rates.
- 4.31** The schedule of rates in Appendix 1 is intended to act as a guide and promote transparency. Every service user will continue be assessed on an individual basis and professional judgement will always be used to ensure needs and outcomes are met and any risks are mitigated.
- 4.32** Any individual who is not satisfied with the level of resources they have been allocated should in the first instance discuss this with the practitioner and their manager. If agreement cannot be reached, the service user should exercise their right to formally complain about the decision under the West Dunbartonshire Council Complaints Policy.

5. Options Appraisal

- 5.1** The recommendations within this report do not require options appraisal to be undertaken.

6. People Implications

- 6.1** Staff have been trained in the AARG process and further work will be undertaken to provide guidance and support in respect of the appropriate application of the equivalent service rates.
- 6.2** Changing circumstances and historical decision-making may mean that individual service users are provided with a level of support that exceeds their eligible needs, as assessed at point of review. In these circumstances an individual's updated assessment and support plan should identify the appropriate model of care.
- 6.3** Where existing support services are provided to an individual that do not exceed their eligible needs, but are provided in a way that operate out with the terms of the SDS Policy and/or exceed the schedule of rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the schedule of rates set out in this document. This will normally be undertaken at the time of routine review but may be brought forward to promote

fairness, consistency and equity in line with the aims of this work. In the pursuance of the equity which this work seeks to achieve, any service transition should be handled carefully, sensitively and appropriately risk assessed.

7. Financial and Procurement Implications

- 7.1** The application of the equivalent service rates will ensure there is greater equity across the Partnership.
- 7.2** Packages of care which currently do not align with the proposed schedule of rates may, as they are reviewed, generate a financial saving for the HSCP as they are brought in line with the policy position.

8. Risk Analysis

- 8.1** The application of the addendum to the SDS Policy does bring an element of reputational risk. There will be service users who are in receipt of costly service packages which will not directly align with the proposed schedule of rates. Should the allocated relevant amount be less than the cost of the current service package there will be a need to transition to a more cost-effective service, or indeed the service user may choose to pay for the balance of the costs personally. This is likely to cause some controversy and may result in an increase in complaints to the Partnership.
- 8.2** Conversely there are risks associated with not pursuing the addendum to the SDS Policy. As exemplified in this report the current system, and the lack of transparency in relation to the relevant amount, is generating an inequity in relation to resource allocation across the Partnership. The HSCP Board has a duty to achieve Best Value and the variation in the cost of packages due to a lack of transparency in relation to the relevant amount does not accord with the Best Value themes of: Governance and accountability; Effective use of resources; Sustainability and Fairness and equality. This approach has been adopted by other HSCPs including Glasgow; East Dunbartonshire and South Ayrshire.

9. Equalities Impact Assessment (EIA)

- 9.1** An EIA has been undertaken and can be found at Appendix 2 of this report. The EIA finds both positive and negative impacts on equality groups, however on balance the pursuit of equity across the HSCP is considered to outweigh the negative impacts. With the impact therefore assessed as neutral across relevant groups.
- 9.2** As outlined earlier in this report it is recognised that where existing support services are provided to an individual that do not exceed their eligible needs, but are provided in a way that operate out with the terms of the SDS Policy and/or exceed the schedule of rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the schedule of rates. This transition will undoubtedly be difficult for some service users. However, the reviewed package of care will still meet the assessed needs of the service user, how it may be delivered may change, and although this transition may be upsetting for

some it will not disadvantage the individual as their assessed needs will continue to be met.

10. Environmental Sustainability

- 10.1** The recommendations within this report do not require the completion of a Strategic Environmental Assessment (SEA).

11. Consultation

- 11.1** The HSCP Senior Management Team, the HSCP Chief Finance Officer, the HSCP Board Monitoring Solicitor have been consulted in the production of this report and their comments incorporated accordingly.
- 11.2** Three public consultations took place held on the 21, 29 and 30 October 2024 across Clydebank and Dumbarton. The session held on the 21st was open to partner organisations and HSCP operational services only and the sessions on the 29th and 30th were open to members of the public, partner organisations and HSCP operational services.
- 11.3** The two public consultations were promoted via Twitter and Facebook, and partner organisations and operational managers within HSCP were asked to share with their service users.
- 11.4** The partner organisations and HSCP operational services invited to the three sessions were;
- Carers of West Dunbartonshire;
 - Improving Lives;
 - Shop Mobility;
 - Glasgow Disability Alliance;
 - HSCP Adult Day services
 - Mental Health Network Greater Glasgow and Clyde;
 - Golden Hands of Friendship;
 - Kinship Carers;
 - HSCP Learning Disability service;
 - Adult Social Work team;
 - HSCP Self Direct Support Team;
 - HSCP Mental Health services; and
 - HSCP Addiction services.
- 11.5** On the 21 October 2024, ten service users and/or carers attended with representatives from Carers of West Dunbartonshire. The session was facilitated by HSCP staff.
- 11.6** On the 29 October 2024, six members of the public attended, with members from Improving Lives, Mental Health network and elected members. The session was facilitated by HSCP staff.

- 11.7** On the 30 October 2024, seven members of the public attended, with members from Kinship Carers, Shop Mobility and Glasgow Disability Alliance. The session was facilitated by HSCP staff.
- 11.8** A survey was created to capture the views of those who could not attend the face-to-face public consultation. The survey was sent out via West Dunbartonshire Council Facebook page, HSCP Twitter page, partner organisations and HSCP operational managers. This survey closed on Monday 6 January 2025.
- 11.9** Detailed feedback from the consultation can be found in Appendix 4.
- 11.10** The West Dunbartonshire HSCP Strategic Planning Group were consulted on this report on 11 February 2025.

12. Strategic Assessment

- 12.1** On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.
- 12.2** The plan has four strategic outcomes, one of which is Equal Communities, which is delivered through several key strategic priorities including “Underpin our services with a self-directed partnership approach”. This paper is intended to support the furtherance of that strategic priority. Currently the HSCP have a system whereby practitioners are creating a full support plan to get to the indicative budget stage which is stifling conversations around options and creative support planning. This policy creates the conditions whereby clarity can be given in respect of an upfront indicative budget and facilitates better conversations between practitioners and service users so that full choice and control can be given to develop a support package in line with the agreed budget.
- 12.3** Improving Lives Together outlines several key strategic enablers that must be used effectively to achieve our strategic outcomes and priorities while achieving best value. These include our workforce, finance, technology, partnerships and infrastructure. We aim to deliver on each of our strategic priorities in a way that ensures we achieve best value.

13. Directions

- 13.1** The recommendations within this report require the HSCP Board to issue a Direction to the Chief Executive of West Dunbartonshire Council. This can be found at Appendix 3 of this report.

Name: Margaret-Jane Cardno

Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 27 February 2025

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership

Appendices: Appendix 1: Self-Directed Support Equivalent Service Rates
Appendix 2: Equality Impact Assessment
Appendix 3: Direction
Appendix 4: Consultation Feedback

Appendix 1

Indicative Self-Directed Support Equivalent Service Rates

The following indicative equivalent rates are the current workings which would be paid for individuals accessing Individual Support Option 1 (Direct Payment) and Option 2 (Individual Service Fund) and Option 4 (a mix). These rates are based on the equivalent cost of purchasing (Option 3) services from external service providers. Separate rates for employment of a personal assistant are also included and all rates. These rates will be adjusted by HSCP Officers after the HSCP and Councils budget has been closed.

Equivalency Hourly Rates for Option 1, 2 or 4 for all external providers	Rate	Per Hour/Day/Week
Adults and Older People		
Older People (60+) - Personal/Non-Personal Home Care Rate	£25.92	Per Hour
Adults (18-59) - Personal/Non-Personal Home Care Rate	£25.92	Per Hour
Children		
Children (up to 18) - Personal/Non-Personal Home Care Rate	£25.92	Per Hour
Sleepover Rate	£117.54	Per sleepover
Day Care (Includes meals and transport)		
Day Care Older People (60+)	£73.90	Per Hour
Day Care Adults (18-59)	£73.90	Per Hour
Day Care Learning Disability	£94.20	Per Hour
Short Breaks		
Older People (60+) short break – Residential Care	£117.19	Per Week
Adult (18-59) Short Break	£128.43	Per Week
Nursing short break (Option 3 only)	£135.51	Per Week
Learning Disability short break	£223.35	Per Week
Personal Assistant (PA) Rates		
Do we provide one-off payroll start-up costs when a Personal Assistant is employed?	£500	Year One Only
Hourly Personal Assistant Rate (This includes Employers NI and contingency rates. From the 1 April 2025 the PA should be paid £12.21 per hour (National Living Wage))	£14.85	Per Hour (lower rate)
Hourly Personal Assistant Rate (This includes Employers NI and contingency rates. From the 1 April 2025 the PA should be paid £12.21 per hour (National Living Wage))	£15.36	Per Hour (higher rate)
Personal Assistant Sleepover Rate (This includes Employers NI and contingency rates. From the 1 April 2025 the PA should be paid £12.21 per hour (National Living Wage))	£122.28	Per sleepover

3rd Party Managed Bank Account	£60	Per Hour
Payroll Only Service	£50	Per Hour
Invoice Only	£price on request	Per Hour

Appendix 2: Equality Impact Assessment record layout for information

Owner:	Margaret-Jane Cardno, Head of Strategy and Transformation
---------------	---

Resource:	West Dunbartonshire Health and Social Care Partnership (HSCP)	Service/Establishment:	Strategy and Transformation
------------------	---	-------------------------------	-----------------------------

Head Officer:	First Name	Surname	Job Title
	Margaret-Jane	Cardno	Head of Strategy and Transformation

Members:	Include job titles/organisation
	Julie Slavin, Chief Finance Officer
	Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions
	Cheryl Taylor, Self-Directed Support (SDS) Lead

Please note: the word policy is used as shorthand for strategy policy function or financial decision	
Policy Title:	Fair Access To Community Care (Adult Services and children services)

The aim, objective, purpose and intended outcome of policy

The aim of this policy is to enhance the HSCP Self Directed Support (SDS) Policy by providing greater transparency in relation to the local mechanism for the calculation of the “relevant amount”. The intended outcome is to ensure equity of service across the HSCP and promote further opportunities for service users to exercise choice and control.

Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy

No partners or stakeholders have been directly involved in the development of this addendum to the policy.

The HSCP Senior Management Team, the HSCP Chief Finance Officer, the HSCP Board Monitoring Solicitor have been consulted in the production of this report and their comments incorporated accordingly.

Three public consultations took place held on the 21, 29 and 30 October across Clydebank and Dumbarton. The session held on the 21 was open to partner organisations and HSCP operational services only and the sessions on the 29 and 30 were open to members of the public, partner organisations and HSCP operational services.

The two public consultations were promoted via Twitter and Facebook, and partner organisations and operational managers within HSCP were asked to share with their service users.

The partner organisations and HSCP operational services invited to the three sessions were;

- Carers of West Dunbartonshire;
- Improving Lives;
- Shop Mobility;
- Glasgow Disability Alliance;
- HSCP Adult Day services
- Mental Health Network Greater Glasgow and Clyde;
- Golden Hands of Friendship;
- Kinship Carers;
- HSCP Learning Disability service;
- Adult Social Work team;
- HSCP Self Direct Support Team;
- HSCP Mental Health services; and
- HSCP Addiction services.

On the 21 October, ten service users and/or carers attended with representatives from Carers of West Dunbartonshire. The session was facilitated by HSCP staff.

On the 29 October, six members of the public attended, with members from Improving Lives, Mental Health network and elected members. The session was facilitated by HSCP staff.

On the 30 October, seven members of the public attended, with members from Kinship Carers, Shop Mobility and Glasgow Disability Alliance. The session was facilitated by HSCP staff.

A survey was created to capture the views of those who could not attend the face to face public consultation. The survey was sent out via West Dunbartonshire Council Facebook page, HSCP Twitter page, partner organisations and HSCP operational managers. This survey closed on Monday 6 January 2025.

Does the proposals involve the procurement of any goods or services?	No not directly. However, the introduction of equivalent service rates may have implications for how services are commissioned and procured.
If yes please confirm that you have contacted our procurement services to discuss your requirements	The Contracts, Commissioning and Quality Assurance Manager has been appraised of this work.

SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	Yes
Relevance to Health Impacts (H)	Yes

Relevance to Social Economic Impacts (SE)	Yes
--	-----

Who will be affected by this policy?
<p>All service users who are in receipt of service packages using SDS options one, two and four.</p> <p>All staff who work with service users in the development of their service packages both at the time of assessment and subsequent review. This in the main will be social work staff.</p>

Who will be/has been involved in the consultation process?
<p>The HSCP Senior Management Team, including the Chief Finance Officer and the Chief Social Work Officer.</p> <p>The HSCP Senior Management Team, the HSCP Chief Finance Officer, the HSCP Board Monitoring Solicitor have been consulted in the production of this report and their comments incorporated accordingly.</p> <p>Three public consultations took place held on the 21, 29 and 30 October across Clydebank and Dumbarton. The session held on the 21 was open to partner organisations and HSCP operational services only and the sessions on the 29 and 30 were open to members of the public, partner organisations and HSCP operational services.</p> <p>The two public consultations were promoted via Twitter and Facebook, and partner organisations and operational managers within HSCP were asked to share with their service users.</p>

The partner organisations and HSCP operational services invited to the three sessions were;

- Carers of West Dunbartonshire;
- Improving Lives;
- Shop Mobility;
- Glasgow Disability Alliance;
- HSCP Adult Day services
- Mental Health Network Greater Glasgow and Clyde;
- Golden Hands of Friendship;
- Kinship Carers;
- HSCP Learning Disability service;
- Adult Social Work team;
- HSCP Self Direct Support Team;
- HSCP Mental Health services; and
- HSCP Addiction services.

On the 21 October, ten service users and/or carers attended with representatives from Carers of West Dunbartonshire. The session was facilitated by HSCP staff.

On the 29 October, six members of the public attended, with members from Improving Lives, Mental Health network and elected members. The session was facilitated by HSCP staff.

On the 30 October, seven members of the public attended, with members from Kinship Carers, Shop Mobility and Glasgow Disability Alliance. The session was facilitated by HSCP staff.

A survey was created to capture the views of those who could not attend the face to face public consultation. The survey was sent out via West Dunbartonshire Council Facebook page, HSCP Twitter page, partner organisations and HSCP operational managers. This survey closed on Monday 6 January 2025.

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups

	Needs	Evidence	Impact
Age	<p>The ageing population will mean more demand for health and social care services as usage increases with age. This, combined with fewer resources, will lead to significant pressure on the system.</p> <p>In order to address the extremely challenging position as reported in West Dunbartonshire Health & Social Care Partnership Medium Term Financial Plan 2022/23 - 2026/27 the HSCP will need to balance increasing service demands and associated costs, driven by both the demography</p>	<p>West Dunbartonshire has an ageing population. In terms of overall size, the 45-64 age group was the largest in 2020, with a population of 25,646 (29%).</p> <p>Between 1998 and 2020, the 25-44 age group saw the largest percentage decrease (-23.2%). The 45-64 age group saw the largest percentage increase (+18.9%).</p> <p>The older you are the more likely you are to have a disability. It is estimated that, in 2019, over half (51%) of the population aged 75 or over had a disability.</p>	<p>Neutral</p> <p>Although the overall demographic profile of an aging population and greater demands for HSCP services in the context of fewer resources is not a positive one, this policy is intended to have a positive impact by ensuring the effective use of limited resources and promoting equity across the partnership. This policy will ensure a consistent and equitable approach to all service users regardless of their choice of SDS option.</p> <p>This positive element of the work may be countered by a negative element in that service users may, upon review, find their care packages changing which will lead to upset and uncertainty. They may also find as charges are equitably applied across the HSCP that they are paying for services which they had previously received free at the point of delivery.</p>

	<p>of the local population and the effects of the pandemic, against rising inflation and short-term funding settlements from the Scottish Government.</p> <p>As West Dunbartonshire's older population increases overall population growth is lower than many other local authority areas which is likely to generate continued reductions in Scottish Government funding.</p> <p>This will require the HSCP to continuously review existing and revised service delivery arrangements to determine if they are effective, efficient and sustainable, consider alternative methods of service delivery where appropriate (including further pandemic limitations) to proactively</p>		<p>Those with high cost packages operating out with the proposed schedule of rates will have the option of paying for additional services. This will be a personal choice.</p>
--	--	--	--

	identify opportunities to secure efficiencies or reduce service provision.		
--	--	--	--

	Needs	Evidence	Impact
Disability	<p>In 2019, West Dunbartonshire had a learning disabilities population of 6.2 per 1,000 population which is above the Scottish average. It is worth noting that the figures relate to only those individuals known to HSCP specialist learning disability services.</p> <p>In addition, national data suggests that:</p> <p>People with severe learning disabilities and/or additional comorbidities had the</p>	<p>The older you are the more likely you are to have a disability. It is estimated that, in 2019, over half (51%) of the population aged 75 or over had a disability.</p> <p>Disability also varies with socio-economic status. In 2019, 15% of those in the least deprived SIMD quintile report having a disability, compared to 43% of those in the most deprived quintile.</p> <p>29% of working-aged adults with a disability are living in poverty in Scotland and this increases to more than a third of disabled adults (38%) when you exclude disability benefits, for example, benefits provided to cover the additional costs of living with a disability.</p>	<p>Neutral</p> <p>The learning disability population in West Dunbartonshire is above the Scottish Average. This policy is intended to have a positive impact by ensuring the effective use of limited resources and promoting equity across the partnership. This policy will ensure a consistent and equitable approach to all service users regardless of their choice of SDS option.</p> <p>This positive element of the work may be countered by a negative element in that service users may, upon review, find their care packages changing which will lead to upset and uncertainty. They</p>

	<p>poorest life expectancy.</p> <p>Women with learning disabilities have higher standardised mortality rates than men.</p> <p>Respiratory disease and circulatory disease were the main underlying causes of death.</p> <p>Cancer was a less common underlying cause of death, than in the general population.</p> <p>People with learning disabilities were more like to die from causes that were amenable to healthcare intervention.</p>		<p>may also find as charges are equitably applied across the HSCP that they are paying for services which they had previously received free at the point of delivery. Those with high cost packages operating out with the proposed schedule of rates will have the option of paying for additional services. This will be a personal choice.</p>
	Needs	Evidence	Impact
Gender Reassign	N/A	N/A	N/A

Marriage & Civil Partnership	N/A	N/A	N/A
Pregnancy & Maternity	N/A	N/A	N/A
	Needs	Evidence	Impact
Race	N/A	<p>There is a very small minority ethnic population in West Dunbartonshire. In the 2011 Census, the majority of residents (93%) of West Dunbartonshire identified as being white Scottish, and 1.5% identified as being Asian, Asian Scottish or Asian British, or 'other ethnicity'. This is lower than Scotland which is 4%.</p> <p>In terms of nationality, an estimated 3.4% of the local population are non-British, compared to 8% in Scotland</p>	N/A
Religion & Belief	N/A	N/A	N/A

	Needs	Evidence	Impact
--	--------------	-----------------	---------------

Sex	N/A	In keeping with the Scottish picture, there are more females (52.2%) than males (47.8%) living in West Dunbartonshire. The gender split begins to widen with increasing age from the 25-44 age group onwards.	Neutral
Sexual Orientation	N/A	N/A	N/A

	Needs	Evidence	Impact
Human Rights (ECHR statutory) UNCRC (note: currently non statutory)	N/A	N/A	N/A

Health			
---------------	--	--	--

	Needs	Evidence	Impact
Social & Economic Impact	<p>Growing up in poverty is associated with poorer educational attainment, employment prospects and health inequalities.</p> <p>The Health Foundation, 2018 78 highlights the impact that living in poverty has on a person's health. Poverty damages health and poor health increase the risk of poverty. An inadequate income can cause poor health because it is more difficult to:</p> <ul style="list-style-type: none"> • Avoid stress and feel in control. 	<p>West Dunbartonshire has one of the highest local shares of data zones in the 20% most deprived (40%) and one of the lowest share of data zones in the 20% least deprived (5.8%).</p> <p>From the previous period July 2020 to June 2021 to the latest quarter October 2020 to September 2021 West Dunbartonshire Council (2022)</p> <ul style="list-style-type: none"> • The percentage of people who are economically active has decreased from 75.3% to 74.2% • The percentage of those in employment has decreased from 70.3% to 70%. 	<p>Neutral</p> <p>Service users are likely to be on low income/welfare benefits and therefore will have their income maximised.</p>

	<ul style="list-style-type: none"> • Access experiences and material resources. • Adopt and maintain healthy behaviours. • Feel supported by a financial safety net. 		
Cross Cutting	N/A	N/A	N/A

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this

There are positive and negative impacts on equality groups, however on balance the pursuit of equity across the HSCP is considered on balance to outweigh the negative impacts. The assessed impact is therefore considered to be neutral.

It is recognised that where existing support services are provided to an individual that do not exceed their eligible needs, but are provided in a way that operate out with the terms of the SDS Policy and/or exceed the schedule of rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the schedule of rates set out in this document. This will normally be undertaken at the time of routine review but may be brought forward to promote fairness, consistency and equity in line with the aims of this work. In the pursuance of the equity which this work seeks to achieve, any service transition should be handled carefully, sensitively and appropriately risk assessed.

The reviewed package of care will still meet the assessed needs of the service user, how it may be delivered may change, and although this transition may be upsetting for the service user it will not disadvantage the individual as their assessed needs will continue to be met.

Will the impact of the policy be monitored and reported on an ongoing bases?

This policy will be monitored via the HSCP Board as updates on the SDS policy and associated improvement plan will be presented to the Board on a regular basis.

What is your recommendation for this policy?

It is recommended that the HSCP Board agree this policy and instruct officers to implement the work from the 1 April 2025.

Please provide a meaningful summary of how you have reached the recommendation

There are positive and negative impacts on equality groups, however on balance the pursuit of equity across the HSCP is considered on balance to outweigh the negative impacts.

It is recognised that where existing support services are provided to an individual that do not exceed their eligible needs, but are provided in a way that operate out with the terms of the SDS Policy and/or exceed the schedule of rates, a review of the overall care and support package should be undertaken and support services transitioned to align with the schedule of rates set out in this document. This will normally be undertaken at the time of routine review but may be brought forward to promote fairness, consistency and equity in line with the aims of this work. In the pursuance of the equity which this work seeks to achieve, any service transition should be handled carefully, sensitively and appropriately risk assessed.

The reviewed package of care will still meet the assessed needs of the service user, how it may be delivered may change, and although this transition may be upsetting for the service user it will not disadvantage them as their assessed needs will continue to be met.

The Chief Officer will issue the following direction email directly after Integration Joint Board approval:

From: Chief Officer, HSCP
To: Chief Executive, West Dunbartonshire Council
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: Direction from HSCP Board 24 March 2025 FOR ACTION

Attachment: Fair Access To Community Care (Adult Services)

Following the recent HSCP Board meeting, the direction below has been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000070MJC28012025
2	Date direction issued by Integration Joint Board	24 March 2025
3	Report Author	Margaret-Jane Cardno, Head of Strategy and Transformation
4	Direction to:	West Dunbartonshire Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	<i>Social Care (Self-directed Support) (Scotland) Act 2013</i>
7	Full text and detail of direction	The HSCP Board is directing West Dunbartonshire Council to implement, from the 1 April 2025, the approved Self-Directed Support Equivalent Service Rates as outlined in Appendix I of the attached report.
8	Specification of those impacted by the change	Those impacted by this change will primarily be service users who use SDS options one, two and four. Staff will also be impacted, and training will be provided to ensure the equivalent service rates are effectively implemented.
9	Budget allocated by Integration Joint Board to carry out direction	There is no direct budget allocated by the HSCP Board to carry out this direction. The financial implications of this policy decision have been considered by the HSCP Board and can be found in section seven of the accompanying report.
10	Desired outcomes detail of what the direction is intended to achieve	The desired outcome is to enhance the HSCP Self Directed Support (SDS) Policy by providing greater transparency in relation to the local mechanism for the calculation of the “relevant amount”, ensuring equity of service across the HSCP and promoting further opportunities for service users to exercise choice and control.

		<p>On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”.</p> <p>The plan has four strategic outcomes, one of which is Equal Communities, which is delivered through a number of key strategic priorities including “Underpin our services with a self-directed partnership approach”. This paper is intended to support the furtherance of that strategic priority. Currently the HSCP have a system whereby practitioners are creating a full support plan to get to the indicative budget stage which is stifling conversations around options and creative support planning. This policy creates the conditions whereby clarity can be given in respect of an upfront indicative budget and facilitates better conversations between practitioners and service users so that full choice and control can be given to develop a support package in line with the agreed budget.</p> <p>Improving Lives Together outlines a number of key strategic enablers that must be used effectively to achieve our strategic outcomes and priorities while achieving best value. These include our workforce, finance, technology, partnerships and infrastructure. We aim to ensure that we deliver on each of our strategic priorities in a way that ensures we achieve best value</p>	
11	Strategic Milestones	Implementation of Self-Directed Support Equivalent Service Rates	1 April 2025
12	Overall Delivery timescales	Implementation date 1 April 2025.	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	25 June 2025	

Appendix 4: Consultation Feedback**When:** 21 October 2024**Venue:** Clydebank Town Hall**Attendees:** On the 21 October, ten service users and/or carers attended with representatives from Carers of WD. The session was facilitated by HSCP staff.

Question	Feedback from groups on proposed changes.
Q1. In regards to implementing applicable amounts what are your thoughts on the proposed changes?	People will hear 'this will cost me money' but when its broken down it's not as scary as it appears, the public's expectations need to be managed to make the change successful
Q2. What impacts would this policy have on your circumstances?	<p>People may have to reduce their care packages if they cannot afford a top up for the provider they want, therefore not receiving the correct level of care they actually need. This limits their choice and control.</p> <p>This will impact people who already access the service, but what about the people who are trying to access the service during these changes?</p> <p>The assessment process is already too long and people are left in the dark for months - the changes could make this worse but it does given an opportunity to improve</p> <p>SDS package not as flexible as I thought it would be</p> <p>There were concerns raised about being double charged for services</p>
Q3. What impact would this policy have on other people who live in West Dunbartonshire?	<p>There is a potential negative outcome on people with historic budgets and now having the inability to top up if their care package gets cut significantly</p> <p>Less choice and control for people in WD because more reasonably priced services could be immediately taken off the market due to service user flooding</p>

When: 29 October 2024

Venue: Clydebank Town Hall

Attendees: On the 29 October, six members of the public attended, with members from Improving Lives, Mental Health network and elected members. The session was facilitated by HSCP staff.

Question	Feedback from groups on proposed changes.
Q1. In regards to implementing applicable amounts what are your thoughts on the proposed changes?	Have an issue with this due to the company and personal needs. The care must be based on the quality. There have been a few instances where the care needs have not been met based on the company that is providing the support.
Q2. What impacts would this policy have on your circumstances?	<p>Assessment carried out and the need can be met with one supplier. Someone may need a bigger package based on their care. Don't want the needs to be impacted by implementing a standard amount.</p> <p>On average the expectation is an amount, HSCP supplies the average. But if you want the expensive service then you should pay extra.</p> <p>In a way the quality of care should be managed by the HSCP.</p> <p>Depends on the service being provided in the care home compared to the home environment. Regarding respite but would this be better suited in the house.</p> <p>Agree that the respite budget is what it is and should be managed by yourself and any extra needs to be met by family.</p> <p>Cannot answer about this as there are too many intricacies about the process that might not work with this.</p>

	<p>Cannot be black and white – the quality of the support staff isn't the same across services. Needs to be based on the average of suppliers but the suppliers in WDC aren't all created equal. As a carer, you want to be able to choose for what is the best match for the needs. Need to have in black and white that there will be exceptions based on need not on desire. It isn't about fairness it is about assessed need.</p> <p>Could save money by going for the better level of support rather than the mid-level and then having to come back to HSCP for more money.</p> <p>Getting in contact with the HSCP can be difficult, can imagine it would be very difficult to try and get more money because a service wasn't provided well.</p> <p>You want the best for the person you support, this is about how does HSCP spread the money across the most people in as equitable way as possible.</p> <p>Agree in principle, as long as hourly rates are public and available.</p>
Q3. What impact would this policy have on other people who live in West Dunbartonshire?	Not answered

When: 30 October 2024

Venue: Concord Community Centre

Attendees: On the 30 October, seven members of the public attended, with members from Kinship Carers, Shop Mobility and Glasgow Disability Alliance. The session was facilitated by HSCP staff.

Question	Feedback from groups on proposed changes.
Q1. In regards to implementing applicable amounts what are your thoughts on the proposed changes?	Participants welcomed the idea of applicable amounts as they cited it would help ensure equitable distribution of funds. Responsibility to contribute if you want to choose the provider.
Q2. What impacts would this policy have on your circumstances?	Might say you can stay at home but you would only get £50000 towards it but you can stay in the same home.
Q3. What impact would this policy have on other people who live in West Dunbartonshire?	Must be practical in the approach to contributions to services.

Online survey feedback

There was a total of 43 response from the online survey. The survey was shared via West Dunbartonshire's Facebook and Twitter page. Operational managers and local organisations were also sent the link to share with service users who may be affected.

31 out of 43 (72%) responses stated they agreed with introducing applicable amounts.

The survey asked respondents to explain their response. The following list details the positives responses:

- Fairness.
- Everyone should have the same support.
- There should be equality based on level of need.
- Choice is important but an open cheque can't be offered if it reduces services in other HCCP areas.
- Yes - this will remove the pressure from the HSPC service.
- Equality
- Makes it fairer

- This seems more fair, but only if its choice. If the HSCP struggle to meet the persons needs then they should pay any additional costs that the person incurs from having to organise something better themselves.
- People should have the right to choose.
- Yes much clearer to provide choice
- Seems fair
- People can then choose to pay for a more expensive service and get less of it if they wish.
- It is fair.
- I feel this option gives choice.
- Fair and equitable.
- Sounds fair.
- I feel that the amount of support given should directly reflect the needs of the individual and therefore those with similar needs should be provided an equal amount of care. Although I believe that this should be an in depth assessment to assess the needs and the possible individual differences of the comparison.
- Again, this is due to fairness
- If someone elects to choose a non-public sector support they should be prepared to pay the extra amount.
- Ideally yes this would be a great idea. However, I think it's important to note that it is meant to be person centred and it is difficult to compare 2 people's situations as there are so many factors at play. How would you compare them? Would the answers have to be exactly the same or is there enough vagueness that you can fit people into specific categories?
- Support packages should be person centred and individuals assessed on their own needs and circumstances. I do not see an eventuality where two individuals would have exactly the same support needs, living arrangements, family support, digital inclusion that would allow for identical input from services.
- It seems to be a fair option.
- As it is means tested each individual might have different allotted money for a service, if they chooses an option that they have to top up themselves so be it.
- Although this says similar, that's fine, however what would define similar
- Equality as an approach throughout our society.
- All should have access to support if required and it should be equal across services
- While stating yes, all service users should have same budget, this should only be applicable if there is a full choice of lower priced care available in a specific area. If it's a choice to choose more expensive care provider then service user should contribute.

The following list shows the negative responses in implementing applicable amounts. It must be noted, some of the responses, are outside of HSCP control. In addition, the example is based on two people having similar needs. If someone had additional

outcomes to be made, the budget for that service user would be different. A service user's package is based on the professional judgement of a Social Worker

- Only when all other matters are considered including having paid into the country's finances.
- Needs further definition. This can only be applicable to people who have plenty of "surplus" income and are perhaps unhappy with what local authorities can currently supply and I have a feeling that will not apply to many people.
- Each service user has different needs.
- Costly to the people needing support who assured can't afford this.
- The question was quoting similar levels of support and not identical levels of support. Therefore funding could differ and this should be taken into account within the charging policy.
- Using SDS means that people are empowered to make choices about their care. Different types of services are obviously charged at different rates. My concern would be that options may be limited by and that a less personalised service would result by using a blanket charge.
- Care needs are a personal service and should be assessed working closely to provide an individual service. It should be the individual's right to choose their care service non-dependent on finances.
- It may be Mrs K cannot get a personal carer and has to use a company. She should not be penalised for something out with her control.
- Funding should be on a person by person basis determined by their needs, their financial situation and who is providing the support. If the council do not have the means of taking a client on, as per what happened in 2024, then I believe if someone has to seek private care companies out for their care needs that their funding should cover all of that expense, because if they'd had the option for council care, they wouldn't have needed to go elsewhere.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

24 March 2025

Subject: Allowances for Kinship Carers and Young People in West Dunbartonshire

1. Purpose

- 1.1** The purpose of this report is to consider eligibility and allowances to Kinship Carers who support children and young people in West Dunbartonshire. Following the introduction of the Scottish Government's Scottish Recommended Allowance (SRA) in August 2023, this report provides detail in respect of Kinship eligibility in line with statutory requirements and makes recommendations in relation to Kinship allowances for those aged 18 to 21 years old to support young people continuing to reside in Kinship Care.

2. Recommendations

2.1 The Integrated Joint Board is asked to:

- a. Note the allowances aligned to the Scottish Recommended Allowance (SRA) which was implemented by the Scottish Government in August 2023.
- b. Agree entitlement to Kinship allowances at SRA rate for all formal kinship carers where the child has a looked after status and where the child was looked after on his/her 16th Birthday up until age of 18 years old
- c. Agree entitlement to Kinship allowances at SRA rate for all informal kinship carers, where the child is a non-looked after child and is subject of a Kinship Care Order, and was previously looked after by virtue of having been placed in Kinship care with involvement from the local authority; or is assessed through a multi-agency assessment using GIRFEC Wellbeing Indicators as being at risk of becoming looked after up until the child's 18th Birthday.
- d. Agree for young people aged between 18 and 21 years old who remain within a Kinship Care placement and who are eligible for Continuing Care due to having been looked after on their 16th Birthday receive a Continuing Care allowance of £200
- e. Agree for young people aged between 18 and 21 years old who remain within a Kinship Care placement and had been the subject of an order under Section 11 of the Children's

(Scotland) Act 1995 and who also remain in full time education receive a Continuing Care allowance of £200 which will be payable to the young person.

- f. Agree that officers review the additional allowances currently payable to Kinship carers following consultation with both Kinship carers and young people who this relates to and the completion of a further Equalities Impact Assessment
- g. Agree implementation of eligibility criteria and allowances will be effective from 1st July 2025

3. Background

3.1 Kinship care is when a child is formally 'looked after' in terms of the Children (Scotland) Act 1995, if they cannot remain with their birth parents. Under the

Looked After Children (Scotland) Regulations 2009, Kinship Carers are defined as a person who is related to the child (through blood, marriage or civil partnership) 'or' 'a person with whom the child has a pre-existing relationship'.

3.2 A 'looked after' child/young person is one who is either:

- a. subject to a Compulsory Supervision Order under Section 83 of the Children Hearings (Scotland) Act 2011 or;
- b. a child/young person who was formally placed under Section 25 of the Children (Scotland) Act 1995 in the care of a kinship carer by Social Work Services or;
- c. a child/young person who is the subject of a Permanence Order under Section 80 of the Adoption and Children (Scotland) Act 2007.

3.3 Kinship care also includes non-looked after children, who live in an informal kinship care arrangement. These children may be subject to an order under Section 11 of the Children (Scotland) Act 1995 known as a 'Kinship Care Order' or may be living in a completely private arrangement with extended family, with no local authority involvement.

3.4 Payments which are made in line with the SRA are done so to provide financial support to carers and young people in order to cover the following care/living costs:

- food
- toiletries
- clothes
- wear and tear
- hobbies and activities
- bedding
- furniture
- pocket money

- toys
- insurance and utility bill increases
- daily access to a computer and the internet for homework/course work
- transport costs for the child (for the purpose of attending review meetings, children's hearings, contact, travel to school, college or other educational facility)
- mobile phone
- holiday costs to cover school holiday activities and family trips
- birthday
- Christmas or other cultural or religious events

3.5 The weekly allowance paid within West Dunbartonshire Council at present is in line with the SRA or the pre-existing payment rate prior to the SRA being introduced in August 2023 and is paid weekly at the following rates based on age:

- 0- to 4-year-olds: £168.31
- 5- to 10-year-olds: £195.81
- 11- to 15-year-olds: £218.60 (National banding is £195.81)
- 16-years-old and over: £268.41

3.6 Young people who were 'looked after' on or after their 16th birthday are eligible for Continuing Care in line with West Dunbartonshire HSCP Continuing Care Guidance (Appendix 1). This means that the young person is entitled to stay with their family/carers up to their 21st birthday where they will receive ongoing support and assistance from the local authority as they transition in to adulthood.

3.7 Young people who were 'looked after' prior to their 16th birthday but not on or after this age due to being secured legally within their placement through a Section 11 or Kinship Care Order are considered to be 'care leavers' and are therefore not eligible for Continuing Care support and assistance.

3.8 Payment of the SRA does not apply to young people receiving Continuing Care, only to those who remain 'looked after' therefore whilst there is no requirement to provide an allowance beyond the age of 16 years old it is recognised to be best practice nationally that the payment of an allowance to the young person should continue whilst the young person remains with their Kinship care placement up to the age of 21 years old to support them in their transition to adulthood.

3.9 Whilst there exists no statutory responsibility for payments to be made, the provision of continued support of £200 for young people aged 18-21 as defined in 1.1(d) and 1.1(e) above, will support and increase opportunities for these young people to improve their future life outcomes. The proposal has been benchmarked with other local authorities and is in recognition of the barriers experienced by this cohort of young people in transitioning to adulthood.

- 3.10** There is work ongoing nationally in relation to 'Keep The Promise' whereby there is a review of support for care leavers being undertaken by the Scottish Government, including the financial support available to them.

4. Main Issues

- 4.1** Kinship Care placements within West Dunbartonshire Council have increased to a level whereby, as of January 2025, this was our highest care group where 222 (47%) of our 472 looked after children and young people were placed.
- 4.2** Through engagement with the local Kinship Care Support Group we have been advised that the current national guidance and eligibility criteria in respect of Continuing Care, e.g. if young person is not looked after either on or after their 16th birthday then they are not eligible for Continuing Care support and associated financial assistance, means that many carers are not seeking to secure young people legally within their care therefore they remain 'looked after' within temporary care arrangements.
- 4.3** Research clearly shows that delays in securing a child/young person within a permanent home can mean poorer life chances for them with the potential to seriously impact on the rest of their lives.
- 4.4** Within West Dunbartonshire HSCP we are committed through the What Would It Take? 2024-2029 Strategy to enabling more 'looked after' young people to experience permanence in a setting that continues until adult independence in an effort to improve their outcomes.

5. People Implications

- 5.1** There are no personnel issues.

6. Financial and Procurement Implications

- 6.1** Payment of Kinship Allowances to carers at present consists of the SRA in addition to 4 discretionary payments for Birthday, Christmas and 2 weeks holiday allowance which currently equates to an annual cost of £199,210. A further review of these discretionary payments will require to be undertaken given these are currently included within the payment of the SRA as detailed in 1.1(f) above.
- 6.2** The table below details the cost and any associated savings for Children's Services in respect of the payment of local allowances to previously looked after young people aged between 18-21 years old whilst they remain within their Kinship Care placement and are eligible for Continuing Care support:

18-21 Years old LAAC	25/26 Cost	No of clients
Current payment SRA rates	386,235	30
Continuing care payment £200	312,000	30
Saving	74,235	

- 6.3** The table below details the cost and any associated savings for Children's Services in respect of the payment of local allowances to young people aged between 18-21 years old who were previously looked after but not on their 16th birthday however who remain within their Kinship Care placement and also within full-time Education:

18-21 Years old Section 11	25/26 Cost	No of clients
Current payment SRA rates	255,008	23
If in full time Education continuing care payment £200 (50% of clients)	124,800	12
Saving	130,208	

7. Risk Analysis

- 7.1** A risk associated with not providing financial support to local Kinship Carers or young people aged 18-21 would be that young people are not afforded the security and stability within their placement which can support them to make a successful transition to independent adulthood.

8. Equalities Impact Assessment (EIA)

- 8.1** An Equalities Impact Assessment has been completed (Assessment No 1254) and has concluded that the introduction of Kinship Allowances will have positive impacts and support in the promotion of positive social, educational and health outcomes for young people.

9. Consultation

- 9.1** There has been limited local consultation undertaken in this area and whilst engagement with both the local Kinship Care Support Group and young people respectively is being developed there has been ongoing National consultation undertaken which has informed our position.
- 9.2** It is acknowledged that in line with ongoing national consultation the Scottish Government may make future proposals in relation to Continuing Care and support for Care Leavers, including financial assistance, which we would consider in terms of reviewing our local position.

Name: Lesley James (Head of Children's Health, Care, Justice Services, Chief Social Work Officer)

Date: 24th March 2025

Person to Contact: Mark Mulvenna (Interim Senior Manager)
16, Church Street, Dumbarton, G82
0141 562 8800
mark.mulvenna@west-dunbarton.gov.uk

Appendices: Appendix 1 - WDC HSCP Continuing Care Guidance
Appendix 2 – EIA Kinship Carer Payments

Background Papers: None

Wards Affected: All



**West Dunbartonshire
Health & Social Care Partnership**

West Dunbartonshire Health and Social Care Partnership Continuing Care Guidance

This guidance is intended for the use of West Dunbartonshire Council staff in respect of the application of Continuing Care within West Dunbartonshire.

March 2024

Review date April 2026

Contents

Introduction.....	3
Legislative Framework	4
Eligibility for Continuing Care	5
Assessment and Provision of Continuing Care Support	6
- Welfare Assessment	6
- Placement Support	7
- Continuing Care Allowance	8
- Review	8
- Exceptions to providing Continuing Care	9
- Managing the ending of Continuing Care	10
Reporting on Death of Young People in Continuing Care	10
Aftercare	10
Protocol between Local Authorities	11
Disputes and Complaints	11
Definition of Key Terms	12
Appendix A – Continuing Care Agreement (draft)	14
Appendix B – Continuing Care progress diagram	18

1. Introduction

The policy intention behind the Continuing Care provision of the [Children and Young People \(Scotland\) Act 2014](#) ('the 2014 Act') is to provide care leavers with a more graduated transition out of care by offering continuity of placement and stable relationships while the young person manages the challenges of leaving school, going on to further education or gaining employment and moving towards interdependent living.

The changes introduced by the 2014 Act reflect the principles and philosophy of care set out in the Scottish Government's [Staying Put Scotland](#) Guidance of October 2013.

Continuing Care is a new legal status which has been introduced under the 2014 Act and the aim is to offer eligible young people who cease to be "looked after" on or after their 16th birthday, the opportunity to remain in their current placement and receive the same support or equivalent care up until their 21st birthday. This continuity should:

- Provide young person with stability
- Enable young person to benefit from continuing to reside with the people they have formed a positive relationship with
- Ensure young person receives the support they require as they transition

The importance of involving and consulting the young person in all discussions and decisions underpins the legislation and guidance.

Continuing Care should be considered the default option for young people who are looked after away from home on, or after, their 16th birthday, and they should be 'encouraged, enabled and empowered' to stay put in positive care placements.

West Dunbartonshire Council is committed to ensuring its care experienced Young People are enabled and empowered to remain in positive care settings where possible, until they are ready to move on. The Promise (2020), which was the result of the independent care review, prioritised Moving On as an area for improvement and it says:

"Scotland must limit the number of moves that children experience, and support them through any transitions. Any transition in a care experience child's life must be limited, relational, planned and informed".

"Scotland should behave and act like a good parent that supports young people as they enter adulthood. Scotland must be a parent that encourages young people toward a life of independence, self-reliance and stability, but also recognises that, often, young people will need to stay "at home" or come home for some time at various times."

Each young person's needs will be assessed on an individual basis to ensure appropriate support to meet any identified needs is provided.

This guidance document will establish how West Dunbartonshire will deliver Continuing Care within its provision for those eligible Young People in line with National Guidance published by Scottish Government ([Children and Young People \(Scotland\) Act 2014 part 11 - continuing care: guidance - gov.scot \(www.gov.scot\)](#)).

2. Legislative framework

‘Continuing Care’ is a new legal term established by the Children and Young People (Scotland) Act 2014. It inserts a new [section 26A into the Children \(Scotland\) Act 1995](#) to place a duty on local authorities to provide Continuing Care in certain circumstances. This effectively means that eligible young people can remain in their care placement until the age of 21.

[The Continuing Care \(Scotland\) Order 2015](#) is an opportunity to plan in a gradual way increasing independence at a rate and stage that suits the evolving capacity of the young person. The aim of the provision is to ensure that where it does not significantly adversely affect their welfare then all eligible looked after young people are encouraged, enabled and empowered to stay in an existing care placement until they are able to demonstrate their readiness and willingness to move on to interdependent living. Interdependence more accurately reflects the day-to-day reality of an extended range of healthy inter-personal relationships, social supports and networks. This will be achieved through the Welfare Assessment.

Legislation

Social Work (Scotland) Act 1968 (‘The 1968 Act’)
Children (Scotland) Act 1995 (‘The 1995 Act’)
Children (Leaving Care) Act 2000 (‘The 2000 Act’)
Regulation of Care (Scotland) Act 2001 (‘The 2001 Act’)
Adoption and Children (Scotland) Act 2007 (‘The 2007 Act’)
Children’s Hearings (Scotland) Act 2011 (‘The 2011 Act’)
Children and Young People (Scotland) 2014 (‘The 2014 Act’)
Continuing Care (Scotland) Order 2015 (‘The 2015 Act’)

Regulations and Guidance

Children and Young People (Scotland) Act 2014 part 11 – Continuing Care Guidance
Looked After Children (Scotland) Regulations 2009
Guidance to Looked After Children (Scotland) Regulations 2009 and Adoption and Children (Scotland) Act 2007
Guidance to Parts 9, 10 and 11 of the 2014 Act
Regulations and Guidance on Services for Young People Ceasing to be Looked after by Local Authorities 2004.

Other reference sources

CELCIS Inform Newsletter – The Children and Young People (Scotland) Act 2014
CELCIS practice note – Welfare assessment 2010 (CELCIS)

These are our Bairns – 2008 (Scot Govt)
Staying Put Scotland 2013 (Scot Govt)
Sweet Sixteen? The age of leaving care in Scotland 2008, (SCCYP)
Care leavers and benefits published by the Child Poverty Action Group, updated 2016
The Scottish Care Leavers' Covenant (CELCIS)

3. Eligibility for Continuing Care

Young people are eligible for Continuing Care if:

- they are at least sixteen years of age but not older than 21 years of age; and
- were 'looked after' by West Dunbartonshire Council due to being:
 - a) provided with accommodation under Section 25 of 'The 1995 Act'; or
 - b) subject to a compulsory supervision order or an interim compulsory supervision order made by a Children's Hearing in respect of whom the local authority is the implementation authority (within the meaning of 'The 2011 Act') and looked after away from home either in a kinship, foster or residential placement; or
 - c) living in Scotland and subject to an order in respect of whom a Scottish local authority has responsibilities, as a result of a transfer of an order under regulations made via section 33 of 'The 1995 Act' or section 190 of 'The 2011 Act'; or
 - d) subject to a Permanence Order made after an application by the local authority under section 80 of 'The 2007 Act'.

There is no requirement for young people to request or apply for Continuing Care for it to be considered however they should be made fully aware of their rights in relation to this.

If an eligible young person's compulsory supervision order is being removed prior to Continuing Care beginning (as opposed to Continuing Care beginning when the young person reaches their 18th birthday), then this should be agreed at a children's hearing.

For eligible young people moving to 'Continuing Care' then this term should replace 'looked after' as the legal term used to classify their arrangements.

Young people who are subject to a Kinship Care Order under section 11 of 'The 1995 Act' are not eligible as they are not classified as being looked after.

Young people who are looked after at home, subject to a Compulsory Supervision Order, are also not eligible for Continuing Care.

Although some young people will be ineligible for Continuing Care, assessment and planning for their transition to independent adulthood may still be undertaken and they may be entitled to Aftercare Support (see [Guidance on Part 10 \(Aftercare\) of 'The 2014 Act'](#)), which can include accommodation.

4. Assessment and Provision of Continuing Care Support:

In the 12 months prior to a young person ceasing to be looked after, the plan for their future and 'staying put' must be discussed and agreed within their Looked After and Accommodated Review.

Given the complexity of this arrangement, discussion with the potential Continuing Care provider regarding their capacity and willingness to provide an ongoing placement and whether they are regulated to provide this to young people up until the age of 21, should take place in advance of any discussion with the young person. Thereafter full information about both their rights and the options available should be fully explained and discussed with the young person.

Once the young person has been involved in looking at the options available and has indicated a preference, this should be discussed further at the next Looked After and Accommodated Child Review and actions in relation to achieving this outcome clearly noted within the young person's plan. Plans for Continuing Care should, at the latest, be in place before the young person turns 18.

4.1. Welfare Assessment:

The assessment in relation to Continuing Care is referred to within the 2014 Act as the 'Welfare Assessment' which must be carried out at the earliest opportunity and before the young person ceases to be looked after.

[Care Inspectorate Practice Note](#) in respect of this assessment provides the following helpful guidance:

"Individual care plans and service planning processes should anticipate, expect and plan for children and young people electing to 'stay put', with relational practice informing, guiding and supporting this. Additionally, service planning and commissioning processes should anticipate, expect and plan for young people remaining in positive care placements as a matter of course."

The Welfare Assessment must cover the following areas:

- The young person's emotional state, day-to-day activities, personal safety, influences and identity.
- Family, Brothers and Sisters, relationships, children, other caring responsibilities, life story, friends and relationships with other significant people including carers.
- General health (including any mental health needs), contact with health services, medical conditions and disabilities and emotional and mental wellbeing.

- Schooling, skills and experience, qualifications and certificates, training and work.
- Future plans for study, training or work.
- The young person's current accommodation arrangements, practical living skills, accommodation options for the future and any support required for everyday living.
- Sources of income, outgoings, savings and debts, requirement for financial support and budgeting skills.
- Knowledge of their rights and legal entitlements, any previous or current involvement in legal proceedings, including criminal proceedings as a victim, witness, or alleged perpetrator.

These key points align with the key considerations of both the SHANARRI wellbeing indicators and what should be included in a comprehensive and holistic Pathways assessment.

4.2. Placement Support:

Whilst young people in Continuing Care placements will continue to have an allocated worker to support and monitor them in their transition towards adulthood, it will be the responsibility of the Supervising Social Worker for the Foster or Kinship Carer or the Senior Residential Worker to ensure that the carer themselves are aware of Continuing Care and ensure they are included in discussions as early as possible regarding the young person staying put.

Continuing Carers are expected to take up learning and development opportunities as part of their commitment to the role of a Continuing Carer. A variety of opportunities will be offered to Continuing Carers however Adult Protection is mandatory training which must be attended.

A Continuing Care Placement Agreement (Appendix A) should be completed by both the young person and their carer at the point of Continuing Care commencing with this agreement being subject to review. A Placement Agreement is required for every young person in Continuing Care and should be completed prior to the placement being converted.

The following information should be included and updated and/or checked for accuracy at regular intervals:

- The young person's personal history and identity; their health, educational, social and personal care needs
- The young person's G.P., Dentist, Education/Training placement if applicable
- The child/young person's plan and the objectives of the placement
- Financial support of the young person during the placement
- Family Time arrangements if applicable
- Arrangements, including frequency, for Social Work visits (to both the young person and to the Carer) in connection with supervision of the placement and for reviews
- Compliance by the Foster/Kinship Carer with the terms of the Agreement

- Co-operation by the Continuing Carer with any arrangements made.

'Foster Carers' and 'Kinship Carers' who are agreeing to provide Continuing Care should be formally reviewed and approved as 'Foster Carers-Continuing Care' or 'Kinship Carers-Continuing Care'. If appropriate this approval can be considered and given within the carers annual review.

4.3. Continuing Care Allowances:

A local authority should carefully consider the financial implications of offering a Continuing Care placement on the carer to ensure that a lack of financial support is not a barrier to the continuation of the placement regardless of the placement type.

Finance should be considered early in the planning process for a Continuing Care placement with access to any relevant benefits forming part of the young persons plan. Payments made to care leavers for Continuing Care are made under [section 26A of the 1995 Act](#).

The 2014 Act provides that young people in Continuing Care are entitled to the same support they received prior to ceasing to be looked after which includes financial support. Although a young person being provided with Continuing Care is not eligible for Aftercare financial support (e.g. section 29 leaving care grant) as they are not considered care leavers, the support they receive should be no less than a young person in receipt of Aftercare support.

Once a young person reaches their 16th birthday they may be eligible for benefits such as Universal Credit, disability benefits and/or Housing Benefit as appropriate. As corporate parents, local authorities and other partners should work collaboratively to ensure that the young people in Continuing Care are receiving all the support to which they are entitled.

Any payments made to the young person or their carer under section 26A of the 1995 Act should be disregarded by the Department for Work and Pensions when calculating that person's benefits, including income support, universal credit and housing benefit. This means that such payments will not be taken into account in any benefits claim.

If a carer is caring for a 16 or 17-year-old in a Continuing Care placement, it may be that the young person is eligible for Universal Credit. This allowance should not impact on any benefits claim made by the carer. The local authority should cover the full cost of the Continuing Care placement.

4.4. Review:

Once a young person is within Continuing Care then welfare reviews should be carried out at intervals not exceeding 12 months. This review should be informed by a review of the Welfare Assessment with consideration as to whether continuing to provide a Continuing Care placement remains in the best interests of the young person and does not significantly adversely affect their wellbeing. As with all elements of this provision it is important that the young person is fully involved in this process, that his/her views are sought, recorded and

listened to. The Continuing Care review process will continue until the young person's 21st birthday, where if the need is identified, the case will move to Aftercare support.

It is important that Continuing Care placements are subject to the same level of quality assurance as was provided while the young person was looked after. This will provide protection for the young person, review the continuing suitability of the placement provider for the needs of the young person and identify support needs of the placement providers, including how these can be met. Continuing Care cases will locally be reviewed by the Independent Reviewing Co-Ordinator's.

4.5. Exceptions to providing Continuing Care:

Notwithstanding the points above, the **only** reason for West Dunbartonshire Council failing to provide Continuing Care would be if any of the following apply:

1. If young person was accommodated in secure care immediately before ceasing to be looked after
2. If young person was in care where the carer/provider has indicated that they are unable or unwilling to continue to provide care
3. If the Local Authority considers that providing the care would significantly adversely affect the welfare of the person – this **must** be clearly evidenced in a Welfare Assessment

If the potential Continuing Care provider is not able to provide an ongoing placement (point 2 above) then every effort should be made to provide a placement of an equivalent standard. Where possible and appropriate, efforts should be made to allow the young person to maintain the relationship with the previous carers.

In addition to this, the duty to provide Continuing Care ceases if:

- a) the young person leaves the accommodation of their own volition,
- b) the accommodation ceases to be available; or
- a) in exceptional circumstances, the local authority considers that remaining in the current home would significantly affect the welfare of the person. This must be evidenced in a Welfare Assessment.

If however a young person leaves the placement but then asks to return, if the Continuing Care placement is still available and all concerned agree that it is best for the young person to do so then there is no reason why the young person cannot return to it as accommodation provided under Section 29 (Aftercare) of the 1995 Act.

For whatever reason it ceases, once Continuing Care comes to an end the local authority is still under a duty to assess the young person for Aftercare support (by virtue of section 29(5) of the 1995 Act) and, if the young person applying for support is deemed to have eligible needs which cannot otherwise be met, the local authority is under a duty to provide the young person with such advice, guidance and assistance as it considers necessary for the purposes

of meeting those needs (potentially up to their twenty-sixth birthday). If the young person is deemed not to have capacity, a guardian may apply on their behalf and should be provided with the advice and guidance necessary to meet the young person's needs.

4.6. Managing the ending of Continuing Care:

A young person can choose to leave Continuing Care at any point. If Continuing Care is assessed as the best option for the young person, practitioners should make this clear to them, and should ensure that the young person understands that if they leave the placement the local authority will no longer have a duty to provide Continuing Care. The ending of a Continuing Care placement should be done in a planned way to allow work to be completed in supporting the young person in their transition into Aftercare.

Young people from all backgrounds need support when they first start to live independently. Many young people with no care experience find that they need to return to the family home at some point. Local authorities should consider how best to support young people with care experience making the transition to independent living if they need to be re-accommodated. It may be through section 25 of the 1995 Act in alternative accommodation or if the Continuing Care placement or looked after placement is still available, there is no reason why the young person cannot return to this as accommodation provided under section 29 (Aftercare) of the 1995 Act.

5. Reporting on Death of Young People in Continuing Care:

Notifying the death of a young person in Continuing Care to the Scottish Ministers and the Care Inspectorate is a statutory duty in accordance with section 26A(10) of the Children (Scotland) Act 1995 as inserted by section 67 of the Children and Young People (Scotland) Act 2014. Notifications should be made via Chief Social Work Officer to Scottish Ministers by email to: looked_after_children@gov.scot

6. Aftercare

This guidance aims to ensure the journey of young people to Continuing Care, into Throughcare and then Aftercare is as seamless as possible. The Welfare assessment and young persons plan should be dynamic and will evolve with the young person.

For whatever reason it ceases, once the Continuing Care placement comes to an end the local authority will have a duty to assess the young person in relation to aftercare support. If the young person is assessed as having eligible needs which cannot otherwise be met, the local authority is under a duty to provide the young person with such advice, guidance and assistance as it considers necessary for the purposes of meeting those needs (potentially up to their 26th birthday).

Local authorities have a duty to provide aftercare support to all young people who leave care after they turn 16, until their 19th birthday. Care leavers who are at least 19 but less than 26 years of age may apply to their local authority for aftercare support. If a young person making

an application is assessed and found to have eligible needs that cannot otherwise be met, the local authority has a duty to provide the young person with such advice, guidance and assistance as it considers necessary to meet those needs (potentially up to their 26th birthday). If the young person is not found to have eligible needs, a local authority can still provide advice, guidance and assistance at their discretion. A local authority may also provide aftercare to a care leaver beyond the age of 26 years old, but they are not legally required to do so.

7. Protocol between local authorities

There may be circumstances in which a young person's Continuing Care placement is not within the local authority that had responsibility for their care order, for example if the young person has lived in the placement for a significant period and has established relationships, education and/or employment in that area and wishes to remain there.

[Section 21 of the Children \(Scotland\) Act 1995](#) sets out expected cooperation between local authorities. A young person who is in Continuing Care is entitled to the same supports as they received when they were last looked after. The principle that 'the local authority who last looked after a young person should remain responsible' should be applied for young people in Continuing Care. Where this is impractical local authorities may wish to enter into financial agreements with each other regarding the management of support to the young person.

8. Disputes and Complaints

Any disputes or complaints that cannot be dealt with directly with the young person should be further considered through West Dunbartonshire Council's Complaints Procedures and the young person should have a clear understanding of how to raise a complaint.

Independent advocacy for young people can be accessed via [Who Cares? Scotland](#).

Further information from CELCIS on "Rights to Continuing Care" is also available [here](#).

9. Definition of Key Terms

Aftercare:

The term 'Aftercare' refers to the advice, guidance and assistance provided to care leavers under section 29 of the Children (Scotland) Act 1995. Section 29(1) and (2) of this Act (as amended by section 66 of the Children and Young People (Scotland) Act 2014 specifies the descriptions of care leavers that are eligible or potentially eligible for Aftercare. Any young person who ceases to be looked after on or after their sixteenth birthday and is less than twenty-six years of age is eligible (between sixteen and nineteen) or potentially eligible (between nineteen and twenty-six) for Aftercare. Prior to the 2014 Act changes young people who ceased to be looked after beyond their minimum school leaving age and were less than twenty-one years of age were eligible or potentially eligible for Aftercare. It is important to

note that eligibility for Aftercare applies to all care leavers, regardless of their placement type while they were looked after.

Care Leaver:

For the purposes of this guidance a 'care leaver' is a young person who meets the descriptions set out in section 29 and section 30 of the Children (Scotland) Act 1995 (as amended by section 66 of the Children and Young People (Scotland) Act 2014).

From 1 April 2015 a care leaver is a young person who ceased to be looked after on, or at any time after, their sixteenth birthday. This replaces the previous care leaver definition of a young person who ceased to be looked after over school leaving age.

Please note that care leavers under the previous definition will continue to be considered care leavers after 1 April 2015, and therefore remain covered by the duties set out in section 29 and section 30 of the Children (Scotland) Act 1995 (as amended by section 66 of Children and Young People (Scotland) Act 2014). This definition also applies to duties set out in Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014.

Care Placement:

The term 'care placement' refers to a placement for a looked after child (as described in section 26(1) (a) of the Children (Scotland) Act 1995 with a family, relative or other suitable person or residential establishment.

Carer:

Under the Continuing Care provisions of the Children and Young People (Scotland) Act 2014 'carer' means the family or persons with whom the placement is made.

Looked After Child:

The definition of a 'looked after child' is set out in section 17(6) of the Children (Scotland) Act 1995), as amended by the Adoption and Children (Scotland) Act 2007 and Children's Hearings (Scotland) Act 2011 a child is 'looked after' by a local authority when he or she is:

- a) Provided with accommodation by a local authority under section 25 of the Children (Scotland) Act 1995; or
- b) Subject to a compulsory supervision order or an interim compulsory supervision order made by a Children's Hearing in respect of whom the local authority is the implementation authority (within the meaning of the Children's Hearing (Scotland) Act 2011; or
- c) Living in Scotland and subject to an order in respect of whom a Scottish local authority has responsibilities, as a result of a transfer of an order under regulations made under section 33 of the Children (Scotland) Act 1995 or section 190 of the Children's Hearing (Scotland) Act 2011; or

- d) Subject to a Permanence Order made after an application by the local authority under section 80 of the Adoption and Children (Scotland) Act 2007.

To assist in the provision of their care some children and young people with disabilities are 'looked after' by local authorities (often under section 25 of the Children (Scotland) Act 1995: voluntary arrangement). These children and young people are legally 'looked after', and so covered by the duties set out in Part 11 of the Children and Young People (Scotland) Act 2014.

A child who has been adopted, or a child who is secured in a placement with friends or relatives by means of a Kinship Care Order (under section 11 of the Children (Scotland) Act 1995), is not considered 'looked after'.

Throughcare:

The term 'Throughcare' refers to the advice and assistance provided to looked after children with a view to preparing them for when they are no longer looked after by a local authority. Local authorities are under a duty to provide such assistance to all looked after children under section 17(2) of the Children (Scotland) Act 1995. For more guidance on Throughcare, please refer to the Supporting Young People Leaving Care in Scotland: Regulations and Guidance on Services for Young People Ceasing to be Looked After by Local Authorities published in 2004.

10. Appendices

Appendix A – Continuing Care Agreement

Information for Young People on 'Continuing Care' and Continuing Care Agreement.

In 2014, the Scottish Government passed a law that made some important changes for care experienced young people. This law meant that young people now have a right to both 'Continuing Care' and 'Aftercare' and it's important that you are informed about what these rights mean so that you can get all the information, help and support that you want and need. If you are not sure about this, talk to the people who support you, this could be your social worker, key workers, residential workers, throughcare and aftercare workers or foster carers.

West Dunbartonshire Council are one of your 'corporate parents' and have a responsibility to look after, encourage and support you. They also provide you with your placement and have a responsibility to support your wellbeing and to keep you and the many other young people that they look after safe, healthy, and feeling supported particularly when you are getting ready to move on and leave their care.

What is Continuing Care?

Continuing Care offers some young people the entitlement to remain in their care setting up to their 21st birthday, where they cease to be looked after by their local authority. This applies

to young people who have been looked after in Kinship, Foster or Residential Care and who were born after April 1999.

Basically, if you like the current placement where you are living and you want to have the option to stay there until you are 21 years old you can request this. Support and planning with you around this decision should begin before your 16th Birthday and be included in your plan which is agreed at your Looked After Review.

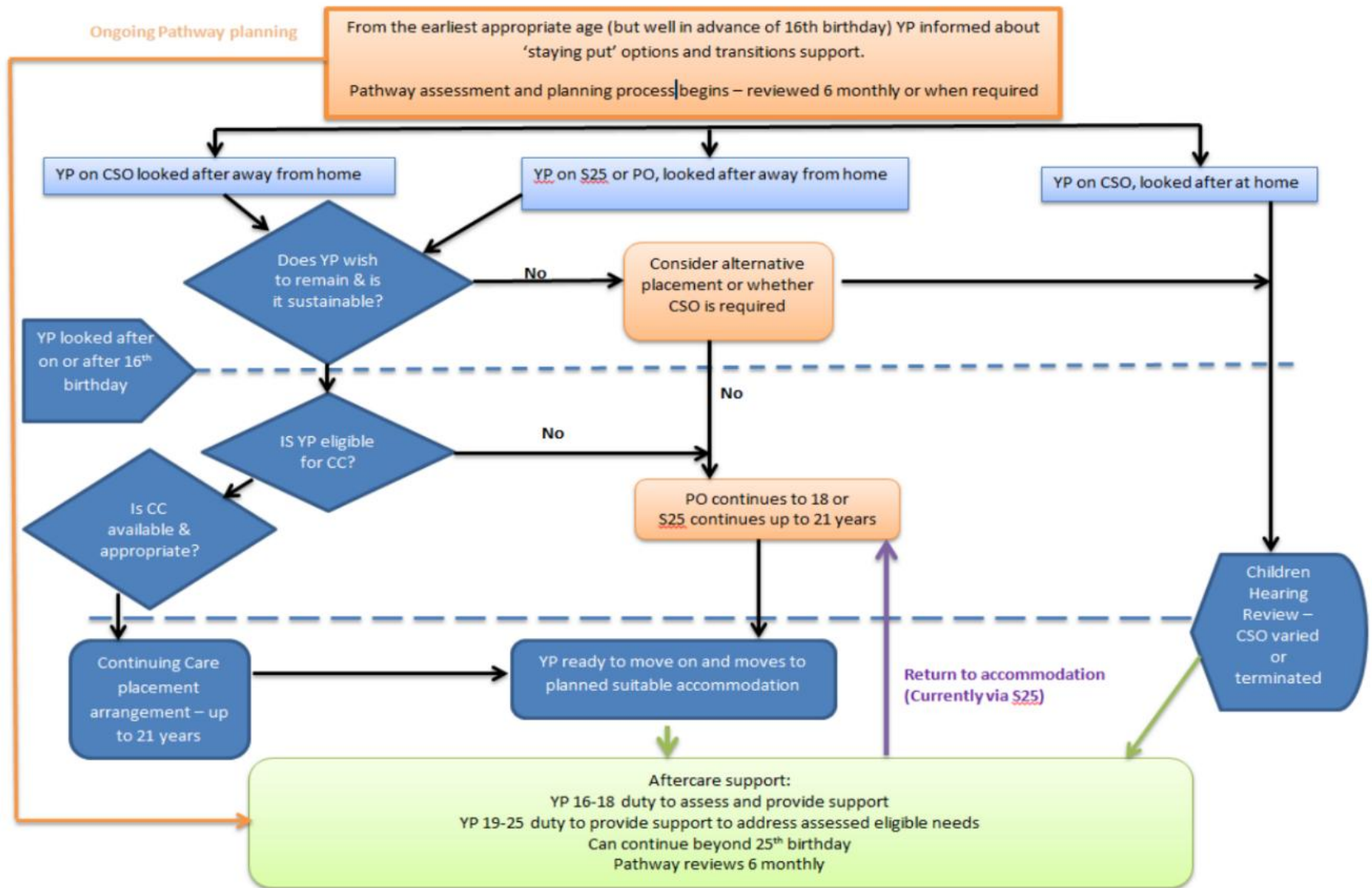
The team around you will discuss with you your options and help you to start planning for your future.

Further information on your rights can be found here: [Your Right to Continuing Care :: Celcis](#)

Important questions to consider and ask yourself:

- Do you feel ready to leave care?
- Can I stay on my current legal order?
- Will I be looked after on my 16th Birthday? (This is **important** as if the answer is 'yes' then you will be entitled to both ask for Continuing Care and also be entitled to Aftercare Support until your 26th birthday)
- Is where I am staying available until I am 21 years old, and is it good for me?
- Do I want to have the option to stay where I am until my 21st birthday?
- Following clarification that continuing care is an 'opt in' decision informed by the young person's views the young person and their social worker or nominated person should complete the Continuing Care Agreement at appendix A and this is then held in the young persons record (appendix A).

Appendix B - Continuing Care process diagram



Assessment No		Owner	Mark Mulvenna	
Resource	HSCP	Service/Establishment	Joint	
Name	Kirsty Porterfield	Job title	Improvement Officer	
Head Officer	Lesley James	Job title		
Policy Title	Allowances for Kinship Carers and Young People in West Dunbartonshire			
The aim, objective, purpose and intended outcome of policy	<p>Through engagement with the local Kinship Care Support Group, we have been advised that a child/young person’s eligibility for Continuing Care means that many carers are not seeking to secure young people legally within their care due to the financial impact it would have compared to the child/young person remaining “looked after” within a temporary care arrangement.</p> <p>Research shows that delays in securing permanence for a child/young person has a detrimental effect on the rest of their lives, for example, lower school attendance and earlier leaving rates, higher rates of school exclusion and attainment gaps between kinship care experienced school leavers and the general population of school leavers.¹</p> <p>The aim of the update in allowances is to ensure financial stability for Kinship Carers and the young people they support and by introducing allowances for young people aged 18 – 21, we seek to provide consistency, reduce financial strain on carers, and promote positive outcomes for young people transitioning into adulthood.</p>			
Service/Partners/Stake holders/service users involved in the Development and/or implementation of policy.	Lesley James Julie Slavin Mark Mulvenna Yvonne Sloan WD Kinship Care Group			

Does the proposals involve the procurement of any Goods or services?	No
If yes please confirm that you have contacted our procurement services to discuss your requirements.	No
SCREENING	
<i>You must indicate if there is any relevance to the four areas</i>	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	Yes
Relevance to Human Rights (HR)	No
Relevance to Health Impacts (H)	No
Relevance to Social Economic Impacts (SE)	Yes
Who will be affected by this policy?	
Kinship Carers and children and young people in a Kinship Care placement within West Dunbartonshire.	

¹ [Growing Up In Kinship Care Report - CELCIS-SCADR 8 October 2024.pdf](#)

Who will be/has been involved in the consultation process?

There has been limited local consultation undertaken in this area and whilst engagement with both the local Kinship Care Support Group and young people respectively is being developed there has been ongoing National consultation undertaken which has informed our position.

Please outline any particular need/barriers which equality groups may have in Relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

Protected Characteristic	Needs	Evidence	Impact
Age			Positive Impact Allowances for children/young people 18 – 21 acknowledges their continued development and could help prevent any perceived financial hardship from seeking to secure young people legally within their care (i.e. not being eligible for Continuing Care)
Disability	No impact	This characteristic is not impacted, as payments are provided to all children/young people and Kinship Carers regardless of their background or identity.	
Gender reassign	No Impact	This characteristic is not impacted, as payments are provided to all children/young people and Kinship Carers regardless of their background or identity.	
Marriage and Civil Partnership	No impact	This characteristic is not impacted, as payments are provided to all children/young people and Kinship Carers regardless of their background or identity.	
Pregnancy and Maternity	No Impact	This characteristic is not impacted, as payments are provided to all children/young people and Kinship Carers regardless of their background or identity.	
Race	No Impact	This characteristic is not impacted, as payments are provided to all children/young people and Kinship Carers regardless of their background or identity.	
Religion and Belief	No Impact	This characteristic is not impacted, as payments are provided to all children/young people and Kinship Carers regardless of their background or identity.	

Sex			Positive Impact <ul style="list-style-type: none"> - Majority of Kinship Carers are likely female and may have limited financial resources due to breaks in their career history/previous caring responsibilities, and changes to benefits systems (such as universal credit) may affect them more deeply. The change in payments may mitigate this and allow them more financial support
Sexual Orientation	No Impact	This characteristic is not impacted, as payments are provided to all children/young people and Kinship Carers regardless of their background or identity.	
Health			Positive Impact <ul style="list-style-type: none"> - Children in kinship care often have complex health needs.² Addressing these issues requires tailored support, and without adequate resources, these children may face additional barriers to accessing opportunities that promote wellbeing and development. The change in payments may allow more children to receive support and resources that they may not have previously been able to afford.
Social and Economic Impact			Positive Impact <ul style="list-style-type: none"> - Providing allowances for Kinship Carers ensures financial support and reduces economic barriers to providing care for children and young people. - Introducing payments for 18 – 21year olds can help prevent them from falling into financial hardship when transitioning into adulthood, especially those in education/training.
Cross Cutting			

Issue Description	Action Description	Actioner Name	Due Date

Policy has a negative impact on an equality group, but is still to be Implemented, please provide justification for this.

Will the impact of the policy be monitored and reported on an ongoing bases?

Yes, the changes to payments will be monitored regularly and reviewed in line with any changes to national guidance.

Q7 What is your recommendation for this policy?

Implement

Please provide a meaningful summary of how you have reached the

Recommendation:

The introduction of Kinship Allowances will have positive impacts and support in the promotion of positive social, educational and health outcomes for young people. There are no negative impacts to consider at this time and therefore the recommendation to implement is justified based on the content of this document.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Margaret Jane Cardno, Head of Strategy and Transformation

24 March 2025

Subject: Budget Engagement Update

1. Purpose

- 1.1** The purpose of this report is to update the HSCP Board on the findings of the 2025/26 Budget Engagement Survey published by the West Dunbartonshire Health and Social Care Partnership in December 2024.

2. Recommendations

- 2.1** It is recommended that the HSCP Board note the content of this report.

3. Background

- 3.1** Appendix 1 of this report details the findings of the 2025/26 Budget Engagement Survey published by West Dunbartonshire Health and Social Care Partnership (WDHSCP) in December 2024. The survey was publicised both online and, in the community.

- 3.2** This work was part of a wider suite of public and staff engagement events with bespoke events also held to gather views on the future of day services, the future of work opportunities for service users with disabilities, the equivalency model and West Dunbartonshire Council Charging Policy for Non-Residential Care Services. Except for the Council Charging Policy for Non-Residential Care Services, details of these bespoke engagements can be found in the relevant standalone reports to the HSCP Board. A link to the Council Charging Policy can be found within the background papers section of this report.

- 3.3** The governance and subsequent approval of the Charging Policy for Non-Residential Care Services is a matter for West Dunbartonshire Council. The Council approved this policy on the 5 March 2025. It is the intention that this policy will undergo a further review in the first six months of the new financial year and will be considered again by the local authority at an appropriate time.

4. Main Issues

- 4.1** The key findings of the 2025/26 Budget Engagement Survey include:
- Majority of respondents agreed that WDHSCP should prioritise preventative measures when providing services.
 - Consistent mention of focusing efforts on maintaining staffing levels and investing in services to avoid situations escalating into a crisis.

- Desire to see services being invested in as the impact to the community without their existence would be felt.
- Respondents regularly suggested in community alternatives to relieve pressure on services that were oversubscribed.
- Information about WDHSCP services needed to be easier to find and services needed to be more transparent about how to access support (including informing clients about waiting times).

4.2 The recommendations of the survey include:

- Considering the evidence and implementing suggestions wherever possible during Budget considerations.
- Explanation of why suggestions cannot be implemented to create better transparency.

5. Options Appraisal

5.1 The recommendation within this report does not require an options appraisal to be undertaken.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 There are no risks arising from the recommendation within this report.

9. Equalities Impact Assessment (EIA)

9.1 This report does not require the completion of an EIA as the recommendation does not impact on those with protected characteristics.

10. Environmental Sustainability

10.1 This report does not require the completion of a Strategic Environmental Assessment (SEA).

11. Consultation

11.1 The HSCP Senior Management Team, the Chief Financial Officer and the Monitoring Officer have been consulted in the compilation of this report and their comments incorporated as appropriate.

12. Strategic Assessment

12.1 On the 15 March 2023 the HSCP Board approved its Strategic Plan

2023 – 2026 “Improving Lives Together”.

- 12.2** This work specifically aligns with the ‘partnership’ strategic enabler and the HSCP Boards ambition to further improve how the HSCP engages with the local community to develop a common understanding of local needs and priorities.

13. Directions

- 13.1** The recommendation within this report does not require a direction to be issued.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
Date:	12 March 2025

Person to Contact:	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership
---------------------------	---

Appendices:	Appendix 1: 2025/26 Budget Engagement – Public Survey Responses
--------------------	---

Background Papers:	<u>West Dunbartonshire Council 5 March 2025 Link to Charging Policy</u>
---------------------------	---

Appendix 1

2025/26 Budget Engagement – Public Survey Responses

Report Summary

The following report details the findings of the 2025/26 Budget Engagement Survey published by the West Dunbartonshire Health and Social Care Partnership (WDHSCP) in December 2024. Due to a lack of capacity budget engagement in previous years has been limited, this was an issue the HSCP wished to address, involving its communities from the earliest opportunity. The survey was publicised both online and, in the community, the results form the findings of this report.

Key findings of the report include:

- Majority of respondents agreed that WDHSCP should prioritise preventative measures when providing services.
- Consistent mention of focusing efforts on maintaining staffing levels and investing in services to avoid situations escalating into a crisis.
- Desire to see services being invested in as the impact to the community without their existence would be felt.
- Respondents regularly suggested in community alternatives to relieve pressure on services that were oversubscribed.
- Information about WDHSCP services needed to be easier to find and services needed to be more transparent about how to access support (including informing clients about waiting times).

Recommendations of the report include:

- Considering the evidence and implementing suggestions wherever possible during Budget considerations.
- Explanation of why suggestions cannot be implemented to create better transparency.


Introduction

The West Dunbartonshire Health and Social Care Partnership (WDHSCP) published a public survey on the 2 December 2024. This survey was investigating residents' opinions and suggestions into the 2025/26 Financial Budget. The survey ran until the 6 January 2025 and overall received 21 responses. The following report is a detailed summary of the findings of the survey.

Survey Creation and Publication

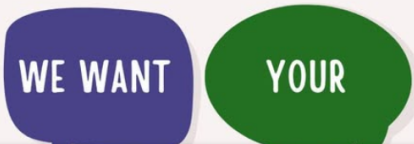
A Microsoft Form was created to capture responses for the survey and its contents were sent to the Senior Management Team for approval, which it achieved prior to publication. The survey was published on social media platforms, including X (formally known as Twitter) and Facebook. The post on Facebook reached approximately 6,000 accounts and 594 people engaged with the post directly.

Post details
ID: 976200247877130



West Dunbartonshire Council
Published by [Nicole Gallacher](#)
· 3 December 2024 ·

WDHSCP 2025/26 Budget Survey
The WDHSCP want to hear from you to help us make informed decisions for the upcoming 2025/2026 financial year that will begin on 1st April, 2025. Let us know how we can modernise our services and provide the best standard of care for everyone who lives and works in West Dunbartonshire. Similarly to other HSCPs across Scotland, the WDHSCP is facing difficult financial circumstances and we need your input about how we prioritise our future budget.... [See more](#)



6,064
Accounts Centre accounts reached
0% from boosted posts

6,064 organic

0 paid

594
Post engagements

15 reactions
6 on post
9 on shares

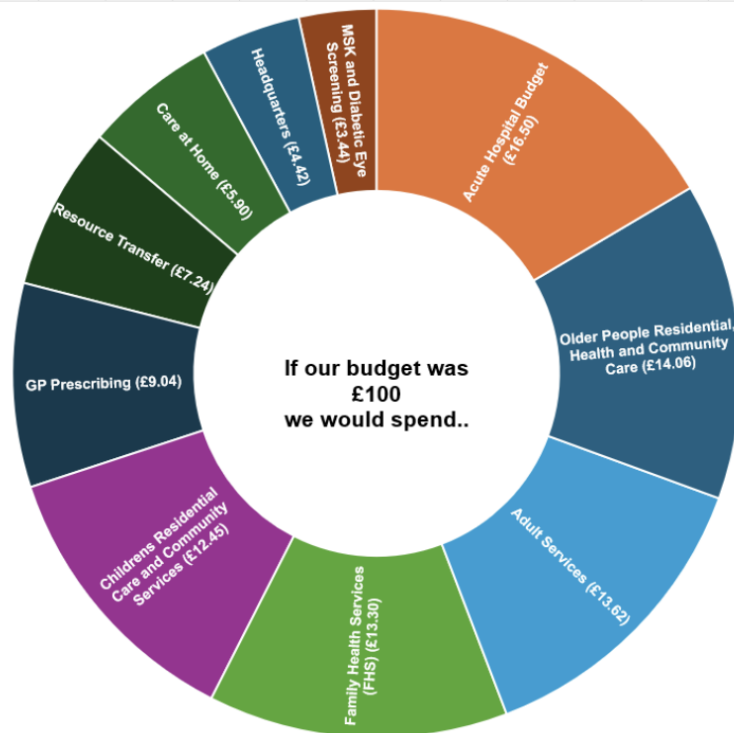
23 comments
14 on post
9 on shares

12 shares
11 on post
1 on shares

544 clicks
22 photo clicks
52 link clicks

Engagement stalls were held in December across the West Dunbartonshire area to publicise the survey and signpost people to support services if necessary. Approximately 50 people engaged across the three stalls held in Clydebank Shopping Centre, Dumbarton Morrison's and Vale of Leven Health Centre. All stalls were hosted from 10:30AM to 1:30PM and were in high traffic areas to encourage engagement.

Context surrounding the current financial pressures facing WDHSCP was critical for the understanding of this survey. To achieve this, the 2024/25 budget was consolidated into a pie chart that represented the financial outgoings of the Partnership. It was set with the context of 'If our budget was £100, we would spend...' to make number sets manageable and more user friendly.



A written breakdown that accompanied the above pie chart explained each category and what their spending related to. Local data was provided to offer context behind budget decisions (i.e. average population age when discussing acute hospital discharge expenditure).

Survey respondents were also provided with the Community Engagement and Development Officer's email via the survey to request more information or support.

Social Makeup of Respondents

Predominantly, respondents were over the age of 45 and identified as a woman. There were two respondents who did not want to disclose their gender identity and one who identified as a man. 38% of respondents were in employment (including self-employed, full time and part time workers), followed by 32% of respondents who were retired. 14% identified as having a long term disability or condition that rendered them unable to work and 2% were in voluntary positions within the West Dunbartonshire area.

The majority of respondents did not identify with the label of 'disabled' however, 29% of respondents did identify with having a long-term health condition.

A 74% majority of respondents identified as having caring responsibilities for a loved one, neighbour or friend.

Pre-Survey Questions

Question A – What matters most to you when accessing HSCP services?

Almost all responses submitted highlighted the accessibility and provision of services, specifically about the difficulties of accessing everyday services like General Practice Surgeries. Some highlighted the importance of the Care at Home

Service and the desire have consistent and regular care for a loved one. One respondent detailed their concern about over-subscribing prescriptions and the impact of the cost and wastage this has on HSCP services.

Question B – In your opinion, is there anything the HSCP should stop doing and consider something else?

Respondent comments emphasised the want for an internal restructure within the Partnership, with a specific focus on reducing senior management structures. Concerns surrounding the impact of vulnerable communities (older and disabled people) from the withdrawal of services was also a common theme throughout responses. There was also a highlighting of finding other financial means to target budget pressures which included re-negotiation with NHS Greater Glasgow and Clyde regarding hospital discharge funding and re-examine the expenditure amount when allocating prescription budgets.

Survey Questions

Question 1

Our population is growing older, and this will continue to create a demand on our services.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full Agreement', do you agree that the WDHSCP should prioritise preventative measures when supporting our communities to relieve pressure on our hospitals? (I.e. Fall Prevention, Community Alarms, Community Care etc.)

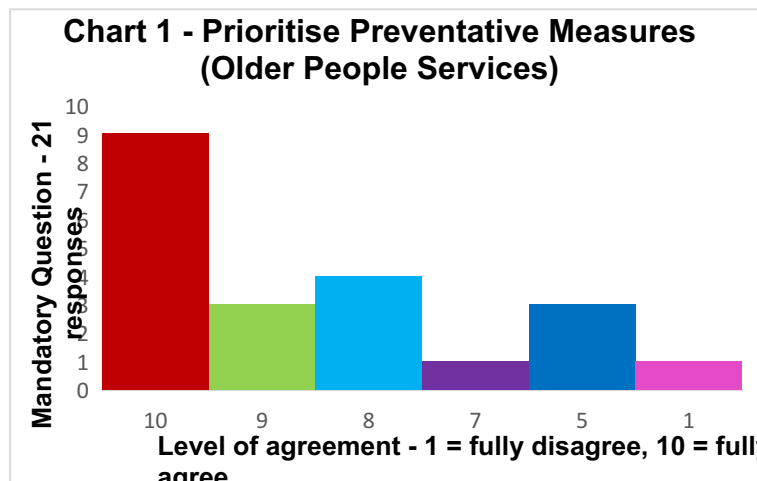


Chart 1 demonstrates the majority of respondents (80%) indicated agreement with prioritising preventative measures within community care to relieve pressures on services. These figures were calculated by grouping the answers who had scored 7 and above.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its service provision:

Question 2

Thinking about your score, do you have any thoughts on how the HSCP could modernise the way we provide services to older people? You could consider prioritising community care, how we communicate information about services, how easy services are to access etc.

This question was not mandatory and received 16 responses, which when grouped thematically resulted in the following emerging themes:

Theme
Improve communication with local community
Invest in person centred care
Concern regarding staffing levels

‘Invest in older people’s services. Be proactive, not reactive.’

Improving Communication with the Local Community

Several comments highlighted the difficulty in finding information about support services that are aimed to give community care to older people. Concerns were raised about information moving to a solely digital platform and how this could leave older communities without support as digital literacy is poorer in older populations. One respondent highlighted that despite sharing their feedback, they feel their opinions are not listened to by the Partnership.

Person Centred Care

The comments emphasised the desire for person centred care and that the current structure of home care gives clients a minimum level of support. The creation of smaller focused teams and a move away from agency workers was suggested by some respondents who felt these issues were impacting home care clients.

Staffing Levels

The financial climate surrounding care was highlighted by several respondents who felt the service had gone underfunded and understaffed for many years. This related to the desire of person-centred care and how regular, consistent staffing would support that transition. There were strong opinions shared about proactively funding

services to meet the needs of older communities and supporting those communities to be independent by creating specific OAP days within services (i.e. booking GP appointments).

Question 3

The WDHSCP is legally responsible to provide Social Care Services and anyone can apply for social care if they feel they need extra help in their daily lives.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full Agreement', do you agree that the WDHSCP should prioritise people who have the greatest need when providing social care services?

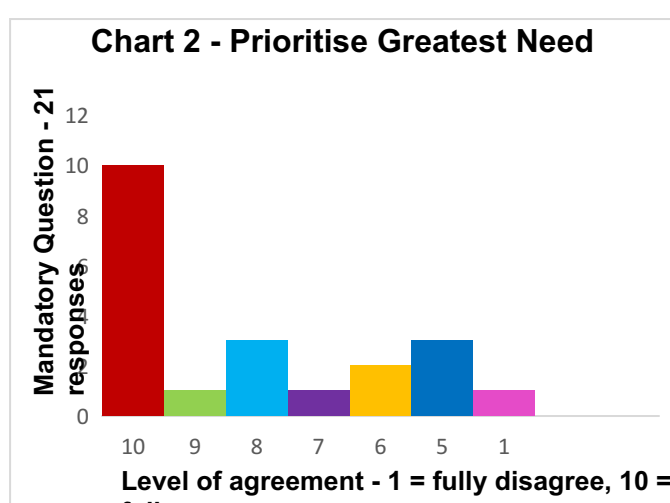


Chart 2 demonstrates the majority of respondents (71%) indicated their agreement with the WDHSCP prioritising providing social care services to those who have the greatest needs. These figures were calculated by grouping the answers who had scored 7 and above.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise Social Care service provision:

Question 4

Thinking about your score, do you have any thoughts on how we could modernise our services within social care service provision?

You could consider equitable decision making, how easy services are to access and how we communicate information about services, etc.

This question was not mandatory and received 13 responses which when grouped thematically resulted in the emerging themes:

Theme
Improve information about services
Equitable assessment criteria
Concern regarding staffing levels

'You need a clear criteria where everyone is treated the same instead of the ones who shout the loudest getting preferential treatment'

Improve Information about Services

Several comments highlighted difficulty in understanding or accessing information about what services were available in the area. Some respondents highlighted the increase in waiting times for assessments and not knowing who can be contacted to chase applications. One respondent expressed their feelings that they felt the internal responsibility of dealing with an application was constantly passed onto another person.

Equitable Assessment Criteria

Some respondents expressed their frustration at the current application of the social care eligibility criteria and their opinion that it feels unequal.

Concerns Regarding Staffing Levels

A number of respondents highlighted their concerns about the current staffing social care staffing levels that, in their opinion, do not appear to align with the demand of the service. Their suggestion to WDHSCP is to focus on recruitment to tackle the backlog of cases that is currently applying pressure to the service.

Question 5

All of our residents deserve to live a happy and fulfilled life with meaningful interactions.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full agreement', do you agree that day services and supported employment opportunities should be delivered in a way that meets the specific needs, preferences and outcomes of individuals?

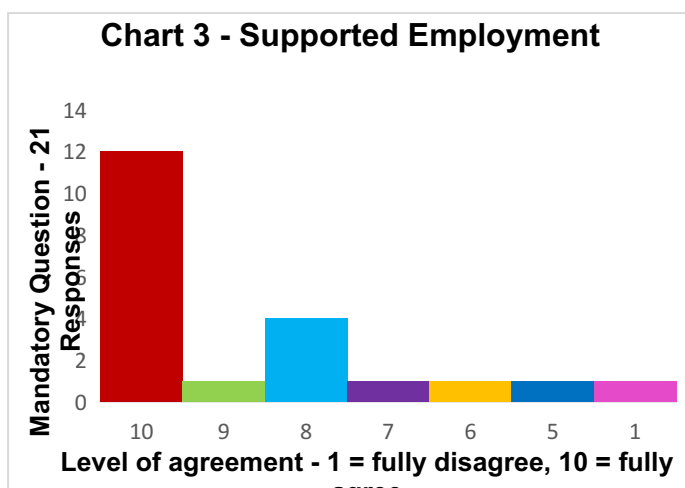


Chart 3 demonstrates the majority of respondents (approximately 85%) indicated their agreement with the Partnership delivering services in a way that meets the needs, preferences and outcomes of an individual. These figures were calculated by grouping the answers who had scored 7 and above.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its provision of supported employment opportunities:

Question 5B

Thinking about your score, how do you think traditional supported employment services (support for disabled people/people with a long term health condition to access employment) could be modernised to provide the best outcomes for service users?

This question was not mandatory and received 12 responses which when grouped thematically resulted in the emerging themes:

Theme
Appropriate levels of support
Better opportunities

'It can be very difficult to find the 'right job' and an employer who is willing to support a disabled person'

Appropriate Levels of Support

A majority of respondents highlighted their belief that employment services needed to be person centred and recognise that disabled people are not a homogenous entity. There were a few respondents who felt disabled people were under or over supported due to stigmatisation and prejudices associated with the disabled label and how this impacts a disabled person's ability for independence.

Better Opportunities

Directly linked to appropriate levels of support, respondents also stressed that opportunities for disabled people needed to be meaningful and not tokenistic. Employment positions should support the education and development of a disabled person, rather than placing someone in a voluntary position that may lead to no progression. It was also highlighted by a respondent that disabled people are discriminated against during employment practices and this can be challenging when looking to find someone the 'right' job.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its provision of Day Services:

Question 5C

Thinking about your score, how do you think traditional building based day services could be modernised to provide the best outcomes for service users?

This question was not mandatory and received 12 responses which when grouped thematically resulted in the emerging themes:

Theme
Suitability of building based services
Investment in alternative solutions

'Day services are outdated for many but not for all... this should be taken into account when developing services.'

Suitability of Building Based Services

Some respondents expressed their concerns about the suitability of current day service provision, specifically surrounding the facilities themselves and what they offer to service users. It was highlighted by several respondents that there are gaps within service provision for younger people (aged 40+) who need care and if a day service would be suitable for those people when its structure is created around a much older clientele.

Investment in Alternative Solutions

There were suggestions by a select number of responders who believed community based solutions (i.e. lunch clubs, community gardens etc.) would better suit the emotional wellbeing of older people and support their independence, rather than referring straight to day services.

Question 6

We want our communities to feel healthy, both physically and mentally.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full Agreement', do you agree that the WDHSCP should prioritise preventative measures when providing mental health services to relieve pressure on emergency services?

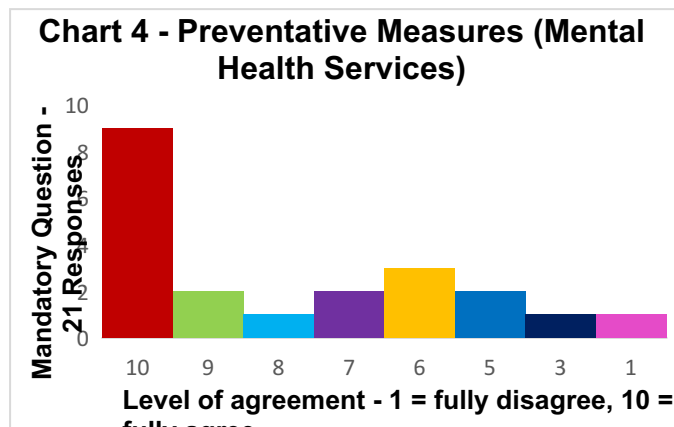


Chart 4 demonstrates the majority of respondents (approximately 66%) indicated their agreement with WDHSCP prioritising preventative measures when providing mental health services to relieve pressure on emergency services. These figures were calculated by grouping the answers who had scored 7 and above.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its provision of mental health services:

Question 7

Thinking about your score, do you have any thoughts on how we could modernise the provision of Mental Health Services?

You could consider community care, how we communicate information about our services, how easy it is to access services etc.

This question was not mandatory and received 11 responses which when grouped thematically resulted in the emerging theme:

Theme
Access to services
Sufficient staffing levels

'[Mental Health] Service needs to be more accessible and easy to access quickly. Needs properly resourced.'

Access to Services

Comments stressed the importance of being able to access services prior to a crisis point being reached by someone who is dealing with mental health issues. Several respondents stated their belief that access to services feel gatekept by GPs or Crisis Teams and suggested a self-referral system to services to combat this issue.

Sufficient Staffing Levels

Some respondents highlighted their concern about the staffing levels in mental health services, particularly regarding the extensive waiting times people are currently facing when attempting to access services. These respondents were keen to see an increased funding revenue to be allocated to Mental Health services to resource the needs of the area better.

Question 7

Everyone deserves to access addiction support services when they ask for it.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full Agreement', do you agree that the WDHSCP should prioritise preventative measures when supporting people who deal with addictions?

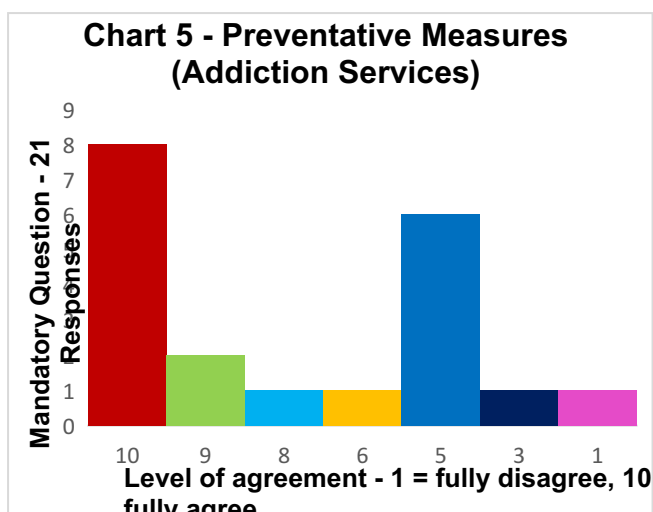


Chart 5 demonstrates the majority of respondents (approximately 52%) indicated their agreement with WDHSCP prioritising preventative measures when supporting people who deal with addictions. These figures were calculated by grouping the answers who had scored 7 and above. It should be noted that those in partial or disagreement were more prominent in responses at 38% versus the previous ranges seen in this report thus far.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its provision of addiction services:

Question 8

Thinking about your score, do you have any thoughts on how we could modernise the provision of Addiction Services?

You could consider preventative measures (Targeting young people in education), how easy services are to access, how we communicate information about our services, etc.

This question was not mandatory and received 11 responses which when grouped thematically resulted in the emerging theme:

Theme
Investment in alternative solutions

‘Explore different ways of providing addiction support. One size does not fit all and creates a revolving door.’

Investment in Alternative Solutions

A number of respondents outlined their belief that the current structure of addiction services was not successful for client needs and it could be beneficial for the Partnership to consider alternative solutions to support. Specifically, there was emphasis that current service structure acts like a ‘one size fits all’ and this can be the downfall of people who are struggling with an addiction if they cannot align with the service framework. Suggestions were given that service providers and third sector support organisations needed to work together in tandem to help support their clients more successfully, as there appears to be a disconnect between these two groups.

There were also two respondents that highlighted the need for early intervention support in the community by targeting children and young people in schools. One respondent suggested regular interactions with Drug and Alcohol services to outline how addictive behaviours can present and offer information on how to access or find support for someone else.

Question 9

The wellbeing of children, young people and their families is important to the HSCP.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full Agreement', do you agree that the WDHSCP should prioritise preventative measures when supporting Children, Young People and their families?

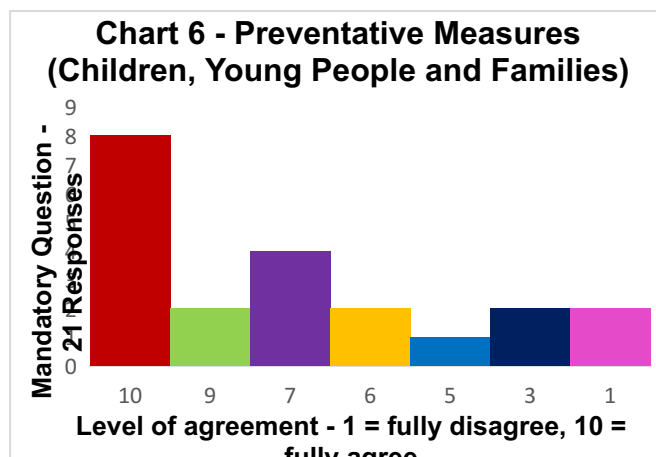


Chart 6 demonstrates the majority of respondents (approximately 66%) indicated their agreement with WDHSCP prioritising preventative measures when supporting Children, Young People and their Families. These figures were calculated by grouping the answers who had scored 7 and above.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its provision of Children, Young People and Family services:

Question 10

Thinking about your score, do you have any thoughts on how we could modernise the provision of Children and Family services?

You could consider preventative measures (Health Visitor visits), how easy services are to access, how we communicate information about our services, etc.

This question was not mandatory and received 10 responses, however, answers were unable to be thematically grouped due to the variety of responses.

‘Youth work is important in the communities and in schools to focus [children’s] their attention on something other than the streets and destructive behaviour.’

Respondent comments for this question ranged from funding concerns about Children and Family Services to suggestions of workshops for both children and adults who are experiencing at home problems to offer front line support before issues escalate. One respondent stressed the socio-economic difficulties of the West Dunbartonshire area and how this can have impacts on the behaviour of children and young people. Their concern surrounded the lack of opportunities for young people in the area with the removal of facilities like community centres and public transport links being poor in some areas of West Dunbartonshire.

Question 11

All children are entitled to a safe and equitable childhood.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full Agreement', do you agree that the WDHSCP should prioritise preventative measures when supporting Disabled Children and their families?

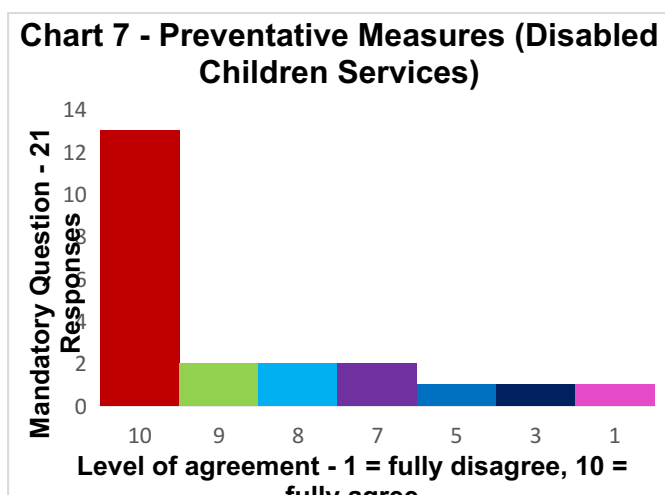


Chart 7 demonstrates a strong majority of respondents (approximately 85%) indicated their agreement with WDHSCP prioritising preventative measures when supporting Disabled Children and their families. These figures were calculated by grouping the answers who had scored 7 and above.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its provision of Disabled Children's services:

Question 12

Thinking about your score, do you have any thoughts on how we modernise the provision of Disabled Children Services?

You could consider what services the HSCP offer (like Respite Care or dedicated Health Care Teams), how easy services are to access, how we provide information about our services etc.

This question was not mandatory and received 11 responses which when grouped thematically resulted in the emerging themes:

Theme
Respite provision
Investment in services

'Services that exist need better support'

Respite Provision

A number of respondents stressed the importance of maintaining a respite provision service that is easy to access and well-funded. A few comments highlighted their opinions on how they felt parents were awaiting support for excessive lengths of time when their families were struggling. One respondent suggested an at home respite service to reduce stress on children who may struggle with transitions.

Investment in Services

Some respondents outlined their desire for the Partnership to focus their resource allocation to respite provisions and staffing. A few respondents detailed their opinion that respite provision is understaffed and this can be what causes the delay in accessing support.

Question 13

Every child deserves to feel safe in their own home.

Using the scale below, with 1 being 'Completely Disagree' and 10 being 'In Full Agreement', do you agree that the WDHSCP should prioritise preventative measures when supporting Children in Residential Care?

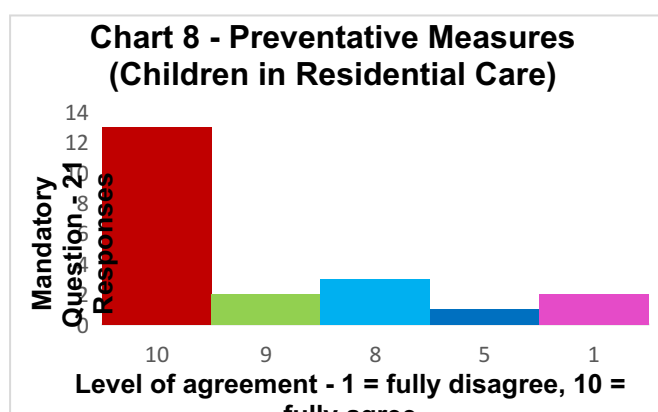


Chart 8 demonstrates a strong majority of respondents (approximately 85%) indicated their agreement with WDHSCP prioritising preventative measures when supporting children in Residential Care. These figures were calculated by grouping the answers who had scored 7 and above.

The accompanying follow up question was asked to offer people an opportunity to offer alternative solutions for how the HSCP could modernise its provision of Children's Residential Services:

Question 14

Thinking about your score, do you have any thoughts on how we modernise how the provision of Children's Residential Care Services?

You could consider preventative measures (Early interventions), how easy it is to access services, how we communicate information about our services etc.

This question was not mandatory and received 9 responses, however, answers were unable to be thematically grouped due to the variety of responses.

'Additional support workers with caseloads are a major influence on low level concerns and reduce future high risk cases through early intervention.'

Some respondents stressed the need for better staff training to better support the needs of the young people in Residential Care and keep staff safe during their job. One respondent highlighted their concern that the hiring of staff was not conducted with enough scrutiny and more measures needed to be in place during the hiring process to protect young people. Another respondent outlined their belief that early interventions within families were critical to tackling issues before they reach crisis point.

Question 15

What steps do you think residents could take to reduce the overall costs of prescription medications without compromising their health?

This question was not mandatory and received 16 responses, which when grouped thematically resulted in the emerging themes:

Theme
Correct prescribing
Pharmacy support

'If waiting lists weren't as long, maybe people wouldn't need medications for as long'

Correct Prescribing

Many respondents commented on their concerns of GPs and pharmacies over prescribing without regular follow ups with patients. Some suggested stronger guidelines for prescribing responsibilities which include review periods with patients to check if their medications are still correct. One respondent highlighted their belief that some people may maintain their prescriptions out of routine, whilst another respondent postulated that due to delays in accessing services people are being

supported with medication which is intended to be a short term solution leading to oversubscriptions.

Pharmacy Support

Some respondents highlighted that pharmacy services regularly see patients and could conduct reviews to relief pressures on GP services. One respondent also outlined their belief that the protocols of disregarding unopened, unused medication being returned to pharmacies is a wasteful act and should be re-examined.

Question 16

Is there anything else you would like to feedback? You can use the box below to write any further thoughts.

This question was not mandatory and received 10 responses, however, answers were unable to be thematically grouped due to the variety of responses.

‘Scottish Government needs to invest more money, not cut [HSCPS] it.’

There was recognition by some respondents that the financial pressures experienced by WDHSCP was not a unique experience to the organisation, but a representation of the current public sector landscape. One respondent highlighted their frustration that the Scottish Government is aware of the reasons why public sectors are struggling (namely aging populations who live longer) but have not followed through with adequate funding for public sector organisations like HSCPS.

Another respondent expressed their frustration with the structuring of WDHSCP and their belief that too much funding is spent on senior management positions rather than front line staff. Another respondent suggested one stop information resource (i.e. a leaflet) detailing cradle to grave services available in the West Dunbartonshire for better sign posting. Finally, a respondent outlined their belief that they felt WDHSCP spent budgets frivolously and did not investigate the needs of the community.

Recommendations

The responses gathered from this survey demonstrates that West Dunbartonshire community members are passionate about WDHSCP services and want to be involved in the decision-making processes surrounding those services. It would be beneficial for any decision-making body to consider the evidence presented in this report when considering the 2025/26 Financial Budget outcomes and wherever possible, implement suggestions presented by community members. Furthermore, if suggestions or feedback cannot be implemented, the West Dunbartonshire community would benefit from an explanation of what restrictions are in place that

stops feedback from being implemented (i.e. a suggestion is not in the WDHSCP's control, financial pressures, priority hierarchy does not align, etc.)

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Julie Slavin, Chief Financial Officer

24 March 2025

Subject: 2024/25 Financial Performance Report: Period 10 (31 January 2025)

1. Purpose

- 1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 10 to 31 January 2025 and a projected outturn position to 31 March 2025.

2. Recommendations

- 2.1 The HSCP Board is recommended to:

- a) **Note** the updated position in relation to budget movements on the 2024/25 allocation by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board and **approve** the direction for 2024/25 back to our partners to deliver services to meet the HSCP Board's strategic priorities;
- b) **Note** the reported revenue position for the period to 31 January 2025 is reporting an adverse (overspend) position of £1.316m (0.76%);
- c) **Note** the projected outturn position of £1.565m overspend (0.75%) for 2024/25 including all planned transfers to/from earmarked reserves;
- d) **Note** that the impact of recovery planning actions taken to date by the Senior Management Team to address the projected overspend;
- e) **Note** the update on the monitoring of savings agreed for 2024/25;
- f) **Note** the current reserves balances and the impact the projected overspend has on unearmarked balances;
- g) **Note** the update on the capital position and projected completion timelines; and
- h) **Note** that the progress to date on the budget planning process for 2025/26 to 2027/28 is detailed in a separate report within the agenda for this HSCP Board meeting.

3. Background

- 3.1 At the meeting of the HSCP Board on 28 March 2024 members agreed the 2024/25 revenue estimates. A total indicative net revenue budget of £199.662m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval. This indicative budget consists of combined partner contributions of £197.512m and application of reserves of £2.150m, to close the presented budget gap for 2024/25.
- 3.2 Since the March HSCP Board report there have been several budget adjustments. A total net budget of £207.648m is now being monitored as detailed within Appendix 1.

4. Main Issues

Summary Position

- 4.1** The current year to date position as at 31 January is an overspend of £1.316m (0.76%) with an annual projected outturn position being a potential overspend of £1.565m (0.75%). The consolidated summary position is presented in greater detail within Appendix 3, with the individual health care and social care partner summaries detailed in Appendix 4.
- 4.2** The overall HSCP summary and the individual head of service positions are reported within Tables 1 and 2 below.

Table 1 – Summary Financial Information as at 31 March 2025

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Health Care	122,922	103,099	102,782	317	123,420	(498)	(882)	384	0.31%
Social Care	123,231	96,894	99,706	(2,812)	126,125	(2,894)	486	(3,380)	-2.74%
Expenditure	246,153	199,993	202,488	(2,495)	249,545	(3,392)	(396)	(2,996)	-1.22%
Health Care	(5,107)	(2,796)	(2,796)	0	(5,107)	0	0	0	0.00%
Social Care	(33,398)	(24,615)	(25,794)	1,179	(33,140)	(258)	(1,689)	1,431	-4.28%
Income	(38,505)	(27,411)	(28,590)	1,179	(38,247)	(258)	(1,689)	1,431	-3.72%
Health Care	117,815	100,303	99,986	317	118,313	(498)	(882)	384	0.33%
Social Care	89,833	72,279	73,912	(1,633)	92,985	(3,152)	(1,203)	(1,949)	-2.17%
Net Expenditure	207,648	172,582	173,898	(1,316)	211,298	(3,650)	(2,085)	(1,565)	-0.75%

Table 2 – Financial Information as at 31 March 2025 by Head of Service

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Forecast Variance
	£000	£000	£000	£000	£000	£000	£000	£000	
Children's Health, Care & Justice	30,926	22,887	22,569	318	31,190	(264)	(644)	380	1.23%
Health and Community Care	53,188	44,243	47,209	(2,966)	56,466	(3,278)	265	(3,543)	-6.66%
Mental Health, Learning Disability & Addictions	31,244	27,360	25,492	1,868	30,007	1,237	(1,004)	2,241	7.17%
Strategy & Transformation	2,068	1,499	1,348	151	2,113	(45)	(227)	182	8.80%
Family Health Services	33,088	30,395	30,395	0	33,088	0	0	0	0.00%
GP Prescribing	21,787	17,768	18,741	(973)	22,954	(1,167)	0	(1,167)	-5.36%
Hosted Services	8,841	7,253	7,245	8	9,047	(206)	(215)	9	0.10%
Other	26,506	21,177	20,899	278	26,433	73	(260)	333	1.26%
Net Expenditure	207,648	172,582	173,898	(1,316)	211,298	(3,650)	(2,085)	(1,565)	-0.75%

- 4.3** The favourable movement in the overall position between the period 9 projections of a £3.277m overspend and the current projection of £1.565m is covered in Table 3 below. The table reflects the 5 March decision by West Dunbartonshire Council to pass over a proportionate share (35%) of additional Scottish Government pay award funding for 2024/25 and highlights the ongoing positive impact of recovery planning taken by the Senior Management Team. The focus remains on minimising the projected overspend where possible, through a range of actions including reviews of individual care packages across services, vacancy management and no discretionary spend unless authorised by the Chief Officer.

Table 3 – Movement since Period 9

Movement since period 9	£000
Period 10 adverse variance	(1,565)
Period 9 adverse variance as reported to HSCP Board 28 January 2025	(3,277)
Movement since period 9	1,712
Represented By:	
Pay Award Funding for 2024/25 passed over from WDC	488
Revision of staffing projections within Residential Care Homes	156
Continued review of care packages within Residential - Learning Disability	133
Significant work undertaken on projection for Care at Home Staffing and External Service Provision	569
Favourable movement in cost and volumes plus additional rebates	843
Preservation of prescribing reserve to underwrite 2025/26 pressure	(485)
Potential bad debt write off impact	(200)
Other favourable variances (packages and turnover)	208
Movement since period 9	1,712

- 4.4** Members should note that the current projected outturn incorporates progress on agreed savings programmes, totalling £7.132m. Further detail on progress of savings is detailed in Appendix 2 with a summary position shown in Table 4 below.

Table 4 – Monitoring of Savings and Efficiencies

Efficiency Detail	Saving to be Monitored	Saving achieved	Saving on track to be achieved	Saving at low/medium risk of not being achieved	Saving at high risk of not being achieved
	£000	£000	£000	£000	£000
Total	7,132	4,522	610	423	1,578
Health Care	2,343	1,445	529	357	12
Social Care	4,789	3,077	81	66	1,566

- 4.5** The progress of savings is tracked by the Senior Management Team, and a RAGB (Red, Amber, Green and Blue) status applied to inform further actions. In this financial year approximately 72% of savings have been achieved or are

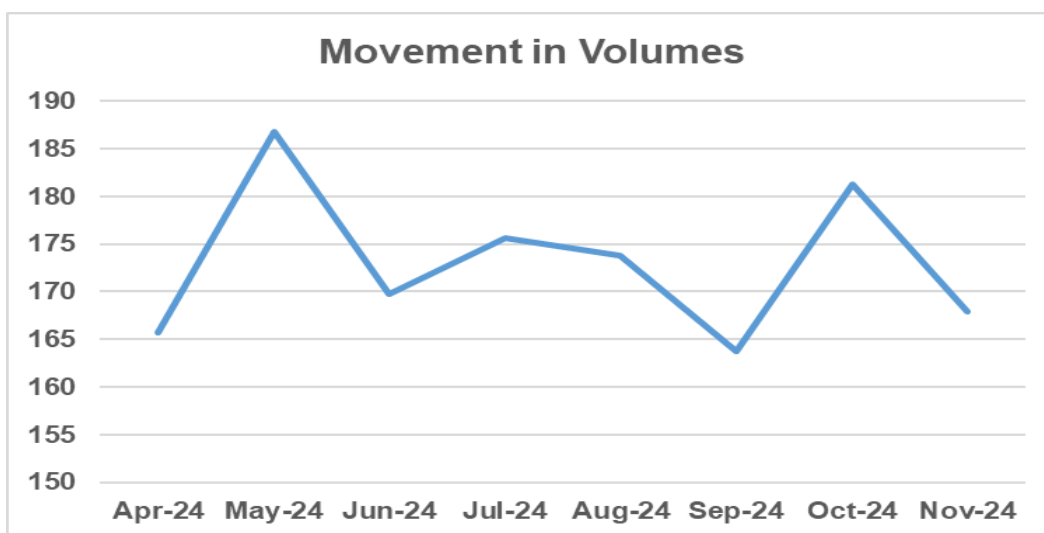
on track to be achieved, with the remainder requiring further action, which could include application of reserves as appropriate.

- 4.6** Summary detail on the anticipated level of reserves, including those approved by the HSCP Board in March 2024 to underwrite budget funding challenges (£2.150m), are provided within Appendix 6. The appendix highlights that the current projected overspend of £1.565m would utilise 45% of the unearmarked reserves balance of £3.504m. With regards to the range of earmarked reserves, it is anticipated that a net amount of £2.085m will be drawn down to cover planned expenditure as highlighted in Tables 1 and 2 above.
- 4.7** Analysis on the projected annual variances more than £0.050m are contained within Appendix 5. The variance analysis highlights the range of pressures being managed across the HSCP's delegated budgets. After accounting for the planned application of earmarked reserves, the core elements of the residual projected overspend of £1.565m remains unchanged and is mainly due to prescribing pressures, a successful job evaluation claim for residential care home workers, the use of agency and premium rate overtime delivering care at home services and social care pay uplifts in excess of budgeted levels (now reflective of the additional £0.488m of pay award funding). Children's residential and community care pressures are offset by turnover and vacancy savings due to ongoing recruitment challenges.
- 4.8** While the Care at Home re-design progresses, and staffing challenges continue to present themselves, the overall projected overspend has reduced by £0.771m from the previous report. The movement is primarily due to the pass over of 2024/25 pay award funding and a full revision of cost projections across core staffing, use of overtime and agency workers, and externally commissioned packages of care. Over the winter period there has been an increase in overtime, however it has been less than previously anticipated. While there has been positive progress from enhanced governance processes, the phasing of staff moving to new rotas and revised scheduling should provide sufficient staffing capacity to deliver the care required.
- 4.9** As detailed in Table 3 above the prescribing position has improved by £0.843m from the 28 January HSCP Board report mainly due to a downward trend in both volume and average gross cost per item along with additional rebates and forecast additional savings to March 2025 as detailed in Table 5 and graphs 1 and 2 below.

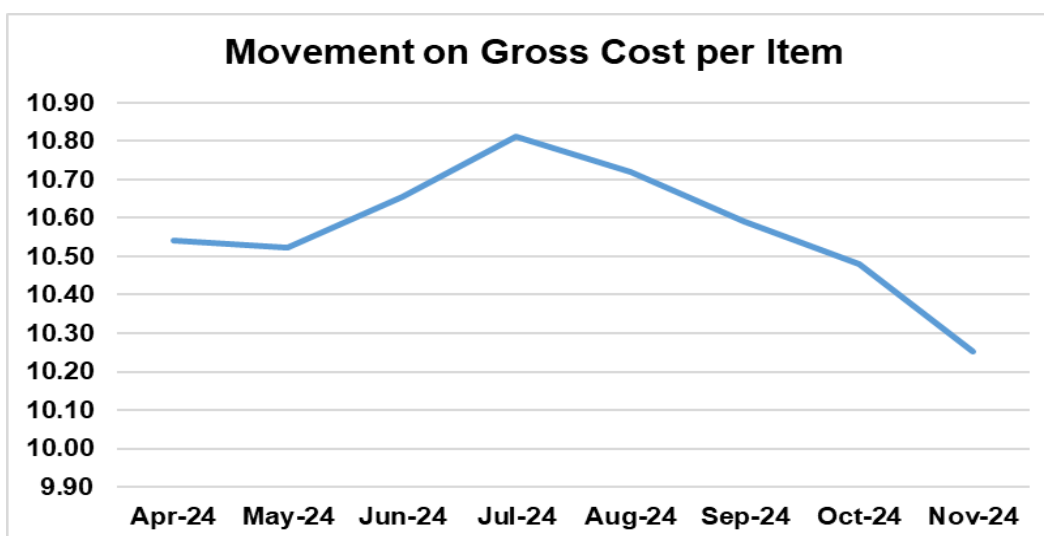
Table 5: Movement in Prescribing Projection

	Period 10	Period 6	Difference
	£000	£000	£000
Volumes	2,119	2,129	- 10
Gross Cost	10.53	10.75	- 0.22
Saving on P10 Volume at 22p per item			466
Saving on Volume reduction at £10.75 per item			108
Additional Rebates			144
Projected Additional Savings to March 2025			100
Other Minor Changes			25
Reduction in Prescribing Projection from Period 9			843

Graph 1: Trend in Volumes Month on Month



Graph 2: Trend in Gross Cost per Item Month on Month



Bad Debt Write-Off

- 4.10** As agreed by WDC and the HSCP Board in March 2022, the Board are responsible for accounting for bad debt arising from charges levied for HSCP delegated services and as such include a provision for potential bad debt within the HSCP Board's balance sheet.
- 4.11** There is no bad debt write off required to be noted for this report as work is underway to refine the debt information available, including actions taken to recover debt. It is considered prudent at this time to allow for a potential increase of the HSCP bad debt provision of £0.200m when comparing the current levels of debt in March 2025 of £3.839m compared to the March 2024 debt value of £3.694m. The provision will be recalculated as part of the year-end closure of accounts exercise, with any change reflected in the unaudited annual accounts.

Budget Process for 2025/26 to 2027/28

- 4.12** Significant work has been undertaken to date regarding the draft budget position for 2025/26 and future years and the budget setting paper is provided in a separate report within this HSCP meeting agenda.

Housing Aids and Adaptations and Care of Gardens

- 4.13** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services delegated to the HSCP Board and should be considered as an addition to the HSCP's 2024/25 budget allocation of £89.833m from the council.
- 4.14** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.15** The draft outturn position for the period to 31 March 2025 is included in Table 5 below and will be reported as part of WDC's financial update position.

Table 5 – Draft Outturn Financial Performance as of 31 March 2025

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Spend	Forecast Variance
	£000	£000	£000	£000
Care of Gardens	229	172	229	0
Aids & Adaptations	80	55	80	0
Net Expenditure	309	227	309	0

2024/25 Capital Expenditure

- 4.16** The capital updates for Social Care are summarised in Table 6 below and details the forecast position on the undernoted capital projects.

Table 6 – Capital Project Summary

HSCP Capital Project Summary	Project Life Budget	Project Life Forecast Spend	Project Life Variance	On Track / Complete	Off Track
	£000	£000	£000	£000	£000
Special Needs (Aids & Adaptations)	6,765	6,765	0	6,765	0
ICT Modernisation HSCP	1,668	1,668	0	1,668	0
Community Alarm upgrade	898	898	0	898	0
Total	9,331	9,331	0	9,331	0

5. Options Appraisal

5.1 None required for this report.

6. People Implications

6.1 Other than the position noted above within the explanation of variances there are no other people implications known at this time.

7. Financial and Procurement Implications

7.1 Other than the financial position noted above, there are no other financial implications known at this time.

8. Risk Analysis

8.1 The main financial risks to the HSCP in 2024/25 and beyond relate to:

- ongoing increases in demand for some key social care services;
- movement to universal credit for those in receipt of Kinship Care;
- cost of complex care packages;
- Future year uncertainty around funding local authority and health pay uplifts;
- uncertainty around the increase to employers' national insurance contributions announced as part of the October budget statement in relation to potential further funding of direct staffing costs incurred by the HSCP and the unclear position regarding indirect costs potentially passed on from commissioned service providers;
- volatile prescribing costs and volumes; and
- the depletion of both earmarked and unearmarked reserves to maintain current levels of service activity.

8.2 As of January 2025 the current rate of inflation was reported at 3% compared to the target level of 2%. Interest rates were reduced to 4.50% at the February meeting of the Monetary Policy Committee. The next meeting will be held on 20 March 2025 with the next Monetary Policy Report due in May. It is unclear at this time what impact the current rate of inflation will have on the March interest rate decision and on the wider future of the UK Economy going forward which may have a detrimental impact on public sector funding.

8.3 The future of the National Care Service Bill remains subject to update.

9. Equalities Impact Assessment (EIA)

9.1 None required for this report however any recovery plan may require equality impact assessments to be undertaken.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 This report and the projections and assumptions contained within it has been discussed with both council and health board finance colleagues.

12. Strategic Assessment

12.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the priorities of the Strategic Plan – Improving Lives Together.

12.2 Strategic enablers being workforce, finance, technology, partnerships, and infrastructure will support delivery of our strategic outcomes as below:

- Caring Communities;
- Safe and Thriving Communities;
- Equal Communities and
- Healthy Communities

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 31 January 2025 (as detailed within Appendix 1) will require the issuing of a direction, see Appendix 7.

Julie Slavin – Chief Financial Officer

Date: 11 March 2025

Person to Contact:

Julie Slavin – Chief Financial Officer
Telephone: 07773 934 377
E-mail: julie.slavin@ggc.scot.nhs.uk

Appendices:	Appendix 1 – Budget Reconciliation
	Appendix 2 – Monitoring of Savings
	Appendix 3 – Revenue Budgetary Control 2024/25 (Overall Summary)
	Appendix 4 – Revenue Budgetary Control 2024/25 (Health Care and Social Care Summary)
	Appendix 5 – Variance Analysis over £50k
	Appendix 6 – Reserves
	Appendix 7 – Directions
Background Papers:	2024/25 Annual Budget Setting Report – 28 March HSCP Board
	2024/25 Financial Performance Report as at Period 9 (28 January 2025)
Localities Affected:	All

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025

Appendix 1

2024/25 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 28 March 2024	109,242	90,420	199,662
Health Rollover Budget Adjustments	426		426
Budget Adjustments			
Board Allocated			
Pfg Afc Rec Wdhscp	34		34
Wdhscp App Levy Scs Tfer	(10)		(10)
Wdhscp O365 Scs Tfer	(14)		(14)
Wdhscp Pension Scs Tfer	(1)		(1)
Adp Tr 1 Wdhscp	455		455
Adp Tr 1 Wdhscp Afc	65		65
Wd Pcip	3,214		3,214
District Nursing	214		214
Camchp42 Vale Live Active	(25)		(25)
2024-25 Apremliast Allocation From Acute	151		151
Camchp28 Care Home Funding	35		35
Camchp35 Wd Ch Lead Nurse	57		57
Camchp64 Smoking Prevention Wd	66		66
Eers Superannuation	387		387
Childrens £12p/hr funding		343	343
Camchp87 Mdt Rec Wdhscp	482		482
Camchp97 Pays Uplift Wdhscp	2,054		2,054
2023-24 #20m Tariff Adjustment - Recurring	377		377
#80m Tariff Swap 2022-23 Recurring Gvp23124 & Gvp24079	(276)		(276)
FHS - Ncl Budget Adjustment To Match 2023-24 Actuals	370		370
Harm Reduction 2425 Funding West Dun	(5)		(5)
Camchp70 Wd Vacc Hb & Ch	137		137
Camchp73 Wd Pds	61		61

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025

Appendix 1

2024/25 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Wdhscp Hv Ctb	40		40
Camchp103 Emhof Rec Wdhscp	843		843
Camchp15 Adp Tr 2 Wdhscp	114		114
Scottish Disabiltiy Allowance		54	54
2024/25 Pay Funding		488	488
Revised Budget 2024/25	118,493	91,305	209,798
Drawdown from Reserves	(678)	(1,472)	(2,150)
Budget Funded from Partner Organisations	117,815	89,833	207,648

West Dunbartonshire Health & Social Care Partnership
Monitoring of Efficiencies and Management Adjustments 2024/25

Appendix 2

Head of Service	Partner	Efficiency Detail	Comment	Saving Target £000	Saving at Risk £000
Savings at high risk of not being achieved					
Head of Community Health and Care Services	Social Care	Budget savings taken from Care at Home between 2020/21 and 2023/24 related to the ongoing service redesign work. These savings have been unachieved in prior years and have not been added back to the 2024/25 budget and therefore still require to be monitored.	While work to implement the Care at Home redesign continues, the forecast outturn at this time shows there is a high risk of these savings not being achieved. The areas of largest cost pressure sit within staffing and relate to the continued use of agency staff and payment of premium rate overtime. Redesign pathways to address these areas are ongoing with the SOP overtime authorisation process now in place and further "deep dive" analysis to identify reasons for high use. Phase 1 staff moved to new contracts in December 2024 (approximately 40 staff) with phase two (majority of staff) moving in March 2025 and phase 3 (now at around 27%) anticipated to move in March 2026. Compliance data (visit and time) is being monitored per organiser to reduce the gap between planned and actual hours.	1,206	1,206
Head of Children's Health Care and Criminal Justice	Social Care	Budget savings taken from Children and Families between 2021/22 and 2023/24. Elements of these savings remain unachieved and require to be monitored and addressed as part of the What Would It Take medium term financial plan.	The external residential element of the saving of £0.198m has been overachieved due to a reduction in the number of number of young persons being accommodated, while the community placements budget continues to experience significant demand and cost pressure resulting in the £0.360m saving not being achieved as planned. Non recurring staff savings in relation to recruitment challenges however are mitigating this pressure and at period 10 Children and Families report an overall favourable variance of £0.134m	558	360
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	While significant progress has been made around switching patients to other suitable medications in line with our prescribing initiative targets, fluctuating prices of some of these drugs are reducing the financial benefit.	15	12
Savings at low/medium risk of not being achieved					
Musculoskeletal Physiotherapy Manager	Health Care	Temporary Increase in MSK Service Turnover from 3.7% to 8.3%	Negotiations on the SLA Lanarkshire are ongoing. Increased turnover target is challenging and approximately £0.103m at risk continue to monitor on a monthly basis. If full turnover target cannot be realised the plan would be to cover from unachieved savings reserve at year end.	375	103
Head of Community Health and Care Services	Health Care	Prescribing Board Wide and Stretch Efficiency Programmes	While significant progress has been made around switching patients to other suitable medications in line with our prescribing initiative targets, fluctuating prices of some of these drugs are reducing the financial benefit.	774	254
Various Head of Service	Social Care	Various	There is some slippage in the delivery of a small number of low value savings linked to commissioning and staff turnover within community health and care.	318	66
		Total Health Care		3,246	2,001
		Social Care		1,164	369
				2,082	1,632

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025

Appendix 3

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Older People Residential, Health and Community Care	34,804	29,653	29,784	(131)	34,681	123	266	(143)	-0.41%	↓
Care at Home	14,722	11,486	14,388	(2,902)	18,203	(3,481)	0	(3,481)	-23.64%	↓
Physical Disability	2,947	2,521	2,451	70	2,863	84	0	84	2.85%	↑
Childrens Residential Care and Community Services	30,831	22,587	22,330	257	31,049	(218)	(527)	309	1.00%	↑
Strategy, Planning and Health Improvement	2,068	1,499	1,348	151	2,113	(45)	(227)	182	8.80%	↑
Mental Health Services - Adult and Elderly, Community and Inpatients	12,208	11,005	10,611	394	12,021	187	(284)	471	3.86%	↑
Addictions	4,126	3,522	2,930	592	3,970	156	(554)	710	17.21%	↑
Learning Disabilities - Residential and Community Services	14,908	12,833	11,951	882	14,015	893	(166)	1,059	7.10%	↑
Family Health Services (FHS)	33,088	30,395	30,395	0	33,088	0	0	0	0.00%	→
GP Prescribing	21,787	17,768	18,741	(973)	22,954	(1,167)	0	(1,167)	-5.36%	↓
Hosted Services	8,841	7,253	7,245	8	9,047	(206)	(215)	9	0.10%	↑
Criminal Justice (Including Transitions)	97	301	239	62	141	(44)	(117)	73	75.26%	↑
Resource Transfer	17,813	14,845	14,845	0	17,813	0	0	0	0.00%	→
Contingency	2,039	1,699	1,206	493	0	2,039	1,447	592	29.03%	↑
HSCP Corporate and Other Services	7,369	5,215	5,434	(219)	9,340	(1,971)	(1,708)	(263)	-3.57%	↓
Net Expenditure	207,648	172,582	173,898	(1,316)	211,298	(3,650)	(2,085)	(1,565)	-0.75%	↓

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Employee	91,653	75,562	76,784	(1,222)	92,582	(929)	536	(1,465)	-1.60%	↑
Property	1,134	684	1,008	(324)	1,523	(389)	0	(389)	-34.30%	→
Transport and Plant	1,455	1,180	1,209	(29)	1,490	(35)	0	(35)	-2.41%	→
Supplies, Services and Admin	6,747	3,827	3,086	741	6,095	652	(234)	886	13.13%	↓
Payments to Other Bodies	86,412	67,008	67,908	(900)	88,191	(1,779)	(698)	(1,081)	-1.25%	↓
Family Health Services	34,014	31,460	31,460	0	34,014	0	0	0	0.00%	→
GP Prescribing	21,788	17,768	18,741	(973)	22,955	(1,167)	0	(1,167)	-5.36%	↓
Other	2,950	2,505	2,294	211	2,694	256	0	256	8.68%	→
Gross Expenditure	246,153	199,994	202,490	(2,496)	249,544	(3,391)	(396)	(2,995)	-1.22%	↓
Income	(38,505)	(27,412)	(28,592)	1,180	(38,246)	(259)	(1,689)	1,430	-3.71%	↓
Net Expenditure	207,648	172,582	173,898	(1,316)	211,298	(3,650)	(2,085)	(1,565)	-0.75%	↓

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025

Appendix 4

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Planning & Health Improvements	894	651	511	140	838	56	(113)	169	18.90%	↑
Childrens Services - Community	4,264	3,648	3,556	92	4,193	71	(40)	111	2.60%	↑
Adult Community Services	11,500	9,487	9,386	101	11,413	87	(35)	122	1.06%	↑
Community Learning Disabilities	885	687	687	0	981	(96)	(96)	0	0.00%	→
Addictions	3,063	2,510	2,180	330	2,667	396	0	396	12.93%	↑
Mental Health - Adult Community	4,991	5,015	4,496	519	4,427	564	(60)	624	12.50%	↑
Mental Health - Elderly Inpatients	3,916	3,146	3,327	(181)	4,334	(418)	(200)	(218)	-5.57%	↓
Family Health Services (FHS)	33,088	30,395	30,395	0	33,088	0	0	0	0.00%	→
GP Prescribing	21,787	17,768	18,741	(973)	22,954	(1,167)	0	(1,167)	-5.36%	↓
Other Services	6,773	4,898	4,617	281	6,558	215	(123)	338	4.99%	↑
Resource Transfer	17,813	14,845	14,845	0	17,813	0	0	0	0.00%	→
Hosted Services	8,841	7,253	7,245	8	9,047	(206)	(215)	9	0.10%	↑
Net Expenditure	117,815	100,303	99,986	317	118,313	(498)	(882)	384	0.33%	↑

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Spend	Forecast Variance	Reserves Adjustment	Forecast Variance	Variance %	RAG Status
	£000	£000	£000	£000	£000	£000	£000	£000		
Strategy Planning and Health Improvement	1,174	848	837	11	1,275	(101)	(114)	13	1.11%	↑
Residential Accommodation for Young People	2,956	2,409	2,246	163	2,761	195	0	195	6.60%	↑
Children's Community Placements	7,559	5,504	6,221	(717)	8,419	(860)	0	(860)	-11.38%	↓
Children's Residential Schools	5,836	3,351	3,689	(338)	6,241	(405)	0	(405)	-6.94%	↓
Children's Supported Accommodation	1,191	983	541	442	660	531	0	531	44.58%	↑
Childcare Operations	6,087	5,042	4,544	498	5,762	325	(272)	597	9.81%	↑
Other Services - Young People	2,936	1,649	1,533	116	3,013	(77)	(215)	138	4.70%	↑
Residential Accommodation for Older People	7,067	5,922	6,337	(415)	7,564	(497)	0	(497)	-7.03%	↓
External Residential Accommodation for Elderly	10,267	9,800	9,532	268	9,945	322	0	322	3.14%	↑
Sheltered Housing	1,408	801	889	(88)	1,499	(91)	0	(91)	-6.46%	↓
Day Centres Older People	1,278	878	840	38	1,232	46	0	46	3.60%	↑
Meals on Wheels	0	0	0	0	0	0	0	0	0.00%	→
Community Alarms	(59)	(121)	(14)	(107)	70	(129)	0	(129)	218.64%	↓
Community Health Operations	3,288	2,883	2,815	68	2,907	381	300	81	2.46%	↑
Residential - Learning Disability	12,198	10,530	9,811	719	11,405	793	(70)	863	7.07%	↑
Physical Disability	2,616	2,127	2,057	70	2,532	84	0	84	3.21%	↑
Day Centres - Learning Disability	1,826	1,616	1,453	163	1,630	196	0	196	10.73%	↑
Criminal Justice (Including Transitions)	97	301	239	62	141	(44)	(117)	73	75.26%	↑
Mental Health	3,302	2,844	2,789	55	3,260	42	(24)	66	2.00%	↑
Care at Home	14,722	11,486	14,388	(2,902)	18,203	(3,481)	0	(3,481)	-23.64%	↓
Addictions Services	1,063	1,012	749	263	1,303	(240)	(554)	314	29.54%	↑
Equipu	330	394	394	0	330	0	0	0	0.00%	→
Frailty	54	2	1	1	54	0	0	0	0.00%	→
Carers	1,511	989	988	1	1,633	(122)	(122)	0	0.00%	→
Contingency	2,039	1,701	1,207	494	0	2,039	1,447	592	29.03%	↑
HSCP - Corporate	(913)	(672)	(174)	(498)	1,146	(2,059)	(1,462)	(597)	65.39%	↓
Net Expenditure	89,833	72,279	73,912	(1,633)	92,985	(3,152)	(1,203)	(1,949)	-2.17%	↓

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Health Care Variances					
Planning & Health Improvements	894	725	169	19%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacancies across Planning, Health and Management				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Childrens Services - Community	4,264	4,153	111	3%	↑
Service Description	This care group provides community services for children				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to staff turnover, maternity leave and long term sickness. It is anticipated that some bank usage will be required to cover gaps in service.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Adult Community Services	11,500	11,378	122	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	The main reason for the forecast favourable variance is due to staff turnover savings currently in excess of target.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Addictions	3,063	2,667	396	13%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	The forecast favourable variance in core services is mainly due to staff turnover and recruitment delays.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Mental Health - Adult Community Service Description	4,991	4,367	624	13%	↑
Main Issues / Reason for Variance	This care group provides mental health services for adults The forecast favourable variance is mainly due to multiple additional vacancies, further delays in filling posts and the implementation of a recruitment freeze within Action 15 funded Wellbeing Service due to reduction in Scottish Government Enhanced Mental Health Outcomes funding and operational requirements for a service review/redesign.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Mental Health - Elderly Inpatients Service Description	3,916	4,134	(218)	-6%	↓
Main Issues / Reason for Variance	This care group provides mental health services for the elderly The forecast adverse variance is mainly due to increased and extended contract cover for medical vacancies.				
Mitigating Action	Officers will review the mental health earmarked strategy reserve to consider any appropriate funding.				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
GP Prescribing	21,787	22,954	(1,167)	-5%	↓
Service Description	GP prescribing costs				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased volume and price projections along with a partial unachievement of savings as detailed within the savings tracker and buvidal costs of £0.323m, which are offset by additions core underspend. Savings targets and achievement of savings are currently under review board-wide with the position subject to change.				
Mitigating Action	Continue to closely link in with the HSCP Prescribing Lead and NHSGCC prescribing to revisit projections as prescribing data becomes available.				
Anticipated Outcome	A significant overspend is forecast at this time				
Other Services	6,773	6,435	338	5%	↑
Service Description	This care group covers administration and management costs in relation to Health				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to vacancy management and non recurring savings in financial planning.				
Mitigating Action	Vacancy management process is in place and a review of workforce profile and commissioned services will be required for future budget planning.				
Anticipated Outcome	An underspend is forecast at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Social Care Variances					
Residential Accommodation for Young People	2,956	2,761	195	7%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Children's Community Placements	7,559	8,419	(860)	-11%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to an increase in kinship and external fostering client activity at £0.218m and £0.702m respectively. The forecast overspend in kinship has arisen due to placement of 9 more clients than budgeted and the backdated impact of changes to children's tax credits of £0.142m to date, while 12 more clients than budgeted are placed with external fostering providers.				
Mitigating Action	The "What Would It Take" children and families medium term financial plan will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time unless further action is taken to address underlying causes and use of external fostering providers along with a recognition of unfunded demographic pressures.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Children's Residential Schools	5,836	6,241	(405)	-7%	↓
Service Description	This service area provides residential education for children				
Main Issues / Reason for Variance	While the overall number of young people are below budgeted levels, an increase in the number of young people funded 100% by the HSCP along with an increase in the average negotiated Scotland Excel rates in excess of budgeted levels has resulted in the reported overspend.				
Mitigating Action	The "What Would It Take" children and families medium term financial plan will require to accelerate in pace to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time unless further action is taken to address underlying causes and use of children's residential care placements along with a recognition of unfunded demographic pressures.				
Children's Supported Accommodation	1,191	660	531	45%	↑
Service Description	This service area provides the cost of supported accommodation for children				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a reduction in client packages and additional income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Childcare Operations	6,087	5,490	597	10%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacant posts				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Other Services - Young People	2,936	2,798	138	5%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to reduced direct payments and supported lodging payments				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	7,067	7,564	(497)	-7%	↓
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to the cost of the care home regrading (£0.438m) and increased agency spend arising from recruitment challenges of £0.453m partially mitigated by additional income.				
Mitigating Action	The service will need to continue to focus on recruitment to enhance in house staffing to reduce reliance on agency spend.				
Anticipated Outcome	A significant overspend is forecast at this time.				
External Residential Accommodation for Elderly	10,267	9,945	322	3%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due additional self funder income.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Community Alarms	(59)	70	(129)	219%	↓
Service Description	Installation and response service for Community Alarms				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to the anticipated use of sessional staff and a reduction in income due to data cleansing.				
Mitigating Action	The service will need to closely monitor staffing to reduce sessional spend.				
Anticipated Outcome	An overspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Residential - Learning Disability	12,198	11,335	863	7%	↑
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to staffing vacancies of £0.328m and the over achievement of previously approved savings options of £0.500m due to client service reviews.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Physical Disability	2,616	2,532	84	3%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a reduction in the number of client service packages.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				
Day Centres - Learning Disability	1,826	1,630	196	11%	↑
Service Description	This service provides day services for learning disability clients				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to a number of vacant posts.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Care at Home	14,722	18,203	(3,481)	-24%	↓
Service Description	This service provides care at home which includes personal care				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to increased staffing costs (£2.914m), an increasing number of external care packages (£0.381m) and a forecast under recovery of income as no invoices have been raised in 2024/25 due to the reduction in provision of meals and non personal care (£0.114m). While forecast staffing costs have reduced from period 9 use of agency and premium overtime continues to be an issue, with a number of staff still to move to new shift patterns as the service review continues.				
Mitigating Action	The service review will require to accelerate in pace to address inefficiencies within the service and the reliance on the use of external care packages, agency workers and premium rate overtime to achieve previously approved savings options and further reduce to bring spend back in line with budget.				
Anticipated Outcome	A significant overspend is forecast at this time.				
Addictions Services	1,063	749	314	29%	↑
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol Addictions				
Main Issues / Reason for Variance	The forecast favourable variance is mainly due to moving clients into more affordable placements and clients moving to older peoples services. There are also turnover and sickness absence savings in staffing				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
Contingency	2,039	1,447	592	29%	↑
Service Description	This consists of elements of budget transferred from services where elements are no longer required and/or unlikely to show any spend against it in the current financial year due to recovery planning actions.				
Main Issues / Reason for Variance	The forecast favourable variance is a combination of the reasons above. The 2025/26 budget construction exercise has factored in where this is recurring.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is forecast at this time.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis for Variances Over £0.050m

Appendix 5

Budget Details	Variance Analysis				
	Annual Budget £000	Actual Full Year £000	Actual Variance £000	% Variance	RAG Status
HSCP - Corporate	(913)	(316)	(597)	65%	↓
Service Description	This budget contains Corporate spend and budgeted reserve drawdown				
Main Issues / Reason for Variance	The forecast adverse variance is mainly due to the admin savings target and additional HSCP Social Care turnover target applied remaining within Corporate, however this is offset by these savings being shown within services. In addition while there is no bad debt write off required to be noted for this report as work is underway to refine the debt information available, including actions taken to recover debt. It is considered prudent at this time to allow for a potential increase of the HSCP bad debt provision of £0.200m. The provision will be recalculated as part of the year-end closure of accounts exercise, with any change reflected in the unaudited annual accounts.				
Mitigating Action	The admin review will require to accelerate in pace to achieve required savings and the HSCP will need to carefully monitor levels of outstanding debt to mitigate the level of bad debt provision and financial impact thereof.				
Anticipated Outcome	An overspend is forecast at this time.				

Financial Year 2024/25 Period 10 covering 1 April 2024 to 31 January 2025
Analysis of Reserves 2024/25

Appendix 6

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Unearmarked Reserves			
Unearmarked Reserves	3,504	(1,565)	1,939
Total Unearmarked Reserves	3,504	(1,565)	1,939
Earmarked Reserves			
Scottish Govt. Policy Initiatives	4,841	(1,671)	3,170
Community Justice	192	(68)	124
Carers Funding	219	(153)	66
Informed trauma	130	0	130
Additional Social worker capacity	364	300	664
GIFREC NHS	57	0	57
Mental Health Recovery and Renewal Fund	432	0	432
New Dementia Funding	63	0	63
Scottish Government Alcohol and Drug Partnership (including various National Drugs Priorities)	841	(554)	287
Community Living Change Fund	336	(166)	170
Children's Mental Health and Wellbeing	65	(65)	0
SG District Nursing Funding	74	0	74
TEC and Analogue to Digital Project	30	0	30
PEF Funding – Speech & Language Therapy Projects	26	0	26
Workforce Wellbeing	67	0	67
Winter Planning Funding - Interim Care	610	(211)	399
Winter Planning Funding - Enhance Care at Home	1,162	(581)	581
Care Home & Housebound Vaccination funding from Health Board and Call Before You Convey	94	(94)	0
LD Health Checks	60	(60)	(0)
Pharmacy NES Funding	20	(20)	0

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
HSCP Initiatives	2,924	(611)	2,313
Service Redesign and Transformation	496	(236)	260
Children at risk of harm inspection action	481	(221)	260
Fixed term posts with the integrated HSCP Finance team	15	(15)	(0)
Unscheduled Care Services	397	0	397
COVID-19 Recovery (HSCP Funded)	218	(162)	56
Support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	218	(162)	56
Unachievement of Savings	1,085	(159)	926
Public Protection Officers	244	0	244
Participatory Budgeting	50	0	50
Digital Transformation	227	(54)	173
Training and Development	207	0	207
Covid-19- Scottish Government Funded	2	0	2
COVID-19 Pressures	2	0	2
Health Care	5,410	(600)	4,810
DWP Conditions Management	46	(10)	36
Physio Waiting Times Initiative	103	0	103
Retinal Screening Waiting List Grading Initiative	147	(112)	35
Prescribing Reserve	972	0	972
NHS Board Adult Social Care	88	0	88
CAMHS	120	(90)	30
Planning and Health Improvement	248	(113)	135
West Dunbartonshire Mental Health Services Transitional Fund	1,454	(200)	1,254
C&F 5 year MTFP "What Would it Take"	1,130	0	1,130
Property Strategy	963	(35)	928

Analysis of Reserves	Actual Opening Balance as at 1 April 2024	Forecast Movement in Reserves	Forecast Closing Balance as at 31 March 2025
	£000	£000	£000
Health Visiting	120	(40)	80
Workforce Wellbeing	18	0	18
Social Care	1,973	797	2,770
Complex Care Packages/Supporting delay discharges	1,973	(650)	1,323
Local Authority Superannuation	0	1,447	1,447
Total Earmarked Reserves	15,150	(2,085)	13,064
Total Reserves	18,654	(3,650)	15,003

Direction from Health and Social Care Partnership Board.

The Chief Officer will issue the following direction email directly after Integration Joint Board approval.

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 24 March 2025

Attachment: 2024/25 Financial Performance Report

Following the recent Integration Joint Board meeting, the direction below have been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCPB report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCPB000073JS24032025
2	Date direction issued by Integration Joint Board	24 March 2025
3	Report Author	Julie Slavin, Chief Financial Officer
4	Direction to	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	HSCPB000071JS28012025
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £89.833m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £117.815m in line with the Strategic Plan and the budget outlined within this report No outstanding debt write off to report at this time
8	Specification of those impacted by the change	2024/25 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2024/25 budget aligned to the HSCP Board is £248.244m. Allocated as follows: West Dunbartonshire Council - £89.833m NHS Greater Glasgow and Clyde - £117.815m Set Aside - £40.596m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2024/25 30 June 2025
12	Overall Delivery timescales	30 June 2025
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and (where appropriate) the position regarding Debt Write Off's.
14	Date direction will be reviewed	The next scheduled HSCP Board - 27 May 2025

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

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

24 March 2025

Subject: Strategic Risk Register Six Month Review

1. Purpose

- 1.1** The purpose of this report is to present the Strategic Risk Register to the West Dunbartonshire Health and Social Care Partnership Board for approval.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Note the comments offered by the HSCP Board Audit and Performance Committee on 18 February 2025; and
- 2.2** Approve the Strategic Risk Register, subject to any required amendments.

3. Background

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have effective governance arrangements in place, which includes systems for managing strategic risks.
- 3.2** The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then annual review of the strategic risk register for the Health and Social Care Partnership.
- 3.3** The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health and Social Care Partnership.
- 3.4** The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy. The current Risk Management Policy and Strategy was approved by the HSCP Board on the 20 September 2021.

- 3.5** The HSCP Board Audit and Performance Committee reviewed the Strategic Risk Register at its meeting of 18 February 2025. Their comments are considered in the main issues section of this report.

4. Main Issues

- 4.1** Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.
- 4.2** The attached Strategic Risk Register (Appendix 1) has been prepared in accordance with the Risk Management Policy and Strategy, approved by the HSCP Board on the 20 September 2021. Similarly, in accordance with that Policy and Strategy, standard procedures are applied across all areas of activity within the Health and Social Care Partnership to achieve consistent and effective implementation of good risk management.
- 4.3** Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk. These are distinct from operational risks, which represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Health and Social Care Partnership's activities.
- 4.4** The Chief Officer has responsibility for managing operational risks as those are more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Operational risk registers are maintained by Heads of Service on behalf of the Chief Officer; and are the "building blocks" for the Strategic Risk Register.
- 4.5** Where several operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.
- 4.6** Existing Strategic Risks on the risk register were reviewed by the appropriate Risk Owner.
- 4.7** Following the review, one new risk was identified "Failure to meet waiting times – MSK Physio", this is now recorded in the Strategic Risk Register. The risk was evaluated as a High risk level with a Medium level target.
- 4.8** Following the review, the number of strategic risks identified by risk level are as follows: Very High - 1, High - 10, Medium - 11, Low - 1. With the exception

of the addition of the new risk highlighted above, this pattern mirrors that of the previous risk register reported on 27 June 2024.

- 4.9** On the 18 February 2025 the HSCP Board Audit and Performance Committee considered the strategic risk register prior to its submission to the HSCP Board. After discussion and having heard from relevant risk owners the Committee recommended that the risk in respect of MSK Physiotherapy be revised to demonstrate more fully the strategic nature of the risk.
- 4.10** The original version of the risk register as considered by the HSCP Board Audit and Performance Committee can be found at Appendix 1 of this report, the suggested rewording of the MSK Physiotherapy strategic risk is as follows for the HSCP Boards consideration:

Description	<p>Failure to meet Scottish Government MSK waiting times target of 90% patients seen within four weeks. Longer waits for a routine appointment leads to increased chronicity of the MSK condition and therefore increased risk of absence from the workplace leading to increased economic burden.</p> <p>Risk to partner organisations as longer MSK waits result in increased patient numbers at ED; increased impact on GP practice (evidence shows patients are more likely to return to their GP as they wait); increased prescribing costs (pain medication) and increased inappropriate referral to orthopaedics (all of which can be evidenced).</p>
Cause	Addition to the original narrative: demand has risen 13.3% in 2023/24 and a further 9% in 2024/25.
Controls	Narrative to remain the same, with the addition that work is ongoing to ensure maximum operational efficiency.

- 4.11** The Audit and Performance Committee also requested some improvements in respect of how the risk register was presented to Committee. This included for example, trend data. These suggested improvements are welcome and can be accommodated. These improvements are not reflected in this report as the reporting deadlines between the two meetings have not afforded officers the time to undertake the necessary changes. This will be amended going forward and the report will be presented as requested at the next Audit and Performance Committee meeting on 25 June 2025.

5. Options Appraisal

- 5.1** Not required for this report.

6. People Implications

- 6.1** Key people implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.
- 6.2** The Risk Management Policy and supporting strategy affirms that risk management needs to be integrated into daily activities, with everyone involved in identifying current and potential risks where they work.
- 6.2** Individuals have a responsibility to make every effort to be aware of situations which place them, or others at risk, report identified hazards and implement safe working practices developed within their service areas.

7. Financial and Procurement Implications

- 7.1** Key financial implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.
- 7.2** The Risk Management Policy and supporting strategy affirms that financial decisions in respect of these risk management arrangements rest with the Chief Financial Officer.

8. Risk Analysis

- 8.1** Failure to comply with the legislative requirement in respect of risk management would place the HSCP Board in breach of its statutory duties.
- 8.2** The Strategic Risk Register has been reviewed by the appropriate risk owner which has included the addition of new risks, updates to existing risks including risk levels and closure of risks that no longer apply.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

- 10.1** Not required for this report.

11. Consultation

- 11.1** The Strategic Risk Register has been reviewed and confirmed by the Health and Social Care Partnership Senior Management Team and the HSCP Board Audit and Performance Committee.
- 11.2** Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

12. Strategic Assessment

- 12.1** Effective risk management will support local and strategic priorities and national health and wellbeing outcomes. It will prevent or mitigate the effects of loss or harm; and will increase success in delivery of the HSCP Strategic Plan, improving lives with the people of West Dunbartonshire.

13 Directions

Not required for this report.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 21 February 2025

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
16 Church Street
Dumbarton
G82 1QL

Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk

Appendices: Strategic Risk Register (Appendix 1)

Description	Cause	Risk level (initial)	Controls in place	Risk level (current)	Risk level (Target)	Status																																																																											
<p>Risk Owner: Margaret-Jane Cardno</p> <p>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery. This includes potential failure of commissioned services in meet their legislative duties in relation to the Health and Care (Staffing) (Scotland) Act 2019.</p>	<p>Poor commissioning can have several underlying causes.</p> <p>1.Insufficient Needs Assessment: Issue: Inadequate understanding of the health and care needs of the population.</p> <p>2.Lack of Strategic Planning: Issue: Commissioning without a clear long-term vision or strategic direction.</p> <p>3.Inadequate Stakeholder Engagement: Issue: Failing to involve key stakeholders (such as patients, carers, and community representatives) in decision-making.</p> <p>4.Financial Constraints: Issue: Budget limitations and financial pressures.</p> <p>5.Fragmented Systems and Silos: Issue: Lack of coordination between health and social care providers.</p> <p>6.Inadequate Performance Monitoring: Issue: Insufficient monitoring of service quality and outcomes.</p> <p>7.Short-Term Focus: Issue: Prioritizing immediate needs over long-term sustainability.</p> <p>8. Lack of understanding of legislative requirements.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1.Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation.</p> <p>2.Commissioning Reviews linked to medium term financial plan.</p> <p>3.Development and monitoring of Contract Risk Register.</p> <p>4.Contracts Risk Register reported to HSCP Board.</p> <p>5.Commissioning Team represented at an appropriate level across the HSCP.</p> <p>6.Establish provider networks/forums across all HSCP areas. Engagement of stakeholders throughout the commissioning process to ensures inclusivity and responsiveness.</p> <p>7.Develop and implement IRISS Change Makers Project.</p> <p>8.Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers.</p> <p>9.Trend analysis and reporting by exception programmed into HSCP Board reports. This enables the HSCP to regularly assess performance, collect feedback, and adjust commissioning strategies accordingly.</p> <p>10.Strategic Plan “Improving Lives Together” approved by IJB. The development of this robust strategic plan ensures alignment with local and national priorities.</p> <p>11.Care Pay and Care Finance roll out.</p> <p>12.Balance financial constraints with the need for effective and sustainable services.</p> <p>13.Promote integrated working, breaking down silos, and fostering collaboration.</p> <p>14.Balance short-term goals with a forward-looking perspective.</p> <p>15.Rigorous assessment processes, involving community engagement and data analysis, are essential.</p> <p>16. In November 2023, West Dunbartonshire HSCP Workforce Planning Group extended the terms of reference to include Health Care Staffing Oversight and Implementation which includes commissioned services.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x2 Medium = 4</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Margaret-Jane Cardno</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</p>	<p>Poor contract management can have several underlying causes such as:</p> <p>1.Inadequate Record-Keeping Techniques. 2.Too Many Manual Processes. 3.Misalignment between Legal Teams and Stakeholders. 4.Misunderstandings about contract terms and expectations. 5.Inefficient collaboration and decision-making. 6.Limited Expertise. 7.Insufficient knowledge or expertise in contract management practices. 8.Lack of training for contract managers. 9.Inability to identify and address potential risks. 10.Inadequate Technology.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1.Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2.Commissioning Reviews linked to medium term financial plan. 3.Development and monitoring of Contract Risk Register. 4.Contracts Risk Register reported to HSCP Board. 5.Commissioning Team represented at an appropriate level across the HSCP. 6.Establish provider networks/forums across all HSCP areas. 7.Develop and implement IRISS Change Makers Project. 8.Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9.Trend analysis and reporting by exception programmed into HSCP Board reports. 10.Roll out of Care Pay and Care Finance.</p>	<p>3x4 High = 12</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x2 Medium = 4</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Margaret-Jane Cardno</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value. This includes potential failure of contracted services in meeting their legislative duties in relation to the Health and Care (Staffing) (Scotland) Act 2019.</p>	<p>Poor contract management can have several underlying causes such as:</p> <p>1.Inadequate Record-Keeping Techniques. 2.Too Many Manual Processes. 3.Misalignment between Legal Teams and Stakeholders. 4.Misunderstandings about contract terms and expectations. 5.Inefficient collaboration and decision-making. 6.Limited Expertise. 7.Insufficient knowledge or expertise in contract management practices. 8.Lack of training for contract managers. 9.Inability to identify and address potential risks. 10.Inadequate Technology. 11. Lack of understanding of legislative requirements.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1.Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2.Commissioning Reviews linked to medium term financial plan. 3.Development and monitoring of Contract Risk Register. 4.Contracts Risk Register reported to HSCP Board. 5.Commissioning Team represented at an appropriate level across the HSCP. 6.Establish provider networks/forums across all HSCP areas. 7.Develop and implement IRISS Change Makers Project. 8.Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9.Trend analysis and reporting by exception programmed into HSCP Board reports. 10.Roll out of Care Pay and Care Finance. 11. In November 2023, West Dunbartonshire HSCP Workforce Planning Group extended the terms of reference to include Health Care Staffing Oversight and Implementation.</p>	<p>3x4 High = 12</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x2 Medium = 4</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Margaret-Jane Cardno</p> <p>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</p>	<p>Failure to adhere to financial regulations can have significant consequences for individuals, the HSCP, and the overall stability of the financial system. Underlying causes can be:</p> <p>1.A poor understanding of legal obligations and contractual agreements. 2.Ignorance or Lack of Awareness. 3.Intentional Non-Compliance: 4.Financial Reporting Irregularities. 5.Culture and Incentives: Organizational culture that prioritizes efficiency or short term interventions over compliance. 6.Complexity and Opaqueness.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1.Restricture and implementation of a Transactional Team. 2.Training on financial regulation and standing orders. 3.Care Pay and Care Finance roll out. 4.Review of Scheme of Delegation. 5.Implementation of Strategic Plan “Improving Lives Together”</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x1 Low = 1</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Margaret-Jane Cardno</p> <p>Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.</p>	<p>Maintaining a secure information management network is crucial for the HSCP and its parent bodies. Some common systemic causes are:</p> <p>1.Misconfigurations of network devices. 2.Network disruptions. 3.Line Damage. 4.Human damage. 5.Sudden Hardware Failure. 6.Poor Visibility and Fundamentals in Cybersecurity. 7.Failure to implement basic security practices. 8.Outdated Software.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1.Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2.Breaches are reported to ICO and data subjects where required. 3.Ongoing monitoring and management required including relevant training. 4.Records management plan in place and lodged with National Records of Scotland. 5.Cyber security recognised as a strategic risk by both parent bodies.</p>	<p>2x2 Medium = 4</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x1 Low = 1</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Margaret-Jane Cardno</p> <p>Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.</p>	<p>Maintaining a secure information management network is crucial for the HSCP and its parent bodies. Some common systemic causes are:</p> <p>1.Misconfigurations of network devices. 2.Network disruptions. 3.Line Damage. 4.Human damage. 5.Sudden Hardware Failure. 6.Poor Visibility and Fundamentals in Cybersecurity. 7.Failure to implement basic security practices. 8.Outdated Software.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1.Data breach management policy in place for both NHS and WDC data. This includes internal e-form reporting procedure for staff. Data breach registers for both partner organisations are kept and analysed for trends and where relevant mitigation put in place. 2.Breaches are reported to ICO and data subjects where required. 3.There remains an ongoing risk that despite procedures a breach may occur. 4.Ongoing monitoring and management required including relevant training. 5.Records management plan in place and lodged with National Records of Scotland. 6.Contingency planning underway in respect of planned power outages and black start events. 7.Cyber security recognised as a strategic risk by both parent bodies.</p>	<p>2x2 Medium = 4</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x1 Low = 1</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Margaret-Jane Cardno</p> <p>Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.</p>	<p>1.Inadequate Leadership and Culture. 2.Lack of Clear Goals and Objectives. 3.Absence of basic management systems. 4. Gaps in statutory performance and management information for regulated services means we are unable to demonstrate that statutory functions are fully met and this is being continually developed within exciting capacity</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1.Regular performance reports are presented to the HSCP Chief Officer and Heads of Services. 2.Regular Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC. 3.Regular performance reports are presented to the Audit and Performance Committee and HSCP Board. 4.NHSGGC has established a monthly performance board in order to further scrutinise high risk areas in relation to waiting time directives. 5.The Senior Management Team reviews performance data at both SMT meetings and via the Programme Management Office. 6.Roll out of data literacy training. 7. Ongoing development work to enhance the quality of management information reporting in relation to statutory functions.</p>	<p>3x4 High = 12</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x1 Low = 1</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<div>Risk Owner: Margaret-Jane Cardno</div> <div>Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.</div>	<div>Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.</div>	<div>4x4 High = 16</div> <div><table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table></div>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<div>1.Commissioning Work Plan agreed and monitored by Head of Service for Strategy and Transformation. 2.Commissioning Reviews linked to medium term financial plan. 3.Development and monitoring of Contract Risk Register. 4.Contracts Risk Register reported to HSCP Board. 5.Commissioning Team represented at an appropriate level across the HSCP. 6.Establish provider networks/forums across all HSCP areas. 7.Develop and implement IRISS Change Makers Project. 8.Develop a quality assurance framework across HSCP service areas including, registered and non-registered services and in-house and 3rd party providers. 9.Quality Assurance reporting to HSCP Board and relevant sub committees for example Clinical & Care Governance. 10.Trend analysis and reporting by exception programmed into HSCP Board reports.</div>	<div>3x3 Medium = 9</div> <div><table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table></div>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<div>2x1 Low = 2</div> <div><table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table></div>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<div>Tolerated</div>
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Julie Slavin</p> <p>West Dunbartonshire HSCP Board (IJB) being unable to achieve and maintain financial sustainability within the approved budget in the short to medium term due to the financial challenge of delivering services with increasing costs and demographic pressures against a backdrop of flat-cash allocations from partners</p>	<p>Risk Owner: Julie Slavin</p> <p>West Dunbartonshire HSCP Board (IJB) being unable to achieve and maintain financial sustainability within the approved budget in the short to medium term due to the financial challenge of delivering services with increasing costs and demographic pressures against a backdrop of flat-cash allocations from partners and depletion of reserves below 2% target as set out within our current Reserves Policy.</p>	<p>5x5 Very High = 25</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1. Active engagement with all partner bodies in budget planning process and throughout the year. This includes HSCP senior officers being active members of both council and health board corporate management teams. 2. Working in partnership across the 6 GGC HSCPs. Also working collectively in local and national forums for health and social care e.g. National Chief Officers Group, CIPFA Chief Financial Officers Section, Scottish Government Sustainability and Value Groups. Local and NHSGGC Prescribing Efficiency Programmes. CIPFA CFO Section working with Scottish Government and COSLA officials on the importance of timely notification of funding, the need to have recurring allocations that attract inflationary uplifts to support full delivery and financial sustainability of policies. 3. Regular financial reporting to the HSCP Board. Budget monitoring reports are prepared and informed by the range of actions, controls and mitigations. These reports support the HSCP Board to agree on any corrective actions required to support financial sustainability. All actions are predicated on the adherence to Financial Regulations, Standing Financial Instructions, Procurement Regulations and implementation of Directions issued by the Board. 4. Service Redesign Programmes managed by Project Boards and scrutinised by the Project Management Office (PMO). 5. Regular analysis of performance and financial data with updates to SMT. 6. Regular meetings with operational budget holders to monitor progress of savings as well as overall budgetary performance and corrective action taken as required. 7. Focus on service redesign programmes and regular programme of review that support the outcomes of service users and patients. 8. Weekly Vacancy Management Panel to scrutinise and challenge recruitment requests. Balanced against reduction in use of agency staff. 9. Regular review of the Medium Term Financial Outlook (MTFO). The MTFO, the annual budget setting report and the regular financial performance reports update on key financial risks and any mitigating actions. 10. Robust Reserves Policy and protection of earmarked reserves to support short to medium term financial planning. This includes, the creation, maintenance and application of some key earmarked reserves for GP Prescribing, Redesign and Transformation, Unachievement of Savings and Fair Work Practices. Robust commissioning processes linked to strategic priorities and eligibility and self-directed support. 11. Accelerate and increase level of recurring savings programmes across services to close in-year gaps, future gaps and replenish reserves balances. 12. Strengthening of governance processes including a refreshed Area Resource Group. 13. Robust application of Eligibility Criteria in completion of My Life Assessments and regular reviews of current packages of care. Further supported by Supervision Policy.</p>	<p>5x4 Very High = 20</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Gillian Gall</p> <p>Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives. Insufficient workforce will impact ability to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services.</p>	<p>Failure to attract and retain people to work for the organisation and the unavailability of labour market.</p> <p>National workforce challenges in Social Work and other professional groups adding to risk in the current system.</p>	<p>3x4 High = 12</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Workforce Plan.</p> <p>HR/strategic policy mirrors national guidance and policy on terms and conditions.</p> <p>Workforce planning oversight locally.</p> <p>Local recruitment drives ongoing to support delivery of workforce plans and shortage occupational gaps.</p> <p>Recruitment stats monitored through workforce team and assessed through vacancy control group.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Gillian Gall</p> <p>Staff dissatisfaction due to increased workload pressure; increasing risk of staff absence and turnover, leading to further loss of skills and knowledge. Increased risk of failure to meet legislative duties in relation to the Health and Care (Staffing) (Scotland) Act 2019</p>	<p>Increasing risk of staff absence and turnover, leading to further loss of skills and knowledge.</p> <p>Training and development infrastructure not effectively monitored and implemented.</p> <p>Challenging limitations to public funding and recruitment in social care render this a difficult environment for the implementation of the Health and Care (Staffing)(Scotland) Act 2019.</p>	<p>1x2 Low = 2</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>In November 2023 West Dunbartonshire HSCP Workforce Planning Group extended the terms of reference to include Health Care Staffing Oversight and Implementation The baseline understanding of compliance levels and identification of gaps has informed an action plan for 2025-2026 developed to mitigate associated risks and to embed this work in business as usual processes. Mechanisms for ongoing oversight, assurance and reporting are proposed for consideration.</p> <p>Use of workload tools and common staffing framework fully implemented where mandated</p> <p>All areas are concerned as to how we will reach business as usual in the time we have. This will not be fully achieved by 01/04/2025.</p> <p>Data reported through performance reporting frameworks provided and improvement measures identified where data is below the required standard. This presents opportunity for any workforce risks to be highlighted or escalated.</p> <p>A robust, proactive approach to analysis and triangulation of this data could support management teams in monitoring the workforce to identify areas where support can be given.</p> <p>Completion of core statutory and mandatory training.</p> <p>Internal profession based career pathways development as identified in the workforce plan.</p>	<p>2x2 Medium = 4</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x2 Low = 2</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Fiona Taylor</p> <p>Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care</p>	<p>Increasing complexity of people admitted to hospital, resulting in longer stays which in turn decondition an individual, increasing the risk of the need for HSCP care at the point of discharge. Delays are incurred when there is no POA in place and Guardianship applications are required before a discharge can be progressed.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Quality improvement activities are ongoing to address a range of issues impacting on the ability to discharge people in a timely manner. Daily HSCP huddles to scrutinise the HSCP daily delays list, Effective dialogue between HSCP and Acute Hospital Discharge team to facilitate speedy resolution to operational issues impacting on bed days lost. Whole System approach across GG&C to implement additional innovations to reduce admissions, bed days and delays.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x3 Medium = 6</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Fiona Taylor</p> <p>Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care</p>	<p>Risk of long-term impacts of the pandemic with potential for increasing demand for unscheduled care. Despite lower levels of presentations at Emergency Departments and lower numbers of emergency admissions, there is an increased number of Unscheduled Care Bed days that attests to increasing acuity and complexity in our general population post-pandemic. Risk of high levels of absence across the workforce, impacting of the delivery of effective and preventative care in the community to maintain health and social care. This may result in deconditioning, declining health and a negative impact on social care.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>A range of GG&C and WDHSCP specific unscheduled care activities are in progress and reported via the Unscheduled Care group. A refreshed design and delivery plan will be implemented in early 2025 to further develop HSCP wide activities to reduce the incidence of unscheduled care, both in the community and attendance at Acute sites. Whole System action plan across HSCP's and Acute sites developed Nov 2024 with a range of actions to reduce unscheduled care demand.</p> <p>Adult Vaccination programme</p> <p>Business Continuity Plans in place for all Health and Community care Services, inclusive of adverse weather events. Service users in District Nursing and care at Home are RAG rated to identify those with greatest need. Annual leave monitored to reduce risk of lack of staff availability at key points. Integrated approach across Health and Community Care services to target shared care opportunities if increased demand is experienced.</p>	<p>2x3 Medium = 6</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x3 Medium = 6</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Fiona Taylor</p> <p>Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.</p>	<p>Lack of managerial scrutiny of a high standard of care in external and internal care homes.</p> <p>Lack of ASP awareness in external and internal care homes.</p>	<p>2x4 Medium = 8</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Care Home Collaborative and Clinical and social care Governance process has oversight of quality indicators. 6 monthly quality assurance visits, conducted by District Nursing and Social Work.</p> <p>Care Inspectorate have regulatory responsibility and conduct robust inspections based on a risk matrix. Annual reviews of residents submitted to the HSCP and this is overseen by a Senior Social Worker. At present a proportion of reviews are completed by the HSCP, based on risk. HSCP Contracts and Commissioning team have oversight of all commissioned care homes.</p>	<p>2x3 Medium = 6</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x3 Medium = 6</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Tolerated
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Sylvia Chatfield</p> <p>Failure to meet waiting times targets - Psychological Therapies</p>	<p>Increase in referral numbers, staffing absence, or inability to fill vacant posts</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Full data cleanse has taken place with ongoing admin support around accurate data recording.</p> <p>Continue to maximise staff capacity and use of peripatetic psychology for additional weekly session.</p> <p>Impact has been substantially due to vacancies and absence however staffing position is improving.</p>	<p>3x3 Medium = 9</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x2 Low = 2</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Sylvia Chatfield</p> <p>Failure to meet waiting times targets - Drug and Alcohol Treatment.</p>	<p>Increase in referral numbers, staffing absence, or inability to fill vacant posts</p>	<p>1x2 Low = 2</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Target continues to be reached and maintained. Only impact would be due to substantial absences. Staff team stable with minimum vacancies</p>	<p>1x2 Low = 2</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>1x1 Low = 1</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Lesley James</p> <p>There is a risk that failure to ensure compliance with relevant assessments such as My Life Assessments and My Assessment and plan will cause disparity within service user groups and in service access and result in incomplete assessments of risk's and needs and will not comply with statutory requirements.</p>	<p>Failure to embed My Life assessment and My Life Assessment screening across adult services.</p> <p>The implementation of My Assessment and Plan was fully implemented in July 2023. An evaluation on the implementation and quality of assessments is underway. Self evaluation activity is required to determine quality beyond implementation.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Group improvement project is documenting the end-to-end process for adult assessments along with a new Adult Area Resource Group standard operational guide which defines the roles and responsibilities across the team and ensures there is consistence governance across the adult services.</p> <p>In addition, the project is reviewing any common tasks across the services which could be centralised.</p> <p>The ARG is being reinstated in Children's in addition to the social work Education panel for screening of shared placement provision service. An evaluation is being progressed of roll out of My life Assessment and Plan within Children's services .</p> <p>There is a concern that the duty to assess for report requests form the reporter is not being fully met due to staffing shortages and the required assessment provision not being able to be undertaken. Ongoing liaison with SCRA and Panel Chairs is in place to implement range of shared solutions to initial enquiry requests. Close working with Children's reporter in relation to the duty to carry out enquires is in place with agreed processes and solution being developed to ensure information is shared appropriately with the reporter.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x4 Medium = 8</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Lesley James</p> <p>Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work.</p>	<p>Resources to support Learning and development opportunities for staff have not been recruited to (temporary resource funding).</p> <p>Skills passports for council staff are not being routinely reported on or further developed.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Reporting mechanisms are at early stages to ensure both Training needs analysis of staff and training delivered and attended is both captured and able to be reported within social work and social care. The appointment of two learning and developments officers will ensure this can be effectively progressed. The learning and development officers have recently been approved by SSRG and are being recruited to.</p> <p>On an interim basis training and development opportunities are being promoted through a range of commissioned training and through ilearn modules and scheduled management training.</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>4x2 Medium = 8</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Lesley James</p> <p>Failure to meet legislative duties in relation to child protection.</p>	<p>Capacity workforce risk due to vacancies and absence. Gaps in data oversight</p> <p>Training and development in National child Protection Guidance required</p>	<p>4x4 High = 16</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Oversight by the Child Protection Committee is currently in place with an independent chair to ensure objective support and challenge. The national data set for CP is in place and a data analysis groups meets regularly to consider local performance.</p> <p>Time scales aligned to national guidance are routinely reported on as part of children's services data set.</p> <p>Visits to children on the CP register. With required timescales are routinely reported. Self-evaluation activity in relation to areas for improvement are informed by the data. Mechanisms for recording staff core and mandated training is at an early stage of developments and this requires to be strengthened to ensure oversight and assurance.</p> <p>Use of agency staff to manage vacancies.</p>	<p>3x4 High = 12</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>2x4 Medium = 8</p> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

<p>Risk Owner: Lesley James</p> <p>Failure to meet legislative duties in relation to adult support & protection.</p>	<p>Learning and development aligned to capacity and data oversight</p>	<div>4x4 High = 16</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>A national data set is being implemented by April 2023 and routine reporting to the Adult Protection Committee is in place with an independent chair to ensure objective scrutiny. Performance and conversion rates in relation to case conferencing is regularly reported and identified improvement in timescales is progressing. Further development is required to report on staff core and mandated training to ensure training compliance in ASP is in place for Social Work and Social Care.</p>	<div>4x4 High = 16</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<div>4x2 Medium = 8</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Lesley James</p> <p>Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA).</p>	<p>Rising demand of MAPPA activity Capacity in relation to rising demand within Justice services both in relation to MAPPA and court orders with flat cash settlement section 27 budget 22/23 and 23/24</p>	<div>4x3 High = 12</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>West Dunbartonshire is part of the North Strathclyde Partnership and oversight reporting structures namely the SOG and MOG meet regularly in relation to all MAPPA activity where reporting of MAPPA activity and the associated risk register is in place. MAPPA activity forms part of reporting to PPCOG to ensure effective oversight and scrutiny.</p> <p>Training to all staff in relation to risk management is supported nationally with justice services. strengthening of reporting is required to ensure improved oversight of learning and development including completion mandatory training is met.</p> <p>Vacancy management scrutiny of all posts is in place. Continued use of reserves to support operational delivery and the pay award issues has resulted in diminishing but continued use of reserves over the past 5 years. There is currently a number of orders form court unable to be allocated and senior social workers are having to manage case loads and impacting on supervision of staff. Risk is escalated with 1.5 vacancies in the system.</p>	<div>4x4 High = 16</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<div>4x2 Medium = 8</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Lesley James</p> <p>Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.</p>	<p>Data oversight of all guardianship cases is being developed but not currently available. Some adults subject to guardianship orders are not routinely allocated. Statutory reviews are not always taking place within required timeframes.</p>	<div>4x4 High = 16</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Clinical and Care Governance oversight is being strengthened in this area with Guardianship oversight data to be reported form CareFirst with performance being reported quarterly. The data set is in early stages of development to ensure effective assurance is in place as is data to ensure effective reviewing timeline are in place.</p> <p>Data has been collated and reported to the Mental Welfare Commission who have an external scrutiny role. An oversight group is now in place with increased scrutiny in relation to allocation and timescales. A report from CareFirst is now being run to ensure this performance in this area is being regularly reported and monitored..</p> <p>Clinical and Care Governance now has reporting form IOM who has oversight in this area to ensure enhanced assurance is in place .</p>	<div>4x4 High = 16</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<div>4x2 Medium = 8</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
<p>Risk Owner: Helen Little</p> <p>Failure to meet waiting times - MSK Physiotherapy</p>	<p>Increase in referral numbers, staffing absence, or inability to fill vacant posts. continuation to breach on the AHP MSK Scottish Government waiting times target of 90% patients seen within 4 weeks. Over 15k patients waiting on a routine appointment.</p>	<div>4x3 High = 12</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<p>Clinical vetting to ensure all patients are clinically vetted and those identified as having urgent clinical need are seen within 4 week target. Service continues to have a QI approach to address waiting times as a priority project. Scrutiny monthly by Health Board and monthly reporting. Ongoing filling of vacancies as they arise.</p>	<div>4x3 High = 12</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	<div>4x2 Medium = 8</div> <table><tr><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr><tr><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr><tr><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr><tr><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	5	10	15	20	25	4	8	12	16	20	3	6	9	12	15	2	4	6	8	10	1	2	3	4	5	Live/Active
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													
5	10	15	20	25																																																																													
4	8	12	16	20																																																																													
3	6	9	12	15																																																																													
2	4	6	8	10																																																																													
1	2	3	4	5																																																																													

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Margaret Jane Cardno, Head of Strategy and Transformation

24 March 2025

Subject: Membership of the Health and Social Care Partnership Board

1. Purpose

- 1.1** The purpose of this report is to confirm the constitutional membership of the Integration Joint Board, known locally as the Health and Social Care Partnership Board.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Note the voting members from the Elected Members of West Dunbartonshire Council as detailed in paragraph 4.2 of this report;
- 2.2** Note the voting members from the Non-Executive Directors of Greater Glasgow and Clyde Health Board as detailed in paragraph 4.2 of this report;
- 2.3** Appoint the non-voting members of the HSCP Board, including the confirmation of the designated professional advisors as detailed in paragraph 4.3 of this report, noting that the final appointment of Caroline Ralston (Stakeholder Member) is subject to the receipt of suitable references; and
- 2.4** Note the forthcoming retirement of Diana McCrone and thank Diana for her many years of dedicated service to the HSCP Board.

3. Background

- 3.1** The constitution of the Health and Social Care Partnership Board is established through the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2** As confirmed within the approved Integration Scheme for West Dunbartonshire (1 July 2015) it has been established that:
- 3.3** The Council will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.

- 3.4** The Health Board will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Integration Joint Board.
- 3.5** As prescribed in the 2015 Integration Scheme, the term of office of the Chair and Vice Chair will be three years. As required by the Integration Joint Board Order, the parties will alternate nominating the Chair and Vice Chair.
- 3.6** On the 21 November 2023, the HSCP Board noted an update on work which is ongoing to review the Integration Scheme between West Dunbartonshire Council and NHS Greater Glasgow and Clyde. This remains a work in progress, but it should be noted that should the revised Integration Scheme be approved by West Dunbartonshire Council and NHS Greater Glasgow and Clyde, the term of office of the Chair and Vice Chair will be two years.
- 3.7** The first Chair of the Integration Joint Board was nominated by the Council; and the first Vice Chair was nominated by the Health Board.
- 3.8** The Parties acknowledge that the Integration Joint Board will include additional non-voting members as specified by the Integration Joint Board Order, the individuals to be formally determined by the Integration Joint Board's voting members.

4. Main Issues

- 4.1** In accordance with Standing Order 3, the Board is asked to note the following:
- 4.2** The Voting Members of the HSCP Board are as follows:
- Michelle Wailes (NHS Greater Glasgow and Clyde) Chair of the HSCP Board and Vice Chair of the HSCP Board Audit and Performance Committee (positions currently held by NHS Greater Glasgow and Clyde until 31 July 2027)
 - Lesley McDonald (NHS Greater Glasgow and Clyde)
 - Elizabeth (Libby) Cairns (NHS Greater Glasgow and Clyde)
 - Cllr Fiona Hennebry (West Dunbartonshire Council) Chair of the HSCP Board Audit and Performance Committee, Vice Chair of the HSCP Board and Chair of the Strategic Planning Group (positions currently held by West Dunbartonshire Council until 31 July 2027)
 - Cllr Martin Rooney (West Dunbartonshire Council)
 - Cllr Michelle McGinty (West Dunbartonshire Council)
- 4.3** In accordance with Standing Order 3, the Board is asked to appoint the non-voting membership of the Health and Social Care Partnership Board as follows:

Beth Culshaw	Chief Officer
Julie Slavin	Chief Financial Officer (Section 95 Officer)
Dr Saied Pourghazi	Clinical Director
Val Tierney	Professional Nurse Advisor
Vacant	Staff Representative (NHS Greater Glasgow and Clyde)
Vacant	Staff Representative (West Dunbartonshire Council)
Selina Ross	Chief Officer, West Dunbartonshire CVS (Third Sector Interface)
Kim McNab	Service Manager, Carers of West Dunbartonshire
David Smith	Unpaid Carers Representative
Barbara Barnes	Stakeholder Member
Anne MacDougall	Stakeholder Member
Caroline Ralston	Stakeholder Member (preferred candidate)
Helen Little	Lead Allied Health Professional
John Kerr	Housing Development and Homelessness Manager
Lesley James	Chief Social Work Officer
Vacant	A registered medical practitioner employed by the Health Board and not providing primary medical services. Professional advisor (appointee).

- 4.4** Regarding the vacant positions outlined above, the Chief Officer has written to NHS Greater Glasgow and Clyde to identify an appropriate registered medical practitioner. Several requests have been made to try and identify a staff representative from West Dunbartonshire Council, to date these approaches have been unsuccessful.
- 4.5** Diana McCrone has been an active member of the HSCP Board for several years. The Board should note that due to Dianas forthcoming retirement the position of Staff Representative for NHS Greater Glasgow and Clyde will become vacant at the end of March 2025. Steps will be taken to identify a new representative.
- 4.6** On the 19 November 2024, the Head of Strategy and Transformation, provided an update to the HSCP Board on progress towards the recruitment of a minimum of four service user representatives to act as Non-Voting Members of the HSCP Board. This recruitment process is now in the final stages of completion. The positions were advertised via MyJob Scotland and attracted three applicants, two of whom were selected for interview. One applicant has been identified as a preferred candidate, and the process will be complete upon receipt of suitable references.
- 4.7** The HSCP Board is asked to approve Ms Ralston's appointment, subject to suitable references, in order that preparations can be made for her to attend the HSCP Board from the start of the new financial year

5. Options Appraisal

- 5.1** The recommendations within this report do not require the completion of an options appraisal.

6. People Implications

- 6.1** There are no direct people implications arising from the recommendations within this report.
- 6.2** New HSCP Board Members will be supported to actively participate in Board meetings. A full induction programme is in place and a single point of contact will be available to support new members.

7. Financial and Procurement Implications

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

8. Risk Analysis

- 8.1** There are no risks identified because of the recommendations within this report. However, it should be noted that the matter of vacant non-voting positions has previously been highlighted by external audit and assurances sought that steps are being taken to address this matter.

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

- 10.1** The recommendations within this report do not require the completion of a Strategic Environmental Assessment (SEA).

11. Consultation

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

12. Strategic Assessment

- 12.1** On the 15 March 2023 the HSCP Board approved its Strategic Plan 2023 – 2026 “Improving Lives Together”. The Plan outlines sustained challenge and change within health and social care, these changes bring with them a host of governance implications: cultural, operational, structural, ethical and clinical.
- 12.2** Good governance is essential to ensure the actions within the Strategic

Plans are implemented effectively and efficiently in a way which promotes safe and effective care whilst achieving best value.

13. Directions

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

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership
Date: 12 March 2025

Person to Contact: Margaret-Jane Cardno
Head of Strategy and Transformation
West Dunbartonshire Health and Social Care Partnership

Email: margaret-jane.cardno@west-dunbartonshire.gov.uk

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD**Report by Lesley James, Chief Social Work Officer****24 March 2025**

Subject: Chief Social Work Officer Annual Report**1. Purpose**

- 1.1** The purpose of this report is to provide the HSCP Integrated Joint Board (IJB) with the Chief Social Work Officer (CSWO) Annual Report for 2023-24 (Appendix 1) which provides information on the statutory work undertaken on the Council's behalf, including a summary of governance arrangements, service delivery, resources and workforce.
- 1.2** On the 18th December 2024 at a meeting of Full Council the content of the Chief Social Work Officer Annual Report 2023-24 was approved as was its submission to the Office of the Chief Social Work Advisor to the Scottish Government.

2. Recommendations

- 2.1** The IJB are asked to note the contents of the report.

3. Background

- 3.1** The requirement for each Council to have a Chief Social Work Officer was initially set out in section 3 of the Social Work (Scotland) Act 1968 and is also contained within section 45 of the Local Government etc. (Scotland) Act 1994.
- 3.2** The role of the CSWO is to provide professional guidance, leadership and accountability for the delivery of social work and social care services – both of those provided directly by the local authority social work and care services delegated to the HSCP and also those commissioned or purchased from other providers.
- 3.3** The CSWO Annual Report has been prepared in line with National Guidance: 'The Role of the Chief Social Work Officer' (Scottish Government: 2016). This report also fulfils the statutory requirement for each CSWO to produce an annual report on the activities and performance of social work services within the local area.

3.4 Following approval, the annual report will be provided to the Chief Social Work Advisor to the Scottish Government and will be posted on the Council and HSCP websites.

4. Main Issues

4.1 Each CSWO produces an annual report based on an agreed template by the Office of the Chief Social Work Adviser. This ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector. The Office of the Chief Social Work Advisor will use completed reports to prepare a national overview later in the year.

4.2 The report, makes significant reference to the work of teams across Children & Families, Adults, Older People and Justice Services. The report gives both performance information and highlights the extensive and varied contribution that social work makes to the lives of our citizens within West Dunbartonshire and the role that social work has to play in the protection of the public.

4.3 Oversight arrangements, public protection activity and performance information is detailed as well as external scrutiny of those regulated services delivering statutory functions during 2023-24.

4.5 The report summarises the development around recruitment and retention in a national context of shortages of social workers and vacancies which have been evident for some time and is most acutely experienced in children's services. Workforce planning is crucial in supporting the development of local strategies in recruitment and retention of social work staff and the priority that this requires.

4.6 As a profession delivering services which are trauma informed, relationship based to deliver rights-based services to individuals, families and carers towards better outcomes, our skilled workforce is key to any delivery model. The Social Work and care services workforce is diverse and includes social care workers, occupational therapists, residential and day care staff, home care staff, Mental Health Officers; and social workers delivering protection and a range of statutory interventions to ensure the safety and protection of vulnerable Children, Adults and the wider public. Services are delivered by a skilled, dedicated workforce who require support, training and effective leadership to undertake complex and often challenging work. There are identified gaps in learning and development opportunities for social work staff and in 2024/25 we will see this improve with the appointments of two learning and development officers.

4.8 The clarity of objective of service ambition to deliver earliest and preventative services to enable children and adults to live their best lives in community settings where possible, is clear across all delivery areas. Challenges to this approach are perhaps evident in both children and adult services with

ensuring preventative services are both locally accessible and effective in meeting need at earliest stages.

Children's service 5 year strategic plan approved by the Integrated Joint Board set out the vision and directions for children's services to ensure West Dunbartonshire are Keeping the Promise, by supporting children in local communities and family settings where possible.

The national drivers to ensure increased numbers of adults involved with Criminal Justice services are effectively supported and risks to the public are managed within the community although is being driven at a time when resourcing of Justice services to deliver community based options is increasingly stretched both in terms of local and national settlements.

5. People Implications

- 5.1** The CSWO Annual Report highlights both ongoing challenges and developments in workforce planning and recognises the activity taking place to support staff wellbeing and ensure successful recruitment and retention.
- 5.2** The report highlights developments of key posts across social work services to support an on-going improvement agenda and identified priorities for the delivery of social work services.

6. Financial and Procurement Implications

- 6.1** There are no financial or procurement implications arising from the CSWO annual report, however the report highlights the financial implications upon the HSCP budget and the importance of spend that is compliant with procurement arrangements.
- 6.2** Budgetary oversight of services provided by the HSCP continues to be provided by the HSCP Board. Budget pressures in social work and social care are evident and the CSWO now attends the vacancy panel for all relevant posts to ensure effective representation of the statutory functions and risks are considered when decision on posts are made aligned to budget.

7. Risk Analysis

- 7.1** Provision of statutory social work services requires appropriately qualified and skilled staff; analysis of activity and future demand is intended to inform future service planning to continue to meet statutory duties. HSCP Risk registers reflect protection functions and impact of vacancies and current gap in some aspects in learning and development for staff.

8. Equalities Impact Assessment (EIA)

8.1 There is no requirement for an equalities impact assessment and this report does not recommend a change to existing policy, function or strategy.

9. Environmental Sustainability

9.1 There are no implications for environmental sustainability.

10. Consultation

10.1 Contributions to the CSWO Annual Report has been informed by managers and staff delivering the statutory functions contained within this report.

11. Strategic Assessment

11.1 Analysis of activity, resources and performance within the CSWO Annual Report provide assurance that the planning and delivery of social work services in West Dunbartonshire continue to reflect statutory requirements.

11.2 The report also demonstrates how services support the Council's strategic priorities and the HSCP Strategic Plan, working with local residents and communities to improve lives.

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

Person to Contact: Lesley James, Head of Children's Health, Care and Justice Services, Chief Social Work Officer
Lesley.james@west-dunbarton.gov.uk

Appendices: Chief Social Work Officer Annual Report 2023-24

Background Papers: None

Wards Affected: All



West Dunbartonshire

Chief Social Work Officer Annual Report

1 April 2023 – 31 March 2024

Contents

1.	Introduction	4
2.	Governance, Accountability and Statutory Functions	6
2.1	Role of the Chief Social Work Officer (CSWO).....	6
2.2	Public Protection	7
2.3	Quality Assurance	8
2.4	Clinical and Care Governance	9
2.5	Management and Performance Information	9
2.6	Risk Oversight	10
2.7	Population Profile	11
2.8	Specific Challenges For Our Communities 2023/24	11
2.9	West Dunbartonshire HSCP Structure	14
3.	Service Quality and Performance	15
3.1	Key Achievements 2023/24	15
3.2	Children Young People and Their Families	17
3.3	Scottish Child Interview Model	20
3.4	Permanence Team.....	20
3.5	My Assessment My Plan.....	20
3.6	Family Time.....	21
3.7	Request for Assistance	21
3.8	Strengthening Scrutiny and the Voice of Children and Young People.....	22
3.9	Brothers and Sisters	22
3.10	Advocacy	23
3.11	Family Support for Children and Young People and Families.....	24
3.12	Unaccompanied Asylum Seeking Children (UASC).....	25
3.13	Self-Evaluation Activity	26
3.14	Child Protection and Social Work.....	27
3.15	West Dunbartonshire Child Protection Committee.....	28
3.16	Child Protection Activity – What Our Data Tells Us	30
3.17	Child Protection Committee Achievements in 2023/24	33
3.18	West Dunbartonshire’s Children’s Houses	36
3.19	Adult Services	38
3.20	My Life Assessment Evaluation.....	38
3.21	Just Enough Support.....	40
3.22	SDS Staff Training and Development.....	40
3.23	Short Break Pilot	41
3.24	Support in the Right Direction – Inspiring Scotland.....	41
3.25	SDS Circle and Providers Network.....	41
3.26	Adult Support and Protection	42

3.27	Overview of Adult Protection Activity 2023/24	43
3.28	Multi-Agency Forum (MAF)	45
3.29	Mental Health Officer Service (MHO)	46
3.30	Adults with Incapacity (AWI) / Guardianship	46
3.31	MHO Data Oversight	47
3.32	Support to Adults Leaving Hospital	48
3.33	Community Learning Disability Services	49
3.34	Housing Support Service for Adults with Learning Disabilities	50
3.35	Alcohol and Drug Partnership (ADP)	51
3.36	Official Waiting Times	52
3.37	External Scrutiny: West Dunbartonshire Care Homes	52
3.38	Justice Social Work Services	54
3.39	MARAC (Multi-Agency Risk Assessment Conference)	56
3.40	Community Justice	57
4.	Resources	60
5.	Workforce and Service Impact	64
5.1	Workforce Planning	64
5.2	West Dunbartonshire HSCP Approach to Staff Health and Wellbeing	67
5.3	Workforce Development, Learning and Collaboration	68

1. Introduction

It gives me great pleasure to present this annual report 2023/2024 as Chief Social Work Officer for West Dunbartonshire. The report presents an overview of social work and social care services within West Dunbartonshire and the statutory functions delivered during that period. The report aims to capture the good practice and improvement activity that has taken place across a range of services as well as highlight some of the challenges for social work and social care services as well as highlighting the many achievements over the past year.

The commitment and enthusiasm of our social work professionals and social work and care workforce in providing services to many of our most vulnerable children, young people and adults in our communities is clear, however at a time where budgetary pressures and workforce challenges are at arguably an unprecedented point. The social work workforce require leadership to sustain, deliver and improve our vital social work and care services to our citizens whose rights we uphold is challenged in many directions.

The workforce and resources section highlights those continued challenges and the impact both in terms of capacity within the social work and care workforce. We need to ensure that a strong 'social work voice' is heard with the rights of those we serve being at the forefront, and the impact of financial decision making and recruitment challenges on needs and risks of service users visible and transparent.

In West Dunbartonshire our social work and care services are diverse, and this report does not attempt to cover every aspect. Our structural arrangements are complex as is the variability of both integration and professional oversight arrangements.

This report summarises practice activity, improvement and the work that has taken place to strengthen service user voices, and where appropriate service redesign. Services need to keep evolving and changing to best respond to the needs of our communities and we need to be outward facing in all that we do.

The challenging economic policy and societal pressures are directly related to increasing demand for social work and social care services and the requirement for enhanced collaboration to meet some of the current challenges across the public sector is vital. Our communities, require solution focused, collaborative leaders to address the impact and growing need that is evident for those individuals and communities who use our social work and care services regardless of structural arrangements and ability to plan on a longer-term basis with investment in preventative approaches.

This year has again been challenging on many levels and the continued uncertainty of the future focused policy agenda of social work and care, its value and that of its workforce requires some certainty.

The nature of social work is often overlooked or misunderstood in the vital role that it plays in supporting children and adults to ensure their voice and rights are upheld and that individuals lived experience is truly understood.

We continue to strive to build services that are truly co-designed with the voice of those we serve at the heart of what services that make a positive difference looks like.

We need to continue our development of services moving away from the doing to and understand and consult on what makes a difference for people. We need to invest in our services in relation to being able to measure and evaluate the impact at a time of increased

budgetary constraints. We need to hold a position of longer-term objectives to disrupt and make meaningful change in those systems that impact on the lives of those we serve.

In my report I have referred to social work and social care separately as they are two very different activities and often misunderstood. Care is the support and help you will receive to meet your care needs, and 'social work' is a practice-based discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people (Global definition of Social Work 2014). Often the two are conflated and we need to have a shared understanding of what the role of social work and social care are, to enable policy and decision makers to understand the requirements and importance of the separate roles and within that our statutory responsibilities.

Despite the increasing challenges, the uncertainty of a National Care Service and National Social Work Agency, our workforce are our greatest asset and the commitment and dedication of our social work and social care workforce cannot be overstated.

Put simply due to their commitment, adults and children at times of crisis, failing health, family breakdown, or where there is a risk of harm, are on a daily basis enabling and supporting people to live safely with care dignity and respect.



A handwritten signature in blue ink that reads "Lesley James".

Lesley James
Head of Children's Health, Care and Justice
Chief Social Work Officer
30 October 2024

2. Governance, Accountability and Statutory Functions

2.1 Role of the Chief Social Work Officer (CSWO)

- 2.1.1 There is a statutory requirement for all Local Authorities to appoint a professionally qualified Chief Social Work Officer (CSWO) who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The overall role of the CSWO is focused on the provision of effective professional advice and guidance to Local Authorities, Integration Joint Boards, Elected Members and Officers in the provision of Social Work services whether directly provided or commissioned.
- 2.1.2 The CSWO has responsibility for overall performance improvement and the identification and management of corporate risk in so far as these relate to Social Work services. The CSWO provides professional governance, leadership and accountability for the delivery of Social Work and Social Care services whether directly provided or delivered by the private or voluntary sector on behalf of the Local Authority.
- 2.1.3 The role assists the Council and the Integration Joint Board to understand the responsibilities and the complexities involved in the delivery of Social Work services. The CSWO is required to ensure that all social services workers meet the requirements of the SSSC Codes of Practice.
- 2.1.4 The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of Social Work and Social Care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social Work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.
- 2.1.5 West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice reporting to both the Chief Officer of the HSCP and the Chief Executive.
- 2.1.6 The role of the CSWO assists the local authority and its partners in understanding the complexities and cross-cutting nature of social work service delivery. This includes issues such as corporate parenting, child protection, adult protection and the management of high-risk offenders, but also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes.
- 2.1.7 In West Dunbartonshire, NHS Greater Glasgow and Clyde and West Dunbartonshire Council have gone beyond the statutory minimum requirements when determining which functions to delegate to the Integration Joint Board. As such Children's Services, Social Work and Adult Services Social Work including Criminal Justice are all part of the West Dunbartonshire Health and Social Care Partnership and are overseen by the Integration Joint Board who must ensure that delegated functions are carried out effectively.
- 2.1.8 The CSWO plays a fundamental role in the context of Health and Social Care Integration, and as required, is a non-voting member of the Integration Joint Board. The professional leadership provided by the CSWO in these integrated arrangements is central to the effectiveness of improving the quality of care within West Dunbartonshire.

- 2.1.9 The CSWO has a defined role in professional and clinical and care leadership and has a key role to play in Clinical and Care Governance systems which support the work of the Integration Joint Board. This is set out in the Integration Scheme.
- 2.1.10 The integration of health and social care highlights the complexity of social work governance arrangements, but regardless of integration, West Dunbartonshire Council retain statutory responsibilities in relation to social work services. Elected Members have important leadership and scrutiny roles, and this annual report seeks to support Elected Members to discharge these functions. It is essential that Elected Members assure themselves that service quality is maintained and that risks are managed effectively.
- 2.1.11 Work has progressed in this area with the CSWO now chairing the Community Planning Partnership Nurture Delivery and Improvement Group which oversees the implementation of the Integrated Joint Children's Services Plan.
- 2.1.12 The Community Justice Act 2016 adds to the complexity of governance arrangements for Justice social work and partner agencies. The Community Justice Act 2016 established a new model for delivering Community Justice service, through the establishment of Community Justice Partnerships. The establishment of the West Dunbartonshire Community Justice Partnership in late 2023 seeks to build on these improvements. The Partnership is responsible for local planning and monitoring of Community Justice services along with their partners, including West Dunbartonshire Council and NHS Greater Glasgow and Clyde. The partners have a duty to collaborate in preparing a strategic plan and are accountable for delivering it. Although in its infancy this partnership is demonstrating promise. It should be recognised that this is due in part to the appointment of a dynamic Community Justice Coordinator, highlighting the need for governance structures to be adequately supported and effectively resourced.
- 2.1.13 The synopsis of the governance structures outlined above exemplifies how the role of the CSWO has become more complex and challenging in recent years. Going forward there is further uncertainty surrounding social work governance arrangements as we await greater clarity in respect of the National Care Service (Scotland) Bill. This Bill, currently at stage two, establishes the National Care Service and allows Scottish Ministers to transfer social care responsibilities from local authorities to a new national service. This could include adult and children's services, as well as areas such as justice social work and has implications for the existing regulatory bodies. The important piece of legislation remains largely silent on public protection.

2.2 Public Protection

- 2.2.1 Within West Dunbartonshire the term public protection is used to encompass the many different strategic approaches and responses to keeping children and adults safe in our communities, this includes Child Protection, Adult Support and Protection, Multi-Agency Public Protection Arrangements (MAPPA), Alcohol and Drug Partnership, Violence Against Women and Girls and Suicide Prevention.
- 2.2.2 The West Dunbartonshire Public Protection Chief Officers Group (PPCOG) has been established to reduce the harm to children and adults at risk. Effective public protection requires agencies to work together at both a strategic and operational level. It is critical that this work is overseen by Chief Officers to ensure that barriers to joint working are addressed, and solutions are found.

- 2.2.3 Through the PPCOG actions have been taken to better align governance structures and system oversight as well as the collective approaches to risk management and assurance, this focus has been strengthened, however, work is ongoing to fully embed a culture of quality assurance and risk management.
- 2.2.4 West Dunbartonshire continues to engage a single Independent Chair for its Adult and Child Protection Committees. To further embed a culture of quality improvement and promote a culture that supports learning and the PPCOG has recently engaged an independent lead to conduct learning reviews. These learning reviews present an opportunity for in-depth analysis and critical reflection to gain greater understanding of inevitably complex situations and to develop strategies to support practice and improve systems across agencies.
- 2.2.5 West Dunbartonshire is part of North Strathclyde Multi Agency Public Protection Arrangements (MAPPA), 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).
- 2.2.6 The MAPPA Unit's performance report noted 100% compliance, with key performance indicators KPI's) for cases managed at level two and three (multi-agency risk management) being reviewed no less than every 12 weeks. Justice Services were fully compliant with all national KPI's, where all MAPPA meetings were held, and notifications submitted to the MAPPA Unit within fixed timescales: no exceptions were reported during 2023/24.

2.3 Quality Assurance

- 2.3.1 It is important that a culture of continuous improvement is embedded across all aspects of social work.
- 2.3.2 Progress has been made in the year to 31 March 2024 in relation to the monitoring of service quality and performance across all services. This includes a range of performance data which is reported at several levels: operational management teams, the Clinical and Care Governance Group, the Health and Social Care Partnership Senior Management Team, and the Health and Social Care Partnership Board Audit and Performance Committee.
- 2.3.3 This continuous learning includes utilising complaint data with teams understanding common themes in relation to complainants' views on the quality-of-service provision, failures in service provision, communication, and access to services.
- 2.3.4 Quality assurance and learning activity also includes learning from case reviews whether they be service specific, or Learning Reviews undertaken in collaboration with our partners. In 2022 West Dunbartonshire Adult Protection Committee commissioned and concluded in 2023 one themed Learning Review with a further Learning Review commissioned. A Learning Review was also commissioned by the Child Protection Committee.

- 2.3.5 West Dunbartonshire HSCP have implemented a Programme Management Office (PMO) approach to bring structure and governance to change projects across the partnership. The PMO Board meets monthly to review updates from individual projects and provide guidance and direction where required. The PMO board will agree on which projects should be brought forward for updates and define timescales for reporting to be submitted.
- 2.3.6 Active change projects which are driving improvements in relation to social work and care services include a redesign of Home Care Services in West Dunbartonshire which has yet to be completed and is currently engaging staff and Trade union colleagues in the design process. A self-directed support project has been actively seeking to further embed the approach in service delivery with principles of choice, control and good conversations aligned to outcomes at the heart of services. In children's services a re-design of the current duty system has been in development since January 2023 to ensure improved response times and a dedicated focus on new referrals of concerns aligned to 2021 Child Protection Guidance and local implementation of the Scottish Child Interview Model in partnership with Police Scotland Colleagues in May 2023.
- 2.3.7 The launch and implementation of a My Assessment and Plan tool in children's services was implemented between March and June 2023 and the evaluation of the implementation reports directly to the PMO.

2.4 Clinical and Care Governance

- 2.4.1 West Dunbartonshire Health and Social Care Partnership Clinical and Care Governance Group plays an important part in the arrangements for scrutiny of care quality, within the services which the Health and Social Care Partnership provides, and those that it commissions. During 2023 the approach to Clinical and Care Governance continued to evolve. Scrutiny and assurance were strengthened with the wider inclusion of social work and social care services within Clinical and Care Governance arrangements and a social work subgroup developed and Terms of Reference updated to include oversight of social work and social care quality has been enhanced and fully incorporated into Clinical and Care Governance activity. Social Care and Social Work subgroup led by CSWO has been established and in scope are all commissioned services providing social care and support, complaints, notifiable incidents, regulated inspection and improvement plans, service data trends with specific focus on the statutory social work data which is developing to ensure managers and leaders are equipped to understand service data to ensure targeted and focused improvement.

2.5 Management and Performance Information

- 2.5.1 Development of management and performance information for statutory social work and social care services has been a key priority over the reporting period. A range of information reports to meet reporting requirements has progressed, with several automated reports introduced that are distributed to teams and services on a regular basis. This type of automated reporting reduces the amount of manual effort required to run reports and ensures information is provided in a consistent way.
- 2.5.2 An HSCP Performance Dashboard has been developed to provide the senior management team (SMT) with a dashboard view across all teams and services showing trend information in comparison to previous reporting weeks as well as utilising graphs to show wider trends. The dashboard also includes information

relating to areas such as HR and Complaints and will continue to be developed over time to add additional information.

2.6 Risk Oversight

- 2.6.1 Risk is a difficult and complex notion that can create understandable anxiety for many. Although the management of risk is an integral element of the social work function the governance of risk was raised in both the Joint Inspection of Adult Support and Protection (July 2021) and the Joint Inspection of Services for Children and Young People at Risk of Harm in West Dunbartonshire (May 2022) as an area which requires improvement.
- 2.6.2 The Integration Joint Boards Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health and Social Care Partnership Risk Management policy and strategy. The current Risk Management Policy and Strategy was approved by the Integration Joint Board on 20th September 2021. This work was further enhanced in March 2024 by the approval of a supporting risk appetite statement.
- 2.6.3 The implementation of the Risk Management Policy is relatively mature and strategically has gone some way to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key strategic decisions. This means that the Integration Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enables positive outcomes.
- 2.6.4 The policy and supporting strategy provide the framework for the implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting. The Integration Joint Board receives a report on strategic risks and key operational risks on a six-monthly basis.
- 2.6.5 This governance structure provides the necessary assurance that the Health and Social Care Partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances which are properly owned and actioned.
- 2.6.6 Prior to this, the Strategic Risk Register is reviewed by the Health and Social Care Partnership Senior Management Team. This includes a review of operational risks which may impact across multiple service areas or, because of interdependencies, require more strategic leadership. The Senior Management Team can propose risks of this nature for escalation to 'strategic risk' status for the Integration Joint Board.
- 2.6.7 The PPCOG meet quarterly, and one part of this process is to review the key risks which the Chief Officers group should be aware of, need to take action on and/or provide strategic direction on next steps.
- 2.6.8 In August 2022 the PPCOG approved a risk management process, the objective being to ensure all stakeholders understood how the risk register for PPCOG was collated and updated setting the context for risk management within the PPCOG. This has been further developed in 2023 into 2024 with the development of risk registers from the reporting strategic groups.

- 2.6.9 In 2023 presentation regarding oversight of child and adult protection function were delivered by the Scottish Government National Teams, as well as external development sessions which focused on multi-agency oversight of data, development of risk register, reporting by exception and oversight aligned to Protecting Children and Young People: Child Protection Committee and Chief Officers Responsibilities (2019).
- 2.6.10 Strengthening of PPCOG's oversight of Learning Reviews has taken place and input for both Lead officers for committee and updates on Learning Review progress has been developed and quarterly updates of progress are provided.

2.7 Population Profile

- 2.7.1 West Dunbartonshire has an estimated population of 88,750 people according to National Records of Scotland's latest mid-year population estimates 2023. This is a slight increase of 480 (0.5%) on the 2022 estimates which were the first to be based on Scotland's Census 2022. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.
- 2.7.2 The number of births in West Dunbartonshire in 2023 was 783 which was 8% lower than in 2022. Births in Scotland saw a decrease of 2.2% across the same time period. In West Dunbartonshire, 16.9% of the population are aged 0-15, slightly higher than Scotland (16.3%) and 9.6% of the population are aged 16-24, which is smaller than Scotland (10.7%). Those aged 25-44 account for 24.8% while those in the 45-64 age band represent 28.2% with a population of 25,066.
- 2.7.3 People aged 65 and over make up 20.5% of West Dunbartonshire's population, which is similar to the Scottish population (20.3%). Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2023).

2.8 Specific Challenges for Our Communities 2023/24

- 2.8.1 West Dunbartonshire has both a high percentage of lone parent families and lone parents who are not employed; 50% of lone parents in West Dunbartonshire are not in employment, the third highest of all local authorities in Scotland. Children in lone parent families and non-working lone parent families are more likely to have lower mental wellbeing than those who are not in those categories. West Dunbartonshire is likely to have a high percentage of children, young people and parents who have a number of Adverse Childhood Experiences (ACES). Parental mental health is also the second highest reason for parents not being in employment.
- 2.8.2 Life expectancy is lower than the Scottish average with those living in the most deprived communities spending, on average 24 years fewer in good health than those living in the least deprived areas. With those in the most deprived areas also dying younger, they spend more than one third of their lives in poor health.
- 2.8.3 West Dunbartonshire has a continuing high rate of child poverty across the whole area (26%) with 22.6% of children living in low-income families and there is a high eligibility for and uptake of free school meals (27.4% for primary 4-7 pupils) although the registration rate for secondary school pupils is on a downward trend. Almost half

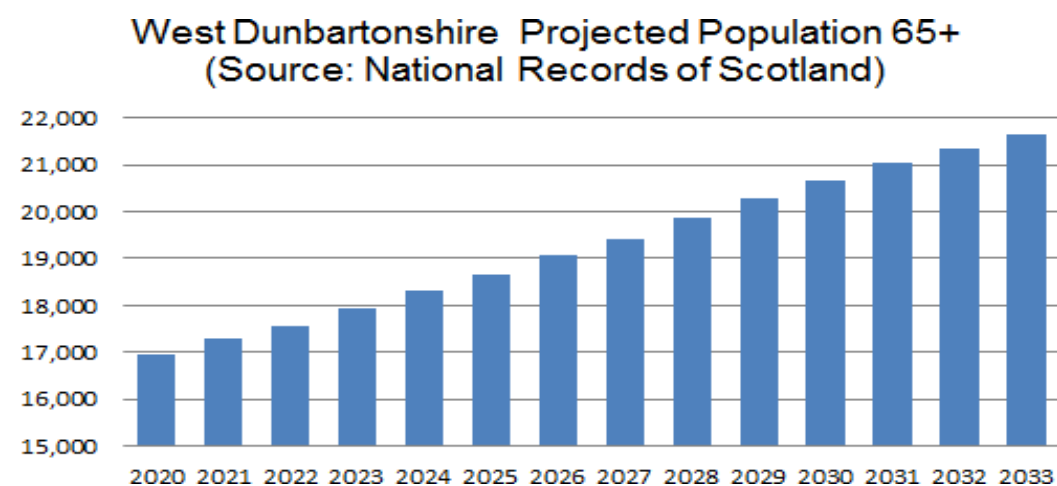
of the primary schools in West Dunbartonshire have rates of over 30% of pupils in Primary 4-7 registered for free school meals.

- 2.8.4 The total number of households in West Dunbartonshire is projected to decline between 2023 and 2043, with 42% of those named as responsible for the accommodation being over the age of 60. By 2028 it is projected that 1 in 2.4 households will have a single adult with the number of single adult dwellings increasing since 2012 to an average of 41.1%. Since 2016, 45.4% of children are living in homes that failed the Scottish Housing Quality Standard (SHQS).
- 2.8.5 West Dunbartonshire has a rate of 23.7 per 1,000 school pupils assessed and/or declared as having a disability compared to the Scottish rate of 24.3 per 1,000 pupils; 26% of residents report having a lifelong time limiting condition (Scotland is 24%). Women are more likely to be disabled than men, with disabled women at greater risk of violence and abuse compared with both non-disabled people and disabled men; 458 Individuals with a learning disability are known to West Dunbartonshire HSCP learning disability services. Learning disability rates are above the Scottish average and these individuals have some of the poorest health outcomes of any group in Scotland.
- 2.8.6 Domestic Abuse rates in West Dunbartonshire are the second highest in Scotland, at 168 incidents per 10,000 population reported to Police Scotland. Children are adversely affected by domestic abuse with the average number of people involved per incident remaining at four (victim, perpetrator and two children). This is the main reason of concern for children identified at case conferences for the child protection register and reason for referral to Scottish Children's Reporter Administration (SCRA).
- 2.8.7 West Dunbartonshire has 14.7% of S4 pupils reported drinking alcohol at least once a week. This is higher than Scotland at 11.5% and 4.1% of S4 pupil reporting using drugs monthly. The rate of drug related hospital stays in 11–25-year-olds is increasing and is higher than the Scottish average. West Dunbartonshire also has 543 young people in prison per 100,000. This is the highest figure of any local authority in Scotland.
- 2.8.8 The health and wellbeing of our youngest babies and children is also a concern within West Dunbartonshire. Over 25% of all local referrals being made to SCRA are for under 5's. West Dunbartonshire has the highest percentage of children with at least one developmental concern being identified at the 27–30 month health visitor assessment. In addition, 13% of the children accessing funded early learning and childcare have social, emotional and behavioural difficulty compared to the Scottish average of 5%.
- 2.8.9 While West Dunbartonshire's population saw a slight increase in 2023, the overall trend is a declining population with the proportion of older people within the authority steadily increasing. From 2018 based population estimates it is predicted that the pensionable age and over population will increase by 15.2% by 2033 and the over 75 population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.
- 2.8.10 Record number of West Dunbartonshire residents have their hospital discharge delayed.
- 2.8.11 Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels. A and E attendances were 7% higher than in 2022/23

and we had the 7th highest rate of emergent hospital admissions and 3rd highest rate of emergency bed usage in Scotland.

- 2.8.12 Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery.
- 2.8.13 The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector.
- 2.8.14 High numbers of domestic abuse offending within West Dunbartonshire. Increasing number of referrals from the Crown Office and Prosecution Service.
- 2.8.15 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 months review and a fall from 73.95%.

Table 1



2.9 West Dunbartonshire HSCP Structure



3. Service Quality and Performance

3.0.1 A single delivery plan sits under the strategic plan with priorities for implementation and improvement activity aligned to the strategic priorities.

3.1 Key Achievements 2023/24

3.1.1 During 2023/24 social work services as part of the wider HSCP against key strategic priorities, made significant progress against the key strategic priorities outlined in our Strategic Plan 2023/2024 Improving Lives Together: caring communities, safe and thriving communities, equal communities and healthy communities.

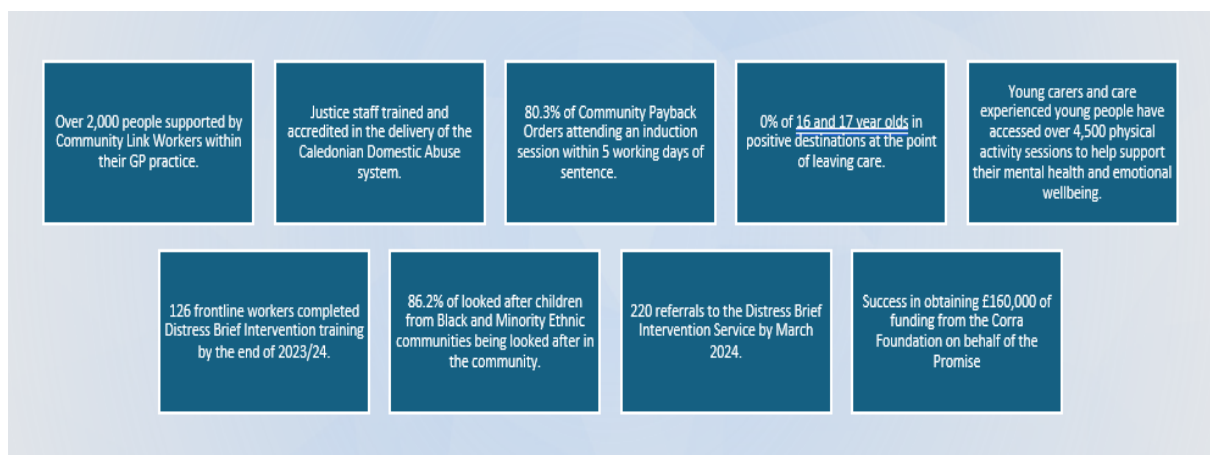
3.1.2 Caring Communities



3.1.3 Safe and Thriving Communities



3.1.4 Equal Communities



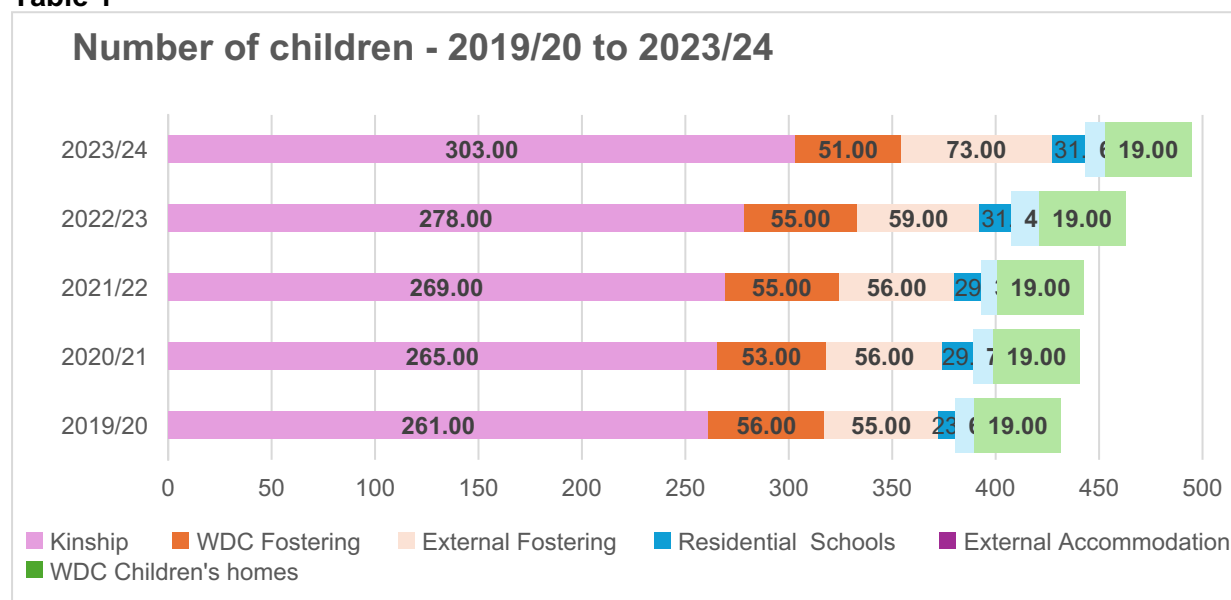
3.1.5 Healthy Communities



3.2 Children Young People and Their Families

3.2.1 Table 1 shows the steady increase of looked after children and young people in West Dunbartonshire over a five-year period.

Table 1



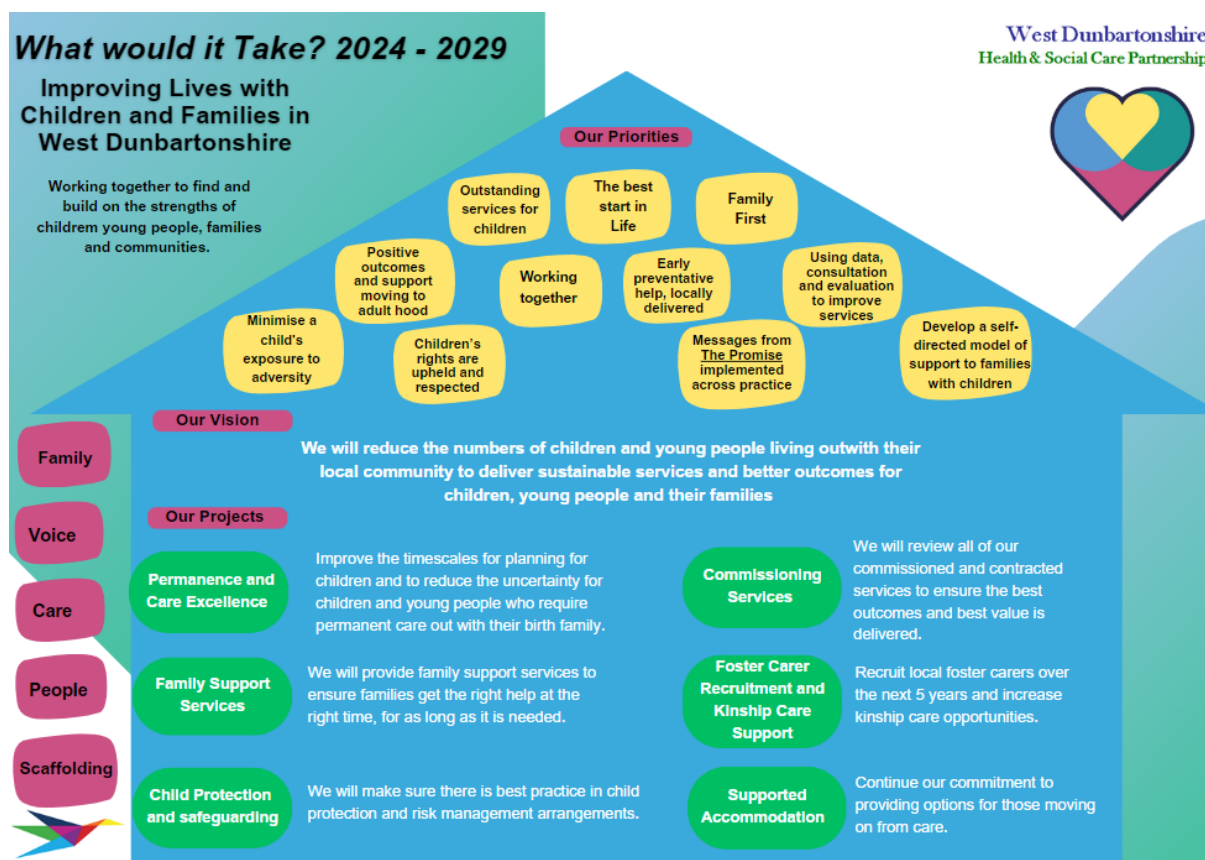
3.2.2 Our balance of care profile tells us there is a declining number of children being looked after at home. In order to keep The Promise and shift the balance of care, we need to consider what would it take? To keep children safely looked after at home with birth families, and develop the resources required to meet the needs of the families we serve.

- 3.2.3 Significant development work has taken place within children and families services aligned to wider Children Services Planning to develop a 5-year strategy underpinned by a 5-year medium term financial plan.
- 3.2.4 A programme board was initiated in 2023 and six project areas identified to progress our ambitions in continuing to implement and deliver The Promise. Improving the Lives with Children and young People in West Dunbartonshire, What Would It Take? 2024 – 2029. This programme known locally as What Would it Take? Asks the question of practitioner and leaders at all levels to truly understand what supports families with a principle of creative innovative practice in partnership with children and young people with families being the experts in understand the challenges they face. The Strategy is underpinned by investment in services to reverse the need for care and enable children and young people to remain in their communities with family or kin, focus on and building strengths with families to keep children and young people safe and supported.
- 3.2.5 The strategy presents the road map to delivering sustainable services within Children and Families. The ambition is to shift the Balance of Care ensuring children and young people have the support, where possible, to remain at home with family or in a community setting.
- 3.2.6 The What Would It Take? Programme is a five-year plan which recognises the importance of using The Scottish Approach to Service Design to evaluate and improve Children and Families services. The Scottish Approach to Service Design is informed by data and evidence and encourages service change to be deliberate and purposeful, as opposed to organic and reactive. It also emphasises service users' voices, both providers and recipients of a services at the centre of policy and service design.
- 3.2.7 This strategic approach to engage both our workforce and children and families is supported by the development of a 'Plan on a Page' as a tool to ensure the messaging and approach of the ambitions of the strategy and understood and embedded in service provision across children and families. Consultation and feedback with families and our work force has concluded supported by our Promise lead and the importance of language and communication in our approach has been enhanced and developed by the voices of service users and practitioners.
- 3.2.8 The What Would It Take? programme deliver the following project aims:
- Safely shift the 'balance of care,' reducing the number of children looked after away from home.
 - Strengthening the contribution of universal services, for example health and education.
 - Outcomes are improved for children and young people by increasing; community-based supports when children and their families need them.
 - The need for the workforce to align to the service demand.
 - Implement the changes within the Nurtured Delivery Implementation Group.
 - Implement the Care Inspectorates' recommendations.
 - Projects are led by data including the Children's Strategic Needs Assessment.
 - Services are sustainable and delivered within the available budget.
 - Across health visiting, school, nursing and social work services, ensure early help is delivered locally, providing the right help in the right place to meet the identified needs of children and young people. We will collate and measure any gaps in service provision and annually report on identified gaps in service provision through our Area Resource Group.

- Ensure all children have the best start in life. Children of all ages will thrive through loving and consistent living arrangements supported by access to early learning, family support and childcare, to ensure we get it right at infancy through multi-agency planning.
- Implement the Early Child's Development Transformational Change Programme.

3.2.9 A family first approach will ensure children and young people:

- Remain at home or with birth family where possible.
- Have a rights based approach in line with United Nations Convention on the Rights of the Child;
- Have the right to family life by valuing relationships with siblings, the wider family and community; and
- For a small minority of children who cannot remain with their family due to the risk of harm, support will be local, and we will endeavour to keep children within 15 miles of their home community.
- We will minimise children's exposure to harm with fully embedded Getting it Right for Every Child (GIRFEC) principles and approaches supported with robust assessment and planning including chronologies to support analysis.
- We will strive to keep families together and develop services to ensure the 'scaffolding' of support helps to enable families facing complex and enduring challenges is available through use of reserves and redesign of our service provision and commissioning'.
- We will ensure services are relational and not transactional.
- Support employees by ensuring training is in place to show what a 'good conversations' is with a focus on outcomes and SMART care plans ensuring that this becomes part of employee's core practice; and
- Through the use of data, consultation and evaluation we will develop, improve and evaluate our services, with the voice of those who use our services having a meaningful part to play in our community.



3.3 Scottish Child Interview Model

- 3.3.1 This was the first year of using the Scottish Child Interview Model for joint investigative interviews (JII) and became operational in November 2023. This has been a year of learning, and we have met routinely with the National JII Team, Police Scotland and our colleagues in Argyll and Bute to review our performance and develop an action log to ensure continuous improvement of our practice. Interviewer and briefing manager capacity has meant that we have not been able to offer the Scottish Model of interview to all children.
- 3.3.2 Between November 2023 and March 2024, 54 children were jointly interviewed by social work and Police Scotland with 41% of interviews being conducted under the new model. There has been a commitment by both West Dunbartonshire HSCP and Police Scotland to increase the number of trained interviewers and briefing manager. There is good evidence that the fidelity of the model is being upheld and de-briefing and evaluation of interviews are used to reflect and develop practice.
- 3.3.3 The feedback from many children and their families is they feel calm and have been able to engage in the process and give an account. This has resulted in protective and supportive action for the child including the crimes being detected and reported, with physical abuse and sexual abuse or exploitation being the highest two reported concerns.

3.4 Permanence Team

- 3.4.1 The development and implementation of a permanence team to progress all children's plans was implemented in early 2024. Due to a number a number of children whose permanence plans were not being able to be prioritised due to continued vacancies within locality teams and a back log following the pandemic period.
- 3.4.2 Four Social Worker posts were configured using existing resource in locality teams to provide a dedicated team of qualified staff in this area of work. A clear pathway has been developed within the service for children and young people for whom it has been decided will require to be cared for permanently away from home to the Permanence Team. This dedicated resource means that children and young people's plans will be progressed timeously affording them the care, predictability and security required for them to grow and develop. The initial focus for this team of staff has been to prioritise the progression of plans for children and young people where drift has existed for some time as well as those children and young people who have more recently seen their plans progress to the need for permanence planning with early indicators showing this to be successful.

3.5 My Assessment My Plan

- 3.5.1 There has been comprehensive redesign of the assessment framework to address the issues identified in Joint Inspection of Services. This was undertaken in collaboration with the workforce as an improvement project and went live in March 2023. The new format is child centred and begins with a summary of the assessment written directly to the child. It also encourages analysis of risks and protective factors. There are also quality assurance processes in place and a monitoring of completion to timescales to prevent drift and delay in planning for children.
- 3.5.2 There has been an evaluation with:
- 69% of respondents agreeing the new assessment reduced bureaucracy.

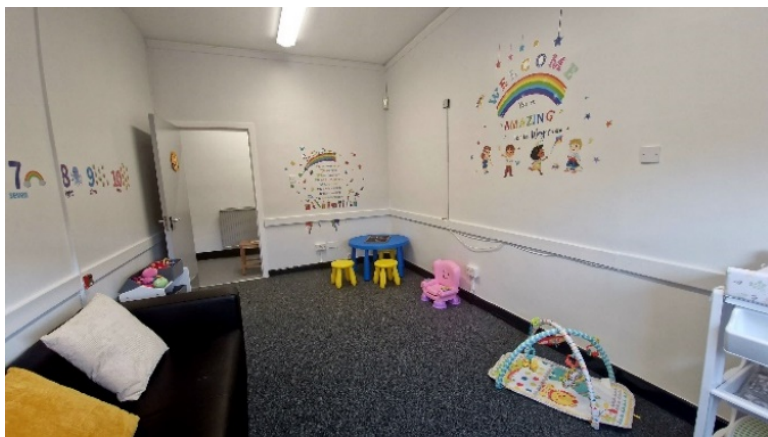
- 100% of respondents agreed or strongly agreed it aligned with the GIRFEC national practice model.
- 73% of respondents agreed or strongly agreed that it was more accessible for children and their families.
- 82% of respondents agreed or strongly agreed that the assessment framework has improved the quality of assessment and plans.

3.6 Family Time

- 3.6.1 We have listened to the children and families we support and there has been investment in creating welcoming spaces for family time, within local communities and out with social work offices. Two family time spaces have been developed over the last year to a high standard within our community in Dumbarton and Alexandria to support local accessible family friendly spaces in West Dunbartonshire. Families have told us about their experiences visiting.

Quote from parent

"As it was my first time ever in a contact centre, I was so pleasantly surprised, the facilities that are available to use are great and the area is so well resourced for the kids. I had a sort of "vision" of what I expected a contact room to look like and the room totally exceeded my expectations, I don't feel like I I'm in a contact room and I feel that is important as I don't want my kids to be aware of what is going on/where they were. I am grateful for the team providing a clean, welcoming and safe space for me to spend time with my kids"



3.7 Request for Assistance

- 3.7.1 Work is in final stages to implement a Children and Families Access Help and Support Team, with clear guidance, thresholds and boundaries supporting notifications of concern and requests for assistance, initial assessment of vulnerable pregnancies and initial child protection activity.

- 3.7.2 The redesign has been informed by feedback and engagement with service users, practitioners delivering current response to child concerns and managers operating within the system. Appreciative Inquiry sessions have taken place to engage staff in the redesign process and a survey to staff with a final three options concluded on the name of the team.
- 3.7.3 Our Promise Lead engaged with families and young people to ensure the use of plain English and a clear shared understanding of a front door to children's service was understood and made sense to those accessing social work services.
- 3.7.4 The team will have a defined number of key staff, including a dedicated management structure and admin support. Early help and whole family support will be key pillars of the approach alongside good practice in child protection work including further development of the Scottish Child Interviewing Model and the embedding of Special Needs in Pregnancy (SNIPs) within a model of initial child protection assessment. Implementation and final agreement on the proposed model will be concluded in 2024.
- 3.7.5 The revision of local processes with a view to better alignment with both the national Child Protection Guidance and Whole Family Support systems locally, ensuring women are provided with the right support at the right time. The current guidance is being updated and finalised to develop a children's service system response with health and police colleagues being key to the practice.
- 3.7.6 Interagency Referral Discussion for unborn babies have been introduced in March 2023 to inform decision making and Child protection planning. Local development of pathways to early help and support will be key to success in this area and needs to be underpinned by GIRFEC principles. This will ensure only the highest risk and vulnerable women and families are considered under child protection procedures. Work in early 2023 concluded the need for a full revision of key processes as described above which is ongoing.

3.8 Strengthening Scrutiny and the Voice of Children and Young People

- 3.8.1 Recruitment took place in early 2023 of four Independent Reviewing Coordinators to undertake reviews of plans for all looked after and accommodated children. These posts will ensure that all children and young people who are looked after away from home, in formal placements or in kinship, will be regularly reviewed in line with regulatory frameworks and good practice guidance.
- 3.8.2 In addition, the quality assurance function is key to ensuring the 'birds eye view of practice' is fully understood and quarterly reports on a set of Key Performance for children and young people in kinship and other key settings is being developed and shared with the wider children's management team. This includes consideration of retention of sibling connections as part of new reportable data to Scottish Government as well as ensuring that children and young people's views are captured and are central to planning processes.

3.9 Brothers and Sisters

- 3.9.1 This aligns to brothers and sisters work led by our Promise Keeper and The Promise multi-agency team.



- 3.9.2 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 and being made, and how we are supporting on-going relationships when siblings are separated. A Brothers and Sisters plan was created with the findings of this data.
- 3.9.3 A repeat gathering of this data was carried out in April 2024 to consider our progress in this area. Learning from this work has been shared locally and nationally, with the Lead Officer for the Promise presenting the findings at the national Community of Practice for Siblings in January 2024, and the Promise Conference in February 2024. Following this there were a number of other local authorities who were interested in replicating the work within their own area, which the Promise Lead is supporting. We are currently progressing through our Brothers and Sister's Plan, which has been informed by both the qualitative and quantitative data gathered.

3.10 Advocacy

- 3.10.1 We have seen a significant increase and development of independent advocacy provided by Who Cares Scotland? and Partners in Advocacy increase over the past year for our care experienced children and young people. There was a 70% increase in referrals to advocacy provided by Who Cares Scotland between January – March 2023 and April – September 2023, and a 122% increase in Advocacy tasks undertaken during this period. Over this period there have been discussions with Who Cares? Scotland about increasing our Advocacy provision with them to reflect the need for this service and support this right for children and young people. It is hoped that our increased Advocacy provision will be available from October 2024. Our Advocacy worker has reflected on what has supported this increase in advocacy uptake, considering the introduction of our Independent Reviewing Co-ordinators, who now consider advocacy at every review meeting, and make referrals on to Who Cares? Scotland themselves when appropriate.
- 3.10.2 It was also noted that there has been a shift in relation to understanding and support of advocacy, and a recognition of the importance of ensuring voices are heard.
- 3.10.3 The HSCP was successful in obtaining Promise Partnership funding in October 2023 to deliver a service which focuses on Participation and Data Insights.
- 3.10.4 The HSCP is keen to ensure we maximise participation and undertake this in a way which is meaningful and engaging to children and young people. We also require to better understand how our data can help us inform and develop services aligned to our local need. We have commissioned this service to Action for Children and the Children and Young People's Centre for Justice (CYCJ), and this project began in July 2024.
- 3.10.5 This service will support the need to understand and implement different ways to measure progress, keeping children and young people at the centre, supporting effective ways to tell these stories and ensure they are linked to clear, tangible actions. The outcome that this service is seeking to achieve, is around a fuller, more nuanced and accurate story being understood by HSCP staff at all levels about our infant,

children, young people's and families' needs and experiences. We want our data to go beyond standard reporting measures, and to provide a deep dive into our families' experiences, cutting across different multi-agency services and supporting the identification of solutions.

- 3.10.6 In October 2023 there were two full days of learning provided, which 37 children and families social work staff attended, on Communicating with Infants, Children and Young People. This included guest speakers from the Glasgow Infant and Family Team about supporting staff to understand more about infant mental health and infant voice. Learning was shared from two Speech and Language Therapists from West Dunbartonshire around ways of supporting communication with children and young people where there are communication difficulties.

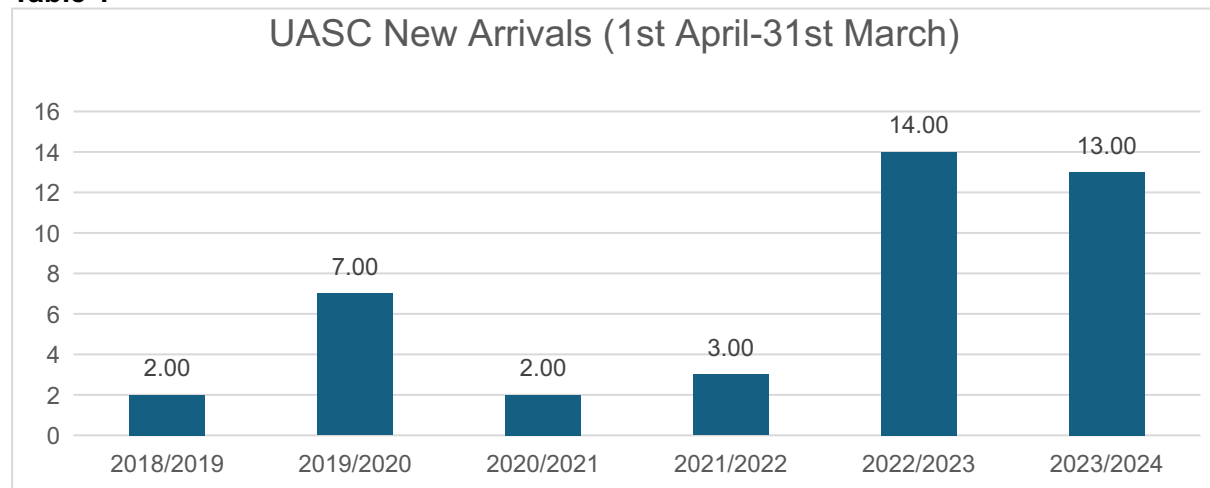
3.11 Family Support for Children and Young People and Families

- 3.11.1 The findings from research with young people and families commissioned by the HSCP in 2021 was undertaken by Glasgow University, reported a need for increased support for parents and families with children and young people as well as increased visibility of local supports and services for children, young people and their families. These themes align with the holistic family-based developments arising from the Whole Family Wellbeing Fund work. Three family wellbeing hubs have been developed in 2022 through integrated children's service planning arrangements and are now open three days a week.
- 3.11.2 A third sector provider has been commissioned from Whole Family Wellbeing Funding to provide interventions and support for children young people and families in need of intensive and flexible seven day services as required with a focus on prevention and intervention with families to keep children safely at home.
- 3.11.3 Work has been completed in the design, build and maintenance of a website which will direct and inform local young people and families about supports and services for mental and emotional wellbeing. West Dunbartonshire Wellbeing website design has been inspired and co-produced with the local young people from West Dunbartonshire Youth Council. The working group will continue to link with youth organisations to build content and support the promotion of the resource.
- 3.11.4 There is strong commitment to ensuring that the voice of children and young people is at the centre of planning and care. The ongoing work of the Young Ambassadors group and Champions Board, developing work on delivering The Promise, refresh of our approach to GIRFEC and work on integrated operational guidance, paperwork and training will support improved engagement. As part of the work to implement The Promise engagement and development sessions involving a range of over 250 stakeholders including young people were held to set priorities for action, with work now taking place to develop an implementation plan.
- 3.11.5 The Children and Young People's Involvement and Engagement Strategy provides a framework, tools and tips for services to engage young people in decision making and to undertake successful consultation and engagement activities.

3.12 Unaccompanied Asylum-Seeking Children (UASC)

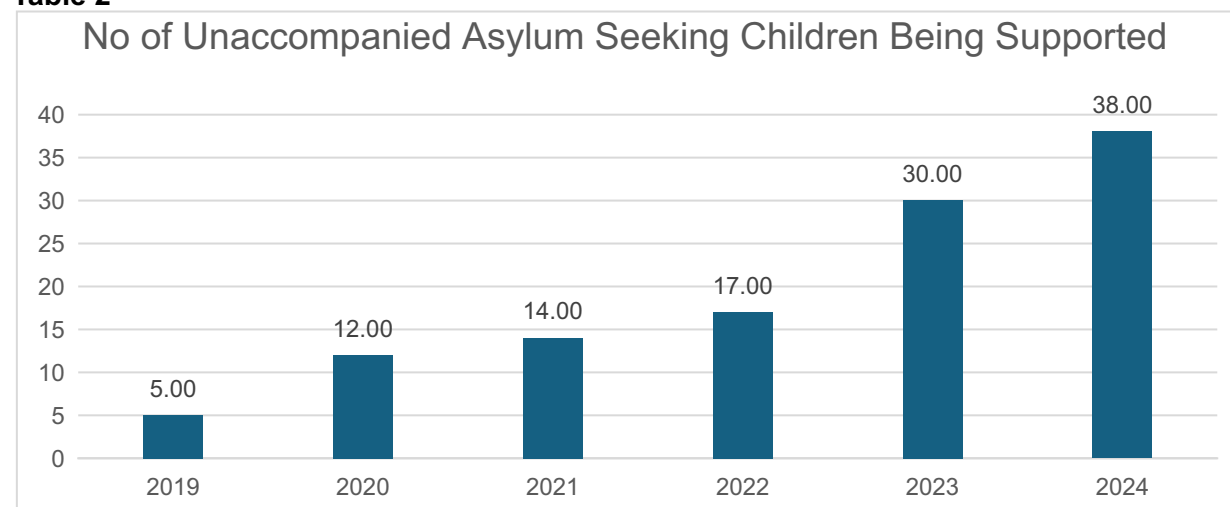
3.12.1 Since 2018 a total of 41 children and young people have sought asylum.

Table 1



3.12.2 Thirty-eight children and young people seeking asylum being supported with appropriate accommodation and care.

Table 2



3.12.3 These 38 UASC Young people are accommodated in a number of placement provisions, 2 young people have yet to have their placement identified and determined.

3.12.4 11 young people are being supported with supported carers.

3.12.5 1 young person in foster care.

3.12.6 5 young people in residential care.

3.12.7 12 young adults in tenancies with support (National Transfer Scheme).

3.12.8 6 young people living with friends or relatives.

3.12.9 1 young adult in their own tenancy.

3.13 Self-Evaluation Activity

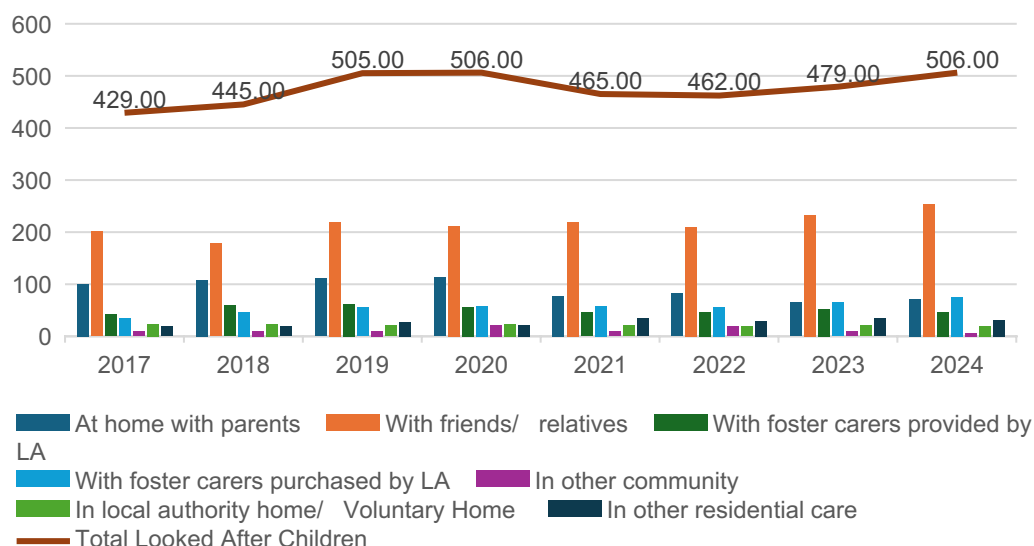
3.13.1 A programme of single agency audit activity combined with planned multi-agency self-evaluation aligned to Child Protection Committee has been developed during 2023 and 2024.

3.13.2 A pre-birth audit to inform a refreshed Pre-birth Multi-agency guidance informed by GIRFEC principles has concluded and informing a test of change regarding Notifications of Concern and the multi-agency guidance for Unborn Babies.

3.13.3 A single agency audit of notifications of concern and request for assistance was completed in June 2023 with the findings presented at The GIRFEC subgroup of integrated children's services planning. The learning from this evaluation has helped shape the development of an 'Initial response team and the required information from partners to social work services to ensure chronologies and wellbeing assessments are part of a request for assistance process.

Table 1

Looked After Children at 31st July

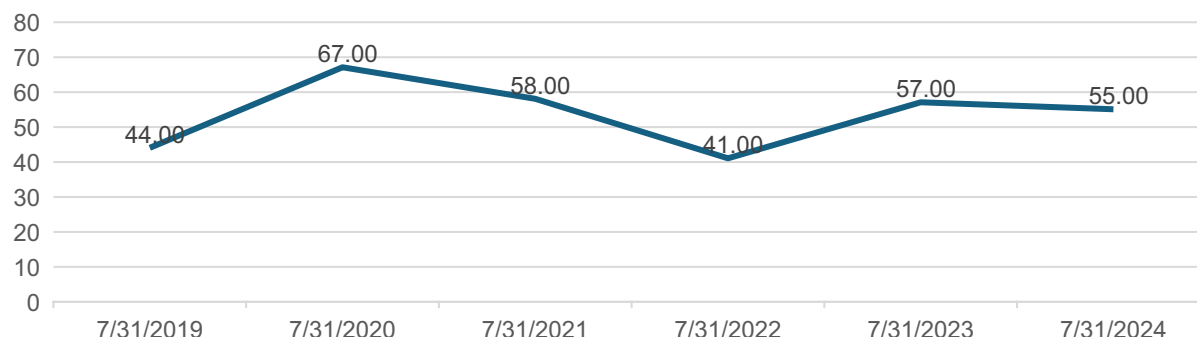


3.13.4 It was identified for some unaccompanied young people that their looked after status had not been accurately recorded and we see a significant increase of our looked after population between 2023 and 2024 because of this.

3.14 Child Protection and Social Work

Table 1

Number of Children on the Child Protection Register



3.14.1 There were 89 registrations and 91 de-registrations between 1 August 2023 and 31 July 2024.

3.14.2 As part of our ongoing implementation of National Child protection Guidance in Scotland (2021) we have included in child protection management children and young people up to the age of 18 year and potential impact is likely to be seen in 2023/2024 in reporting of this activity.

3.14.3 The National Guidance for Child Protection in Scotland (2021, Updated 2023) integrates child protection within the Getting it Right For Every Child (GIRFEC) continuum and wider strategic landscape, including incorporation of the United Nations Convention on the Rights of the Child (UNCRC) and The Promise.

3.14.4 It sets out responsibilities and expectations of everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation, and violence.

3.14.5 The Guidance builds on evidence and well established single and multi-agency practice, however, there are key changes of note:

- Integration of the previously separate Child Protection Guidance for Health Professionals (2013) - the “Pink Book”, underlining the multi-agency nature of child protection.
- Further clarification of the role, function and contribution of Health Boards, professionals, designated staff, and services for child protection to support discharging their responsibilities safely, both individually and collectively.
- A ‘child’ defined as being a child or young person up to the age of 18 years, where appropriate, in line with UNCRC. The legal situation regarding young people aged 16 and 17 years is summarised.
- Widening the scope of child protection to include young people at risk in the community and not just those at risk of harm within the family.
- The criticality of multi-agency collaboration and Inter-agency Referral Discussions (IRDs) is outlined where there is risk of significant harm.
- And the importance of continuity and consistency across organisational and sector boundaries is emphasised.

- 3.14.6 The National Guidance for Child Protection in Scotland (2021, Updated 2023) states Child Protection refers to the processes involved in consideration, assessment, and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm.
- 3.14.7 National Guidance emphasises that Child protection is part of a continuum of collaborative duties upon agencies working with children. The Getting it Right For Every Child (GIRFEC) approach promotes and supports planning for such services to be provided in the way which best safeguards, supports, and promotes the wellbeing of children and ensures that any action to meet needs is taken at the earliest appropriate time to prevent acute needs arising.
- 3.14.8 Child protection processes fall at the urgent end of a continuum of services which include prevention and early intervention. Children who are subject to child protection processes may already be known to services. Child protection processes should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, and to meet the child's needs. Services have a two-year timeframe in which to implement guidance including cultural, policy and practice changes. West Dunbartonshire is at the early stages of awareness raising and mapping of the process changes required. We have worked with others in the West of Scotland to develop policies and guidance for staff. Work on implementation of change to reflect improvements required by National guidance will be a focus of work over the next few years.

3.15 West Dunbartonshire Child Protection Committee

- 3.15.1 The Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (2019) outlines the roles and responsibilities for the Child Protection Committee and the Chief Officers Group. Child Protection Committees (CPC) and partners are central to fostering an inter-agency approach and providing support for the development and delivery of processes, common standards, and continuous improvement.
- 3.15.2 CPCs are the key local bodies for developing, implementing, and improving child protection strategy across and between agencies, bodies, and the local community. A Child Protection Committee (CPC) is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that ***“It’s everyone’s job to make sure I’m alright”***. Child Protection Committees (CPCs) must ensure all these functions are carried out to a high standard and are aligned to the local Getting It Right for Every Child arrangement.
- 3.15.3 The functions of Child Protection Committees (CPCs) are grouped as follows:
- Continuous improvement,
 - Public information, engagement, and participation,
 - Strategic planning and connections,
 - Annual reporting on the work of the CPC.
- 3.15.4 The vision, values and aims of West Dunbartonshire Child Protection Committee have been reviewed and agreed by all parties represented on the Committee, and the Public Protection Chief Officers Group in 2023/2024 and are as follows:

“Child Protection is Everyone’s Responsibility”

We believe that:	We aim to:
<ul style="list-style-type: none"> The Child's right to protection from harm is our primary and overriding concern 	<ul style="list-style-type: none"> Improve the safety of children in West Dunbartonshire
<ul style="list-style-type: none"> Children and young people should get the help they need when they need it 	<ul style="list-style-type: none"> Provide an integrated approach to identifying, intervening and providing ongoing support to protect children and young people at risk of harm
<ul style="list-style-type: none"> Children and young people should be listened to and respected 	<ul style="list-style-type: none"> Ensure we have a competent and confident workforce
<ul style="list-style-type: none"> Information should be shared about children and young people where this is necessary to protect them 	<ul style="list-style-type: none"> Listen to the views of children and families at all times and involve them in the delivery of services
<ul style="list-style-type: none"> Children, young people and their families have a right to be kept informed of all processes involving them 	<ul style="list-style-type: none"> Support families and the community to safely care for children
<ul style="list-style-type: none"> Provide public information about child protection. Agencies individually and collectively should demonstrate leadership and accountability for their work and its effectiveness 	<ul style="list-style-type: none"> Support our children and young people to achieve their full potential
<ul style="list-style-type: none"> The promotion of cultural diversity and equality of opportunity in our communities is central to our work in improving the lives to children and young people 	<ul style="list-style-type: none"> Offer our children and young people a safe place to live, work and play

3.15.5 The membership of West Dunbartonshire Child Protection Committee (WDC CPC) is multi-agency and includes senior representatives of the Health and Social Care Partnership, West Dunbartonshire Council, Police Scotland, Scottish Fire and Rescue Services, Scottish Children's Reporter Administration, Greater Glasgow and Clyde Health Board, and other organisations who have a role to play in child protection. The role of the Committee is to provide individual and collective, collaborative leadership and direction for the delivery of Child Protection Services. As part of the Community Planning Partnership arrangements the Child Protection Committee reports to the Public Protection Chief Officer's Group and strong links exist between the Children's Planning Partnerships. Links with the Community Planning Partnership will be further reviewed and strengthened as part of our improvement plan.

3.15.6 West Dunbartonshire Child Protection Committee (WDC CPC) is responsible for the design, development, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in West Dunbartonshire. We are responsible for continuous improvement, strategic planning, public information and communication and involving children and young people and their families.

3.15.7 West Dunbartonshire CPC has a number of multi-agency subgroups to support its work in key areas. The groups are:

- Learning and Development
- Communication and Engagement
- Policy, Practice and Improvement
- Quality Assurance, Self-Evaluation and Data
- Inter-Agency Referral Discussion Steering Group

- Learning Review

3.15.8 In addition, we have established a Special Needs in Pregnancy working group, which address early responses to child protection concerns for unborn babies.

3.15.9 The subgroups are chaired by members of WDC CPC and have representatives across the partners as members, assisting in the progression of each subgroups action plan. The subgroup action plans are created from actions agreed for WDC CPC improvement plan.

3.16 Child Protection Activity – What Our Data Tells Us

3.16.1 Since 1 April 2023 WDC CPC has continued to present key child protection data in the format of the national minimum dataset.

3.16.2 The Minimum Dataset is a set collection of agreed measurements, criteria, or categories required to create a robust understanding of information about a service. The data populated through these measures provides a baseline and then a progress measurement for the planning and development of services delivered.

3.16.3 The Minimum Dataset for Child Protection Committees responds to an action within the Scottish Government's Child Protection Improvement Programmed to:

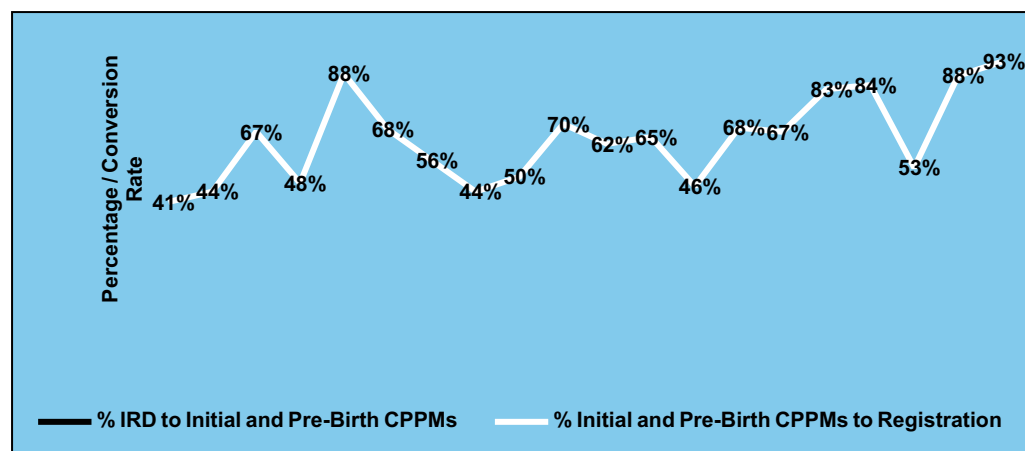
- Deliver robust datasets to support child protection improvement.
- Develop a national resource for advice on using child protection data for local planning and service development.
- Expand analytical capacity.

3.16.4 The Minimum Dataset for Child Protection Committees is a package of data collation, presentation, analysis, scrutiny questions and reporting.

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

3.16.6 In the summer of 2023 Version two of the dataset was implemented and work continues to ensure all indicators are reportable, requiring some changes to our data systems. This is reference to Care and Risk Management and Age of Criminal Responsibility data.

Table 1 Number of Police Scotland-recorded Child Protection Concern Reports and Inter-Agency Referral Discussions



3.16.7 Number of children subject to Police concern reports

- This peaked in Q3 (22/23) to 138, however has shown a downward trend since. This was at the lowest in Q3 (23/24) at 38.

3.16.8 Number of children subject to IRD's starting

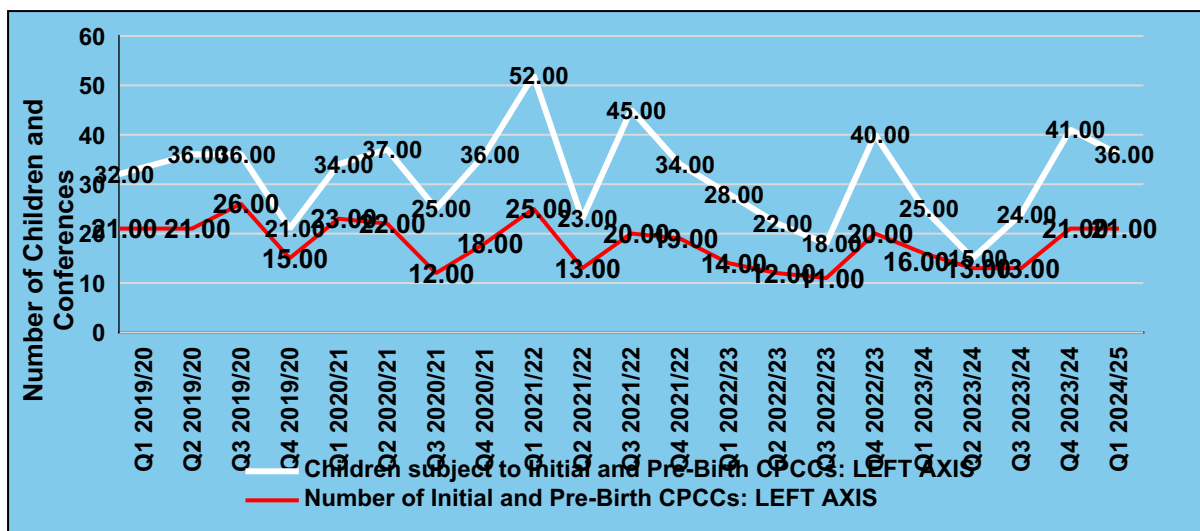
- This has increased in Q2 and Q3 (23/24) and is currently at a peak of 226 in Q3.

3.16.9 Number of IRD's starting

- This has increased in Q2 and Q3 (23/24) and is currently at a peak at 132 in Q3.

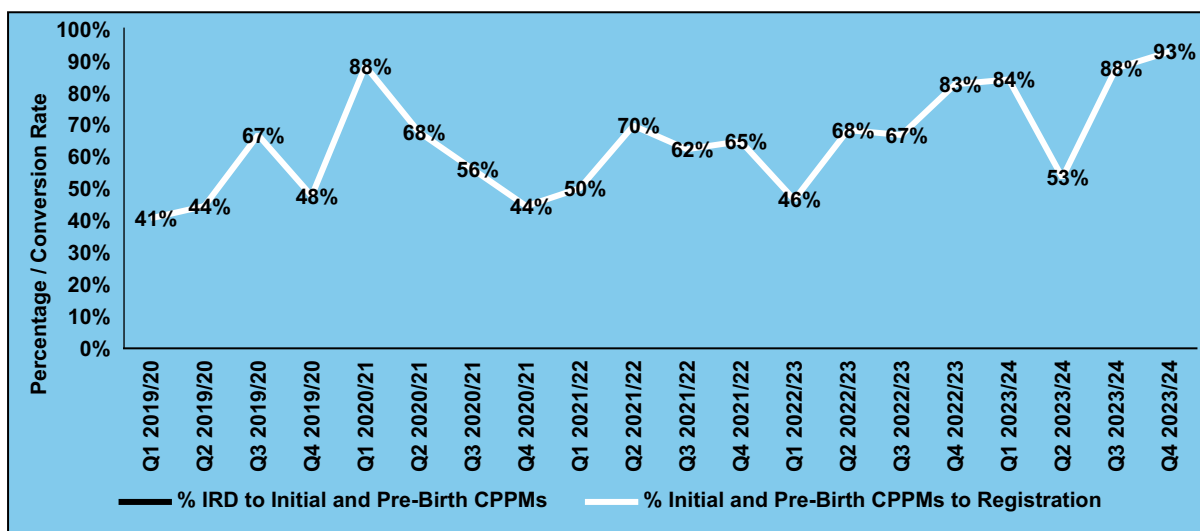
- 3.16.10 When exploring the source of child protection referral to Social Work Services, Police, Education and Health colleagues are consistently the Partners which make the most referrals. This is expected as core agencies. There remain no referrals from Fire and Rescue and Housing, with low anonymous referrals recorded. Plans are underway to ensure basic child protection awareness training is available to Partners, aiming to raise awareness of child protection to those who may not work directly with children and young people. This has been a gap particularly for our Housing colleagues in recent years.

Table 2 Number of Children subject to Initial and Pre-Birth Child Protection Planning Meetings



- 3.16.11 Children subject to initial and pre-birth child protection case conference. These figures had been on a downward slope between Q3 (21/22) and Q3 (22/23), however significantly increased between Q3 (22/23) and Q4 (23/22) to 40. From this point they have been variable. Decreasing over 2 quarter, then increasing for 2 quarters in 23/24.
- 3.16.12 Number of initial and pre-birth child protection case conferences. These figures have remained relatively steady in recent years.

Table 3 Conversion Rate CPPMs to Registration

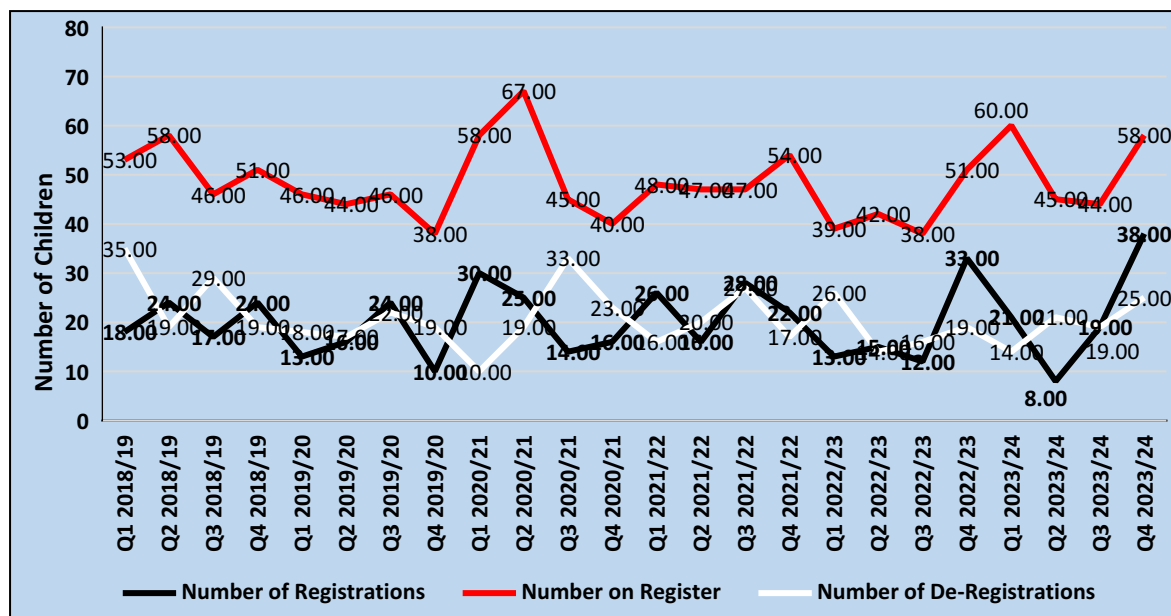


- 3.16.13 Percentage of initial and pre-birth child protection planning meeting to registration. The figures in Q4 (23/24) were at their highest at 93%.
- 3.16.14 In June 2022 a test of change was implemented whereby the Social Work Team Leader, Senior Social Worker and Social Worker meet to discuss whether a CPPM was required based on information gathered for the child protection assessment and gathering views from Partners involved in the investigation. Work is being progressed to review this test of change to ensure this is a multi-agency decision, linking also to work being undertaken in relation to Inter-Agency referral discussions and this being a process until either the decision is reached not to

progress to a CPPM or a CPPM takes place.

- 3.16.15 In addition, a thresholds audit had previously taken place with findings reported to the CPC in March 2023 where the following was explored:
- Understanding the thresholds and process for initiating a child protection referral to the Social Work Department.
 - Inter-agency referral discussion and the decision making in this forum and its relationship with the number of initial child case conferences taking place (please note these meetings are now referred to as child protection planning meetings).
 - Partnership working relating to child protection registration and children being placed on the child protection register.
- 3.16.16 The findings from the audit reported no significant issue with the thresholds being applied.

Table 4 Number of Children (including Pre-Birth) on the Child Protection Register, New Registrations, and De-Registrations



- 3.16.17 Number of Registrations. These figures peaked in Q4 (24/24) at 38 and then began to decline to 8 in Q2 (23/24).

3.17 Child Protection Committee Achievements in 2023/24

Learning and Development

- 3.17.1 Two training sessions have taken place in relation to the Assessment of Care toolkit used to measure neglect. Further training is planned on a monthly basis for the remainder of 2024.
- 3.17.2 Additional training has taken place in relation to:
- Awareness of Neglect
 - Child protection roles and responsibilities in child protection planning meetings.
 - Social work specific training across children and adult services in relation to reflective supervision.

- 3.17.3 Implementation of the Scottish Child Interview Model has been established with the development of our data sets which is supporting understanding of improvement and performance.
- 3.17.4 A planning group comprised of key partners has been established to progress a complex case forum and a written proposal has been agreed detailing the scope of the forum.

Communication and Engagement

- 3.17.5 A joint child and adult protection communication and engagement strategy was agreed at the child and adult protection Committees.
- 3.17.6 Work is ongoing to review and update the child protection website informed by feedback from young inspectors and children, young people and families in West Dunbartonshire.
- 3.17.7 Plans are underway to evolve the CPC newsletter.
- 3.17.8 We continue to promote national campaigns and child protection awareness raising locally.

Policy, Practice and Improvement

- 3.17.9 Plans are underway to implement the National Guidance for Child Protection in Scotland (2021, Updated 2023). This includes making necessary changes to timescales for key child protection meetings, which were implemented in January 2024. Local child protection procedures are currently being progressed with an aim of implementation for summer 2024.
- 3.17.10 A child protection escalation and dissent protocol was ratified by the CPC.
- 3.17.11 Signs of Safety has been explored and it is hoped implementation will commence at the end of 2024.

Data Scrutiny

- 3.17.12 Version Two of the national minimum dataset was implemented.

Quality Assurance and Self-Evaluation

- 3.17.13 Although there has been some delay in adhering to the audit schedule, there continues to be ongoing audit activity, including audits in relation to:
- Police Concern reports.
 - Special Needs in Pregnancy.
 - A single agency Social Work audit and survey has commenced to understand the current position in relation to reflective supervision in children and families social work services.
 - An audit of child protection planning meetings is being progressed.
 - Given the audit activity that has taken place in recent years, a process is being considered for ensuring recommendations from audits are being completed. The quality assurance and evaluation subgroup would have oversight of this.

Inter-Agency Referral Discussion (IRDs)

- 3.17.14 The inter-agency referral discussion Guidance was ratified by the CPC to align with the National Guidance for Child Protection in Scotland (2021, Updated 2023).
- 3.17.15 Introduction of a daily multi-agency triage meeting.
- 3.17.16 Terms of reference have been written in terms of implementing quarterly audits of IRDs.
- 3.17.17 Electronic IRD's (E-IRD's) have been explored with the Public Protection Services at NHS GGC. Discussions are presently underway with initial agreement from Police, Social Work and Health to look at West Dunbartonshire as a Pilot Project/test of change for a new booking system designed by NHS GGC which will allow an interface between agencies and remove current manual and repetitive booking processes. Initial discussions with information security and IT across agencies have been positive which has allowed for a next steps meeting to be convened. It is anticipated this app-based solution will significantly improve IRD processes and timescales.
- 3.17.18 Significant amendments to multi-agency process have been made to ensure compliance with national guidance for Child Protection Scotland 2021, including IRD's being conducted for 16 and 17-year-olds and un-born children.

Challenges

- 3.17.19 Whilst recognising considerable achievements, there are challenges both locally and nationally in staff recruitment and retention, these are best summarised as follows:
- Recruitment of staff has been challenging for some services, particularly children and families Social Work. Although we recognise this is a national as well as a local challenge, there has been direct impacts on service provision, with extensive waiting lists. It should however be noted that our most vulnerable children, those where there may be a child protection concern are prioritised.
 - Although funding has been agreed for a 2-year fixed term to support learning and development, this post has not been appointed despite re-advertising. Consideration is now being given to a full-time learning and development post for children and families, including child protection, rather than a shared post across child and adult protection.
 - Given the above gap, a full learning needs analysis to identify training priorities across partners has not been possible.
 - Delivery of multi-agency training has largely been delivered by external trainers due to being unable to recruit to the two dedicated posts for the adult and child protection committees (quality assurance and training posts). This has come at a significant financial cost and limits what training can be delivered.
 - Establish a centralised location for all child protection policies, procedures and protocols to ensure this is easy for staff to access has been a challenge and links to the ongoing work in relation to the CPC website.
 - Agree and undertake a plan to update all policies, procedures and protocols, and develop new ones that may be required. All policies require to reflect the 2021 National Guidance.

3.18 West Dunbartonshire's Children's Houses

Burnside

- 3.18.1 Burnside House's staff team continue to develop on their trauma informed approach with the majority of staff being trained in Dyadic Developmental Psychotherapy (DDP) and dates for new recruited staff identified, DDP allows staff to approach situations that arise in a manner that allows for the best resolution for the young people being able to explore their views and wellbeing using the PACE model which is Playfulness, Acceptance, Curiosity, Empathy. This approach allows staff to encompass a trauma informed approach when engaging our young people who have experienced developmental trauma in their lives allowing us to best support and care for them through turbulent times building attachment and trust. This is reflected in the calming environment which supports and allows young people to thrive and engage into their respected educational placements and hobbies such as martial arts, gym and swimming on a weekly basis. Burnside staff have also supported young people on an emergency basis and provide effective care to allow the time for them to be placed and supported in the best possible placement to suit their individual needs.
- 3.18.2 Burnside staff arranged and supported their young people at various outings over the summer period ranging from Head of Ayr Farm Park to fun days in the community. One of the attributes of Burnside is its location in the community and the young people have made friends who have come to Burnside House. This has allowed staff to meet their friends and their parents and build relationships, having fun days in the garden with paddling pools and slip and slide and lawn games with the young people of Burnside being able to thrive and make friends at their home.
- 3.18.3 Burnside House care for two groups of siblings who are staying together within Burnside. This encapsulates in keeping The Promise of having siblings cared for together. One of Burnside's senior workers attends The Promise working group and being pro-active in her networking and sharing the good work from the group and invited Talie Maysey who is The Promise participation worker and is tasked with carrying out the Brothers and Sisters questionnaire which has been developed for the group. Talia attended Burnside on 3 September 2024 to complete the questionnaire and there was great engagement with the young people. Talia will return to Burnside to run a workshop for the young people to create a promise board for the house which aims the young people to build a base of knowledge of The Promise.
- 3.18.4 Burnside is going through a time of positive change and development with new staff in post to further safer recruitment strategies and employed due to their individual strengths shown to further strengthen a strong team who work hard with the young people at the centre. Burnside also have a new manager in house who was previously a senior worker in house and through effective supervision is now in post as house manager.

Craigellachie

- 3.18.5 Craigellachie has had a busy and challenging year so far. This has included staff leaving and four new members of staff joining the team at a busy time they have been a welcome asset to the team.
- 3.18.6 We continue to embed our DDP and Trauma informed into our practice. We have accessed training to reinforce DDP with management, to support staff to be confident in PACE and ensure this is the model of practice within Craigellachie. The Scottish Attachment in Action project offered free training for a cohort of staff across the houses on Attachment, Racism and the Impact on Relationships.

- 3.18.7 Two young people have returned to their family home, and one is awaiting kinship approval to return to family. This has been positive for our young people and Craigellachie will continue to support both them and their families through this transition.
- 3.18.8 Staff have received sexual health training from the NHS, further dates are organised to ensure all staff have information regarding sexual health and the impact on our young people.
- 3.18.9 In January Craigellachie took the lead to organise a Football tournament for all the houses. This was an excellent day, managers and staff from all the houses and Alternative to Care (ATC) Team contributed to the day being such a success. Our players included, our current young people, young people who had stayed in Burnside, Craigellachie and Blairvadach previously, police, fire and rescue, unaccompanied young people project, as well as family and friends of staff and young people.

Blairvadach

- 3.18.10 Blairvadach Children's House remains committed to delivering exceptional care and support to the young people we serve. Throughout 2024, our efforts have focused on continuous improvement, guided by 'The Promise Scotland' recommendations. This report outlines our key achievements, changes, and progress over the past year, reflecting our dedication to both the young people and staff.
- 3.18.11 In 2024, we welcomed four new young people, each with complex needs, and we have supported eight young people overall. Additionally, our staff team has seen transitions, with four members leaving and three new staff joining, with more recruitment expected. Leadership saw changes as well, with Alexis promoted to Team Leader of Residential Services and Paul stepping into the House Manager role, several staff members have also celebrated personal milestones, welcoming three new babies into their families.
- 3.18.12 We have supported five young people in full-time education since August 2024, while one is enrolled in an English as a second language course. Two others are receiving more tailored educational support. Despite Blairvadach's rural location, the young people have been encouraged to travel independently to school, initially accompanied by staff to build confidence.
- 3.18.13 This year has seen several notable achievements from our young people, including one completing the John Muir Discovery Award and three passing their cycling proficiency tests. Additionally, we've seen academic success with several young people passing Highers, National four and five exams, and other qualifications.
- 3.18.14 We continue to prioritise facilitating family connections, including reunifications when possible. Our recent success in reuniting two siblings with their mother in August 2024 is a testament to the diligent work of our staff. When reunification is not feasible, we ensure family time is maintained to support strong relationships. Staff continue to involve families in decision-making, promoting positive family dynamics.
- 3.18.15 Ensuring that the voices of the young people are heard remains central to our mission. We encourage their involvement in developing and reviewing their personal care plans, ensuring their preferences and goals are reflected.

Additionally, we participate in 'The Promise' working group. We are excited to collaborate with new Promise Participation Workers, who will help further involve the young people in shaping their care.

- 3.18.16 Blairvadach has welcomed visits from our Chief Executive and CSWO and these visits have reinforced our shared commitment to transparency and creating opportunities for the young people to engage with their corporate parents. We were also involved in drafting the newly approved Continuing Care guidance, which aligns with our approach to supporting children's ongoing transitions from care.
- 3.18.17 Staff development remains a priority at Blairvadach. A number of staff completed their SVQ levels three and four, while others received advanced training in PPB. We also attended sessions on Self-Harm and Suicide, First Aid, and DDP. These training initiatives ensure our staff are equipped to provide high-quality care. We also held a development day, the outcomes of which have informed updates to our overall development plan, ensuring we remain on a trajectory of progress and growth.
- 3.18.18 In 2024, Blairvadach saw a significant reduction in violent incidents, with only five secure guides (restraint) needed and 14 successful de-escalations. This improvement is attributed to our relationship-based approach, underpinned by PPB and DDP principles. We also experienced a low number of missing person incidents, reflecting the safe and settled environment we strive to create.
- 3.18.19 All our Children's houses continue to support unaccompanied asylum-seeking young people collaborating with external agencies to ensure their safety and engagement with the wider Scottish community. Staff members also contribute to national work on unaccompanied asylum-seeking children age assessment.

3.19 Adult Services

- 3.19.1 The ongoing development and implementation of Self-Directed Support (SDS) is aligned to the National Framework of Standards National Improvement Plan 2023-2027 which highlights themes and activities that are aligned to the SDS Framework of Standards.
- 3.19.2 Below in section 3.20 to 3.25 is a high-level overview of the work undertaken between April 2023 and March 2024 in relation to continued implementation of Self-directed support whilst recognising this is a sample of the good practice and activity being progressed. This is not an exhaustive list, the team also managed Independent Living Fund Accounts and reviews which generates income of approx. £1.4million in funds to the West Dunbartonshire area.

3.20 My Life Assessment Evaluation

- 3.20.1 The My Life Assessment (MLA) was launched in April 2022 across all adult teams in HSCP following the feedback and subsequent improvement plan from the 2019 Care Inspectorate report (Thematic Review of Self-Directed Support in Scotland). The My Life Assessment was developed as a person-centred assessment framework that focused on the assets of supported people and the positive outcomes they were looking to achieve.
- 3.20.2 In September 2023 an independent evaluation was commissioned to carry out a review of the MLA and MLA Screening (MLA-S) tools within adult care services over a 6-

month period spanning 2023/2024. There were two main outcomes of this evaluation:

- How effectively the MLA and MLA-S process is being implemented as intended, including adhering to the retrospective guidance documents; and
- How effectively the MLA-S is meeting the outcome of “more people have needs identified for early help and community support more quickly and access accordingly (alongside or instead of a full MLA).

3.20.3 The evaluation involved:

- Practitioner surveys and focus groups with both frontline practitioners and senior social workers
- Redacted samples of 48 MLA and MLA-S documents across 4 adult teams
- Telephone interviews with service users and carers
- Comparison analysis against a sample of other local authority paperwork

3.20.4 The findings of the evaluation were published in Spring 2024 and highlighted that the implementation of the MLA and MLA-S was variable across teams, despite extensive and detailed guidance available, this was not well known or well used by staff. Practitioners perceive the MLA and MLA-S is not supportive of being person centred, rights based, or outcomes focused on approach and this perception was reinforced by the case file review. This highlighted a tendency towards deficit-based language use and approach with a tendency to focus on care at home services to meet outcomes and a lack of creativity with support planning. The MLA is viewed as repetitive and time consuming and staff are predominantly unhappy with the structure, length and format of the tool.

3.20.5 Service users and carers were unfamiliar with the screening or assessment process, and many felt their needs were unmet or were unclear regarding the outcomes they were working towards through current support. There was no evidence from the samples collected or service users contacted that early access to community support was happening.

3.20.6 From the publication of the evaluation as SDS, the lead has been working on development of an improvement plan focusing on the 5 key recommendations:

- Review the process holistically
- Co-produce a new system with practitioners
- Refine the assessment and screening tool
- Consider training and induction more holistically
- Consider developing collegiate, practitioner led spaces

3.20.7 An improvement plan following the evaluation is being developed and progressed in 2024. Work has begun on points within the improvement plan including development of an SDS Champions network that will bring adult team staff together to help drive forward positive changes to practice across teams, but also influence future changes to the MLA and process, ongoing roll out of Just Enough Support training for all frontline staff and partner organisation.

3.21 Just Enough Support

3.21.1 Just Enough Support (JES) is a person-centred approach to support planning that focusses on the assets and natural support a person has around them to ensure no one is over supported and they are maximising opportunities for independence. JES works on the belief that an outcome is something that isn't working for a person currently or an aspiration they wish to achieve. In March 2023 4 staff members began the Train the Trainer course for JES, completing this in September 2023. At present 2

members of the original 4 have been rolling out the one-day training programme since September 2023. Between September 2023 and March 2024 over 80 staff members and 12 external partners attended face to face sessions completing this training so they were equipped to understand and use the person-centred tools that maximises on good conversations happening between practitioner and service user. There has also been additional 121 mentoring session around outcome creation and support planning for staff through the drop in SDS clinics that run twice a week in Clydebank and Dumbarton.

- 3.21.2 It is anticipated that JES training will be extended to Children and Families teams and health care professionals in the 2024/2025 year.

3.22 SDS Staff Training and Development

- 3.22.1 An annual training calendar was published for all HSCP staff in January 2024 that offered regular in person training opportunities in several key areas including:

- SDS Overview – the legislation and our approach to SDS in West Dunbartonshire HSCP
- SDS and Carers – an overview of Carer's legislation and how SDS overlaps.
- SDS and TEC – how SDS can be used with Technology Enabled Care to support outcomes.
- Exploring option one – a detailed breakdown of option one and the responsibilities that go with this.

- 3.22.2 The SDS officers (2FTE) also provide two drop-in support clinics every week for staff to come along for mentoring to support and navigation of SDS approach and help build staff confidence when discussing SDS with service users and carers.

- 3.22.3 There has been ongoing attendance at team meetings to ensure that SDS is kept on the agenda, some teams have requested bespoke training sessions which have been delivered around indicative budget and SDS paperwork, as well as Independent Living Fund (ILF) applications and reviews.

- 3.22.4 An I-Learn module is available online for staff to gain an understanding of SDS, or to refresh their knowledge, this is due for review in 2024 and this is recommended to all staff joining the partnership. There is also ongoing work around the induction process for new staff.

- 3.22.5 The SDS intranet pages have been updated to support staff to easily access relevant documents and legislation to help build their confidence and knowledge.

- 3.22.6 SDS training has been delivered to colleagues in finance and procurement as part of the new ethical commissioning approach being developed through Foundations for Change programme.

3.23 Short Break Pilot

- 3.23.1 In May 2023 a pilot was launched focusing on short breaks for carers utilising the SDS process as a means of getting funds to carers quickly. In a short period, a process was established that involved development of an application, agreement of resource allocation process and establishment of key staff and roles they would fulfil.

- 3.23.2 Within a 12-week period £216k was allocated to unpaid carers (from all teams across the HSCP), funds were equivalent to up to £4766 per application (equivalent to 6

weeks of traditional respite). Practitioners supporting carers to make applications ensured a care and support plan was in place for the person but also encouraged more creative support planning that would meet the outcomes important to the carer. Funds were requested for a wide variety of spends including garden renovations and equipment, short courses, gym memberships and holidays (that in some cases included the cared for person going on the break with the carer). The support planning involved in these applications showed excellent evidence of relationship-based practice between staff member and carer and outcomes heavily focused on supporting the carer to lead their own life alongside their caring role.

3.23.3 Evaluation of the pilot is due for completion in autumn 2024, initial learning for the SDS team was around our paperwork process and date recording for option 1 budgets which has been streamlined and our SOP updated to reflect a more responsive approach in getting funds to service users and carers promptly.

3.23.4 SDS will also be involved in the review of approach to carer budgets/respite due to start in October 2025.

3.24 Support in the Right Direction – Inspiring Scotland

3.24.1 Within the SDS framework of standards and the National Improvement plan for 2023-2027 there is a focus on independent support around SDS for service users and carers.

3.24.2 In March 2023 the existing provider of independent advice and guidance for SDS in West Dunbartonshire relinquished their funding leaving the local area without service. After engagement with Improving Lives and Inspiring Scotland it was agreed that a test of change pilot would be funded for a 6-month period from October 2023 until March 2024 to build awareness of what SDS is and how it can be accessed via the HSCP. A variety of awareness raising events took place across the area alongside advertisements in local publications and local radio.

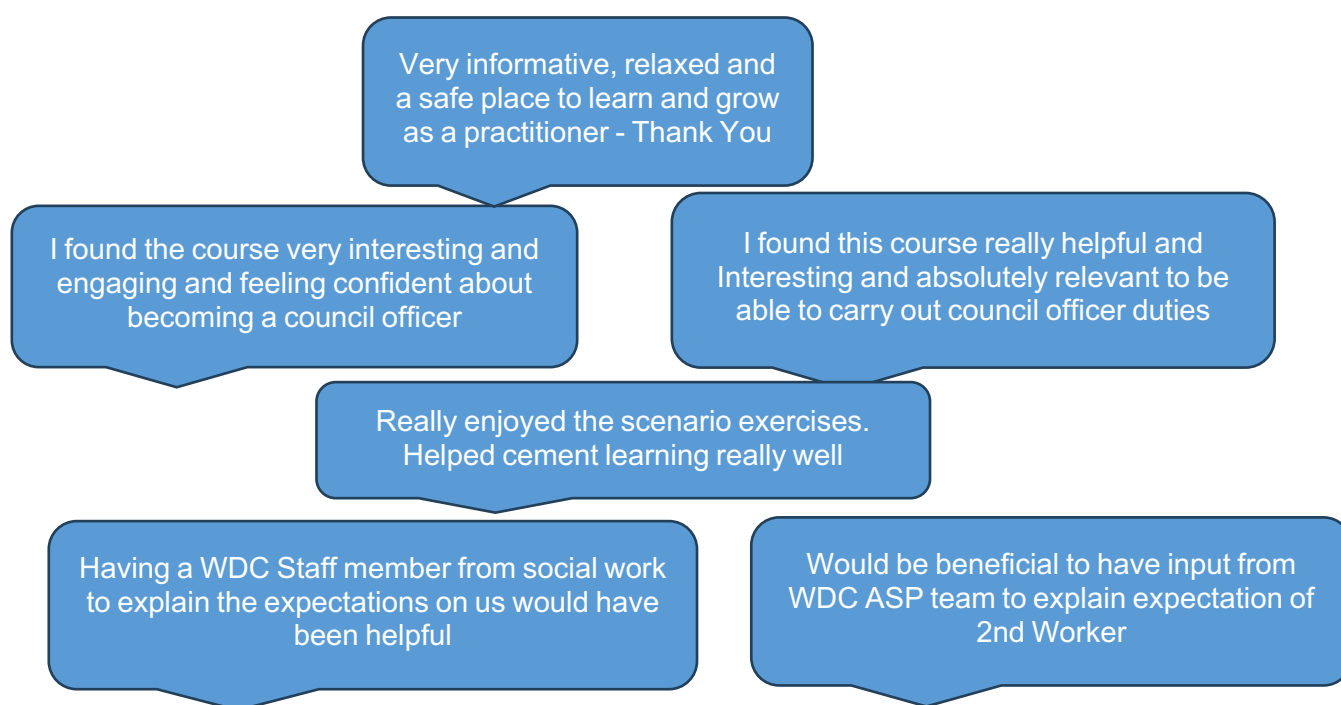
3.25 SDS Circle and Providers Network

3.25.1 Throughout 2023 and continuing in 2024 our SDS Circle was established and meets on a quarterly basis bringing together key stakeholders and partners from the Third Sector as well as paid providers of social care services in the local area. This forum has been key to strengthening working relationships with these key partners, allowing the HSCP to establish an open communication channel for reflective practice, sharing of good news stories and an opportunity to expand knowledge about the vast range of assets within our communities. The quarterly meetings are also ensuring a more joined up approach to support planning and will be involved in future improvement work from the MLA evaluation and public engagement sessions.

3.26 Adult Support and Protection

- 3.26.1 In all aspects of the HSCP work we actively promote a culture of continuous learning. We ensure feedback from the people we work with informs our planning and development of staff and services. The extended use of data, service standards and the continued use of the quality assurance framework has supported the identification of what is working well and highlighted areas for improvement.
- 3.26.2 In the reporting period the Quality Assurance and Evaluation subgroup took forward work relating to multi-agency audit, quality assurance and evaluation. A multi-agency audit was completed in February 2024. Thirty case files were evaluated of referrals processed in the previous two years. The tool used was based on the criteria and standards used in the Care Inspectorate in the Multi-Agency Inspection.
- 3.26.3 The key areas for improvement included:
- Application of the three-point test.
 - Protection plans require to be strengthened.
 - Timescales for key processes requires to be monitored.
- 3.26.4 Chronologies are found in the majority of cases but the quality of these require to be improved.
- 3.26.5 Engagement / inclusion of service users and their carers requires to be strengthened at all stages of Adult Support and Protection.
- 3.26.6 Good practice areas the audit identified were:
- Practice was rated as good or very good in 80% of cases at Duty to Inquire, 80% of cases at investigation and 79% at case conference.
- 3.26.7 The aim of this activity has been to produce an accurate picture of Adult Support and Protection work conducted within West Dunbartonshire and to clearly identify shared priorities for improvement work across the partnership. We plan to conduct regular audits in the coming year which will be smaller in numbers with the emphasis in capturing the views of service users.
- 3.26.8 The Adult Protection Committee understands the importance of its function in “improving the skills and knowledge of staff”. The training programme has been impacted in the reporting period due to the absence of a Lead Officer. We are now relaunching an in-person training calendar consisting of training in relation to Multi-Agency Basic Awareness, Multi-Agency Detailed Awareness, Council Officer, Council Officer Refresher, Second Worker, Supportive Decision-Making, and Crossing the Acts training.
- 3.26.9 In person sessions have taken place during the reporting period covering the roles and responsibilities in relation to ASP. These sessions covered:
- | | |
|-------------------------------|------------------------------|
| ○ Council Officer – | ○ Second Worker – |
| ○ 18/09/2023 (6 attended) | ○ 09/10/2023 (9 Attended), |
| ○ Council Officer Refresher – | ○ 27/11/2023 (6 attended), |
| ○ 02/10/2023 (10 attended), | ○ Case Conference Chairing – |
| ○ 06/11/2023 (4 attended) | ○ 20/11/2023 (12 attended) |

3.26.10 Feedback from these sessions:



3.26.11 Suggestions for improvement will be taken forward and considered for future session.

3.26.12 The feedback from the Adult Protection Inspection and the recent Learning Reviews highlighted a need for ongoing staff training in relation to coercive control, impact of alcohol and substance abuse on older people, disguised compliance/working with resistant families, chronology, consent and capacity, assertive practice, professional curiosity, line of sight. These key learning sessions highlighted from the improvement plan will be evaluated when delivered.

3.26.13 Further plans are in place to develop the provision of basic and detailed awareness training through a supported “Train the Trainers” programme. This will be led by the Adult Protection Lead Officer and this programme will be key to moving forward and modernising the approach for learning and development activities.

3.26.14 Linked to the above has been the re-introduction of the frontline Adult Support and Protection Practitioner’s forum. This will allow representatives of the forum to collate views and questions to allow continued feedback of Adult Support and Protection related information to front-line teams. This will ensure those workers views continue to be heard. These sessions will introduce key themes and introduce short learning workshops on the topics raised above.

3.27 Overview of Adult Protection Activity 2023/24

3.27.1 The increase in Adult Protection conferences is broadly commensurate with increase in ASP referrals as detailed in table 1 and table 2 (below).

Table 1

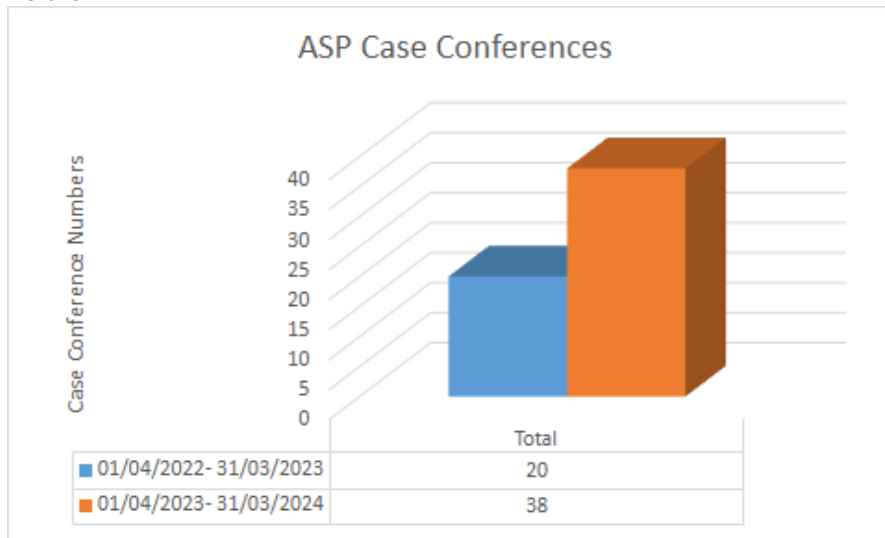
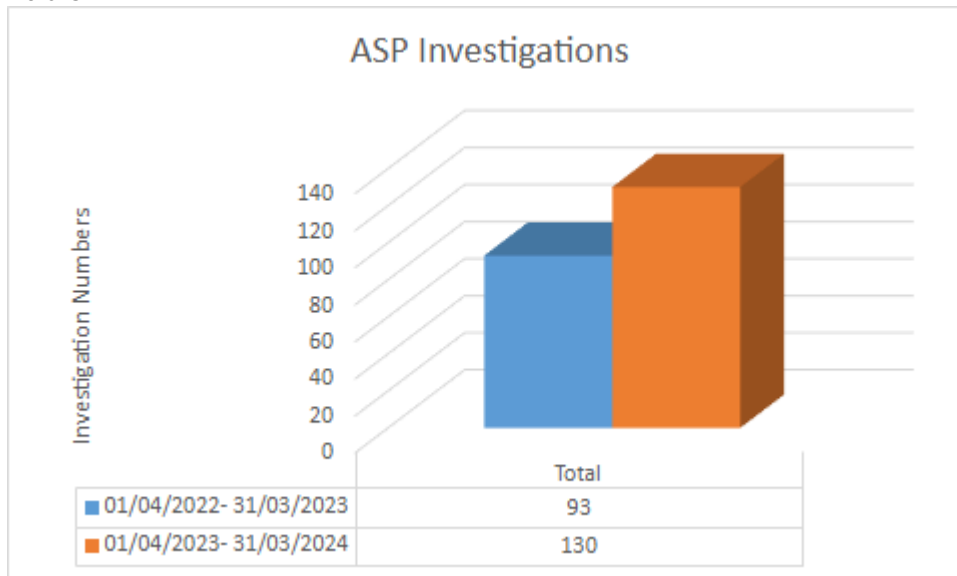
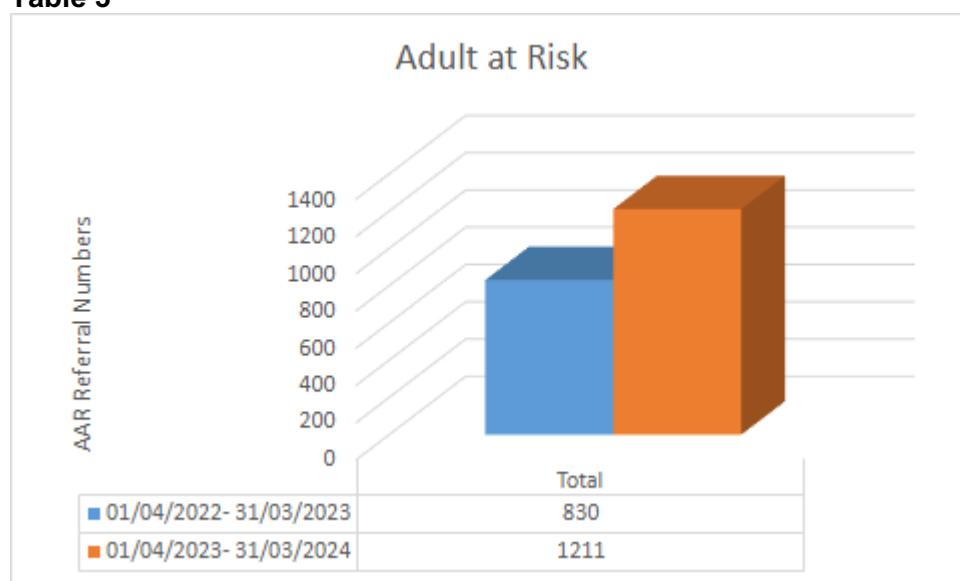


Table 2



3.27.2 As demonstrated in table 3 the number of referrals is increasing significantly and further work by the Adult Support and Protection Committee to understand the significant rise in demand is planned.

Table 3



3.27.3 During the reporting period the Adult Protection Committee has commissioned three Learning Reviews, two have been conducted and one is ongoing. The Committee has promoted a culture of learning and in response to these Learning Review and is in the process of developing a revised Improvement Plan. Significant work has since progressed on the recommendations which will form the basis for the work of the APC moving forward.

3.27.4 We recognise that staff engagement and input into the learning from reviews is crucial and an action plan following independent reviews concluded in 2024 is now in place with input from staff and operations managers to support practice improvement.

3.28 Multi-Agency Forum (MAF)

3.28.1 The Partnership's Multi Agency Forum (MAF) continues in the HSCP. The overall aim of this forum is to have first line sight of individuals who repeatedly contact services and to provide a platform for multi-agency discussion to decide on the most appropriate response. The agencies attending this forum include Social Work, Justice, Health, Police, Housing and Scottish Fire and Rescue.

3.28.2 Work has been undertaken to refresh the Terms of Reference of the group to ensure its role is fulfilling in line with current policy and practice and also to ensure the right partners are round the table to facilitate appropriate sharing of information and to create a space for a range of agencies and partners to consider alternative future responses to recurring complex issues that have not been previously resolved at service level or through reflective practice.

3.28.3 Feedback from staff indicates that the MAF is now better placed to fulfil its duty of care to those it serves. More regular meetings ensure early identification of people who frequently contact or present to a range of services, particularly those where an immediate pathway may not be clear. We will continue to work closely with our partners to improve responses to those with recurring needs and complex risks who may not routinely fit into services as currently structured.

3.29 Mental Health Officer Service (MHO)

- 3.29.1 Since the start of 2023, the focus of the MHO service has been on improving data collection and statistical reporting, decreasing turnaround times for delayed discharge cases awaiting applications for intervention under Adults with Incapacity legislation, improving workforce capacity and increasing the number of completed Social Circumstances Reports as per the requirements of the Mental Health (Care and Treatment (Scotland) Act 2003.
- 3.29.2 Dedicated MHO now retain statutory review arrangements in respect of guardianship before onward review and care management within the wider adult service. Through 2024, the focus for the MHO service has been on reviewing and improving procedures and processes relating to Adults with Incapacity Legislation, identifying and developing briefing sessions which have been delivered to colleagues, developing closer working relationships with other services and developing the skills, knowledge base and confidence of the MHO service as a whole.

3.30 Adults with Incapacity (AWI) / Guardianship

- 3.30.1 Following a request for data from the Mental Welfare Commission in June 2024, it was established that West Dunbartonshire required to improve its statutory requirement to supervise private Guardians in line with the prescribed timescales, resulting in a significant backlog of outstanding reviews and a requirement to adapt existing processes to address this.
- 3.30.2 In March 2024 there were 139 Guardianship supervision reviews outstanding - this figure now sits at 90.
- 3.30.3 80 reviews have been completed since 1 July 2024 across the adult social work teams. Whilst this is a move in the right direction, there remain issues which need to be addressed. The number of overdue reviews is not increasing however as the procedures have been altered and MHOs are completing the initial three-month supervision visit.
- 3.30.4 Fortnightly Guardianship Governance meetings have been established to review progress and address any issues that might arise, and Care First provide regular reporting on the data for this.
- 3.30.5 The AWI procedures and ancillary guidance standing operating procedures (SOP's) are being updated and an AWI resource page on the intranet is planned. One of the Mental Health Officers is also looking at ways in which the information that is shared with prospective Guardianship applicants can be standardised so that consistent and up to date information is given. This includes the use of QR codes and other digital means of access.
- 3.30.6 The MHO service has developed and delivered briefing sessions on Supported Decision Making and the Supervision of Private Guardians. These have been delivered to social work colleagues with positive feedback received. There are also briefing sessions planned on Capacity and Consent.
- 3.30.7 The MHO service recently held an internal development session whereby our response to the proposed AWI amendments was considered. The entire team attended this, and it was a thorough examination of the changes being considered, with particular focus on human rights, the principles of the legislation and the challenges of ever-increasing workloads and expectations. Another development session is planned for October.

The team are keen to invite speakers, etc. to team meetings and there are plans for a representative from the Women's Safety and Support Network to attend in October.

- 3.30.8 As the core MHO team is now fully staffed, there is scope for MHOs to represent West Dunbartonshire on a number of forums and groups in addition to their regular MHO tasks. There is currently West Dunbartonshire MHO representation at the Scottish Association ASW MHO forum, the Social Work Scotland MHO subgroup, the NHS GGC legislation subgroup and the Forensic Peer Support Network. One of the Mental Health Officers is keen for members of the MHO team to develop their practice in areas of particular interest to them and the MHOs seek out and attend training which is relevant to their needs and interests.
- 3.30.9 By its nature, the MHO service is not one which will ever have newly qualified social workers (NQSW) as permanent members of the team. The CSWO and West Dunbartonshire commitment to the NQSW Supported Year is clear and part of our offer and will ensure that all social workers within their first year will be able to spend a minimum of six weeks with a range of social work teams to ensure there is experience and understanding of the diversity of social work functions across the HSCP. This includes within the MHO service, again with the aim of sharing knowledge and skills (in both directions) and promoting the MHO role.
- 3.30.9 In last year's CSWO report, it was noted that there were significant issues with the recruitment of MHOs nationally and these challenges remain. Because of this, the focus of the MHO service over the next few years will be on training more MHOs from within the existing West Dunbartonshire social work workforce. It is recognised that recruitment from out with West Dunbartonshire is likely to be challenging. Unfortunately, there were no applications for the 2024/25 MHO course, with workers citing the demands of their substantive post, concerns over the intensity of the course and anxieties about the demands of MHO practice as being reasons for this
- 3.30.10 To address this, various strategies are being employed to make the MHO service more visible to colleagues in other teams. This will improve the sharing of information, knowledge and skills between services. This has included MHOs working more frequently from Church Street and Clydebank Health Centre, undertaking joint visits with colleagues where necessary, facilitating briefing sessions on areas of practice and participation in meetings and case conferences where appropriate. There is also a plan to link specific MHOs with specific teams.

3.31 MHO Data Oversight

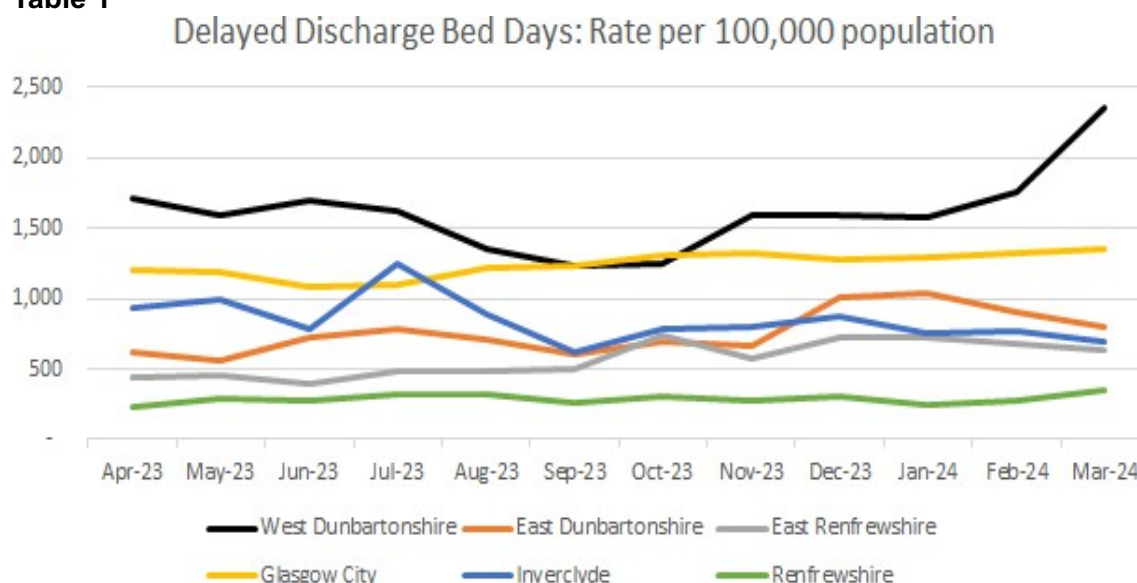
- 3.31.1 The recording of interventions undertaken by MHOs in West Dunbartonshire Council in previous years has been somewhat inconsistent and as such it has been difficult to accurately report upon the work being undertaken by the service, including being able to identify trends in relation to the use of legislation, the impact that staffing issues within the team have had on service output and the overall efficiency of the service and its ability to meet the needs of the client group with whom we work.
- 3.31.2 Standing operating procedures and workflows have been developed for several areas of MHO practice, including duty work and AWI practice and these are being reviewed on a regular basis to ensure that they are working. Work is also ongoing via team meetings, individual supervision sessions and targeted training to ensure consistency of recording within the team.

3.31.3 Development of monthly reports now being provided to the service regarding the use of the legislation, the data from which is then collated and reviewed to support performance improvement.

3.32 Support to Adults Leaving Hospital

3.32.1 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.

Table 1



3.32.2 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.

3.32.3 Delayed hospital discharge of West Dunbartonshire patients has reached unprecedented levels during 2023/2024.

3.32.4 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.

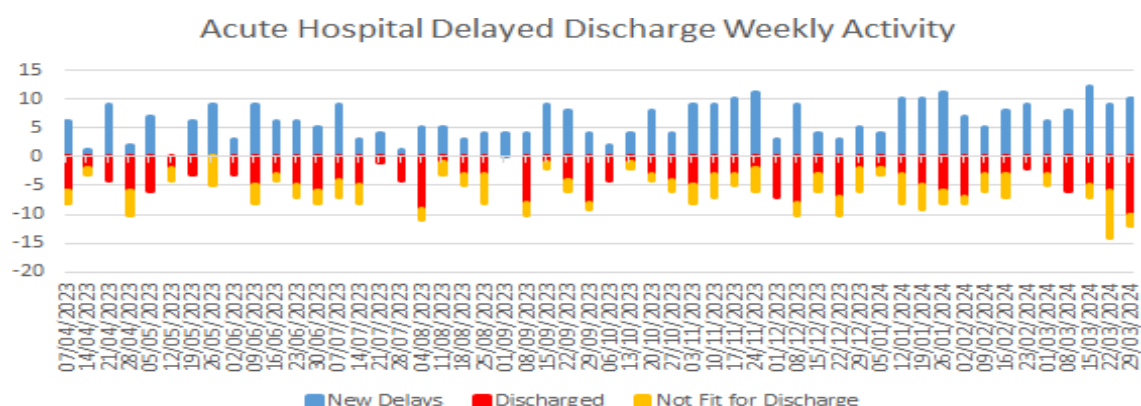
3.32.5 Delayed discharges are closely monitored and scrutinised on a daily basis by the Community Hospital Discharge Team and Heads of Service.

3.32.6 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.

3.32.7 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.

3.32.8 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.

Table 2



3.32.9 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 steady.

3.33 Community Learning Disability Services

3.33.1 The Learning Disability Service within West Dunbartonshire Health and Social Care Partnership (WDC HSCP) comprises a considerable integrated workforce of both NHS and Council staff within statutory, registered, supported employability and respite services. At the end of January 2024 West Dunbartonshire was successful in appointing a Service Manager for Learning Disability Services, on a fixed term basis for two years, to lead on the review and development of the Learning Disability Service in line with organisational change policies. This role will be crucial in supporting WDC HSCP to meet the aspirations of the Coming Home Implementation Report published by the Scottish Government in February 2022.

3.33.2 An Operational Manager, Services, has also been introduced, for an initial two-year fixed term period, to work alongside the Service Manager and the Integrated Operations Manager (IOM) for Learning Disabilities. The Operational Manager, Services has management responsibility for registered services, supported employability and respite services, with the IOM retaining management responsibility for statutory services, which includes the health and social work teams known as the Community Learning Disability Team (CLDT).

3.33.3 From a statutory delivery perspective as part of the integration arrangements there is a social work team that consistently supports adult with complex learning regarding volume, complexity and in relation to adult support and protection despite the fact it is not fully staffed. With the continuing recruitment challenges, a picture that is mirrored nationally, the team remains committed to meeting the needs of service users and its statutory duties, as well as providing input to carers' assessments and reviews of service users' needs. A new permanent senior social worker has been appointed and a newly qualified social worker has also been welcomed to the team. The team continues to work hard with service users and carers to maximise people's independence and to ensure services are delivered equitably utilising WDC HSCP's policy:- Accessing Adult Social Care: Eligibility Criteria.

- 3.33.4 One of the actions to be taken forward from The Coming Home Implementation Report (2022) published by the Scottish Government, included setting up a new national register to improve monitoring of those at risk of hospital admission, placement breakdown or inappropriate placements. The first action was to raise visibility, through improved monitoring of, and planning for, and with, people with learning disabilities and complex care needs through the development and implementation of Dynamic Support Registers (DSRs). WD HSCP has been successful in embedding the Dynamic Support Register within the integrated CLDT and has routinely reported its data to Public Health Scotland (PHS).

3.34 Housing Support Service for Adults with Learning Disabilities

- 3.34.1 The registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. Staffing has improved within this service during 2023-2024 with a successful recruitment drive and has seen the addition of 4 new staff. This has been against a backdrop of a general crisis in recruitment within social work and care. The service will be reviewed as part of the wider review of Learning Disability services planned for 2024 – 2026.
- 3.34.2 West Dunbartonshire HSCP Respite/Short Break Service involves the co-ordination and booking of respite/short breaks for carers of adults with a learning disability to meet their assessed need and outcomes. In addition to traditional residential respite, the Respite/Short Break Service continues to promote and provide alternative resources to carers through self-directed support; direct payments, flexible respite or a combination of the three options. Partnership working WD HSCP, with Carers of West Dunbartonshire and with local providers has been enhanced through representation and work undertaken in the Carers Development Group. This included participation in the development and redesign of the new Adult Carer Support Plan to ensure the assessment is outcome focused, and asset based. This includes prompts for workers to support carers to complete emergency and future planning information, further building resilience to support carers. Future considerations include the increasing number of young people with complex needs and behaviours perceived as challenging that will require a different approach to support carers in their caring role.
- 3.34.3 Current capacity within social work is impacting on carers being encouraged to consider flexible short breaks rather than traditional residential respite against a backdrop of constrained budgets and financial challenges.
- 3.34.4 That said there has been very positive feedback from carers who have chosen the Flexible Respite budget (option two), and they have thanked the team for their support, guidance and the coordination of their break. Carers appreciate they have immediate access to the service when they have a query or wish to book a break.

Dumbarton Centre

- 3.34.5 Highlights of good person-centred practice: The staff team have been working closely in core groups to create person-centred care plans for those service users that display behaviours perceived as challenging. This involves good communication, problem solving, developing strategies and adopting an innovative approach. The strategies that have been put in place, as well as Positive Behaviour Support (PBS) plans are regularly discussed and modified as required.
- 3.34.6 Staff Development: Two members of the staff team have completed PBS postgraduate qualifications. Two members of the staff team are Promoting Positive Behaviour (PPB) trainers. Two staff are trained in music therapy, which allows for meaningful music therapy sessions. One member of staff is a trained Yoga teacher and has embedded

this practice into some service user care plans, which has been beneficial therapeutically and has been well received.

Community Connections

- 3.34.7 Good practice: The service has implemented new opportunities for service users in literacy, gardening and art. The staff team has also supported service users to participate in a recent Boccia tournament; the team has fundraised for new equipment and has a meeting with Boccia Scotland to discuss further opportunities to compete in competitions including the Paralympics.
- 3.34.8 Staff development: Four of the staff team have recently completed Rebound therapy training to allow Community Connections the opportunity to offer Rebound therapy to those service users who have been assessed by Physiotherapy to access this invaluable intervention.
- 3.34.9 Both Dumbarton Centre and Community Connections sometimes experience a lack of capacity due to staffing levels and it is hoped the review of Learning Disability services in the coming year will address this challenge.

3.35 Alcohol and Drug Partnership (ADP)

- 3.35.1 The Scottish Government requires all Alcohol and Drug Partnerships to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The National Mission Plan 2022, which as of 2023 includes an alcohol focus, runs until 2026. The WD ADP strategy refresh aims to deliver an ambitious programme of priorities that will improve the quality of life for people, families and communities in West Dunbartonshire.
- 3.35.2 The strategy outlines five strategic priorities:
- Substance Use Prevention
 - Young People and Families
 - Improve services to support those with co-existing mental health and substance use and/or multiple complex needs.
 - Tackling alcohol and drug related stigma
 - Reducing the harm associated with alcohol and drug use.

Medicated Assisted Treatment (MAT) Standards

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

- 3.35.4 MAT 1-5 was confirmed as green, and 6-10 provisional green.

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

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

Table 1

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

3.37 External Scrutiny: Care Inspectorate Inspection West Dunbartonshire Care Homes

- 3.37.1 The Care Inspectorate is responsible for inspecting standards of care in Scotland. They use a quality framework that sets out key elements to help answer key questions about the difference care is making to people, and the quality and effectiveness of the things that contribute to that. The primary purpose of a quality framework is to support services to self-evaluate their own performance. The same framework is then used by inspectors to provide independent assurance about the quality of care and support.
- 3.37.2 The Care Inspectorate use Key Questions rather than Quality Themes in their inspections. Key Questions:
 KQ1 – How well we do we support people’s wellbeing.
 KQ2 – How good is our Leadership.
 KQ3 – How good is our staff team.
 KQ4 – How good is our setting.
 KQ5 – How well is our care and support plan.
 KQ6 – Capacity for improvement
 They still use the six-point scale of 1 – Unsatisfactory, 2 – Weak, 3 – Adequate, 4 – Good, 5 – Very Good, to 6 – Excellent in grades awarded against each quality indicator.
- 3.37.3 The Care Inspectorate uses requirements and recommendations to help regulated care services improve. A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010, its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.
- 3.37.4 Six of the ten care homes in West Dunbartonshire were inspected between April 2023 and March 2024. The grades awarded are depicted in Table 1. Of these, four had requirements and had areas for improvement identified.

Table 1

Care Home	Date of Inspection	Inspection Grades					No of Requirements	No of Areas for Improvement
		KQ 1	KQ 2	KQ 3	KQ 4	KQ 5		
Clyde Court	25.05.23	2	2	3	2	N/A	8	5
Clyde Court	24.08.23	3	3	3	3	N/A	0	0
Kingsacre	19.06.23	4	4	4	5	3	0	4
Castle View	27.06.23	3	3	3	3	3	7	9
Castle View	21.09.23	4	4	4	N/A	4	0	2
Hill View	07.08.23	4	3	N/A	N/A	4	1	0
Hill View	23.11.23	N/A	4	N/A	N/A	N/A	0	0
Edinbarnet	04.09.23	4	4	N/A	N/A	N/A	0	3
Alderwood House	13.11.23	2	2	2	2	2	8	0
Alderwood House	23.01.24	3	3	3	3	3	0	0

3.37.5 Due to grades awarded at the inspection on 25 May 23 it was agreed with the provider that a Moratorium on admissions would be placed on Clyde Court until sufficient progress had been made to meet the 8 requirements detailed within the inspection report. At the inspection in August 2023 the Care Inspectorate confirmed that all 8 requirements had been met. This was a result of the hard work of the Management and staff team and their willingness to embrace the support offered from the HSCP and Care Home Collaborative teams. The moratorium on placements was removed on 25th August 2023. Work is ongoing with HSCP and Care Home Collaborative to ensure improvement is sustained and the service continues to improve.

3.37.6 Due to the grades awarded and nature of the requirements highlighted following the inspection in October/November 2023 it was agreed with the provider that a Moratorium on admissions would be placed on Alderwood House until sufficient progress had been made meet the eight requirements. The HSCP also took the decision to undertake an Adult Protection Large Scale Investigation (LSI) due to the number and nature of the Adult Protection referrals which had been submitted following the Inspection. The LSI required officers from the HSCP to undertake reviews for all West Dunbartonshire Council clients within the service to ensure clients were safe and receiving the appropriate level of care. This request was also made to all other HSCPs who had clients placed in Alderwood House.

3.37.7 All reviews were completed and any issues highlighted were addressed. The HSCP staff held weekly meetings with the Management Team at Alderwood to offer support and guidance.

3.37.8 The Care Home Collaborative also provided training and support. At the inspection visit in January 2024 Inspectors confirmed that all 8 requirements had been met and grades would be increasing. The Moratorium on placements was removed and the LSI process was concluded on 1st March 2024. Work is ongoing with HSCP and Care Home Collaborative to ensure the service continues to improve.

3.38 Justice Social Work Services

Table 1 Data Demonstrating Significant Increased Demand

	2021/22	2022/23	2023/24	-/+
Justice Social Work Reports submitted to Court	524	599	660	+ 11%
Community Payback Orders imposed	338	374	408	+9%
Bail Supervision Orders imposed	0	15	25	+66%
Structured Deferred Sentences	0	13	29	+123%
Diversion from Prosecution	37	28	27	-3.5%
Drug Treatment and testing Orders	18	6	12	+100%

3.38.1 Justice activity throughout the reporting period from Courts has increased from the previous year, explained largely by the backlog of Court cases being addressed. The number of social work reports to Court alongside the numbers of Community Payback Orders (CPO's) have increased significantly.

3.38.2 Equally of note, were the number of cases of Structured Deferred Sentences (SDS) put in place by Courts locally, which saw an 123% increase from the previous reporting year. These increases across the service, are significant against a backdrop of vacancies within the team and reduced capacity, as the SDS also requires regular social work support and intervention comparable to low level Community Payback Orders.

3.38.3 Within Justice Social Work services, the backlog in outstanding Unpaid Work hours to be completed was addressed through use of allowing multiple days of attendance where capacity allowed, and it is a credit to staff and those subject to the orders that the backlog is reducing.

3.38.4 Drug Treatment and Testing Orders (DTTO) evidenced a dramatic rise in orders being imposed throughout 2023/2024. The DTTO service is provided by an integrated care team working across West Dunbartonshire to support individuals whose offending is primarily due to their established addiction issues. The staff provide both medical intervention and social work support, encouraging recovery, reduced offending behaviour and promoting stability.

3.38.5 Regular attendance at Court reviews from DTTO staff promote service user engagement and sentencers confidence in the use of this disposal.

3.38.6 DTTO staff have established relationships with Addiction Recovery Services supporting services users in their choice of substitute prescribing and supporting links to recovery communities within the local area.

3.38.7 The provision of services to Multi-Agency Public Protection Arrangements (MAPPA) continued throughout the reporting year, and the multi-agency work and sharing of information through this structure is reported to have worked continuously well. Those on orders subject to MAPPA receive intervention from Justice social work on increased

contact levels, in response to presenting risks, therefore the numbers of people subject to those orders does not need to see a large increase in numbers of orders to have a significant effect on the capacity and resources of the service.

3.38.8 Justice Social Work has contributed to good partnership working within the West Dunbartonshire Community Justice Partnership (WD CJP). This work underpins the development of a local Community Justice Outcome Improvement plan which will see publication within the next reporting period.

3.38.9 It will be necessary to continue to monitor the resourcing of Justice social work services with some notable increases in demand, continuing the trend of previous years. It is anticipated this will persist as the backlog of Court cases are heard, resulting in increased workloads for Justice Services.

Improvement Actions

- 3.38.10 A number of improvement actions have been completed during the past year including:
- New staff being trained, with 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 and actively involved in 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.
 - New meeting established with the local living experience group to ensure feedback to support service development.

Challenges have included:

- 3.38.11 A significant challenge for the Justice Social work service through the reporting period was recruitment to vacancies within the service. This coupled with the increase in workload for the service has continued to impact on development and improvement work.

Strengths include:

- Strong partnership working is evident in the planning of support for individuals being released from prison. Our justice and housing services are working closely 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 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.
- We continue to work closely within established partnerships in the community including CHAS, Alternatives and Greenspace.
- The 'Moving Forward' Women's Service supports 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 group work and one to one supports) who have additional vulnerabilities and complex needs resulting from multiple experiences of Violence against Women.

- Our Anti-discriminatory intervention with women in Justice is essential to address the unique challenges and systemic biases, they face within the justice system. Women in Justice often encounter multiple layers of discrimination based on gender, race, socioeconomic status, and other intersecting inequalities and vulnerabilities. The Women's Safety and Support Service provide intervention underpinned by a trauma-informed approach that recognises the specific circumstances leading to offending behaviour, such as histories of abuse, poverty, mental health issues and addictions caused or exacerbated by the gender-based violence and abuse they experience.
- The service aims to empower women to address these underlying issues by reducing barriers to accessing the service and maximising choice. Proactively engaging with women, building trust and maximising their power to identify priorities and solutions assists in reducing the vulnerabilities they experience and improve safety and well-being. Inclusivity in core programmes with others not involved in justice, maximising engagement with activity to reduce social isolation as well as safety planning and collaboration with women to raise awareness of how abuse has affected them across their lifespan; are crucial contributions to promoting positive outcomes for women within the justice system and maximising equality.

3.39 MARAC (Multi-Agency Risk Assessment Conference)

- 3.39.1 West Dunbartonshire MARAC commenced April 2020, and meetings continue to be convened 4-weekly. Information about domestic abuse victims at high-risk of the most serious levels of harm, including murder, is shared between representatives from a range of local agencies to inform a coordinated action plan to increase the safety of the victim and their children.
- 3.39.2 At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. MARAC, with its focus upon working collaboratively to ensure the safety of domestic abuse victims and their children, allows partners involved to share those insights and to develop robust and effective safety and risk management plans. Any frontline agency representative that undertakes a risk assessment with a victim, or uses professional judgement, to determine high risk threshold is met, can make a referral to West Dunbartonshire MARAC through the MARAC co-ordinator.

Table 1

West Dunbartonshire MARAC	Per year	Year to date	Female Victim	Male Victim	Children / YP
2023/24	326	144	322	4	606
2024/25	-	99	97	2	261

- 3.39.3 The strengths of MARAC lie in its proactive and unified approach by agencies who each bring a unique perspective and set of resources to address the complex challenge of domestic abuse.
- 3.39.4 By including the voices and views of victims/survivors, MARAC ensures that its actions are centred around victims/survivors.

- 3.39.5 Following a series of deep dive events into MARAC, Scottish Government Independent Strategic Review of Funding and Commissioning of VAWG services recommends that MARAC is put on a statutory footing with standards of operation and resourcing which would apply consistency across all 32 Local Authorities in which it is now operating.
- 3.39.6 Scottish Government VAWG Equality and MARAC Working Group will publish a government response to the Report by May 2025. It is estimated that for every £1 spent on MARACs, at least £6 of public money can be saved annually. The potential 'beneficiaries' of this saving across West Dunbartonshire are for all the existing organisations, public and voluntary sector, who currently contribute to multi-agency responses and support for women at significant risk of harm – source Scottish Government Equally Safe Delivery Plan.

3.40 Community Justice

- 3.40.1 Community Justice in West Dunbartonshire is a priority area in terms of improved outcome planning in the locality. In October 2023 a full time Community Justice co-ordinator was employed to support the National Aims and Priority Actions of 'The National Strategy for Community Justice' and associated 'The National Strategy for Community Justice Delivery Plan'.
- 3.40.2 To centre the approach to community justice outcome improvement planning a Strategic Needs and Strengths Assessment (SNSA) was undertaken, which included the analysis of 6-year trend data, to better understand the landscape and identify strategic priorities for 2024-2026. As part of this activity West Dunbartonshire Community Justice Partnership (WD CJP) have developed and ratified the local Community Justice Outcome Improvement Plan (CJOIP) with updated Terms of Reference (ToR) including new governance structures for the Community Justice Partnership. Key improvement areas are:
- Ensuring that co-production is central to future shaping of service delivery and service availability. To deliver on this Authentic Voices working group has been established. This group will also undertake discovery and scrutiny activity underpinned by a gendered analysis and specifically looking at women's experience of justice and justice services.
 - Establishment of a multi-agency partner stakeholder Arrest Referral working group to support the National relaunch of the 'Arrest Referral Scheme' lead by Police Scotland.
 - Establishment of the Caledonian steering group to support the embedding of 'The Caledonian System' across the locality and ensure victim safety.
 - Establishment of the CARM/FAME Steering group to support the embedding of processes for young people in conflict with the law. This activity will support the embedding of the new Children (Care and Justice) (Scotland) Act 2024, ensuring that youth justice is underpinned by a child's right based approach that supports child protection within the context of an enhanced welfare model.
 - Establishment of a Custody to Community working group to support justice service users in their journey from custody back to community ensuring that all health and social care needs are met with a view to reducing recidivism. As part of this activity WD HSCP has commissioned The Lennox Partnership to work with justice service users to support their employability needs within the context of reducing barriers to employability i.e. disclosure considerations.
 - Establishment of the Prevention and Early and Effective Intervention working group to develop a targeted approach to preventing West Dunbartonshire residents becoming involved with justice services and, where they are already touching

justice services, to create space for disruption, diversion, and desistance activity – preventing people being involved with justice services for prolonged periods of time.

- 3.40.3 The Community Justice Partnership is further collaborating with wider justice services and undertake and SNSA in regard to Bail; Remand; Electronic Monitoring (EM) and other Community Based Sentences. This activity will seek to inform strategic priorities beyond 2026.
- 3.40.4 The local delivery plan is being realised through the thematic working groups and this is proving to be fruitful and constructive to meeting the local and national strategy. Working group membership consists of multi-agency stakeholder partners - all working towards a unified approach to the deliverables. Group members are a combination of operational and strategic staff who are best placed to offer a bottom-up approach which is strengthened by top-down strategic support, guidance and governance.
- 3.40.5 The CJP has also sought to raise the profile of community-based sentences by engaging in profile raising activity and other community engagement activity.
- 3.40.6 Focused sessions were arranged for partners to come together as part of working groups to discuss themes and direction of particular work strands relevant to the group's undertakings to direct and shape the outcomes and improvement activity to the National Aims and identify local priority areas.
- 3.40.7 Multi-agency partner stakeholders Information and Awareness raising sessions have been hosted (including opportunity for local Elected Members) to provide an overview of Community Justice as a whole; the work, purpose, and function of the WD CJP and 'The Caledonian System'. There have also been drop-in sessions to support this activity.
- 3.40.8 Discussion on local priority aims and deliverables took place across wider working groups and in meetings with other partnerships including West Dunbartonshire Alcohol and Drug Partnership, West Dunbartonshire HSP (Housing Solutions Partnership), West Dunbartonshire VAWGP (Violence Against Women and Girls Partnership); West Dunbartonshire LEP (Local Employability Partnership); and West Dunbartonshire Safe DIG (Development and Implementation Group).
- 3.40.9 Following ratification of the draft CJOIP the document was sent to wider staff groups for comment and consideration, all inclusions and amendments contributed to the final published draft.
- 3.40.10 Community consultation for 'The Caledonian System' was undertaken ensuring the voices of women victims, children, victims and the wider community were captured in regard to understanding the system's function; the need for such provision; and support for such an intervention within the local community.
- 3.40.11 Information and Awareness raising sessions have been held to help staff groups to better understand the system and the need for such a joined-up approach to tackling Domestic Abuse in West Dunbartonshire. Peer review from multi-agency managers, staff and WD VAWGP was sought for the 'Caledonian System' strategic Risk Assessment and Safety Protocol' along with the 'Standard Operating Protocol'. This activity has included a communication loop with the MARAC Steering group.

- 3.40.12 WD CJP consulted with all local community justice partner's organisations strategic plans, safeguarding potential conflict between WD CJP strategic direction and those of our partners ensuring that important areas or themes were not omitted when devising our CJOIP.
- 3.40.13 WD CJP worked closely with Community Justice Scotland (CJS) in particular the 'Community Justice Improvement Tool' and new Community Justice 'Targeted Resource to Support National Outcome Improvement Planning in Local Authority Areas Tool'. The new targeted resources were reviewed by relevant service areas for scrutiny and applicability. Comments and considerations were shared with CJS.
- 3.40.14 'The Community Service Support Tool' (CSST) developed by CJS was peer reviewed with WD VAWGP and WD ADP to ensure due diligence and allow partner comment, consideration and discussion regarding potential service generated risk across and between service areas. Comment and consideration were shared with CJS.
- 3.40.15 In developing the Community Justice Outcome Improvement Plan (CJOIP), WD CJP carried out an Equalities Impact Assessment (EIA). The purpose of an EIA is to work out how a policy or function will affect the wellbeing of different groups of people with particular needs or who are disadvantaged in some way. An EIA is an opportunity to drive fairness and good practice. As part of the EIA, and in line with the Fairer Scotland Duty, WD CJP also considers the socioeconomic impacts of its policies, process and strategies. WD CJOIP EIA and 'The Caledonian System' EIA can be located on the HSCP website. WD CJP is committed to better understanding equalities duties and undertakings, to ensure that service provision is accessible and inclusive.
- 3.40.16 Partners have been hugely instrumental, working towards unified outcomes. A SMART (Specific, Measurable, Achievable, Relevant and Time Bound) approach to planning, collaboration and delivery has been adopted and this has proved to create a strong infrastructure with partners working towards clear outcomes, clear data collection and analysis, with clear roles and remit in terms of contribution to outcome planning activity.
- 3.40.17 The creation of working groups has initiated a collaborative approach across and between WD HSCP/West Dunbartonshire Council services. All of the working groups are shared interest groups with other strategic partners: VAWGP; CPC; HSP; LEP and Safe DIG – the groups seek to collaborate in a unified way to ensure that all partner strategic outcomes are met alongside justice outcomes. This model could be replicated in other smaller local authorities in terms of viability and SMART planning collaborative working arrangements.
- 3.40.18 WD CJP has created an Authentic Voices working group that is tasked with gathering the voices of service users, ex-service users, families and staff members for quality improvement and assurance of service provision and service development. This group is a multi-disciplinary group who are engaged with authentic voices discovery and change activity.
- 3.40.19 This group is engaging in activity that gathers authentic voices views, and these views will inform future strategic and operational change as part of a co-production outcome improvement model.
- 3.40.20 WD CJP undertook a 6-year trend data analysis to help inform strategic directions and priorities.

4. Resources

- 4.1.1 The Integration Joint Board (IJB), known locally as the HSCP Board, is responsible for the strategic direction and performance of these services, together with delegated community health services for adults and children.
- 4.1.2 The HSCP Board's current Strategic Needs Assessment highlights demographic pressures, health inequalities and the deprivation profile of West Dunbartonshire compared to other parts of Scotland and how these factors result in higher levels of support from services.
- 4.1.3 Our Board had responsibility for an overall net budget resource for delegated health and social care services of £200.643m in 2023/24. The setting of the 2023/24 budget was even more challenging than the previous year, as partner funding contributions failed to keep pace with the increasing costs of service delivery and the increasing demand for those services. The overall HSCP funding shortfall (before pay awards) was £6.0m, split £4.7m for social work and care and £1.3m community health services.
- 4.1.4 For social work and care services the 2023/24 funding allocation from West Dunbartonshire Council was a "flat cash" one, i.e. 0% uplift for inflation and demographics. The £4.7m funding shortfall was mitigated through savings, a range of management actions and release of some reserves. The measures included increasing turnover savings, deletion of some vacant posts, reviewing the levels of commissioned spend across all services and capping residential bed numbers within our older people's care homes.
- 4.1.5 While good progress was made in delivering on these actions, the overall financial outturn position for 2023/24 was an excess of expenditure against funding, resulting in an overspend of £7.529m across all delegated health and social care services. The underlying budget deficit for social care was £8.185m, offset by a small surplus in health services of £0.656m.
- 4.1.6 This final outturn position had been monitored closely throughout 2023/24, and while additional mitigating actions were approved by the HSCP Board, the impact of another 5 year of unfunded pay for local authority employed staff coupled with continued increased demand for both children and adult services, resulted in the Board having to cover the deficit from the release of reserves.
- 4.1.7 Table 1 below provides detail on the consolidated position and the release of earmarked reserves.

TABLE 1: EXTRACT FROM 2023/24 AUDITED ANNUAL ACCOUNTS

West Dunbartonshire Integrated Joint Board	2023/24 Annual Budget £000	2023/24 Net Expenditure £000	2023/24 Underspend/ (Overspend) £000	2023/24 Reserves Adjustment £000	2023/24 Underspend/ (Overspend) £000
Consolidated Health & Social Care					
Older People, Health and Community Care	54,612	57,210	(2,598)	(1,626)	(972)
Physical Disability	3,485	3,402	83	0	83
Children and Families	30,761	32,238	(1,477)	(321)	(1,156)
Mental Health Services	13,893	13,631	262	(124)	386
Addictions	4,131	4,021	110	(166)	276
Learning Disabilities	21,276	21,147	129	(120)	249
Strategy, Planning and Health Improvement	2,341	1,889	452	143	309
Family Health Services (FHS)	33,004	33,075	(71)	0	(71)
GP Prescribing	21,323	22,667	(1,344)	0	(1,344)
Hosted Services - MSK Physio	7,450	8,262	(812)	(748)	(64)
Hosted Services - Retinal Screening	879	879	0	(87)	87
Criminal Justice	0	274	(274)	0	(274)
HSCP Corporate and Other Services	7,116	9,105	(1,989)	(2,750)	761
IJB Operational Costs	372	372	0	0	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	200,643	208,172	(7,529)	(5,798)	(1,731)

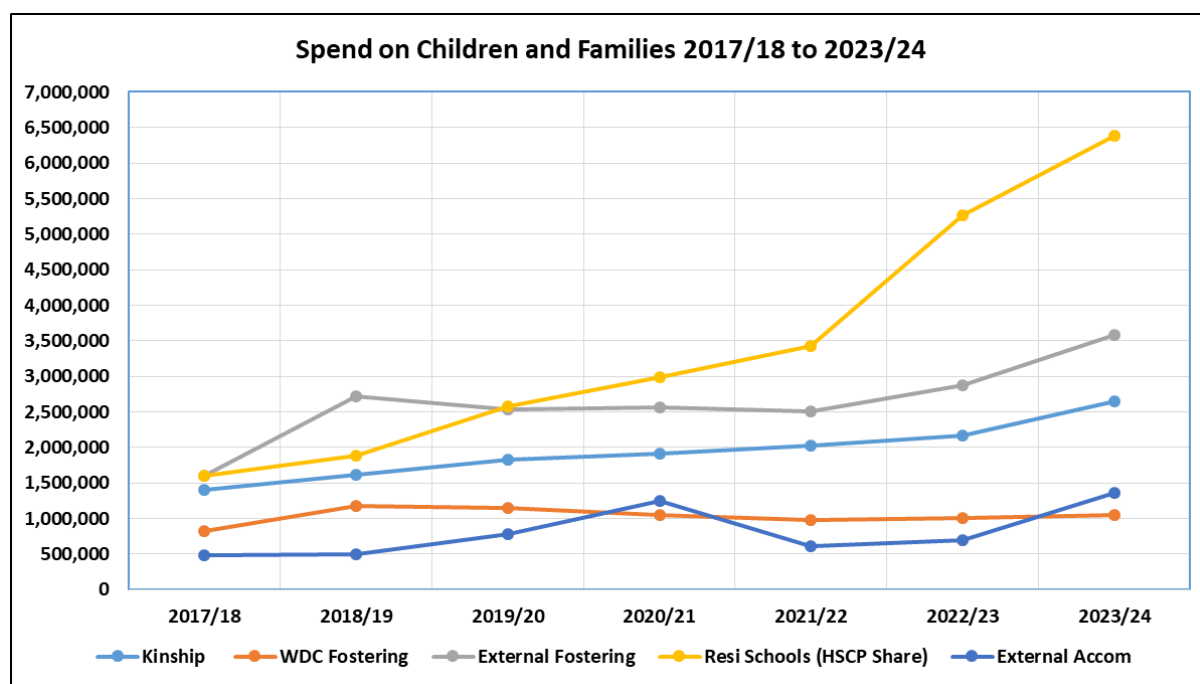
4.1.8 Table 2 below, provides a higher level of detail on the 2023/24 pressure on social work and care services, in particular for services for Looked After and Accommodated Children and Care at Home Services. However, it should be noted that considering national comparators West Dunbartonshire's spend on children's care spend is fourth most efficient.

TABLE 2: 2023/24 SOCIAL WORK AND CARE FINANCIAL PERFORMANCE

Social Care Net Expenditure	2023/24 Annual Budget £000	2023/24 Net Expenditure £000	2023/24 Underspend/ (Overspend) £000	2023/24 Reserves Adjustment £000	2023/24 Underspend/ (Overspend) £000
Strategy Planning and Health Improvement	1,264	1,081	183	30	153
Children and Families	25,668	27,395	(1,727)	(571)	(1,156)
Older People Residential and Community Care	33,636	37,137	(3,501)	(1,538)	(1,963)
Adult Services: Learning Disabilities	13,498	13,384	114	(133)	247
Adult Services: Physical Disabilities	2,315	2,197	118	0	118
Adult Services: Mental Health	3,549	3,530	19	58	(39)
Adult Services: Addictions Services	955	1,389	(434)	(419)	(15)
Carers	1,564	1,972	(408)	(444)	36
Other Services	2,547	5,096	(2,549)	(3,437)	888
Net Expenditure	84,996	93,181	(8,185)	(6,454)	(1,731)

4.1.9 The financial and service pressures experienced in 2023/24 are not new, in particular demand for children's services, which was on an increasing trajectory since 2017/18, has been further exacerbated by the impacts of both the Covid-19 pandemic and the Cost-of-Living Crisis is having on families across West Dunbartonshire. This is shown in stark detail in the graph below covering the increasing costs of Kinship, Fostering and other Residential Accommodation. Seventy four percent of children and families allocated budget is allocated to the provision of care as detailed below.

Table 3



4.1.10 The recently published (July 2024) Audit Scotland published a report on “Integration Joint Boards - Finance and Performance 2024”, clearly articulated the “complex landscape of unprecedented pressures, challenges and uncertainties” facing all IJBs. Overall funding to IJBs decreased on average by 9% in real terms in 2022/2023 requiring significant savings having to be identified, many non-recurring and an increasing reliance on using reserves, which is not a sustainable approach going forward.

4.1.11 Within WD HSCP, we recognise all of these Audit Scotland findings as we continue to operate in an extremely challenging environment both locally and nationally. These challenges are set out within our current Medium Term Financial Plan 2022/2023 – 2026/2027. The plan (due to be refreshed this year) also sets out our key themes on how we aim to redesign our services and look for other opportunities to reshape our delivery models to work within the continuing financial constraints projected over the medium term.

4.1.12 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, social work and care.
- **Prioritise our services** – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it.
- **Equity and Consistency of approach** – robust application of Eligibility Criteria for new packages of care and review of current packages using the My Life Assessment tool; and
- **Service redesign and transformation** – build on the work already underway redesigning support to people to remain or return to their own homes or a homely

setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

4.1.13 These themes are expended in greater detail by individual service redesign plans, approved by the HSCP Board over the last two years. These are our Care at Home Service Redesign Project, our Review of Learning Disability Services and our Medium-Term Financial Plan for Children's Services: "What Would It Take". The progress on the delivery of these plans is underpinned by a refreshed strategic plan, expansion of local commissioning, robust financial management, a prudent reserves policy and a range of actions to support our workforce.

4.1.14 These individual service strategies are committed to working with our residents, our own workforce and those we commission services from, to ensure that high quality services can be delivered whilst demonstrating Best Value from our constrained resources.

TABLE 4: 2023/24 COMMISSIONED EXPENDITURE

Spend Category	Children and Families £000	Health and Community Care £000	Learning Disabilities, Mental Health and £000	Other £000	Total £000
Residential Care	6,702	15,500	2,359	0	24,561
Respite	115	22	355	646	1,138
Housing Support	2,487	1,248	10,702	8	14,445
Day Support	0	177	2,844	0	3,021
Nursing	0	0	809	0	809
Payments to other bodies	1,246	3,440	3,593	1,697	9,976
External Fostering	3,580	0	230	0	3,810
Kinship Payment	2,678	0	0	0	2,678
Fostering and Adoption	1,237	0	0	0	1,237
Payments to NHS	571	187	355	551	1,664
Direct Payments	255	940	861	87	2,143
Total	18,871	21,514	22,108	2,989	65,482

4.1.15 Table 4 below, provides further detail on the financial cost of commissioning a range of social work and care services in 2023/24 and with the Scottish Government's continued commitment to pay all social work and care workers a realistic living wage, this is another financial risk that requires to be managed.

4.1.16 The financial outlook for the HSCP for 2024/25 is one of increasing financial challenge and risk, as flat-cash allocations were again passed over from our funding partners. While there has been some assurance that pay awards for health board staff will be funded, there are no such assurances for local authority social work and care staff.

4.1.17 In March 2024, the HSCP Board agreed to a suite of options to close the estimated funding gap (before pay awards) of just under £10 million. Recognising that transforming and redesigning services requires more time, the majority of the shortfall will be covered by a continuation of non-recurring turnover savings, non-filling of some vacant posts and the remaining application of any available reserves.

4.1.18 The planned refresh of the Board's Medium Term Financial Plan later in 2024, will seek to address how best we can mitigate these risks going forward and work with our

partners to take forward the main recommendations of the Audit Scotland report, to work collaboratively and share learning both locally and nationally.

- 4.1.19 The Integration Joint Board (IJB), known locally as the HSCP Board, is responsible for the strategic direction and performance of these services, together with delegated community health services for adults and children.
- 4.1.20 The HSCP Board's current Strategic Needs Assessment highlights demographic pressures, health inequalities and the deprivation profile of West Dunbartonshire compared to other parts of Scotland and how these factors result in higher levels of support from services.
- 4.1.21 Our Board had responsibility for an overall net budget resource for delegated health and social care services of £200.643m in 2023/24. The setting of the 2023/24 budget was even more challenging than the previous year, as partner funding contributions failed to keep pace with the increasing costs of service delivery and the increasing demand for those services. The overall HSCP funding shortfall (before pay awards) was £6.0m, split £4.7m for social work and care and £1.3m community health services.
- 4.1.22 For social work and care services the 2023/24 funding allocation from West Dunbartonshire Council was a "flat-cash" one, i.e. 0% uplift for inflation and demographics. The £4.7m funding shortfall was mitigated through savings, a range of management actions and release of some reserves. The measures included increasing turnover savings, deletion of some vacant posts, reviewing the levels of commissioned spend across all services and capping residential bed numbers within our older people's care homes.
- 4.1.23 While good progress was made in delivering on these actions, the overall financial outturn position for 2023/24 was an excess of expenditure against funding, resulting in an overspend of £7.529m across all delegated health, social work and care services. The underlying budget deficit for social work and care was £8.185m, offset by a small surplus in health services of £0.656m.
- 4.1.24 This final outturn position had been monitored closely throughout 2023/24, and while additional mitigating actions were approved by the HSCP Board, the impact of another year of unfunded pay for local authority employed staff coupled with continued increased demand for both children and adult services, resulted in the Board having to cover the deficit from the release of reserves.

5. Workforce and Service Impact

5.1 Workforce Planning

- 5.1.1 WD HSCP Workforce Plan (2022-2025) is due to come to an end in March 2025. Our current workforce plan is currently being reviewed in accordance with the priorities identified in our Strategic Plan (2023-2026). A new plan will be developed for 2025 to 2028.
- 5.1.2 The latest version of guidance from Scottish Government is clear and sets out a continuation of the National Workforce Strategy for Health and Social Care with the 'Five Pillars of the Workforce Journey':
- **Plan** – supporting evidence-based workforce planning.
 - **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland.

- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care.
- **Employ** – making health, social work and care organisations “employers of choice” by ensuring staff are, and feel, valued and rewarded.
- **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

5.1.3 As might be expected, West Dunbartonshire HSCP are looking to grow and retain our workforce in the next five years. Recruitment and retention are a main focus of actions to help us deliver both our Workforce Plan but also encourage employability and extending the number and type of training opportunities available. We utilise supervision session to discuss career development, learning interventions and progression of specific training to support our workforce in their roles. Several programmes of work have progressed, including, this year, supporting and developing employment with relevant qualifications by utilising funded places for undergraduate and post graduate programmes at university, applications have been successful for five employees in 2024 from within the HSCP.

5.1.4 The updated plan will also reflect the requirements of Scottish Social Services Council (SSSC) Newly Qualified Social Worker (NQSW) Supported Year implementation. The implementation will bring developments to ensure our NQSWs are fully supported throughout their first year of practice. This includes individual and group support as well as a caseload that is built up incrementally over several months.

Workforce Split

5.1.5 The age profile for NHS workforce in WD HSCP indicates that there is almost an even split of the workforce under the age of 45 and over the age of 45, with only a subtle difference over the age of 45. The picture is slightly different across West Dunbartonshire Council workforce, which indicates the majority of the workforce are over the age of 45 (64%). Whilst this does not present an immediate retiral risk, we do need to be mindful of the importance of succession planning and maintaining health and wellbeing.

5.1.6 As our workforce gets older, and we continue to rely on them, we will need to put in place policies and strategies to enable experienced workers to remain in the workforce, while maintaining their health and wellbeing. We will also have to put in place succession planning for their eventual replacements.

5.1.7 Around a third of the NHS workforce (24%) are aged 55 years and over. This presents risk of retiral of a sizeable proportion of the workforce within the next five to 10 years. There is a significantly higher risk with West Dunbartonshire Council workforce as almost 40% of the workforce, is aged 55 of over. The chart below shows the split of the workforce over 55 and those under 55.

5.1.8 As an employer we must recognise this, and be ready to put in place reasonable adjustments to allow colleagues to support the workforce do their role as well as when someone does have for example a long term condition, using various forms of flexible working (for example: home working, job sharing, shift working, part time working) to assist with work life balance.

Table 1 People Count and Age Profile

Age Band	NHS	West Dunbartonshire	Total
<20	-	5	5
20-24	14	36	50
25-29	66	74	140
30-34	114	105	219
35-39	116	136	252
40-44	103	141	244
45-49	104	141	245
50-54	116	192	308
55-59	119	237	356
60-64	75	239	314
65+	14	74	88
TOTAL	841	1380	2221

Table 2

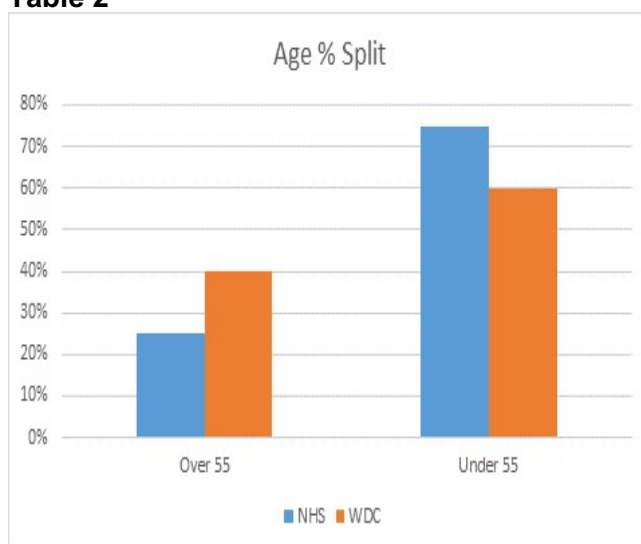
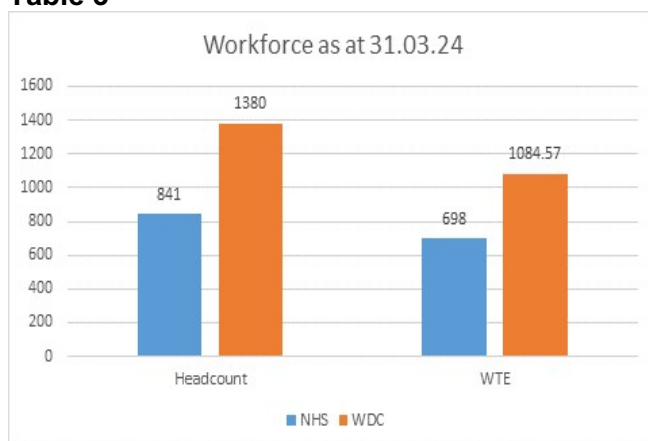


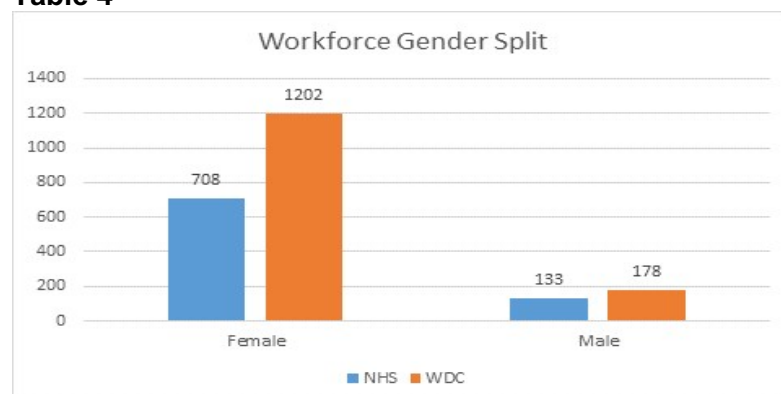
Table 3



Workforce Gender Balance

5.1.9 As can be seen below WD HSCP has a greater proportion of female workers than male workers and whilst this is not untypical within the caring profession, the HSCP does need to consider how we encourage greater inclusion within professions as part of recruitment campaigns.

Table 4



Staff Turnover

5.1.10 Between April 2023 and March 2024, 297 people left WD HSCP. The annual turnover rate for West Dunbartonshire Council staff within the HSCP was 16.9% and for the NHS was 8.7%. This represents a very slightly reduced turnover rate compared to the same period in the previous reporting year. The workforce may have been less willing to leave the security of their posts or actively pursue retirement.

5.1.11 To take account of the ageing patient population, as well as the workforce reaching retirement age, both NHS Greater Glasgow and Clyde, and West Dunbartonshire Council are exploring new ways of working and new recruitment and retention strategies, as well as having a continued focus on how we support the health and wellbeing of our workforce. Our workforce plan aims to mitigate the risks of diminishing workforce against area of growing demand.

West Dunbartonshire HSCP Approach to Staff Health and Wellbeing

5.2.1 A range of supports are regularly promoted to staff and re-enforced within staff briefings, team meetings and through wellbeing conversations which includes, National Wellbeing Helpline and the National Wellbeing Hub, dedicated wellbeing resources and further support online options for our workforce through employee assistance programmes including support in building resilience, improving wellbeing and, where appropriate, how to lead and support others who may be struggling.

5.2.2 Key priorities for our workforce in support of maintaining a healthy working environment include personal development, promoting diversity, fair work practice. We want to ensure that employee wellbeing is embedded in the HSCP leadership, culture and people management practice. We want to help equip our people with the wellbeing skills and supports needed to thrive in the workplace.

5.2.3 Our workforce continues to be offered and encouraged to take part in the annual iMatter staff engagement survey. Team action plans have been developed to support improvements and to identify what is important to staff. The HSCP iMatter Lead supported a local focus of these principles, as well as promoting local ownership of the process and understanding of manager and team responsibilities. Within WD HSCP, there is a continued emphasis on the importance of action planning; highlighted below

is a comparison of results from 2021, 2022, 2023 and 2024 which demonstrates that staff feel they are cared about, are treated with dignity and respect and are appreciated:

iMatter Survey Results 2021 – 2024 (Weighted Index Value)				
iMatter Question	2021	2022	2023	2024
I feel my direct line manager cares about my health and wellbeing	84	87	86	86
I feel my organisation cares about my health and wellbeing	71	73	73	71
I am treated with dignity and respect as an individual	83	85	86	85
My work gives me a sense of achievement	80	82	83	82
I get the help and support I need from other teams and services within the organisation to do my job	69	70	71	70
I feel appreciated for the work I do	71	75	77	76
I would recommend my organisation as a good place to work	74	75	75	73

Workforce Development, Learning and Collaboration

- 5.3.1 In addition to core training, our workforce continues to have access to a wide range of learning and development opportunities. During 2024 the Health and Care (Staffing) (Scotland) Act 2019 was implemented. Whilst social workers are not covered within the duties or the Act, our workforce in registered services will be covered. A continual programme of awareness and learning platforms specific to functions has been promoted.
- 5.3.2 Opportunities for obtaining formal social work qualifications has been made available within the HSCP. During the reporting period we had 5 employees enter formal academic study to obtain a Social Work degree and we are looking to widen this access for a career pathway, in partnership with the Open University.
- 5.3.3 There have been a number of changes to the West Dunbartonshire Council MHO workforce over the last 12 months, with a number of experienced staff leaving, either due to retiring or to take up posts in other local authorities and, in the case of one MHO, with an agency.
- 5.3.4 Recruitment to the vacant posts has been a challenge. One full-time post was filled by an MHO who had previously been working in the dual SW/MHO role within Justice Services. Whilst she brought with her a wealth of experience, her move has meant there are now no dual-role MHOs within West Dunbartonshire Council currently. This has resulted in MHO skills and knowledge being concentrated within the core team and whilst efforts are made to engage with other teams who would benefit from having regular MHO input (such as the Learning Disability and Hospital Discharge teams), there remains a need for dual-role MHOs to be in post within other teams.
- 5.3.5 Staff supervision has been a key priority for social work and social care staff over the last year. Self-evaluation of staff experience and recording has taken place across Children and Justice Services to inform the most recent training and learning for staff in relation to effective supervision for staff. Staff feedback and development of

champions for Supervision has been an outcome from the learning session with further audit.

- 5.3.6 A range of statutory training has been commissioned to support learning and development of staff. Two learning and development posts have been agreed and will be recruited to in the future to develop capacity for learning and development and support the Newly Qualified social work year and core training aligned to the priorities for APC and CPC.
- 5.3.7 The experience of West Dunbartonshire is similar to the overall picture nationally, with other local authorities reporting difficulties filling posts and losing experienced MHOs to agencies. Given these challenges, the focus of the MHO service over the next few years will be on training more MHOs from within the existing West Dunbartonshire Council social work workforce and encouraging those who no longer undertake MHO duties back into practice. There is currently one trainee MHO one returning MHO undertaking the course, with them both being expected to start practicing in the summer of 2024.
- 5.3.8 A proposal for a dedicated MHO service Resource Worker has also been developed and is awaiting conclusion from job evaluation.
- 5.3.9 Additional funding from Government to Chief Social Work Officers in 2022 to promote service delivery within adult services has been identified to develop a Principle Lead Officer for Social work and depute CSWO, and an adult services reviewing team to support quality assurance and scrutiny of quality of care and support for adults and older people. The posts have not as yet been released for advert and are being considered by the Chief Executive through the SSRG process for all posts where all posts are considered.
- 5.3.10 Highlighted through this report are the significant issues of staffing availability and recruitment which has had an impact in nearly all areas of service delivery. As West Dunbartonshire HSCP experiences, and plans for, change, a number of resources and programmes are being developed to support our workforce through change. Whilst the effects change is acknowledged, there are levels of challenge due to a shortage of available workers for some sectors which is resulting in higher than normal level of vacancies.
- 5.3.11 Never has there been a greater need for workforce planning and development to be supported to ensure the continuity of a skilled and committed workforce to deliver high quality services for the future. Throughout 2023/2024 retention of staff is being supported with the development of post qualifying Social Work qualification delivered by the Open University. A number of staff are now actively engaged in post graduate social work programmes following a selection and interview process, involving as part of the panel care experienced or individuals with lived experience of service. Both the training programmes and placement provision are being supported by the wider HSCP.
- 5.3.12 WD HSCP has developed a three-year workforce plan, over the next 3 years (mainly the next 12 months) to plan, attract, train, employ and nurture staff to help us to deliver the future workforce. As might be expected WD HSCP are looking to grow and retain our workforce in the next 3 years. Recruitment and retention are a main focus of actions to help us deliver both our Workforce Plan but also encourages employability and extending the number and type of training opportunities available. Significant areas of work include how we supplement our existing workforce and how we look at supporting and developing our workforce going forward.