

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2024/2025

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Foreword

We are pleased to present the West Dunbartonshire Health and Social Care Partnership’s Annual Performance Report for 2024/25.

This report reflects a year of continued commitment, innovation, and resilience across our integrated health and social care services. Guided by our Strategic Plan 2023–2026, *Improving Lives Together*, we have continued to work to deliver on our vision of creating **Caring, Safe and Thriving, Equal, and Healthy Communities**.

Over the past year, our teams have embraced new ways of working, strengthened partnerships, and remained steadfast in their dedication to the people of West Dunbartonshire. From supporting vulnerable children and families to enhancing care for older adults and those with complex needs, our services have made a tangible difference in the lives of thousands.

Celebrating achievements is vital and there is a lot of work to be proud of this year including:

- Supporting children and families through the development of a new Access to Help and Support Team and a new Permanence Team to improve outcomes for looked after children.
- Meeting all Scottish Government Medication Assisted Treatment Standards within Addiction services.
- Continuing to support those who need it to remain safe and as independent as possible within their own homes.

We are especially proud of the collaborative spirit that underpins our work. Our success is built not only on the professionalism of our 2,200-strong workforce but also on the invaluable contributions of carers, independent service providers, and community partners.

Together, we have navigated financial pressures, rising demand, and evolving needs with compassion and determination.

This report is both a reflection of our achievements and an account of the challenges we face. It is also a reaffirmation of our commitment to continuous improvement, transparency, and accountability.

On behalf of the Health and Social Care Partnership, we extend our personal thanks to every individual who has played a part in delivering care and support across our communities. Your dedication is the foundation of our progress and the promise of a healthier, more equitable future for all.



Michelle Wailes
Chair West Dunbartonshire HSCP Board



Beth Culshaw
Chief Officer West Dunbartonshire HSCP Board

Introduction

West Dunbartonshire Health and Social Care Partnership is responsible for delivering a range of health and social care services to a population of 88,750. Services include Adult and Older People's services across all disciplines within integrated community teams; Children and Young People's services across all disciplines and in partnership with Education Services; Criminal Justice Social Work; Community Mental Health, Learning Disability and Addiction services within integrated community teams and inpatient services.

It also hosts the Musculoskeletal (MSK) Physiotherapy Service and a programme of Diabetic Retinal Screening on behalf of NHS Greater Glasgow and Clyde and leads the Community Planning Partnership's Alcohol and Drugs Partnership.

Our Vision

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

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

Improving lives with the people of West Dunbartonshire

Working together as an integrated health and social care system means that we must share a set of values which underpin all the work we do. These values – respect, compassion, empathy, care, honesty - are key to delivering on our vision and align with the values of our partner organisations within NHS Greater Glasgow and Clyde and West Dunbartonshire Council.

All Health and Social Care Partnerships are required to produce an annual report outlining their performance in the previous financial year by the end of July each year.

In this report, we will look at each of our strategic priorities, how we are progressing in relation to our targets and what our key achievements over the year have been.

While the data included in this report evidences our performance, the story cannot be told in full without considering the local and national context within which we are working.

It is testament to our services that we continue to achieve better outcomes for our residents despite continuing to face challenges including high deprivation, a declining population and increased proportion of older people with complex health needs; funding challenges and constraints; low life expectancy and longer periods of ill health; and high levels of domestic violence.

This report will demonstrate the breadth of work West Dunbartonshire HSCP is undertaking to address and overcome each of these local challenges.

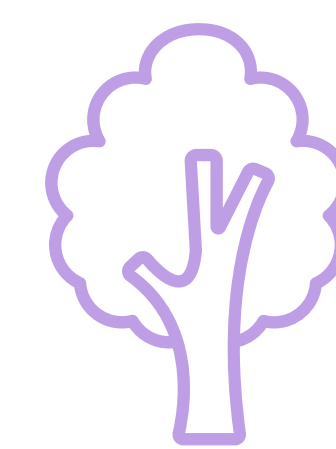
Key Achievements 2024/25

Priority 1: Caring Communities



- Establishment of a new Permanence Team within services for looked after children.
- 83.6% of looked after children with no more than one placement in the last year.
- Queens Quay and Crosslet House first care homes in Scotland to receive Food for Life Bronze award for catering from the Soil Association Scotland for serving fresh, quality and sustainable food.
- Development of a Trauma-Informed and Responsive Strategy 2025-28.
- New Support in the Right Direction advice and guidance project launched to support carers navigate Self-directed Support and access short break funding.
- 5th highest proportion of adults with intensive needs being supported at home in Scotland.
- 1,145 people receiving homecare each week with 99.9% receiving personal care and almost 47% receiving 20 or more visits. 6th highest proportion of people aged 65 and over receiving personal care at home in Scotland.
- 91 people per week receiving a reablement service to support them to relearn their skills for daily activities.
- HSCP's Addictions Services assessed by the Scottish Government as 'Green – Implemented' for 9 of the 10 Medication Assisted Treatment Standards and 'Blue – Sustained Implementation' for the remaining standard: reduction of harm.
- Launch of a digital Anti-Stigma campaign to tackle stigma, language and dispel myths surrounding suicide.

Priority 2: Safe and Thriving Communities



- Development of a Violence Against Women and Girls Strategy 2025-2028.
- Delayed discharge bed days moved from 'Moderate Reductions Required' to 'Remain Low' by the Scottish Government and delayed discharge bed days for complex cases 25% below local target.
- 9th lowest rate in Scotland for readmission within 28 days of a hospital discharge.
- Development and launch of new Access Help and Support Team within Children's Services.
- 'Breathing Space' bench, funded by the HSCP, installed at Bowling train station as part of our Suicide Prevention Action Plan.
- Learning Disability Housing Support Service staff trained on the requirements of the newly enacted Health and Care (Staffing) (Scotland) Act 2019.
- 1,894 people supported by the Community Alarm/Telecare service.
- 4th lowest weekly cost in Scotland for looked after children being looked after in the community.

Priority 3: Equal Communities



- 90.5% of looked after children looked after in the community.
- 89% of 16 and 17 year olds in employment, education or training at the point of leaving care.
- Partnership working with Working 4 U to promote awareness and applications for Attendance Allowance among Community Alarm users.
- 8% increase in the number of people aged 65 and over consenting to a referral to Working 4 U for benefits maximisation as part of their assessment/review.

Priority 4: Healthy Communities



- Childhood immunisation levels exceeding both Greater Glasgow and Clyde and Scotland levels for all 6 immunisations offered at 5 years of age.
- 201 people with a learning disability invited for a Health Check.
- 301 people attending Healthy Hearing sessions across both localities.
- 297 people reached and engaged with Community Food Framework Fund initiatives and activities.
- Over 100 people attended Voices of the Promise Family Fun Day held in West Dunbartonshire for Families Hubs.
- 1,157 people supported with their medication by the Homecare Pharmacy Team.

Caring

Safe and Thriving

Equal

Healthy

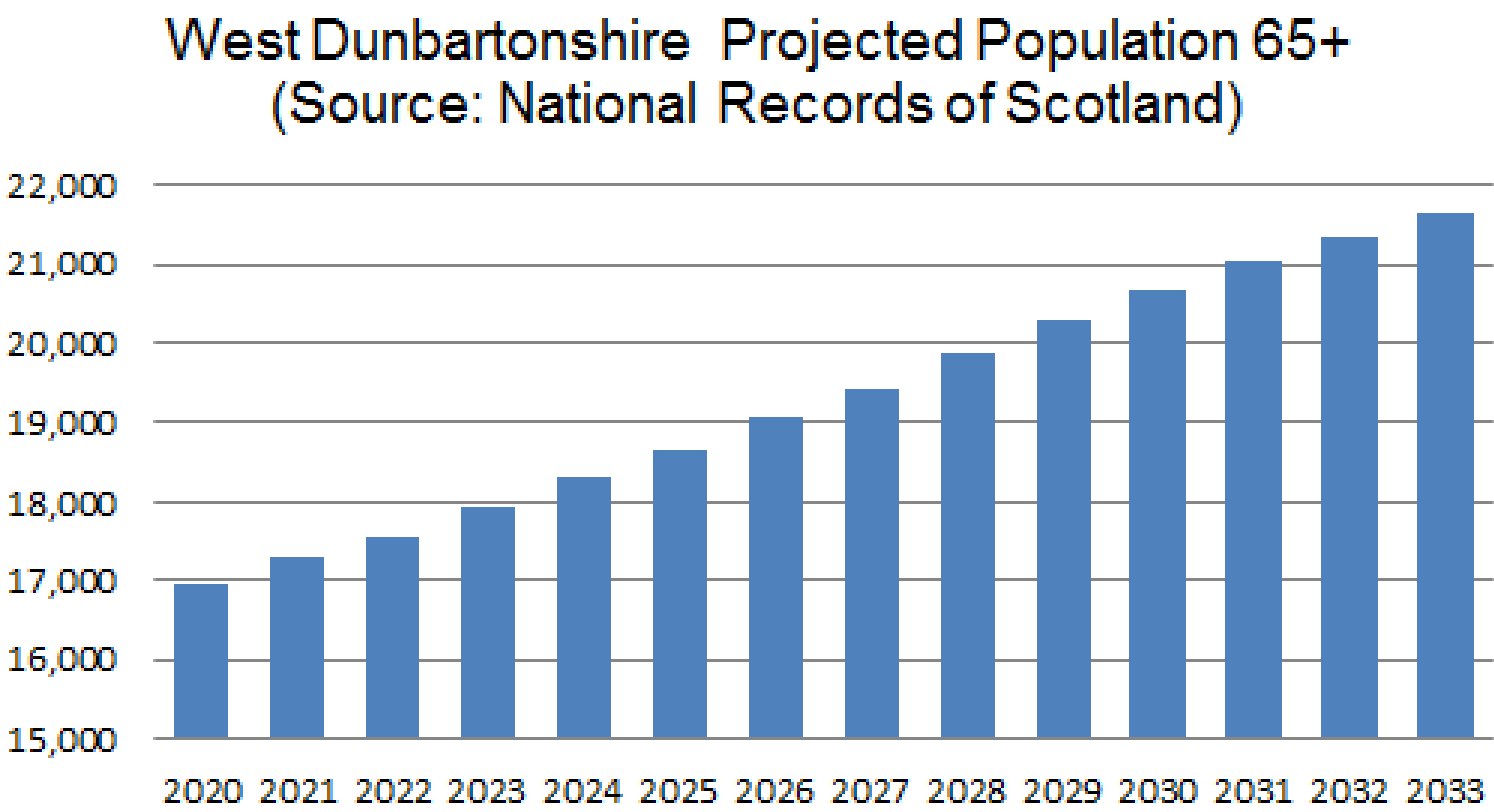
Challenges and Areas for Improvement

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 revised 2022 estimates which were based on the findings of Scotland's Census 2022. The increase in those aged 75 and over within the local authority area was 3.4% with those aged 65 and over making up 20.5% of the total population. West Dunbartonshire accounts for 1.6% of Scotland's population.

West Dunbartonshire has the 3rd equal highest proportion of datazone areas in the most deprived 20% of Scotland compared to other councils. The Scottish Index of Multiple Deprivation identifies 5 quintiles ranging from SIMD1 most deprived to SIMD5 least deprived. Within West Dunbartonshire 66% of the population live in areas categorised as SIMD1 and SIMD2: 40% within SIMD1. By contrast, just 6% of the population live in SIMD5 areas. Deprivation impacts upon life expectancy, healthy life expectancy and health inequalities.

Life expectancy is the 4th lowest in Scotland for females at 79.2 years and the 2nd lowest for males at 74.3 years. In addition to those in the most deprived areas dying younger, they are more likely to experience longer periods of poor health. Healthy life expectancy has decreased in West Dunbartonshire to 58.1 years for males and 58.5 for females.

The proportion of older people within West Dunbartonshire is steadily increasing. From 2018-based population estimates, it is predicted that the 65 years and over population will increase by 15.2% by 2033 and the over 75 population will increase by 34%. People are living longer with more complex health needs and therefore may require more input from health and social care services.



As West Dunbartonshire is an area of high deprivation, the impact of the current cost of living crisis, inflation, global uncertainty and the cost of providing services across all sectors and businesses, is likely to be felt more acutely than in other less deprived areas.

Specific challenges faced during 2024/25 were:

- The impact of continuing and ever more demanding budget constraints.
- Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels. A&E attendances were 3% higher than in 2023/24 and we had the 11th highest rate of emergency hospital admissions and 4th highest rate of emergency bed usage in Scotland.
- Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery.

Challenges to our ability to deliver our range of services are closely monitored through our Strategic Risk Register with mitigating actions in place.

Strategic Risk Register

Area of Risk	RAG Status	Current Score	Target Score
Strategy. Planning and Health Improvement			
Review and scrutiny of performance management information	Yellow	12	8
Commissioning, procurement and monitoring of externally commissioned services		12	8
Risk of provider failure across all sectors		15	15
Failure to secure an alternative case management system		15	1
Inability to secure effective and sufficient support services including business support		16	16
Ability to effectively respond to a major emergency incident		12	12
Workforce			
Inability to develop and deliver sufficient workforce capacity to deliver strategic objectives	Yellow	9	9
Risk of inability to cover planned or unplanned absence from existing workforce and wider HSCP services		4	2
Financial Sustainability			
Risk to financial sustainability within the short to medium term	Red	20	9
Chief Social Work Officer			
Failure to ensure users of adult and children services receive an assessment of Individual Care Plans	Yellow	16	8
Staff training and management: risk assessment and risk management across child, adult and public protection		16	8
Failure to meet legislative duties in relation to child and adult protection		12	8
Failure to ensure effective reporting and oversight to the CSWO through Clinical Care Governance sub group		16	8
Failure to meet legislative duties in relation to multi-agency public protection arrangements (MAPPA)		16	8
Failure to respond appropriately within required timeline to the National Historic Abuse Inquiry		12	9
Waiting Times			
Failure to meet waiting times in relation to Psychological Therapies	Yellow	12	2
Failure to meet waiting times in relation to MSK Physiotherapy		15	2
Older People Services			
Failure to deliver the Care at Home service within budget while negotiating priority improvement workstreams	Yellow	16	9
Failure to manage staffing resource within the Speech and Language Therapy service	Yellow	9	2
Failing to ensure availability as required within Residential and Nursing Care Homes	Yellow	9	4
Risk of pressures on Acute sites due to failure to reduce admissions and discharge timeously	Yellow	12	6

Policy Context

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

These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that: Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community. Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive, and that people using services, whether health or social care, can expect a quality service regardless of where they live.'

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

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

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

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

National Health and Wellbeing Outcomes

Strategic Priorities

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

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

Caring communities

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

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

Safe & thriving communities

People using health and social care services are safe from harm

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

Healthy communities

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

Health and social care services contribute to reducing health inequalities

Equal communities

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

National Performance Measurement

Core Integration Indicators

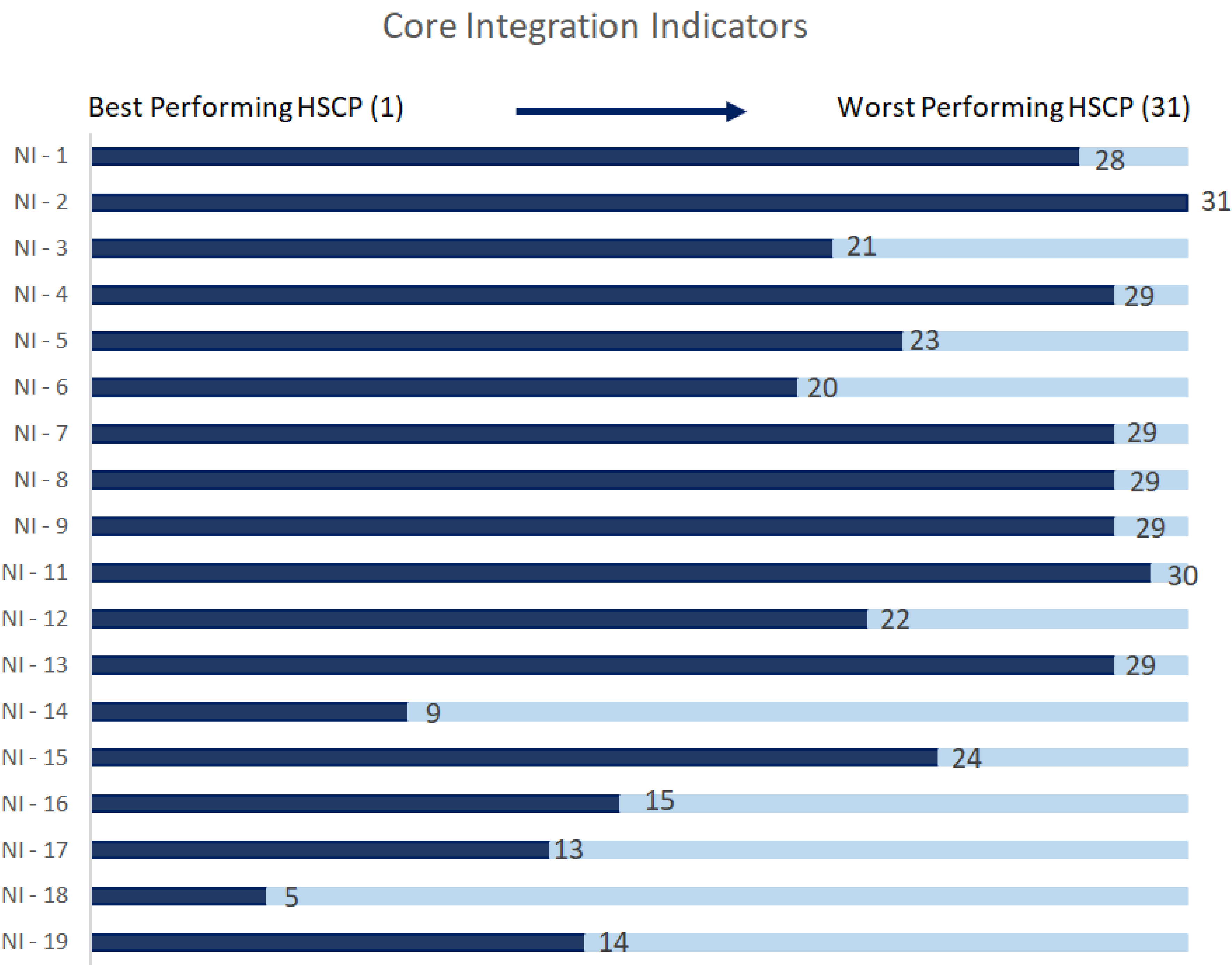


The Scottish Government developed a suite of 23 Core Integration Indicators to help HSCPs monitor their performance against the National Health and Wellbeing Outcomes and to allow for comparison nationally and by partnership. Of these indicators, 5 are not currently being reported nationally.

Code	Performance Indicator
NI-1	Percentage of adults able to look after their health very well or quite well
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good
NI-6	Percentage of people with positive experience of the care provided by their GP practice
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
NI-8	% of carers who feel supported to continue in their caring role
NI-9	Percentage of adults supported at home who agree that they felt safe
NI-11	Premature mortality rate per 100,000 persons
NI-12	Rate of emergency admissions per 100,000 population for adults
NI-13	Rate of emergency bed days per 100,000 population for adults
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges
NI-15	Proportion of last 6 months of life spent at home or in a community setting
NI-16	Falls rate per 1,000 population aged 65+
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

The chart overleaf shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland. The numbering on the chart denotes where West Dunbartonshire ranked in Scotland, with 1 being best performing and 31 worst performing.

Appendix 1 provides the detail behind the rankings and comparison with national figures. West Dunbartonshire performed better than the Scottish national figure in 4 of the 18 indicators compared with 10 of the 18 in last year's reporting.



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The last survey was carried out during 2023/24.

West Dunbartonshire's survey results have seen a significant drop in our residents' sense of wellbeing and satisfaction between 2021/22, when the last survey was carried out, and 2023/24. This is not seen only in drops in percentages but in our rankings across Scotland which suggests this is not reflective of a national mood. We are also lower than the Scotland percentage for each indicator.

In 2021/22 West Dunbartonshire had the 2nd highest proportion of respondents who agreed that the services and support they receive help improve or maintain their quality of life at 85.7%. This has dropped to 64% in 2023/24 and our ranking has dropped to 29th, or 3rd worst in Scotland. Those who thought their health and social care services were well co-ordinated moved from 3rd in Scotland to 29th, with a drop of almost 23%. In 2021/22, 87.9% of adults being supported at home said they felt safe, the 3rd highest in Scotland. This has dropped to 66.7% and is again the 29th lowest result in Scotland.

High deprivation rates in West Dunbartonshire coupled with the cost of living crisis and longer term impacts of the covid pandemic may be factors in these results however further analysis is required. Public Health Scotland are currently producing a breakdown of the survey results by locality which may provide some insights.

West Dunbartonshire fared better in those indicators outwith the Health and Care Experience Survey which are based on quantitative measures rather than experience.

Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2024 the percentage of adults with intensive needs being supported at home was the 5th highest in Scotland at 70.1%: the Scotland figure was 64.7%.

Delayed hospital discharge continued to be a significant challenge for the HSCP however improvement was reflected in the drop of the rate of bed days for people aged 75 and over whose discharge was delayed from 5th highest in Scotland in 2023/24 to 14th highest in 2024/25. Falls rates in West Dunbartonshire were the 15th highest in 2024 and slightly below the Scotland figure, while the proportion of the last 6 months of life spent at home or in a community setting increased slightly from 88% in 2023/24 to 88.3% in 2024.

Premature mortality rates for 2024 will not be available until July 2025 and therefore not in time for this report, however in 2023 West Dunbartonshire had the 7th highest premature mortality rate in Scotland: the rate of deaths per 100,000 for people aged under 75 years. This was an improvement on the 2nd highest in Scotland in 2020 and 2021 and 3rd highest in 2022.

Similarly the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2024/25 will not be available to meet our report timescales however in 2023/24 West Dunbartonshire HSCP services performed 13th best in Scotland with 81.4% of inspections meeting this criteria, compared with 77% across Scotland.

Due to data completeness issues at Health Board level we are having to compare provisional 2024 calendar year figures with 2023/24 financial year figures for some of our hospital-related indicators. The former will be subject to update once the full financial year data is available and will therefore differ in our 2025/26 Annual Performance Report from those reported here.

In 2024 we had the 10th highest emergency admission to hospital rate in Scotland and the 3rd highest bed day usage for emergency admissions. Readmission rates by contrast were the 9th lowest in Scotland for West Dunbartonshire residents, suggesting appropriate discharge at the right time to the right place.

Local Government Benchmarking Framework



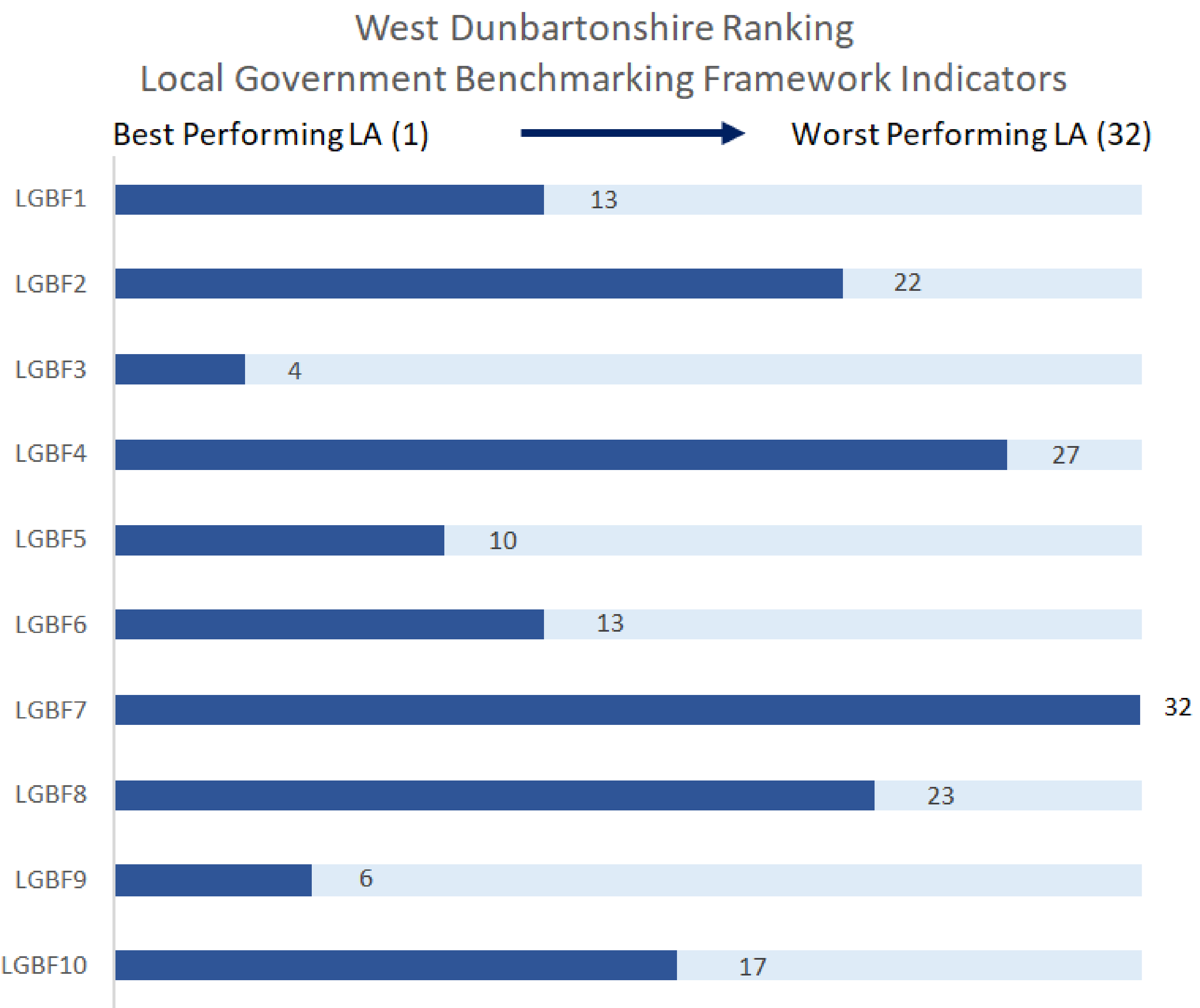
The Local Government Benchmarking Framework (LGBF) is a benchmarking tool designed to allow councils and the public to measure performance on a range of high level, comparable indicators that cover all areas of local government activity. The LGBF was developed by the Improvement Service and the Society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

Code	Performance Indicator
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community
LGBF2	The gross cost of "children looked after" in residential based services per child per week £
LGBF3	The gross cost of "children looked after" in a community setting per child per week £
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27–30 month child health review
LGBF5	% Child Protection Re-Registrations within 18 months
LGBF6	% Looked After Children with more than one placement within the last year
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults
LGBF8	Home care costs for people aged 65 or over per hour £
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)

The chart overleaf shows West Dunbartonshire's position in 2023/24 in comparison with the other 31 Local Authorities in Scotland, for those indicators for which the HSCP has responsibility. The numbering in the chart denotes West Dunbartonshire's ranking from 1 best performing in Scotland to 32 worst performing.

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

During 2019/20 new indicators were added to the existing LGBF suite which have been pulled directly from the Core Integration Indicators. To avoid duplication these are not included in this section or in Appendix 2.



The HSCP performed better than the Scottish national figure in 6 of the remaining 10 indicators during 2023/24. West Dunbartonshire had the 4th lowest weekly cost for children looked after in the community: 40% lower than the Scotland figure. Within our LGBF family group we were ranked 3rd lowest for the same indicator and 4th lowest cost for children looked after in a residential setting. Alongside these costs, 89.9% of our looked after children were looked after in the community rather than in a residential setting: 1.1% higher than the Scottish figure. This saw our ranking improve from 15th to 13th in Scotland on the previous year.

The proportion of looked after children who had more than one placement in the year was also better than the Scotland figure at 16.42%. The Scottish figure was 17.5% and we were ranked 13th best performing of the 32 local authorities.

The percentage of children who were re-registered on the Child Protection Register within 18 months of a previous registration in West Dunbartonshire was 2.25%, again lower than the Scotland figure of 5.81%. This ranked us 10th best performing nationally and 2nd in our LGBF family group.

The proportion of people aged 65 and over receiving personal care at home was the 6th highest in Scotland and 2nd highest in our family group at 70.2%. The Scotland figure was 62.6%. This correlates with our strong performance on supporting people at home with intensive needs which sits within the Core Integration Indicators.

Our weekly cost for residential care for older people was ranked 17th best performing and 5th in our family group at slightly lower than the Scotland figure. This is a sustained improvement on our 2022/23 performance as our costs had, until then, been consistently higher than the Scotland figure since 2012/13.

While still low in the rankings at 27th best performing, there has been some improvement in the percentage of children reaching their developmental milestones at 27-30 months of age from 72.3% in 2022/23, when we were ranked worst in Scotland, to 79.3% in 2023/24.

The HSCP's worst performing indicator continues to be expenditure on Direct Payments or Personalised Budgets as a proportion of overall Social Work spend with the lowest figure in Scotland at 2.08%. This was a slight improvement on the 1.76% in 2022/23, but is still significantly lower than the national figure of 9.03%.

Direct Payments and Personalised Budgets are Options 1 and 2 of Self-Directed Support. This indicator does not take account of expenditure on services for people who select Option 3 under Self-Directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf. Self-Directed options are discussed as part of the My Life Assessment process and the high uptake of Option 3 may reflect satisfaction with HSCP services or the more complex needs of people requiring our services who perhaps do not feel as able to arrange their services via Options 1 or 2.

Ministerial Steering Group

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

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

As in the previous three years no national targets for MSG were set for 2023/24. Ambitious targets were therefore set locally for 2023/24 and were based on a 10% reduction on 2022/23 emergency admissions, unscheduled bed days and A&E attendances. These targets were retained in 2024/25.

Due to data completeness issues at Health Board level and the fact that Public Health Scotland's data is collected at the point of discharge from hospital, we are comparing calendar year 2024 figures against 2023/24 financial year for emergency admissions and unplanned bed days.

Emergency admissions and unscheduled bed days for those aged 18 and over and those aged 65 and over exceeded our local targets in 2024, however unscheduled bed days were very similar to 2023/24.

	2023/24	2024	Variance against 2023/24	2024/25 Target	Variance against 2024/25 Target
Emergency Admissions 18+	9,359	9,435	1%	7,958	19%
Emergency Admissions 65+	4,913	5,066	3%	4,265	19%
Unscheduled Acute Bed Days 18+	93,575	93,305	-0.3%	80,375	16%
Unscheduled Acute Bed Days 65+	68,103	68,282	0.3%	58,262	17%

Attendances at Accident and Emergency Departments in 2024/25 were 23% above our local target and 3% higher than in 2023/24. Levels of attendance were approaching the 25,000+ attendances in the years preceding the pandemic.

	2023/24	2024/25	Variance against 2023/24	2024/25 Target	Variance against 2024/25 Target
A&E Attendances 18+	23,868	24,543	3%	20,020	23%

Early in 2024/25, short term trajectories for delayed discharges were developed by the Scottish Government. The agreed target for West Dunbartonshire was a minimum reduction to 24 delayed discharges, at any given point, across Acute and Mental Health by October 2024. Significant efforts to tackle the number of delays meant this trajectory was achieved ahead of timescale and West Dunbartonshire was moved from a status of 'Moderate Reductions Required' to 'Remain Low' by the Scottish Government.

Delayed discharge bed days targets were set locally in line with this trajectory for the full financial year. Bed days lost to delayed discharges for West Dunbartonshire residents with a complex discharge were 25% below this target and 17% lower than in 2023/24. Although bed days lost for all delay reasons exceeded our local target by 3%, our performance was a 15% improvement on 2023/24 with 2,076 less bed days.

	2023/24	2024/25	Variance against 2023/24	2024/25 Target	Variance against 2024/25 Target
Delayed Discharge Bed Days 18+					
All Reasons	13,819	11,743	-15%	11,400	3%
Complex Codes	5,212	4,338	-17%	5,762	-25%

Charts detailing trends for the MSG indicators over the previous 5 years can be found at Appendix 3 and further details of our efforts in relation to hospital activity can be found in the Unscheduled Care section later in this report.

Performance against Strategic Priorities

This section of our report will describe our performance against our 4 strategic priorities during 2024/25 with specific regard to our Strategic Plan Key Performance Indicators and the areas outlined below.

Priority 1: Caring Communities

- Living Well In Our Care Homes
- Community Health and Wellbeing Supports for Children and Young People
- Trauma-Informed Practice
- Valuing Our Carers: Learning from the Short Breaks Pilot
- The Promise Progress
- Suicide Prevention

Priority 2: Safe and Thriving Communities

- Public Protection
- Violence Against Women and Girls
- Justice Services

Priority 3: Equal Communities

- Equalities Mainstreaming
- Attendance Allowance Project 2024/25
- Self-Directed Support
- Medication Assisted Treatment Standards
- Learning Disability Services

Priority 4: Healthy Communities

- Health Improvement Programmes
- Unscheduled Care
- Health in the Early Years
- MSK Physiotherapy

Priority 1: Caring Communities



Caring Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
L	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	92.8%	90.9%	95%		
L	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	94.2%	92.3%	95%		
M	Number of Adult Carer Support Plans completed	211	220	N/A		
L	Balance of Care for looked after children: % of children being looked after in the Community	89.9%	90.5%	90%		
M	Number of Looked After Children	506	483	N/A		
M	Number of Looked After children looked after in a residential setting	56	46	N/A		
M	Number of Looked After children looked after at home with parents	66	82	N/A		
M	Number of Looked After children looked after by foster carers	128	122	N/A		
M	Number of Looked After children looked after in other community settings	256	233	N/A		
N	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	90%		
L	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6	3	18		
N	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	60.2%	57.3%	90%		
N	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	98.5%	97.8%	90%		

Target achieved

Target narrowly missed

Target missed by 15% or more

Data only - no target set

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

Living Well In Our Care Homes



West Dunbartonshire HSCP's two purpose-built care homes, Crosslet House in Dumbarton and Queens Quay in Clydebank, support people to live safely, and as independently as possible, in a homely setting within their community. They prioritise person-centred care and focus on respecting and responding to each resident's individual needs, preferences and life history. By fostering strong connections with local communities through partnerships, activities, and social engagement, these care homes create supportive environments that enhance residents' sense of belonging and purpose. This holistic approach not only promotes well-being but also brings joy and meaningful happiness to the lives of older adults in their care.

Our care homes offer a range of activities to allow residents to continue to enjoy their hobbies, learn new skills and to develop new friendships and links with their community. Weekly activities boards within the homes inform residents and families of all upcoming activities and activities staff recently attended training on how to maximise intergenerational experiences for those in care home settings.

Intergenerational experiences have been a longstanding focus within our care homes. These were paused during the pandemic but are once again flourishing. Intergenerational care involves children visiting older people in the home to socialise and participate in activities together. It enhances the quality of life for residents in care homes, but also has benefits for children. Such activities give older people opportunities for socialising, mental and physical stimulation, emotional support and personal growth.

Nursery and primary school children visit Crosslet House and Queens Quay each week and spend time talking and participating with residents in activities such as gardening and arts and crafts, recently making easter bonnets and painting decorations for VE day celebrations. Activities with younger children such as these can allow older people to take on the role of carer. By helping children in tasks such as completing pictures, looking for things, showing concern if they fall over, older people can feel a renewed sense of purpose.



Route 81, a teenage group from Garelohead, have also been visiting Crosslet House with very positive outcomes for both generations. Feedback from the young and older people has highlighted similarities across the generations with both age groups experiencing issues with confidence, anxiety, isolation and loneliness. The young people visit once a month and Crosslet residents visit Route 81 two or three times a year. The reported benefits to both include: breaking down of stereotypes, both of teenagers and older people; gaining a better understanding of how everyone is unique in their own way; understanding that people have similar and different qualities and ideas and all should be treated with dignity and respect.

Staff Feedback

"It is important to remember that some of the residents at Crosslet House do not have family so when the youths come and spend quality time with them the residents are absolutely blown away with this. How nice is it to see youths actually spend time with elderly people and gain an understanding of how important everyone is in the world no matter age, race, gender etc. This intergeneration benefits the youths in the community to have a better understanding of their own community to remember to show everyone respect. The youths have flourished in their understanding of death as we have had a few of their buddies pass over the past year.

Crosslet House have seen fantastic connections between the youths and the residents, the residents have shown the youths how to play games like backgammon and the youths have been great at showing the residents technology. Without this intergeneration our youths of today would not have the understanding that not every elderly person is on their dementia journey and that even if they are they are still capable of communicating in their own way and the youths have now gained a better understanding on how to cope with the possibility of this impacting on their own families.

The highlights for Crosslet House are the youths are always keen to visit, which is once a month. Our residents spend a few hours chatting with the youths and doing an activity. This could be gardening, arts and crafts, bingo if they don't cheat, board games. There is always a buzz around the home when we know the youths are going to be visiting. The residents love visiting Route 81 and are always welcomed with open arms. We visit normally 2 to 3 times a year and we have afternoon tea which the youths have prepared themselves and then play some games. The residents love this, and it is hard for us to take everyone that would love to visit Route 81 due to transport. We have just spent a day with the youths and what a lovely afternoon tea they supplied, with some fantastic games. The residents who attended will talk about this for quite a while as it has a tremendous impact on their wellbeing. Family members have commented how their relatives talk about the youths visiting and how they enjoy it. Families are delighted with this connection and are glad that their relative gets this opportunity.

I believe that Route 81 truly deserves the praise as they went into this intergenerational programme not really knowing what it was about. Both Activity Assistants visited Route 81 October 2023 and explained to the youths what we were looking for. We thought that if we got 2 or 3 willing to visit Crosslet House that would be great. We were totally overwhelmed when about 20 hands went up, we could not believe that these youths ranging from 12 to 18 wanted to come and spend time with the residents. From there the youths have gone over and above to ensure that the intergeneration worked between the 2 groups. Lots of discussions have been had about how the youths feel about the care home and vice versa with the residents. Our residents love the young teenagers visiting and I believe that this is something that should be happening in every care home to ensure that the younger generation gain a better understanding and realisation of the elderly and the fact that they have lived their lives and can give fantastic advice if needed."

Crosslet House Staff Member

Care home caterers in West Dunbartonshire have achieved a national award for serving fresh and sustainable menus, in a first for public sector food in Scotland. HSCP caterers at Crosslet House and Queens Quay gained the Food for Life Served Here Bronze award, for serving food that is good for health, the environment and the local economy. These sites serve more than 50,000 meals each year and are the first care homes in Scotland to achieve the award.



The Food for Life Scotland programme, led by Soil Association Scotland and funded by the Scottish Government since 2009, provides a framework through which local authorities and public sector sites can ensure they are serving good food. This is done by meeting a set of standards to achieve certification at Bronze, Silver or Gold level.

Three Crosslet House residents along with care home staff attend Every Voice Community Choir at St Augustine's Church in Dumbarton every second Wednesday. The Choir is made up of people living with dementia, their carers, friends and family and is run in association with Alzheimer Scotland.

During 2024/25, the Choir was invited to sing alongside Scottish band The BlueBells at Glasgow's Kelvingrove Art Gallery and Museum on Friday, 13 September as part of 'Playlist for Life Day'. This was filmed and played on ITV news at 6pm.

Playlist for Life is a music and dementia charity whose vision is for everyone with dementia to have a unique, personalised playlist and for everyone who loves or cares for them to know how to use it. Research has shown that listening to a personalised playlist can improve the lives of those living with dementia and indeed listening to music that is personally meaningful has many psychological benefits, meaning anyone can benefit from a playlist. Personalised playlists can reduce anxiety; improve your mood; make difficult tasks more manageable; and evoke memories that can help families and carers connect.

"We took 2 residents along for this event and what an event it was. The residents had a great time alongside the Choir, and being part of this was such a fantastic experience for them."

Crosslet House Staff Member



Crosslet House have been attending the Choir for over five years and have supported many residents to be part of the Choir. They have sung on many occasions at local supermarkets to raise awareness of Alzheimers Disease.

A Care Inspectorate inspection of Queens Quay in December 2024 awarded a grade of 4 (Good) for supporting people's wellbeing and how good is our staff team and a 3 (Adequate) for care and support planning. The latter was raised to a 4 in a further inspection in April 2025.

Crosslet House's last two inspections were in December 2023 and December 2022: they were awarded 5 (Very Good) for supporting people's wellbeing and quality of leadership in both inspections.

Community Health and Wellbeing Supports Framework for Children and Young People

The Scottish Government's Community Health and Wellbeing Supports and Services Framework, launched in February 2021, sets out a clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community. The core principles of the framework are that supports should be: easily accessible; accessible to all; strengths based, relationship based, prevention focused; empowered; providing the right help at the right time; and allowing individuals to tell their story only once.

West Dunbartonshire HSCP received £234,000 in grant funding for the Framework in 2024/25, allowing us to support 1,511 young people to access mental health supports in their community and to provide support via resources and training to 821 parents and carers including 271 teaching staff.

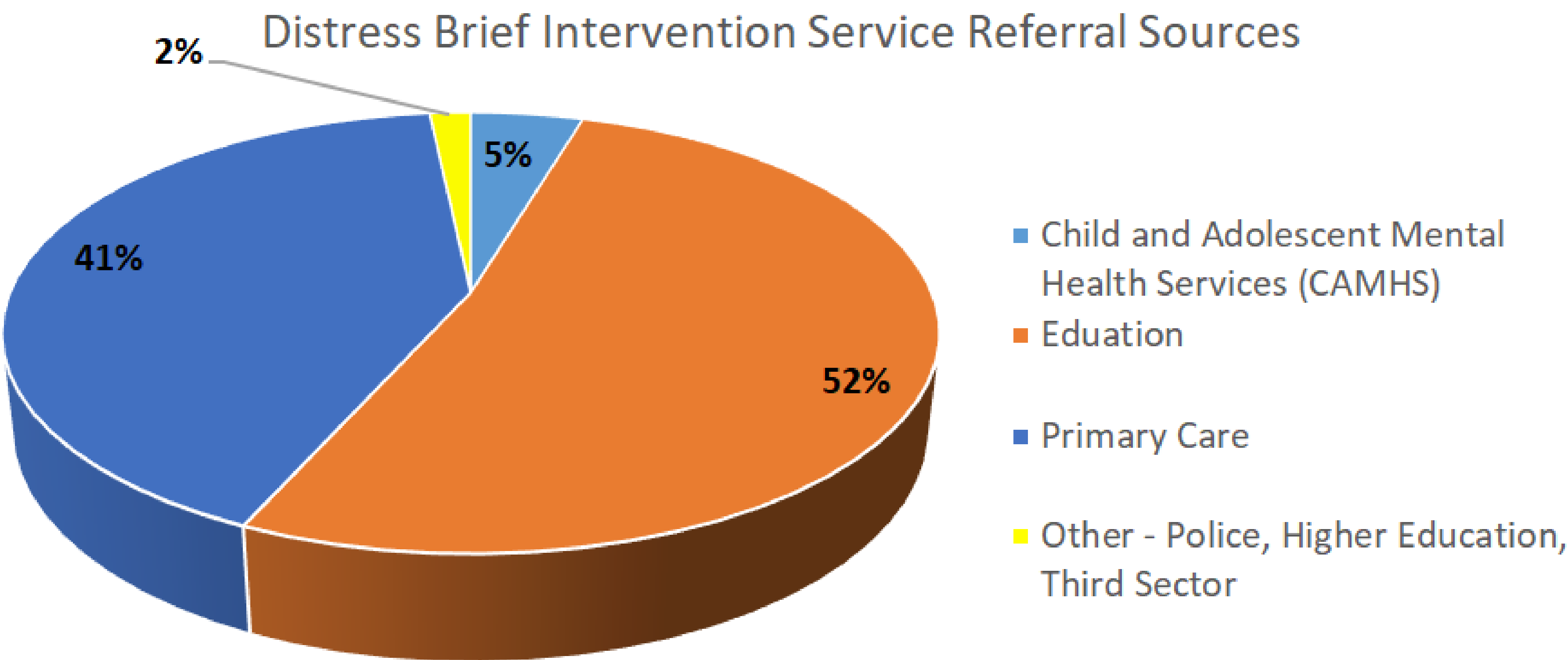
Distress Brief Intervention Service



The Distress Brief Intervention Service in West Dunbartonshire supports young people in emotional distress, providing an appropriate response for those who do not require clinical intervention and freeing up specialist services for those who need it most.

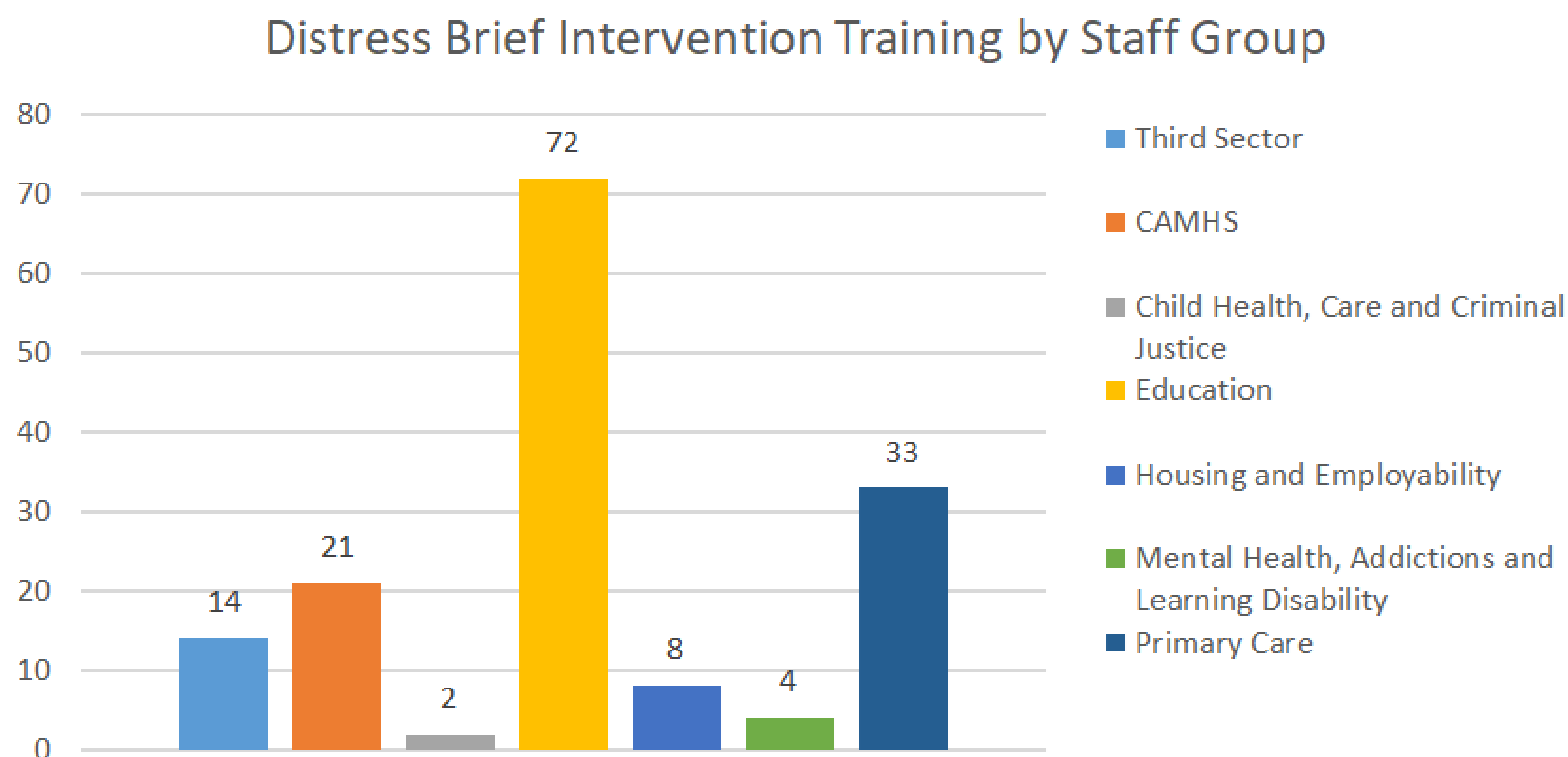
The service opened in March 2022 for young people aged 16 to 24, or up to 26 for those with care experience. The pathway for 14 and 15 year-olds became available in January 2023. More than 400 young people have accessed the service since it began.

During 2024/25, 87 young people accessed the 16 to 24 years (26 years if care experienced) service and 111 accessed the 14 to 15 year old service. Referral pathways continued to be expanded during the year with a new pathway with West College Scotland, Clydebank Campus established in 2025.



Support has been offered to frontline staff groups, particularly in Primary Care, by our service provider, Scottish Action for Mental Health (SAMH), to enhance their response to young people in distress. By the end of the year, Primary Care referral numbers mirrored those accessing via the education pathway. Access via the Primary Care pathway has been strengthened by opening an electronic referral through SCI Gateway, the NHS system which facilitates speedy referrals between primary and secondary care.

Work is ongoing to enable Y Sort It, Scottish Families Against Drugs (SFAD), Tulloch and West Dunbartonshire Council (WDC) Developing the Young Workforce Team to refer.



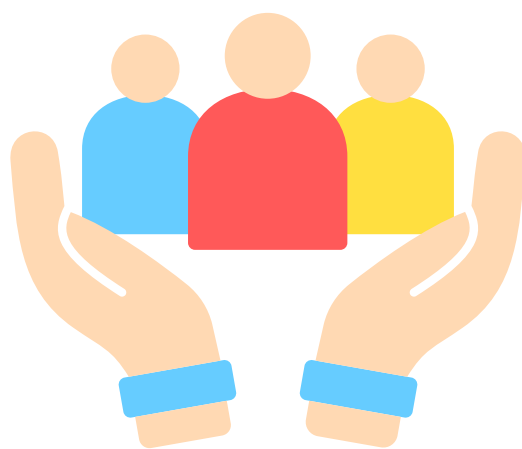
Public Health Scotland have provided analysis of usage of the DBI service from outset to date. Females are more likely to use the service at 78% compared to 22% male. The majority of both males and females complete between 6-8 sessions.

The top 3 reasons for using the service are: stress/anxiety; depression/low mood; and low self-esteem.

Outcome measures for service users are:

- Reduction in distress level score
- Ability to manage immediate distress
- Ability to manage future distress

The outcome measures between June 2023 and May 2024 of closed cases indicate an improvement of 5 rating points for median distress rating between referral and service provision.



Family Support Programme

Our family workers provide valuable support to parents and carers whose child is awaiting a neurodiversity assessment or have had a recent diagnosis. Supports offered include:

- Cuppa and Connect sessions for parents and carers in school settings and post-transition support groups for pupils moving to secondary school.
- Post-diagnostic support sessions for parents are delivered in our West Dunbartonshire for Families Wellbeing Hubs. These include Parents in Control for parents and carers of children and young people with an ADHD diagnosis and training for parents and carers of children and young people with an Autism Spectrum Disorder diagnosis.
- A Test of Change pilot: Three Primary schools within West Dunbartonshire were chosen to have enhanced provision within Primary 1 classes to facilitate supporting additional support needs pupils with complex neurodiversity profiles. The Family Support workers collaborated with colleagues in Education, providing training and support to help develop their understanding and awareness of the needs of pupils, and all other children within the school who are on the waiting list for a neurodiversity assessment.

West Dunbartonshire For Families Wellbeing Hubs are staffed and operated on a ‘chatty cafe’ style approach, where families can drop in for help and or plan a visit to attend 1-1 or group sessions. Families can be helped by outreach workers, signposting, on site welfare support workers and specialist providers. 5 Outreach Workers currently staff the Hubs and have 71 families active across caseloads. Currently 140 children are being supported via family support.

To date the cyclical programme of group sessions has focused on themes such as Supporting Sleep, Supporting Behaviour, Supporting Toileting and Supporting Emotional Regulation. From August 2024 to March 2025 the Outreach Team has delivered 18 Groups with 100 families engaging. This has led to 135 children being supported through parent/carer learning opportunities.

Planet Youth Prevention Model

Planet Youth in Scotland is a national pilot based upon the Icelandic Prevention Model. It involves adopting a whole system approach to reduce risk and increase protective factors in the lives of young people, with the overall aim to reduce substance use.

Prevention is Possible

During 2024/25 participating schools in West Dunbartonshire developed their action plans based on locality-wide data and their individual school reports. The data would inform action planning to improve the wellbeing of, and environment around, their young people.

Y Sort It were commissioned to support schools and partners to increase activity informed by Planet Youth data. As an early adopter, Y Sort It continues to share the West Dunbartonshire themes with over 500 stakeholders at local, national and international levels. This includes through the West Dunbartonshire for Families Wellbeing Hubs; School Nursing; the Whole Family Wellbeing Strategic Group; GP Locality Meetings; Youth Link National Youth Work Conference; and the International Planet Youth Conference in Iceland.

Over the last 12 months, Y Sort It have extended their reach as a community partner by utilising the Planet Youth data to inform their youth work programme, delivering 68 different activity sessions to over 8,500 young people over and above the Y Sort It core programme.

To complement the Planet Youth approach, all secondary schools had the opportunity to experience the Daniel Spargo-Mabbs Foundation play 'I Love You, Mum – I Promise I Won't Die', written by Mark Wheeler. Alongside the performance, students also participated in a workshop designed to equip them with essential knowledge, life skills, and resilience, helping them make informed and safer choices when faced with situations involving substances. In total, 683 S3 pupils attended the play.

West Dunbartonshire Wellbeing Website

The HSCP's Health Improvement Team led on the creation of an online resource directory in 2023 to support children, young people, families and professionals identify available supports and resources, both locally and nationally.

Expansion and widening the reach of the West Dunbartonshire Wellbeing site has continued in 2024/25. Work has been undertaken to ensure the information contained within the site remains relevant and current. A communication campaign encouraged the widest reach of the site, promoting the site as a stigma-free location for universal support in West Dunbartonshire.

Between April 2024 – March 2025 the site received:

- 6.1K views (number of page views of a website)
- 19,000 events (an event is counted when a user view pages, scrolls for a certain time, engages with the resources, downloads a resource)
- 2.2K new users

In March 2025 the top 5 topics searched for were:

- Anxiety
- Money
- Parents and Families
- Positive Wellbeing
- Care Experience



WDWellbeing.info is a new website for children, young people, their families and carers, and those who work with them in West Dunbartonshire, with information to support and improve wellbeing and emotional health.



Trauma-Informed Practice



Trauma refers to a wide range of events that are experienced as harmful to our physical or emotional wellbeing. This includes one-off events or reoccurring events. Many people will experience trauma and recover after a short time, but some will need long-term support for recovery.

Trauma-Informed Practice refers to a way of working that aims to reduce the negative outcomes of trauma. Trauma-Informed Practice involves recognising the prevalence of trauma, realising the impact of trauma and preventing re-traumatisation. This is underpinned by the Trauma-Informed Principles of Safety, Trust, Choice, Collaboration and Empowerment.



Statistics for Trauma mainly come from national surveys, which we can apportion to the West Dunbartonshire population to provide local estimates.

- 1 in 7 adults have experienced 4 or more Adverse Childhood Experiences (ACEs) which would mean around 13,284 adults in West Dunbartonshire.
- 10% of women (4,605 West Dunbartonshire women) and 4% of men (1,700 West Dunbartonshire men) have reported experiencing sexual abuse in childhood.
- 47% of adults have reported verbal abuse in childhood. This is the most common ACE that was reported in the 2019 Scottish Health Survey.

In February 2025, the West Dunbartonshire Community Planning Partnership approved the West Dunbartonshire Trauma-Informed and Responsive Strategy 2025-28 which outlines our key areas of work for the next three years. The strategy was developed with the West Dunbartonshire Trauma-Informed and Responsive Steering Group which contains representatives from across the HSCP, West Dunbartonshire Council and NHS Greater Glasgow and Clyde. The strategy's vision is to embed Trauma-Informed ways of working in all that we do, to ensure our community and staff are supported to reduce the negative impacts trauma can cause. Ensuring the Trauma-Informed Principles of Safety, Trust, Choice, Collaboration are understood and embedded in our services is key.

Membership of the West Dunbartonshire Trauma-Informed and Responsive Steering Group, established in August 2024, continued to grow throughout 2024/25 and Trauma-Informed training is now included in West Dunbartonshire's Skills Passport at the appropriate level.

Valuing Our Carers: Learning from the Short Breaks Pilot

The HSCP recognises the invaluable contribution made by unpaid carers within our community. In the 2021 UK Census 11,311 people in West Dunbartonshire identified as carers. The Carers (Scotland) Act came into force on 1st April 2018 and is designed to promote, defend and extend the rights of all carers, both adult and young carers. It aims to better support all carers with their own health and wellbeing and help make caring roles more sustainable.

December 2022 saw the publication of Scotland's National Carer Strategy which 'seeks to ensure that unpaid carers can provide the best possible care, supported by a system that recognises and values their contribution, allowing them to lead a full life in addition to their caring role'. The strategy also highlighted that while caring can be a positive and rewarding experience and can have a positive impact on wellbeing, caring can also be associated with poor psychological wellbeing and physical health. Significantly, those in the most demanding care situations, providing higher levels of care over an extended period, tend to experience the most negative impact on their health and wellbeing.

A key focus of West Dunbartonshire's Local Carers Strategy is improved accessibility to support for carers, including to short breaks. The Strategy also recognised the disproportionate impact of the covid pandemic on carers as well as the cost of living crisis.

In line with these priorities, £216,000 of Carers Act funding was allocated to a Short Breaks Pilot which ran between April and August 2023. The aim of the pilot was to streamline access to Self-directed Support (SDS) Option 1 (Direct Payments) for carers to specifically access Short Breaks.

Short breaks are defined by Shared Care Scotland and cited in the Act Guidance "...as any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities (with the purpose of) support(ing) the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring."

The Short Breaks pilot aimed to support carers by offering financial support, with funds capped at £4,737.66 per application, equivalent to six weeks of traditional respite care for the person being cared for. Applications were encouraged from both Carers of West Dunbartonshire and HSCP, with initial eligibility linked to an Adult Carer Assessment and Support Plan (ACASP). The eligibility criteria were relaxed over time to maximise participation, and the Carers Allocation Resource Group (CARG) was established to review applications fortnightly.

The Short Breaks Pilot significantly eased caring and financial pressure on carers by providing them with direct payments to address their needs, such as holidays, respite care, training and home improvements. Over eight CARG meetings, 83 applications were approved, with a total expenditure of £211,882.10. Most approved applications were processed through SDS Option One, giving carers autonomy to manage funds for specific purchases but also leaving them with the responsibility to reconcile the spend.

The pilot demonstrated good collaboration between third sector and statutory services. It highlighted how joint efforts could achieve shared outcomes for carers promptly, with the Carers Allocation Resource Group (CARG) providing a platform that utilised expertise and advice to ensure decisions were in line with legislation, national guidance and local strategy.

The project kept carers' outcomes at the heart of the process, allowing them flexibility to choose creative and meaningful short breaks tailored to their needs. It also showcased the impact of offering carers more creative short break options, such as holidays, garden improvements and training opportunities, giving carers more control over how the funds were used. The flexibility around the support planning encouraged people to consider what would have the greatest impact on their life. This saw a move away from traditional building-based respite.

Building-based respite within West Dunbartonshire is under significant pressure due to limited capacity, restricted booking periods and high levels of demand. The pilot gave carers the chance to try out alternative options including breaks away that included the cared for person, giving opportunities for memories to be made.

This pilot also saw how being creative around short breaks can have long term impacts even with little resources. Funds were used for items such as landscaping, garden furniture and summer houses that would have an ongoing positive impact for years to come and would not just benefit the carer applying to the fund but also wider family members.

Key Learning

- **Quick turnaround time:** The application process was a very simple document and the Self-directed Support (SDS) team focused on ensuring a fast turnaround time for carers funding. 1.5 FTE SDS officers were reassigned to focus on inputting Adult Carer Support Plans, supporting applications and processing of financial paperwork which resulted in an average time from application to payment being 35 days. Learning from the pilot has allowed the SDS team to revisit their Direct Payment process, streamlining this to ensure that anyone requesting an Option One payment will receive funds in their account within 28 days of budget authorisation.
- **Process streamlining:** Staff noted that while the Short Breaks Pilot had a relatively quick turnaround the general ACASP backlog has created months-long delays. The ACASP process needs to be redesigned to streamline and ensure quicker turnaround times. Current delays, coupled with the complexity of completing assessments, discouraged carers from applying.
- **Improved awareness:** Early identification and assessment of support for carers needs, alongside increased carer awareness required within HSCP teams. This highlights the need for better outreach and engagement within the HSCP to identify unsupported carers. This can be evidenced by low level of referrals direct from social work teams. This pilot process helped improve carer awareness within the teams, however, this work would need to be consistently reinforced to ensure carer awareness is embedded into practice.
- **Choice and control:** Carers were mainly given the SDS Option One, which offers the greatest choice and control but comes with the greatest level of responsibility. Offering all four SDS options could enhance their sense of empowerment allowing carers to select the right route for their personal circumstances.
- **Balancing outcomes with equity:** Staff emphasised the need for future pilots to adopt a more balanced approach, perhaps by setting lower grant caps, thus ensuring more carers can benefit from the funds available.
- **Long-term impact:** Some carers have highlighted the project has motivated them to think differently about future short breaks and the opportunities provided by the pilot has given them the chance to make memories.
- **Expectation Management:** Some carers have reached out to the HSCP and Carers of West Dunbartonshire enquiring when the funding will reopen for this year and have been advised the pilot was a one-off funding. It is crucial to manage expectations, particularly for recipients of larger funding amounts and to ensure this information is well understood.

Learning Outcomes

Key learning from the pilot will form the basis for a review of the current Adult Carer Assessment and Support Plan (ACASP) process and the Short Breaks service. Easily accessible short break services can have a profound impact on unpaid carers. The review aims to seek improvement in the following key areas:

- **Improved Mental and Physical Health:** Regular breaks can alleviate the physical and emotional demands of caring, reducing stress and preventing burnout.
- **Enhanced Wellbeing:** Carers often report improved mental wellbeing and a better quality of life when they have access to short breaks. This can also positively affect their social lives and family relationships.
- **Sustained Caring Relationships:** Short breaks help maintain the caring relationship by preventing the carer from becoming overwhelmed. This can delay or even prevent the need for residential care for the person being cared for.
- **Increased Satisfaction:** Carers who can take regular breaks are generally more satisfied with their caring role. They feel more supported and valued, which can enhance their overall experience.
- **Better Planning and Flexibility:** Accessible short break services often come with better planning and more flexible options, allowing carers to choose breaks that best fit their needs and schedules.

The ultimate ambition is to remove the need for unpaid carers to navigate complex systems to access short breaks and to broaden the range of appropriate and personalised provision available to carers.



The Promise Progress

Scotland's promise to care experienced children and young people is that they will grow up loved, safe, and respected. 'The Promise' was developed from the findings of the Independent Care Review which took place 2017-2022: a comprehensive, participatory process launched in response to longstanding concerns about the experiences and outcomes for children and young people in the country's care system.

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

Keeping 'The Promise' requires Scotland to overhaul its care system, moving away from bureaucratic, process-driven approaches and towards a culture that centres on relationships, rights, and the voices of children and families.

'The Promise' is built on the five key foundations below alongside some examples of how we are working towards keeping 'The Promise' for children and young people in West Dunbartonshire.



Voice: Children and young people must be listened to and involved in decisions about their care.

In 2024 West Dunbartonshire HSCP was awarded £160,000 of Corra Promise Partnership Funding to create a participation project for children, young people and families around the Promise, as well as creating a data project to ensure we are gathering and measuring the data that is important to children, young people and families. We have commissioned these projects to Action for Children and the Children and Young People's Centre for Justice (CYCJ) respectively.

A Family Fun Day was held as the launch event of our participation project, Voices of the Promise, in October 2024 as part of Care Experience Week. This was held in one of the West Dunbartonshire for Families Hubs and hosted stalls and activities from a wide variety of West Dunbartonshire services, as well as fun activities for children, young people and families. The event attracted over 100 people and received considerable positive feedback, while raising awareness about care experience and family supports available in the area.

The Participation workers have been working alongside young people in our Children's Houses to co-design Promise workshops for children and young people, which are activity-based and support young people to learn more about what the Promise is, as well as helping them explore what is most important to them within this. The workshops are now complete and will be rolled out initially within youth groups in West Dunbartonshire, with wider plans to be used within schools. They have created an Experts by Experience group, which is for adults with experience of care, family support or justice. This group will sit alongside the Keeping the Promise group, and help steer the work of 'The Promise' within West Dunbartonshire.

An issue-based group has also been created around Brothers and Sisters, and the ambition within the Promise that brothers and sisters should stay together in care whenever it is safe to do so, and if not together, should have their relationships supported. The young people are keen to influence change in this area, and will be supported by Voices of the Promise and Routes staff on this mission.

Voices of the Promise are keen to ensure many ways to engage children and young people, including creative approaches. They have started working with a group of young people to create a musical around care experience, created by young people with care experience in West Dunbartonshire. There will be opportunities for involvement in many different aspects, including writing, acting, set design, costume design, hair and makeup, stage management and event planning. The musical will be performed over Care Experience Week in October 2025.

Independent Advocacy is an important way we make sure children and young people's views are shared and heard within care planning and decision making. We have seen a significant increase and development of independent advocacy provided by Who Cares Scotland? and Partners in Advocacy over the past year for our care experienced children and young people. Feedback from Who Cares? Scotland about what has supported this increase in advocacy uptake was positive around the introduction of our Independent Reviewing Coordinators (IROs), who now consider advocacy at every review meeting, and make referrals on to Who Cares? Scotland themselves when appropriate. 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 children and young people's voices are heard.

Family: Where safe, children should stay with their families and be supported to overcome difficulties.

The Whole Family Wellbeing Fund was created by the Scottish Government in response to the call within the Promise for better family support. Whole Family Wellbeing funding has seen West Dunbartonshire for Families Hubs created in Clydebank, Dumbarton and Alexandria: spaces for drop-in, family support, welfare advice and parenting groups amongst others. The funding is also able to support services like Functional Family Therapy and Includem, which offer more intensive support to families that need this. This also supports a programme of professional development for the workforce.

The West Dunbartonshire Wellbeing site has continued to support children, young people, families and professionals identify available supports and resources during 2024/25.

West Dunbartonshire is dedicated to taking a transformational approach to its work to tackle child poverty, and has been working alongside the Improvement Service and other national partners to gain deeper understanding of the current landscape and ensure a robust, co-ordinated approach to tackling child poverty. The Family Prosperity Network was created in 2023 and has representatives from community planning partners, third sector organisations, employers and incorporating voices of people with direct experience, to co-ordinate joint efforts to address child poverty.

The Family Prosperity Network is focused on addressing economic challenges faced by families, with the following objectives:

- Alleviate immediate hardship by providing support for families in need.
- Reduce the cost of living through targeted interventions.
- Maximise income from benefits and employment to improve financial stability.

West Dunbartonshire Council's Working 4 U Team work in partnership with the HSCP's Throughcare Team to ensure that care-experienced individuals can access support through a multi-faceted approach, integrating employability, learning, financial assistance, and social support. Community drop-ins, self-referrals, and partner referrals ensure young people can easily engage with services. Their Thrive Youth Employability Programme also supports care-experienced individuals with financial assistance for expenses such as work uniforms, travel, and training costs while the Foundation Apprentice Team encourages young people to register for employability support before leaving school. Apprenticeship opportunities are directly communicated to the Throughcare Team to ensure care-experienced applicants receive the necessary support.

Working 4 U's Financial Inclusion Team works with the HSCP to ensure young people leaving care and kinship carers receive welfare benefits and debt advice.

Care: If children cannot remain with their families, they should stay with siblings where possible and belong to a loving, stable home.

The Promise is firmly embedded within the 5 year redesign of Children and Families Social Work services. This involves ensuring that children, young people and families voices are sought, heard and inform the development of services. The principles of the redesign are aligned with the Promise, which is about safely shifting the balance of care, and ensuring that families have all the early help and support they need. For those children and young people who cannot live safely at home, their experience must be as positive, supportive and loving as possible.

A number of projects are already part of the What Would It Take? Strategy including the development of a new Access Help and Support Team which was launched on 1st April 2025 and provides one team for all new referrals to Children and Families Social Work. This model provides more consistency for children, young people and families, as well as to the workforce who may be referring families into the service. One social worker oversees the support and work, passing the family on to one of the longer term teams after an initial assessment, if required.

The Permanence Team was established in 2024 and aims to improve the permanence process for children and young people. 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. This team is dedicated to working with children and young people where the decision has been made that they cannot return home, and so permanence is being sought to secure their long-term care. This should decrease drift and delay and increase stability and belonging for children and young people. Alongside the establishment of the Permanence Team there is also work ongoing around our permanence processes and understanding our data, with support from CELSIS, the Centre for Excellence for Children's Care and Protection, and utilising the PACE (Permanence and Care Excellence) approach.

There is a working group around Kinship Care which ensures that the support we offer to kinship carers and children and young people in kinship care meets their needs. This has involved the creation of Kinship Assessment procedures and an Independent Kinship Panel, ensuring a consistent and robust approach is taken across West Dunbartonshire to supporting kinship families. There is also exploration taking place around a Single Point of Contact for kinship carers, with dedicated support staff, creating consistency and specialism around this area.

There has been a national crisis around the recruitment and retention of foster carers both across Scotland and in West Dunbartonshire. Our foster carer population is aging, and a number of foster carers are projected to retire in coming years. Having a robust group of foster carers in West Dunbartonshire allows children and young people to be placed closer to home, making it more likely they remain connected to supports like schools. It is also more financially viable than reliance on external foster care providers.

A working group connected to the What Would It Take? Strategy around foster care improvements, is leading on a local recruitment campaign to attract more West Dunbartonshire residents to fostering. A post has also been created within the Family Placement Team which will support the recruitment and training of foster carers. This is expected to be recruited to later in 2025.

West Dunbartonshire has three Children's Houses: Craigellachie, Blairvadach and Burnside, with a maximum of six young people staying in each house. In Craigellachie the young people have recently been able to develop their space based on what they need and want in their home. This has included creating a meditation/chill out room within the house, as well as converting an outhouse into a gym. This was achieved by accessing a portion of the youth-led funding the Routes Scottish Families Affected by Drugs and Alcohol were awarded in relation to 'The Promise'.

In Blairvadach there have been a number of projects that staff have picked up based on young people's needs and interests. An example of this was the creation of their pizza oven, which was built from scratch by staff and young people, and continues to provide a point of celebration and connection, with annual pizza parties held in the summer. Blairvadach also benefited from the Routes Youth-led funding, and were able to have two staff members trained in cold water swimming, due to interest from young people in this area. This will involve the staff working with young people from across the three houses, finding safe places to swim.

In Burnside the young people have been doing workshops with The Voices of the Promise Participation Workers and have worked hard on a Promise wall which is the focal point of the house. Burnside are developing a nurture/games area in the house, led by the young people, developing this space as their own.

Within all three of our houses there is a strong ethos of maintaining positive relationships with families, and wherever possible working together towards the young person returning home. The staff are able to provide support to parents at home, providing scaffolding for as long as this is needed to support a safe return home. The staff are also good at maintaining relationships with young people and their families long after they have moved on from the house: with an open door policy allowing people to drop in to see staff and the house, as well as organised events throughout the year.

People: The workforce must be supported to build trusting, compassionate relationships and to listen to those they support.

There has been a significant national crisis in relation to the recruitment and retention of Children and Families Social Work staff, and this has been felt over the past number of years within West Dunbartonshire. In addition to core training, our workforce continues to have access to a wide range of learning and development opportunities. In relation to 'The Promise', there have been specific training opportunities for the workforce with regard to Language, Brothers and Sisters, Infant Mental Health, Voices and Trauma-Informed Practice.

Trauma Informed Practice is a fundamental tenet of how the Promise is implemented. The Promise recognises that many children, young people and families who interact with the care system have experienced significant trauma, and that at times their experience of care can inflict additional trauma. The HSCP is committed to the National Trauma Training Programme (NTTP) and appointed a Programme Lead for Trauma Informed Practice in 2023, who is leading on the implementation of this within West Dunbartonshire.

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.

The Newly Qualified Social Worker (NQSW) Supported Year is a structured, mandatory programme introduced across Scotland from October 2024. It is designed to support social workers in their first year of practice, ensuring a consistent, high-quality experience as they transition from education to professional practice, allowing extra time for learning, development and support. It aims to reduce early career burn-out and increase retention of social workers.

West Dunbartonshire HSCP is committed to the NQSW Supported Year. This includes individual and group support as well as a caseload that is built up incrementally over several months. We 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.

A Practitioner Forum has also been created for Children and Families social workers, as a space for reflective discussion, learning and peer support. Unison has also created a Practitioner Forum open to social workers from all services.

Scaffolding: The broader system - laws, policies, and services - must provide the necessary support for these aims.

We have a strong, multi-agency Keeping the Promise group in West Dunbartonshire, which was formed in 2022 and has over 60 people on our invite list. These are Promise Keepers, who take the information back to their service or organisation and are able to share their experiences of how the Promise is being embedded.

As part of the Whole Family Wellbeing Funding there has been a Whole Family Wellbeing Officer with a lead role in developing a plan regarding the upholding of the United Nation Convention on Rights of the Child (UNCRC). Within this plan was the delivery, coordination and evaluation of Professional Learning for all service staff within West Dunbartonshire Council. The UNCRC sets out the fundamental rights of all children. It is the most widely ratified human rights treaty in the world and sets out the specific rights that all children have to help fulfil their potential, including rights relating to health and education, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard. The UNCRC was incorporated into Scots law in 2024, and brings significant new legal duties and accountability for public bodies in Scotland.

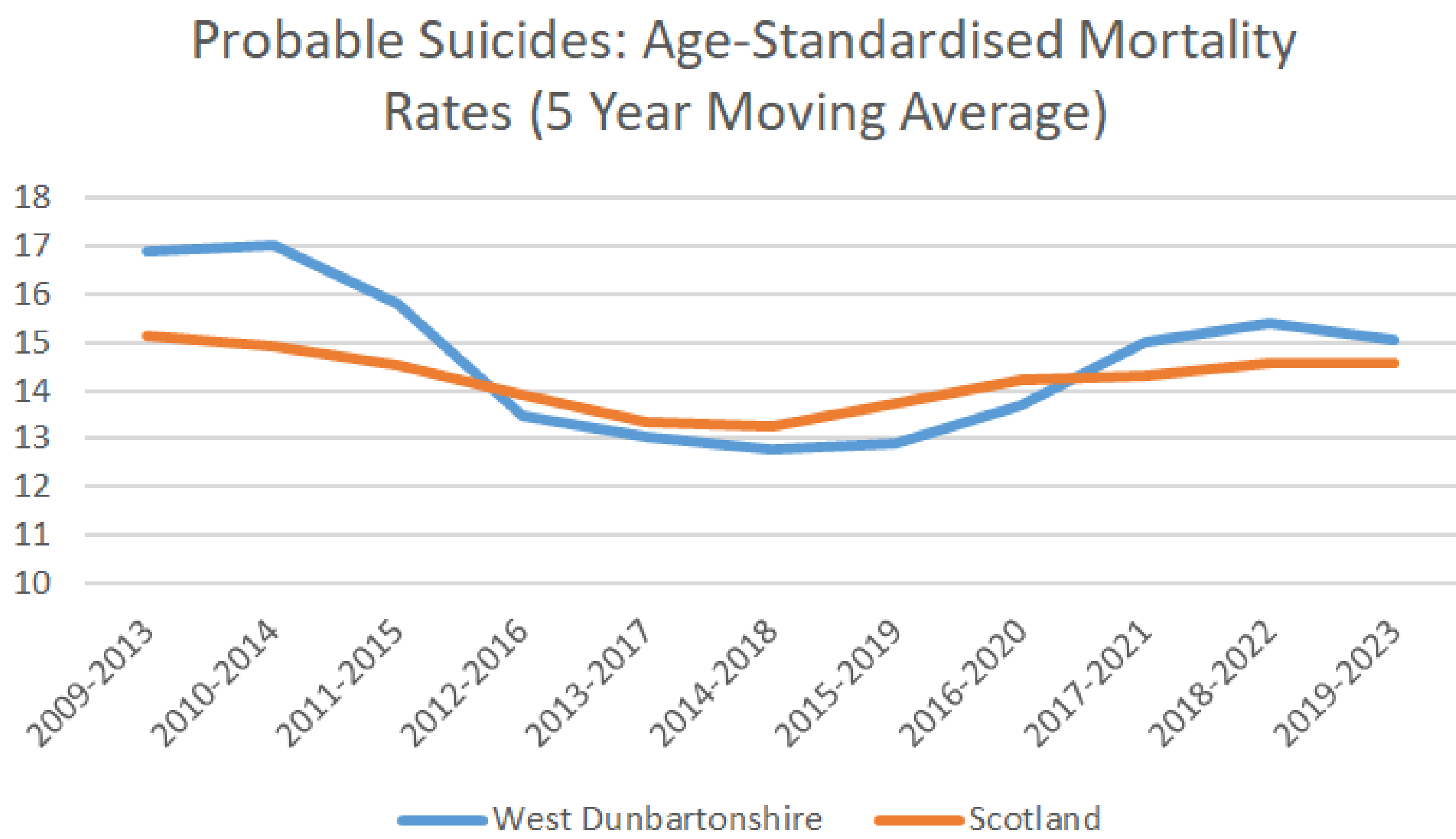
There is currently work underway to develop a framework around how we commission Fostering Services, Continuing Care Services and Residential Services. A key aim of the framework is that enduring attachment relationships are formed and that children and young people have positive and stable care experiences. Overall, we are developing an outcomes-based, flexible framework which is underpinned by the aims and vision of 'The Promise'. This represents a shift in how we have previously commissioned these services, and providers who are accepted onto the framework will deliver an outcomes-focused approach to supporting children, young people and their foster or continuing carers.

Suicide Prevention

West Dunbartonshire's Suicide Prevention Action Plan 2024-2026 was developed following the publication of the national strategy and delivery plan, Creating Hope Together: Suicide Prevention Strategy 2022-2032.

There were 792 probable suicide deaths in Scotland in 2023. Probable suicide mortality rates in Scotland were 2.4 times higher in areas with the highest levels of deprivation compared with the least deprived areas. This is higher than the deprivation gap of 1.8 times higher for all causes of death in the same year.

Age-standardised probable suicide mortality rates, expressed as a five year moving average, were higher in West Dunbartonshire than in Scotland in 2009 to 2015 and again in 2017 to 2023. Age-standardised mortality rates are presented per 100,000 people and standardised to the 2013 European Standard Population which allows for differences in the age structure of populations and therefore allow valid comparisons to be made between geographical areas, the sexes and over time.



In line with our Suicide Prevention Action Plan, training remains a key component of the local contribution to achievement of better outcomes and our local training offer remains a system-wide workforce opportunity. During 2024/25, 11 courses were delivered on suicide prevention, 'Ask, Tell - Save a Life' (Suicide awareness), What's the Harm? (Self-harm awareness and skills), Scottish Mental Health First Aid (SMHFA) and Applied Suicide Intervention Skills Training (ASIST). 168 participants completed training across a number of service areas including: West Dunbartonshire HSCP's Social Work Services, Community Justice and Mental Health and Addiction Services; West Dunbartonshire Council's Education, Learning and Attainment Services and Housing and Employability; NHS Greater Glasgow and Clyde Primary Care; Police Scotland; Social Security Scotland; West College Scotland; West Dunbartonshire Leisure Services; and attendees from a number of third sector partners. Training interest remains high, with courses often fully booked and waiting lists. However, late cancellations impact on completion numbers, and the reasons for these are varied across organisations. A full training calendar is in place for 2025/26.

Locations of Concern

After the escalation of two West Dunbartonshire train stations to high suicide risk areas, Samaritans worked in partnership with Network Rail to install a 'Breathing Space' bench at Dalmuir station. This initiative was part of a commitment to prioritise passenger welfare and safety and to help mitigate the traumatic impact and emotional repercussions of tragic incidents where poor mental health has been a factor. Breathing Space benches provide a safe space for people and are part of wider suicide prevention activity undertaken with Network Rail. A second bench funded by West Dunbartonshire HSCP was installed at Bowling station in June 2024 and in the same month both stations successfully de-escalated from high-risk suicide areas.

Anti-Stigma Campaign

In March 2025, a digital campaign aimed to tackle stigma and dispel the myths surrounding suicide was launched in West Dunbartonshire. The resources were adapted from materials developed in NHS Ayrshire and Arran. The campaign was adopted by our third sector partner, Mentor Scotland and West Dunbartonshire Council Working 4 U social media channels.

Priority 2: Safe and Thriving Communities

Safe and Thriving Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
M	Number of Child Protection investigations	291	380	N/A		
M	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	58	75	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	454	397	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	105	79	N/A		
N	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	76%	58.5%	100%		
N	Number of delayed discharges over 3 days (72 hours) non-complex cases	23	22	0		
L	Number of bed days lost to delayed discharge 18+ All reasons	13,819	11,743	11,400		
L	Number of bed days lost to delayed discharge 18+ Complex Codes	5,212	4,338	1,441		
L	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	10,765	9,252	9,338		
L	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	4,248	3,198	3,930		
L	Number of clients receiving Home Care Pharmacy Team support	1,065	1,157	1,248		
L	Number of people receiving Telecare/Community Alarm service – All ages	1,869	1,894	1,869		
M	Number of people receiving homecare – All ages	1,361	1,145	N/A		
M	Number of weekly hours of homecare – All ages	9,338	8,283	N/A		
L	Percentage of people who receive 20 or more interventions per week	40%	46.8%	40%		
L	Percentage of homecare clients receiving personal care	99.6%	99.9%	99%		
M	Number of people receiving reablement homecare	21	91	N/A		
M	Number of hours of reablement homecare	167	188	N/A		

Target achieved

Target narrowly missed

Target missed by 15% or more

Data only - no target set

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

Public Protection



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

The HSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. It incorporates a range of measures including multi-agency strategic planning and operational services providing protections to children, young people and adults at risk including the management of high risk offenders through Multi-Agency Public Protection arrangements (MAPPA), West Dunbartonshire Alcohol and Drugs Partnership, Violence Against Women Group and Community Planning's Safe Delivery and Improvement Group.

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

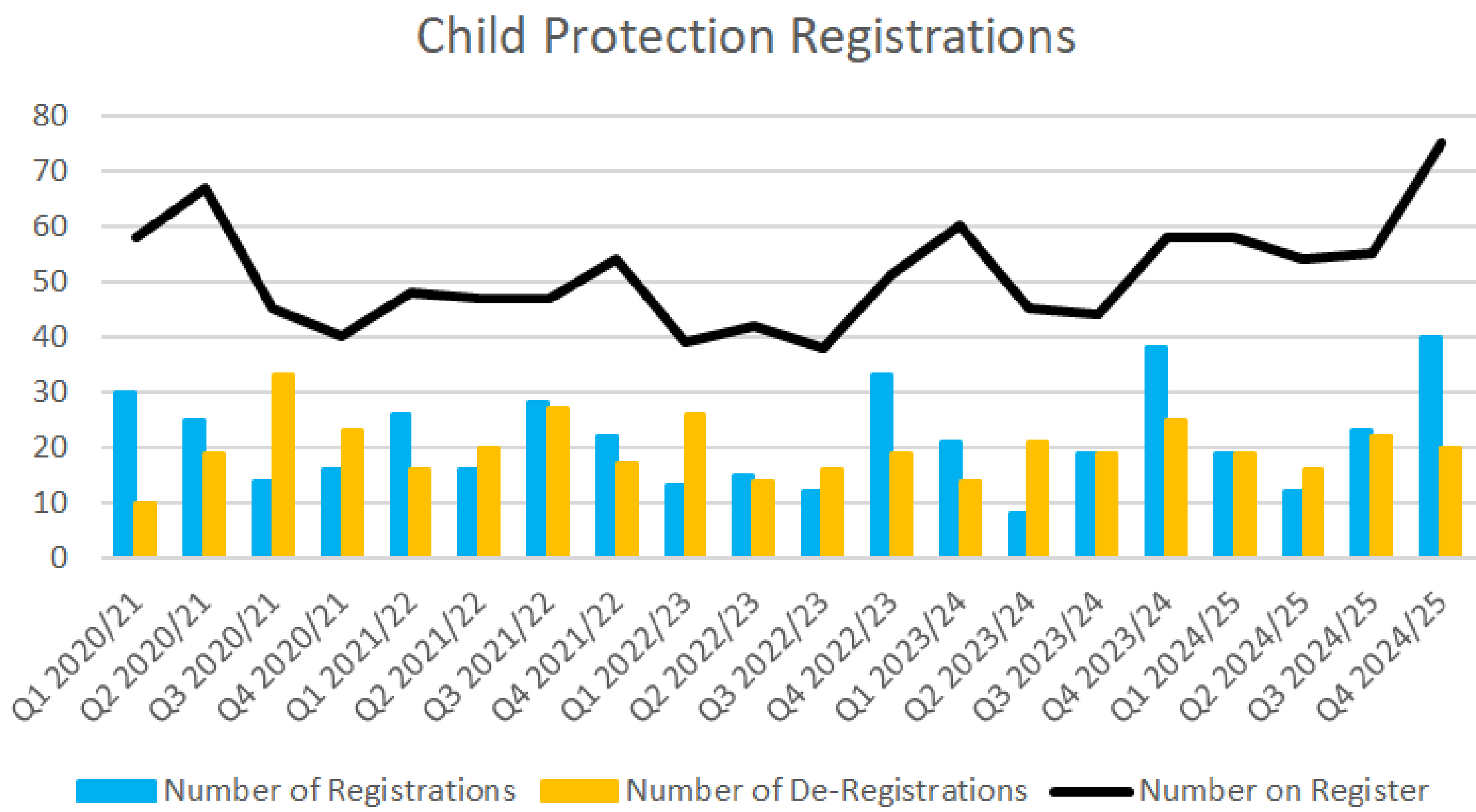
West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, supported by a dedicated MAPPA Co-ordinator who provides professional advice and guidance. The MAPPA Unit team also support responsible authorities to fulfil their statutory duties around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

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

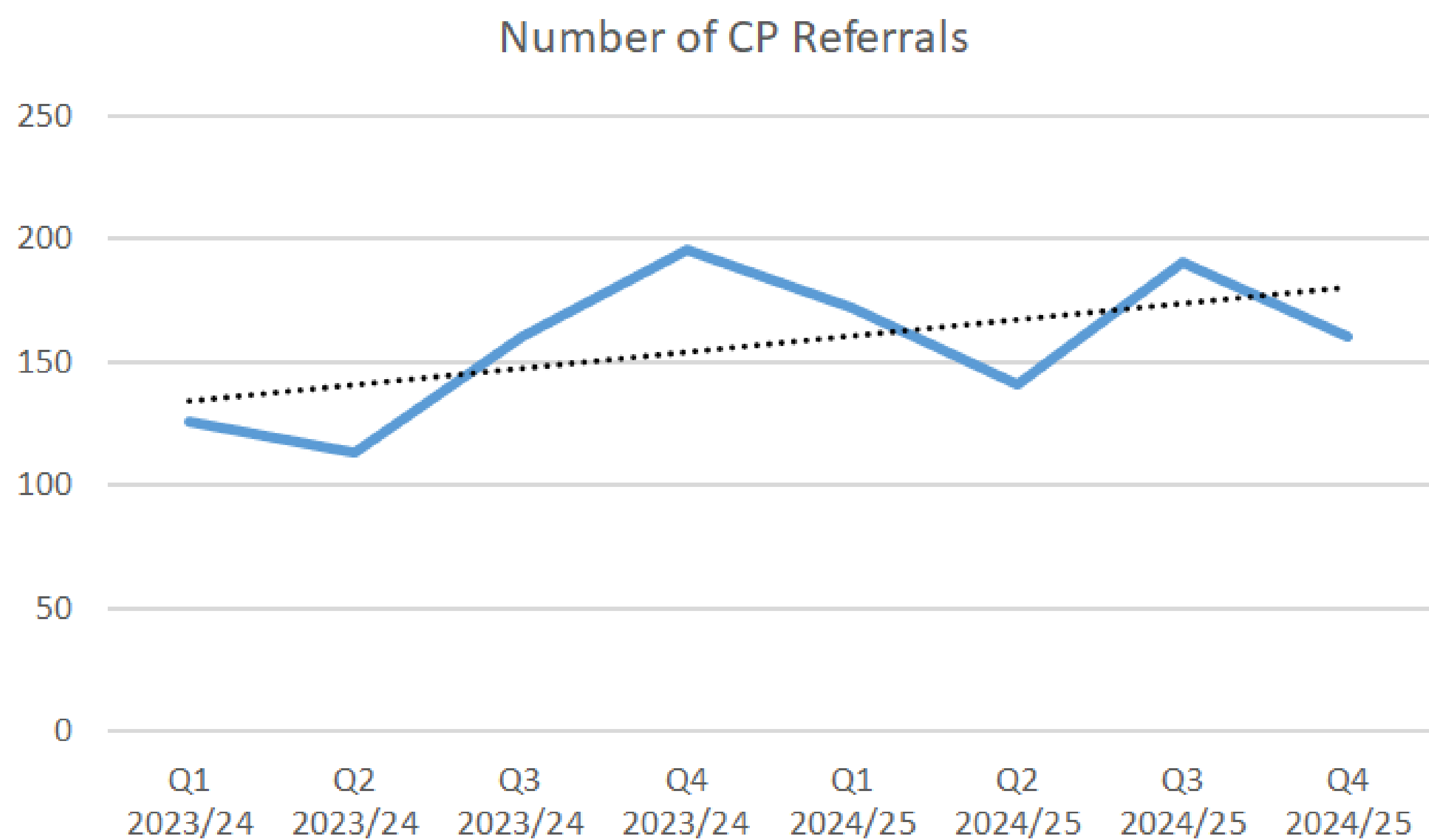
The MAPPA Unit’s performance report noted 100% compliance, with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales: no exceptions were reported during 2024/25.

Child Protection

As at 31st March 2025 there were 75 children on the Child Protection Register, a 29% increase on the 58 at March 2024. There were a total of 94 registrations and 77 de-registrations during 2024/25. Both numbers on the register and the number of new registrations in the year are higher than they have been since the last peak which was in July to September 2020, when the country was in the midst of the Covid pandemic lockdowns.

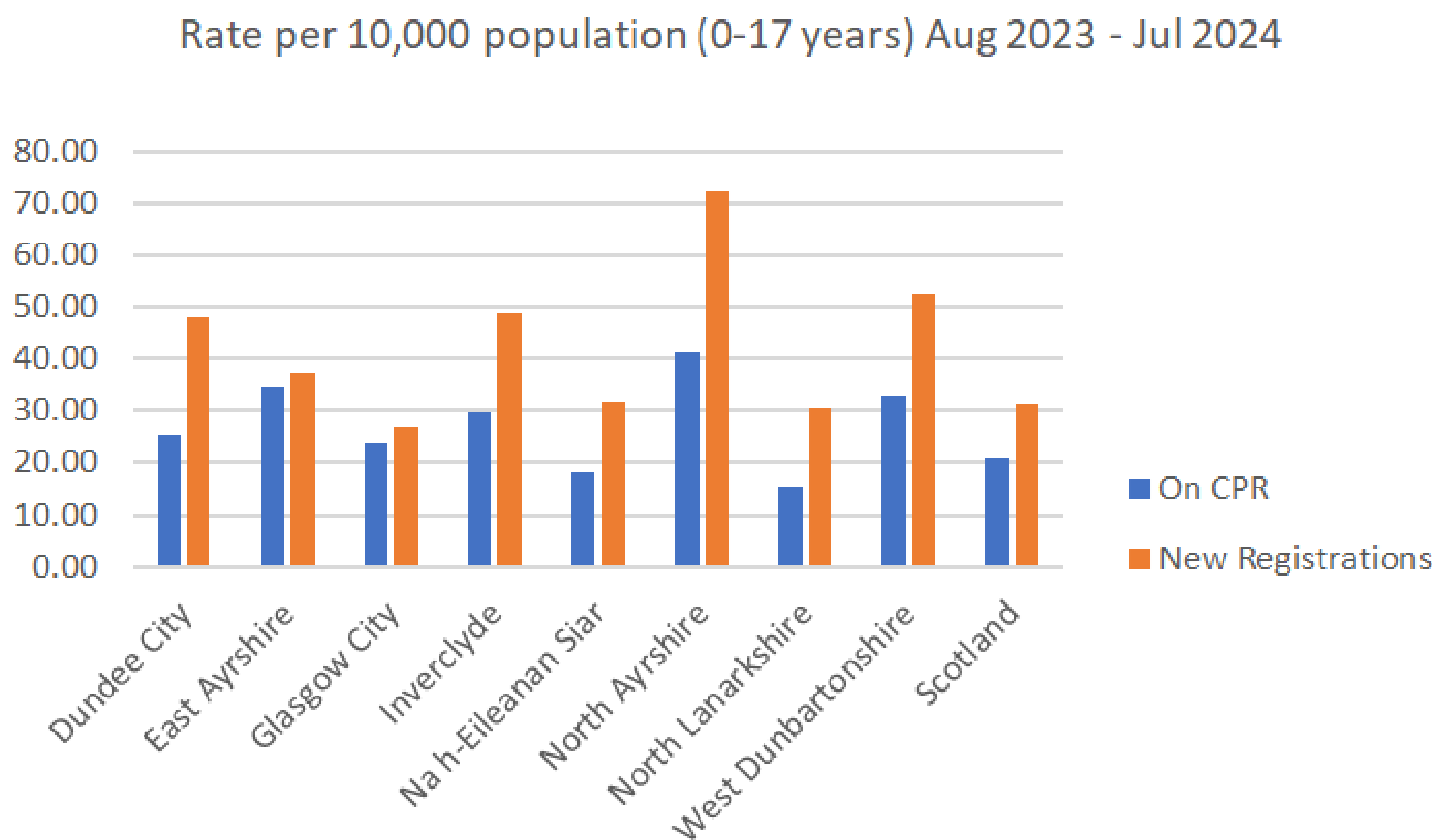


Child Protection referrals show an increasing trend over the previous two years. There were 664 referrals in total in 2024/25, an 11.6% increase on the 595 referrals in 2023/24.



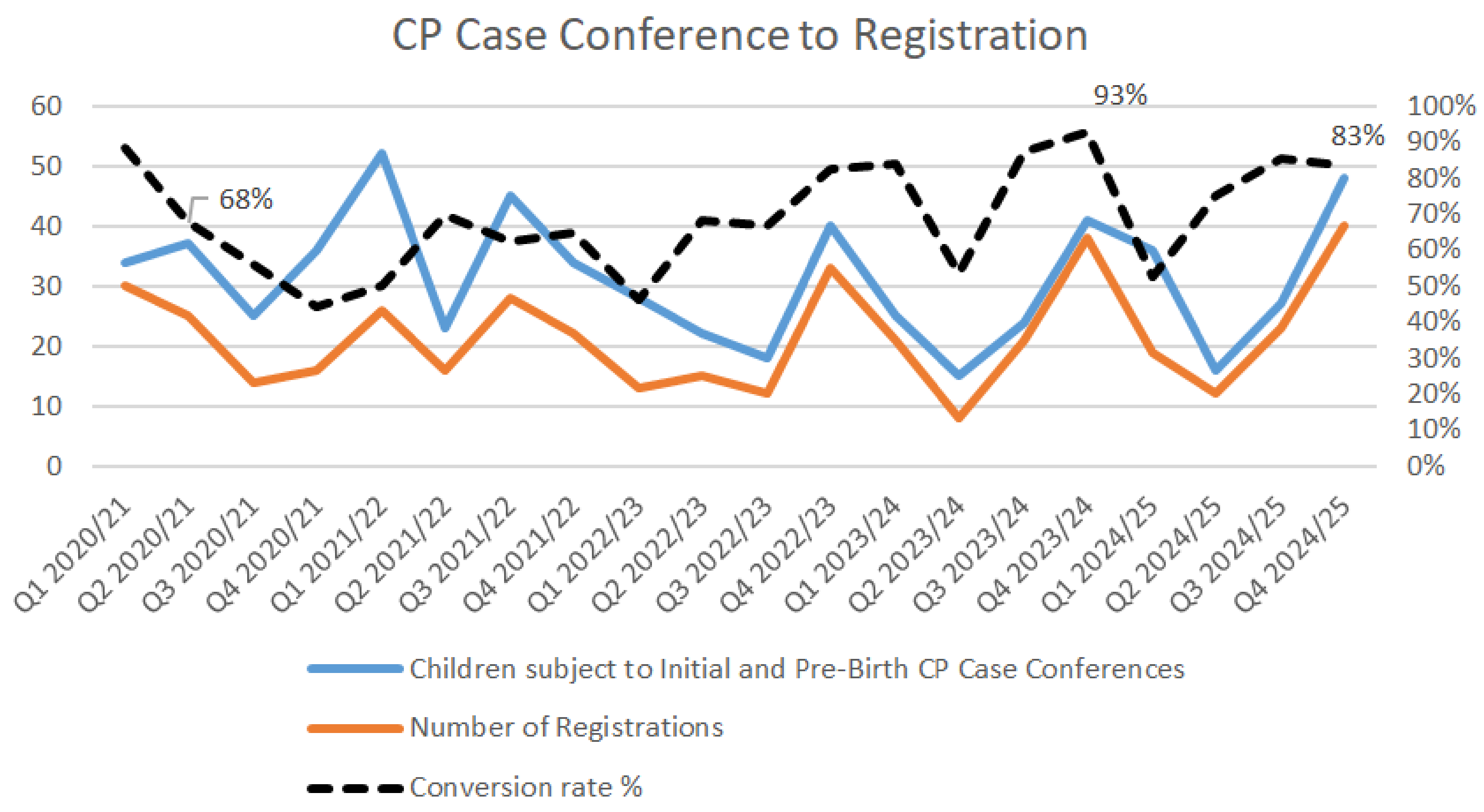
Child Protection statistics are submitted to the Scottish Government annually in line with the academic year (1st August to 31st July) rather than the financial year. Their national report Children's Social Work Statistics 2023/24 was published in March 2025.

The Local Government Benchmarking Framework developed by the Improvement Service and the Society of Local Authority Chief Executives (SOLACE Scotland) arranged local authorities into 'family groups' to allow comparison across authorities of similar affluence/deprivation levels and the area they cover whether urban, rural or semi-rural. When converted to a rate per 10,000 of the 0-17 years population within each authority, West Dunbartonshire had the 6th highest rate on the Child Protection Register at 31st July 2024 in Scotland; 3rd highest among our LGBF family group. The rate per 10,000 of new registrations within the year, August 2023 to July 2024, was also the 3rd highest in Scotland and 2nd highest within our LGBF family group.



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

The Dataset monitors the proportion of children where the decision is taken to add the child to the Child Protection register after an Initial or Pre-Birth Case Conference. This is known as the Conversion Rate and monitors the effectiveness of our processes and decision-making. As can be seen in the the chart below, when the line representing the number of children subject to a case conference is close to that of the number of children subsequently registered, the Conversion Rate is higher. The Conversion Rate in January - March 2025 was 83% compared with 93% in the same period 2023.



Timescales for proceeding from investigation to a Child Protection Case Conference were updated in line with National Child Protection Guidance in January 2024 to a maximum of 28 days. Changes to our internal processes and Child Protection forms have meant that during 2024/25 we have been unable to accurately report on our performance against meeting this timescale which has a target of 95%.

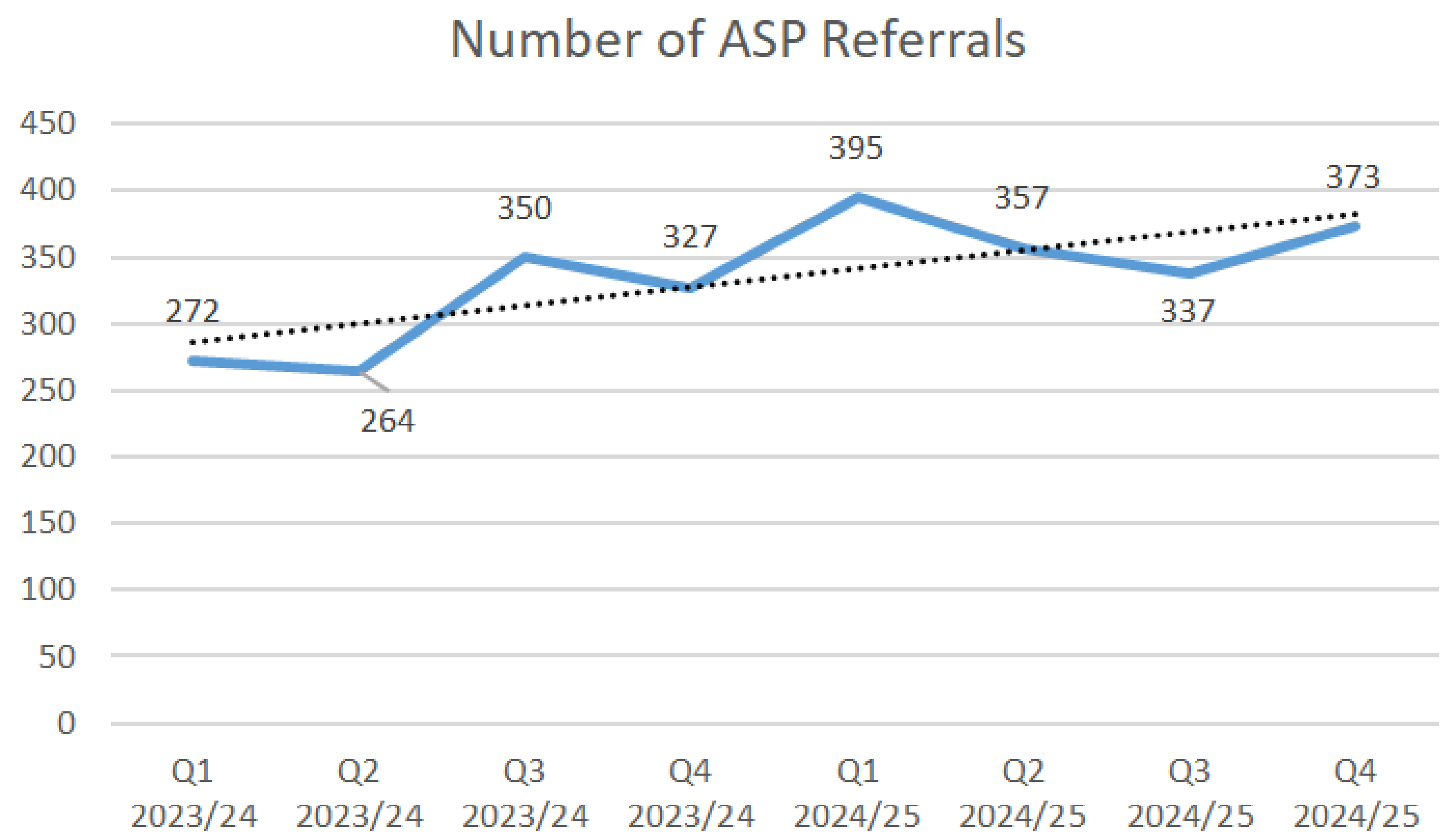
The launch of our new Access Help and Support Team on 1st of April 2025 along with revised Inter-Agency Referral Discussion (IRD) paperwork and processes should resolve this issue.



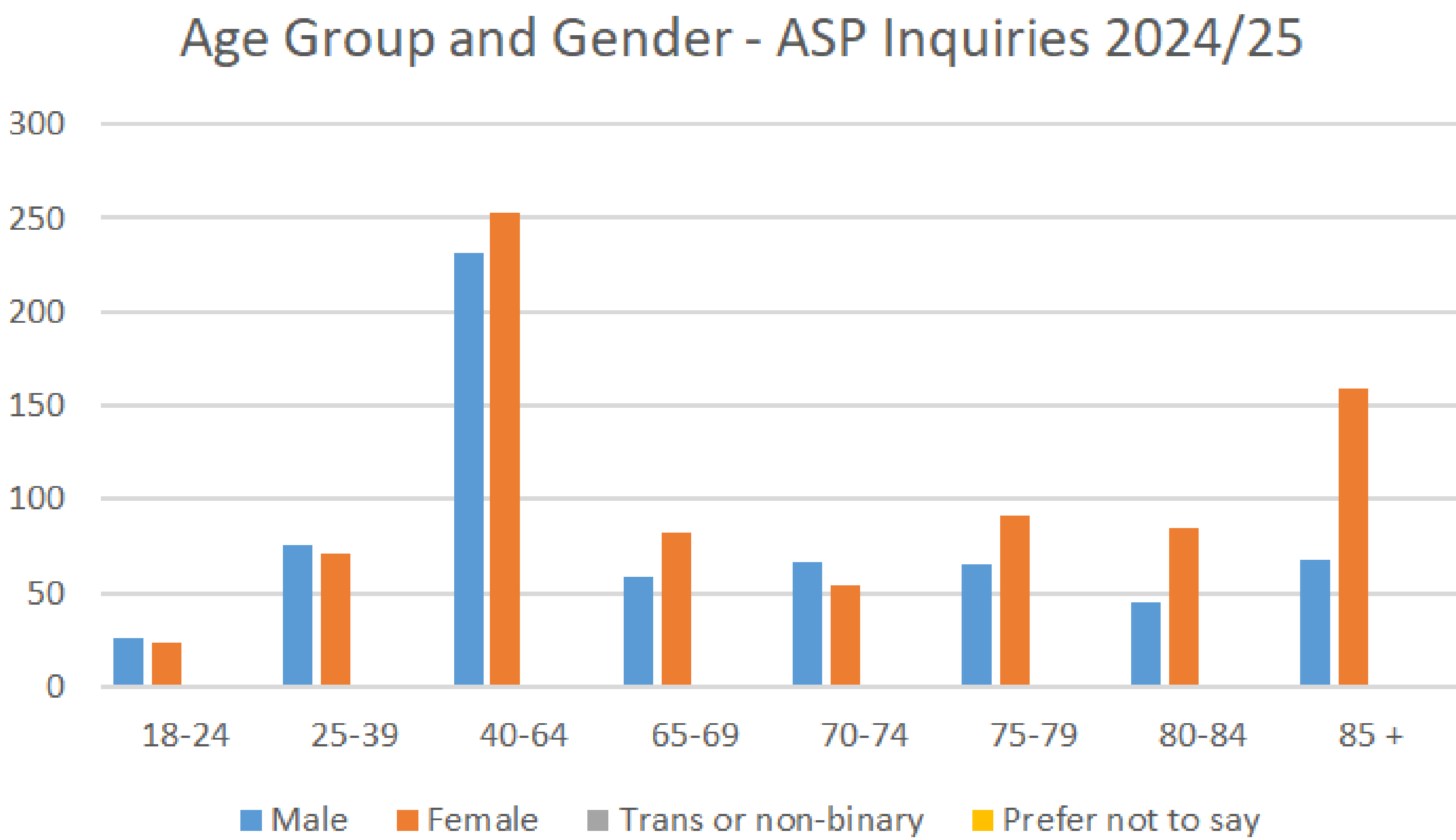
Adult Protection

The Adult Protection Minimum Dataset is submitted quarterly to the Scottish Government and reported to the Adult Protection Committee. Similar to the Child Protection Dataset, it is a set collection of agreed measurements which, when scrutinised, should improve our understanding of Adult Protection within West Dunbartonshire.

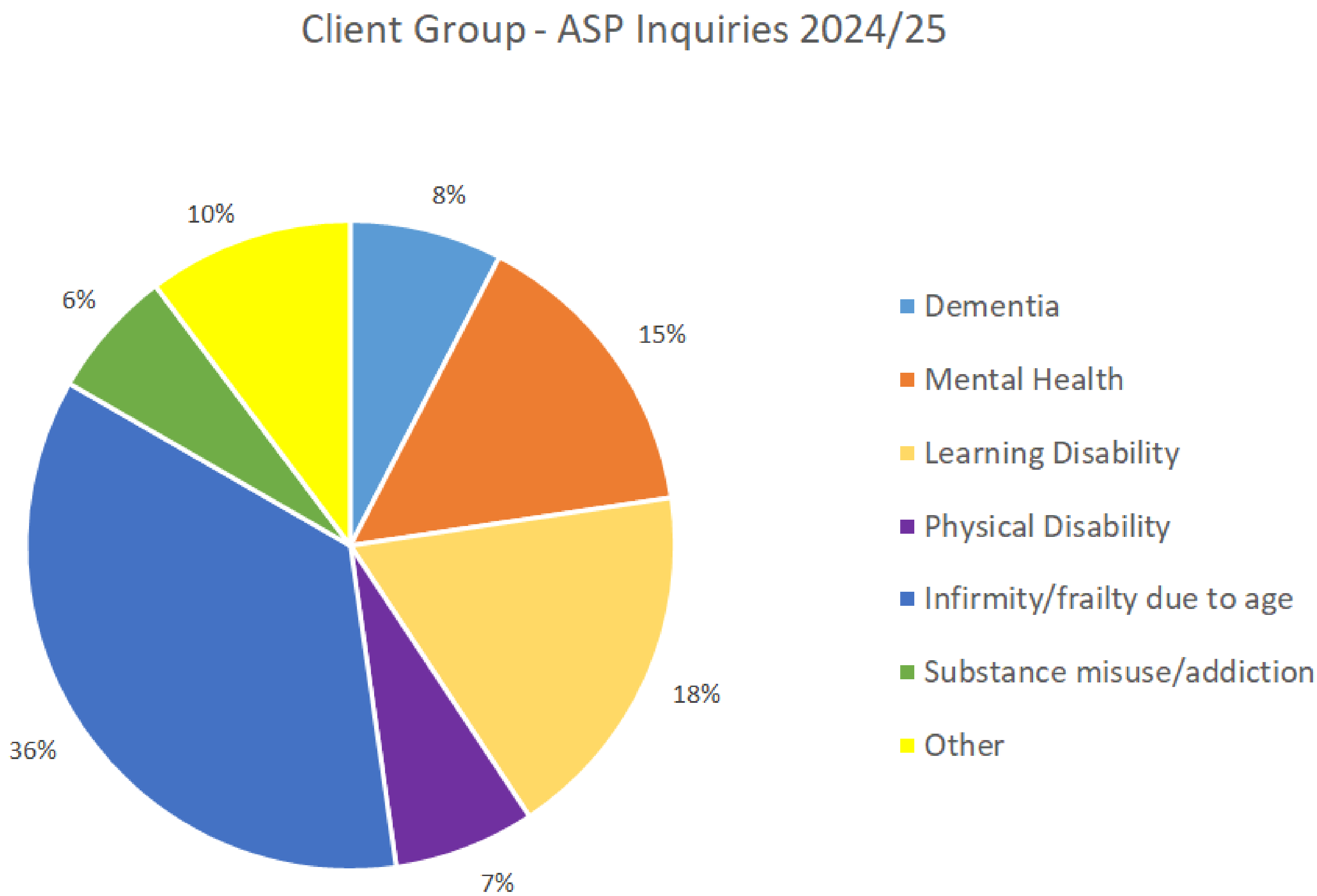
During 2024/25, there were 1,462 Adult Protection referrals received. These will sometimes be for the same individual and from multiple referral sources.



Each referral generates an ASP inquiry. The dataset was refreshed by the Scottish Government in 2024 to allow analysis of any trends in demographics and client groupings for all those being referred going forward and not just those proceeding to investigations with investigatory powers. 56% of ASP inquiries in 2024/25 related to females and 44% to males: with those in the 40-64 age range accounting for a third of all inquiries. Those aged 16-17 years have been omitted from the chart below as low numbers may make them identifiable.



89% of inquiries related to people with the Scottish Government's ethnic grouping of White with a further 10% with no ethnicity recorded: 1% had an ethnicity other than White recorded and again low numbers mean any further breakdown may make individuals identifiable.

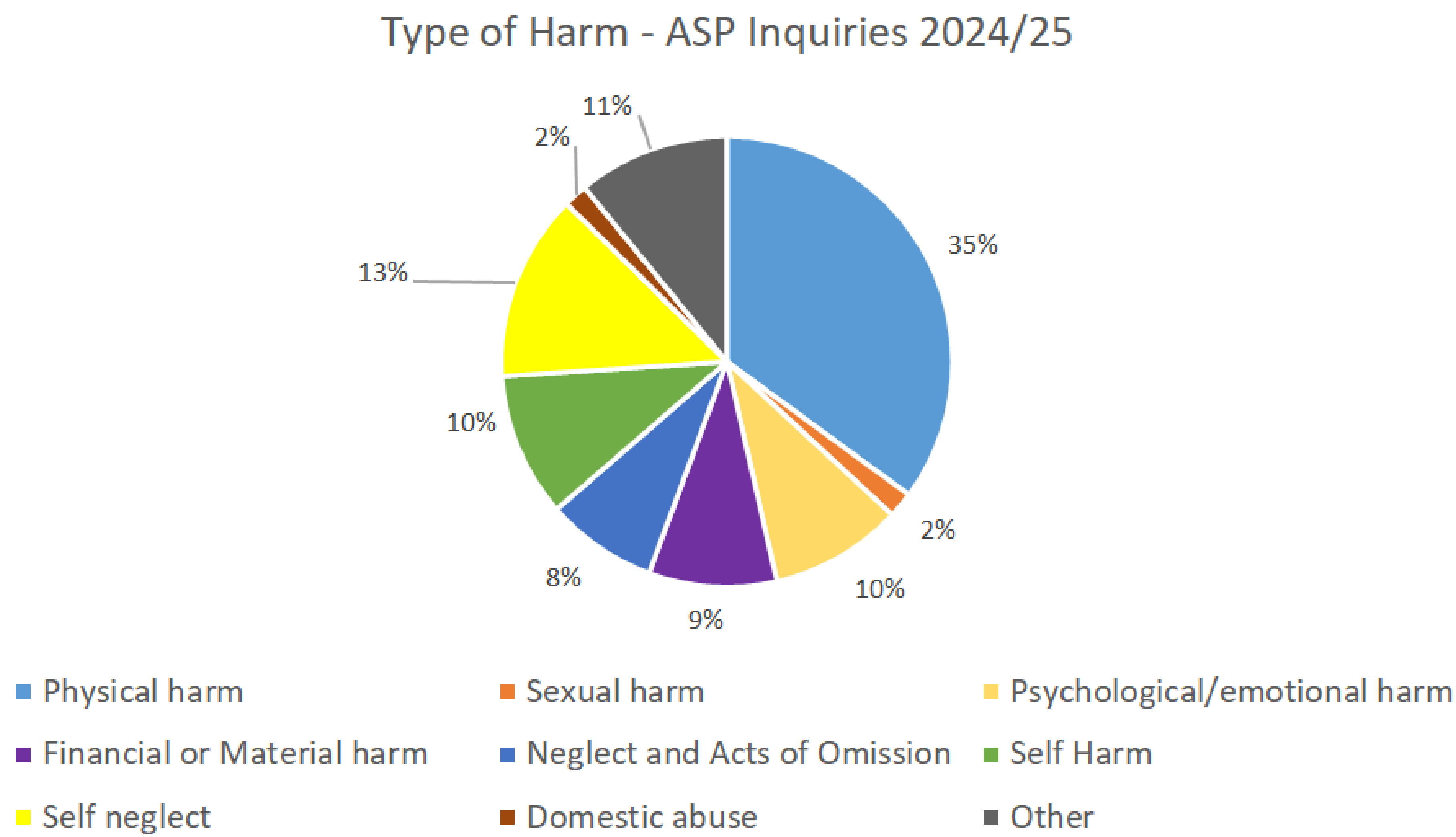


During 2024/25, 44% of inquiries related to older people with frailty due to age and/or dementia. People with a learning disability made up the next highest proportion of inquiries at 18% followed by people with poor mental health at 15%.

59% of all ASP inquiries related to harm occurring within the person's own home and 22% within a care home setting. ASP referrals received in relation to harm within a care home are flagged to the HSCP's Commissioning, Contracts and Quality Assurance team where there are a number over a certain period or there are recurring themes, for example, medication errors or unwitnessed falls. They will then liaise with the care home management to determine what the issues are and if the service requires any additional input or support from the HSCP.

The most prevalent type of harm during 2024/25 was physical harm at 35% followed by self-neglect at 13%.

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ASP inquiries do not always result in an investigation under Adult Support and Protection legislation. An inquiry will firstly decide if the person is at risk and meets the 3 point test.

An 'adult at risk' is defined as someone who meets all of the following three criteria:

- that they are unable to safeguard their own well-being, property, rights or other interests;
- that they are at risk of harm; and
- that because they are affected by disability, mental disorder, illness or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected.

Even if the person meets the 3 point test other, non-ASP legislation, may be more appropriate in their case, or support to eradicate or minimise risk can be given through their existing care plan. ASP inquiries should be completed within 5 working days of referral. 80% of inquiries met this timescale within 2024/25 and proceeding to ASP investigation with investigatory powers was the outcome of 183 inquiries.

Once the decision has been made to move to investigation, the investigation must commence within 8 working days of referral and an ASP Case Conference held within 20 working days of the initial referral. During 2024/25, 79% of investigations commenced on time however only 30% of initial case conferences were held on time. A key challenge here is the ability for all required attendees to meet at a suitable date within the timescale, particularly where there are a number of different agencies or service providers involved.

Case conference outcomes are that the adult is deemed to be at risk and a risk assessment and protection plan are required, or that the adult is not at risk, no further action under Adult Support and Protection legislation is required and the person will be supported under social work case management. Electronic recording of risk assessments and protection plans has been highlighted as requiring improvement during 2024/25 and processes have been put in place to flag gaps in recording at the earliest opportunity.

Violence Against Women and Girls

Violence Against Women and Girls (VAWG) refers to a range of actions that harm, or cause suffering and indignity to, women and children. This is a form of Gender-Based Violence (GBV) and includes, but is not limited to, physical, emotional, sexual, and psychological violence, financial abuse, intimidation, harassment, commercial sexual exploitation, and so called 'honour-based' abuse.

In West Dunbartonshire, we recognise that the inequality between men and women is the cause and consequence of this violence and abuse and are therefore committed to take a gendered approach with the objective of tackling both. VAWG has an impact across the whole of society, and that is why we consider that everyone has a role to play in preventing and eradicating it. It is therefore everyone's responsibility to create a West Dunbartonshire where the attitudes and behaviours which perpetuate VAWG are not tolerated, and where all individuals can be equally safe, having healthy, happy, and fulfilling lives.

Domestic Abuse is a form of VAWG that is prevalent in West Dunbartonshire. In 2023/24 there were 153 incidents of Domestic Abuse recorded by Police Scotland per 10,000 population in West Dunbartonshire: the second highest rate for local authorities across Scotland. 45% of these incidents included a crime or offence, which is higher than the Scottish average. In addition, during 2023/24 a total of 1,607 women and children accessed specialist VAWG Services in West Dunbartonshire, and on average in 2024/25, 48% of children on the Child Protection Register were registered with a concern of Domestic Abuse.

With the understanding that no single agency can prevent and eradicate VAWG on its own, Equally Safe, Scotland's national strategy for the prevention and eradication of VAWG, promotes a multi-agency approach, and considers local VAWG Partnerships a key element in the implementation of the national strategy at a local level.

West Dunbartonshire's VAWG Partnership was refreshed in 2023 and has a multi-agency approach to safeguarding women and children and to disrupting and addressing the behaviour of men who perpetrate violence. This is done through a collaborative approach between the agencies and organisations involved, from prevention and awareness raising through to direct intervention. The membership of the group is wide and varied, including partners in the public and third Sector and it is under constant review to ensure that the right agencies and organisations are included.

The HSCP has recruited a Violence Against Women Lead who coordinates the work of the Partnership and supports the local implementation of Equally Safe. The new local VAWG Strategy was approved in 2025 and will provide the direction of the Partnership's work for the next three years, focusing mainly on prevention and awareness raising, joint and collaborative working, and engagement with the community and with women with lived experience.

Incorporating lived experience is essential to ensure that the work that we do for the prevention and eradication of VAWG in West Dunbartonshire reflects the needs and realities of VAWG victims and survivors and their communities. As part of the development of West Dunbartonshire's VAWG Strategy, engagement sessions were held with people with lived experience of Domestic Abuse through Dumbarton and District Women's Aid, to gather their views on the content and aims of the Strategy. The sessions provided valuable insights, and the feedback received has informed the Strategy and has helped to identify a set of actions for the Partnership to prioritise, with the objective of improving the quality of responses that victims/survivors receive from services.

Aligned with the focus on prevention and awareness raising, between November and December 2024 West Dunbartonshire joined the '16 Days Against Gender-Based Violence' Campaign: an international campaign that calls for the eradication of VAWG around the world. The local theme for the campaign was 'Imagine a West Dunbartonshire without VAWG' and called for action to achieve this vision.

The campaign achieved significant success, with well attended opening and closing events, where the 16 Days flag was raised at the Council Offices in Dumbarton and a public vigil in the memory of the victims and survivors of VAWG was held. The campaign also included awareness raising through social media, prevention sessions with young people, and a contest that invited young people to use their creative talents to illustrate their vision of a West Dunbartonshire free from VAWG.

Justice Social Work Services

Justice Services are provided within a framework of social work and community initiatives intended to reduce re-offending, enhance the quality of life of our service users and increase community safety in West Dunbartonshire.

The main aims of Justice Social Work Services include:

- addressing criminal behaviours and reducing risk of re-offending
- supervising individuals in the community
- assisting individuals re-settle into the community after release from custody

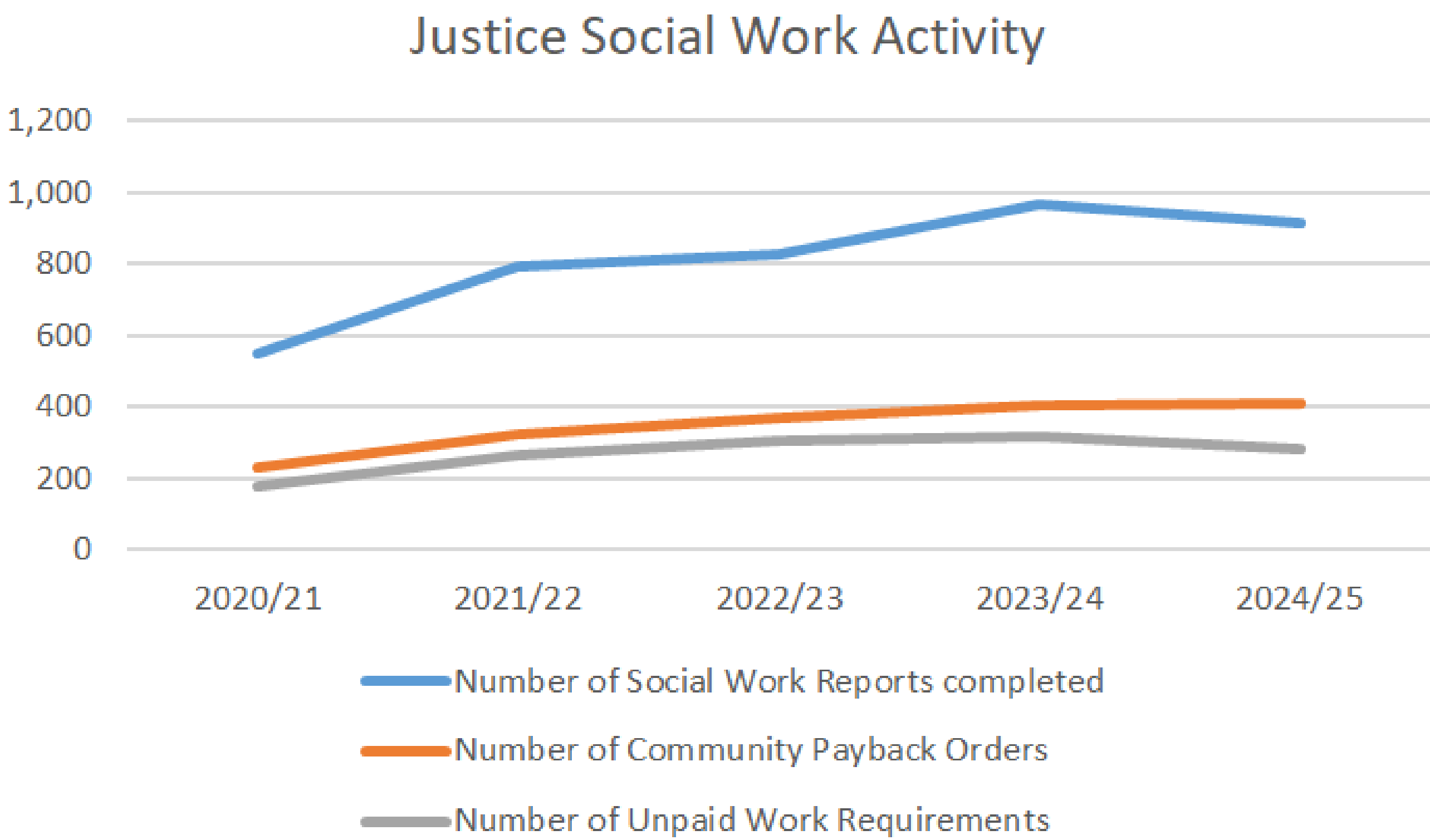
Several improvement actions have been completed during 2024/25 including:

- New meeting established with the local living experience group to ensure feedback to support service development.
- The increase in service users with mental health issues provides challenges to Justice Social Work in supporting individuals in the community. Work has been undertaken with colleagues from Adult Services in Addictions and Mental Health to look at how best as a collective we support mutual service users.
- Pathways have been developed to ensure greater partnership working and further work is being taken forward with colleagues within our Alcohol and Drug Partnership to enhance this and create quicker access to these services for those individuals subject to Community Payback Orders.
- 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 staff are being trained, and existing staff annually updated, on the suite of assessment tools used within Justice Social Work. Staff are now trained and accredited in the delivery of the Caledonian Domestic Abuse system. This is now available to the court and will address the high levels of domestic abuse prevalent within the local area. Several Justice staff are now accredited trainers for the national roll out of training for Unpaid Work workforce.

Recruitment to vacancies within Justice Social Work Services was a significant challenge during 2024/25. This coupled with increased workload for the service has continued to impact on development and improvement work. It will be necessary to continue to monitor the resourcing of Justice Social Work Services as it is anticipated that the growth in demand seen over the last few years will persist as the backlog of court cases are heard.

These increasing demands continue to impact upon our ability to meet our target timescales. 71% of the 916 Social Work Reports were submitted to court on time and 90 of the 283 unpaid work orders were commenced within 7 working days. Two thirds of the 410 Community Payback Orders were inducted within 5 working days of sentence.

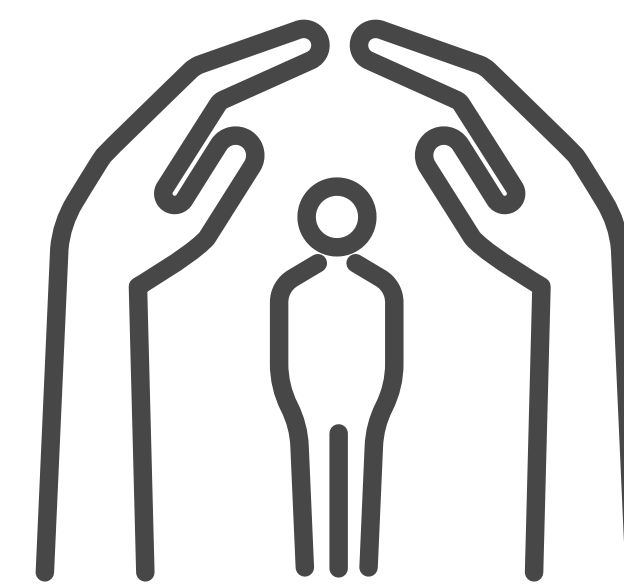


Our strengths include strong partnership working in the planning of support for individuals being released from prison. Our Justice and Housing Services work closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.

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

Service users have gone on to employment, further education and volunteering through our close association with employability services and we continue to work closely within established partnerships in the community including CHAS, Alternatives and Greenspace.

The 'Moving Forward' Women's Service supports females involved in the Justice system and offers one to one holistic support, looking at increasing independent skills, self-confidence and mindfulness.



Women's Safety and Support Service

The Women's Safety and Support Service provides specialist responses and interventions to increase the safety and wellbeing of survivors of Domestic Abuse. The service supports women offenders, via groupwork and one to one supports, who have additional vulnerabilities and complex needs resulting from multiple experiences of Violence against Women.

Our anti-discriminatory intervention with women in Justice is essential to addressing 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 interventions 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.

MARAC

West Dunbartonshire MARAC, Multi-Agency Risk Assessment Conference, commenced in 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.

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.

Community Justice Partnership

The remit of West Dunbartonshire's Community Justice Partnership (CJP) is to prevent and reduce further offending by addressing its underlying causes. The partnership is the strategic mechanism where partners collaborate to safely and effectively manage and support those who have come into conflict with the law; helping them to fully integrate and reintegrate into their community and realise their potential for the benefit of all citizens.

The intersectionality of poverty; homelessness; substance misuse; physical and mental health inequalities; Adverse Childhood Experiences (ACEs); sex; and the impact of trauma are key risk factors that drive, and shape offending behaviour and perpetuate recidivism. By tackling the root causes of offending behaviour to reduce recidivism, victims are fewer and communities are safer.

West Dunbartonshire CJP collaborated with a local community hub and supported a funding bid that offered gym membership to those involved with justice systems to support the health and wellbeing of those supported by justice services.

As part of outcome improvement planning the CJP and Justice Services have created and are currently developing joint working groups that will support local and national outcomes and delivery plans. Specifically:

- Pre-conviction Working Group supporting Bail, Remand and Diversion activity relating to all Diversionary measures activity.
- Post-conviction Working Group will consider all justice activity relating to community-based sentences.

The working groups' remits consider baseline, development, and impact activity from the analysis of relevant data. The working groups will feed into the CJP in terms of governance, reporting and outcome improvement planning.

As part of outcome improvement planning the CJP has committed to better understanding the journey of Justice service users, to support improvement activity relating to the development and shaping of Justice services. To support this activity the CJP has created an Authentic Voices Working Group. The group will explore opportunities to create, develop and direct service delivery that is underpinned by a trauma responsive needs-led framework.

This work has started with service user participation groups, questionnaires and research supported by Safe Lives looking at women's' experience within the Justice Service. The discovery report is due to be completed by Summer 2025.

Case Study: Lived Experience

















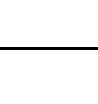
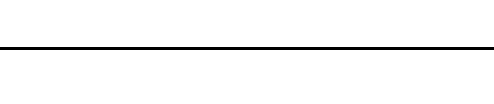
Gary was sentenced to a period of custody and spent several years in prison. This saw him realise the devastating impact poor health, poverty, drugs have on individuals and families and he quickly became involved in prison radio, peer mentoring, the Scottish Drugs Forum and supporting individuals in prison.


As part of his day release from prison, Gary secured employment with Timpson's and this continued on his release. He is now working with them on a full time basis and is their top area sales person, having just won a week's holiday as recognition of his hard work and commitment to the role.


Gary continues to give back to his local community and is a valued member of various support organisations including the Scottish Drug Forum where he assists in the delivery and training of Naloxone. He works alongside the Scottish Prison Service and has just begun training with the Samaritans. He also volunteers within the Recovery Community within West Dunbartonshire and supports recovery with those experiencing active addiction issues.


Gary remains subject to statutory supervision however has evidenced that he is keen to support and develop his learning to support others that find themselves in conflict with the law.


Priority 3: Equal Communities

Equal Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	68.1%	71.1%	98%		
N	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.3%	65.9%	80%		
N	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	49.7%	31.8%	80%		
L	Percentage of children from BME communities who are looked after that are being looked after in the community	86.2%	85.7%	90%		
L	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	80%	89%	80%		
L	Percentage of people under 65 consenting to a referral for benefits maximisation at point of assessment/review	28%	26.3%	N/A		
L	Percentage of people aged 65 and over consenting to a referral for benefits maximisation at point of assessment/review	6%	14.2%	N/A		
L	Percentage of females consenting to a referral for benefits maximisation at point of assessment/review	10%	15.9%	N/A		
L	Percentage of males consenting to a referral for benefits maximisation at point of assessment/review	16%	19.5%	N/A		

 Target achieved

 Target narrowly missed

 Target missed by 15% or more

 Data only - no target set

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

Equalities Mainstreaming

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

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

The HSCP continues to meet the general and specific duties of the Equality Act 2010 and the Public Sector Equality Duty with examples of mainstreaming activity throughout this report including gender-based violence, age and disability, access to benefits, public protection and self-directed support.

The HSCP has included its Equality Outcomes as part of its routine Quarterly and Annual Performance Reports as part of the organisational commitment to consider equality in all that we do. Our specific areas of focus currently are:

- Encouraging people to maximise their income via the benefits they are entitled to, through offering a referral to West Dunbartonshire Council's Working4U Service as part of the assessment and review process.
- Encouraging people to make an informed choice about Self-directed Support options and monitor whether there are barriers for certain groups in relation to those options which give the service user more direct control over their service and how it is purchased.

More detail of these outcomes and our ongoing work in these areas can be found in the following two sections of this report.

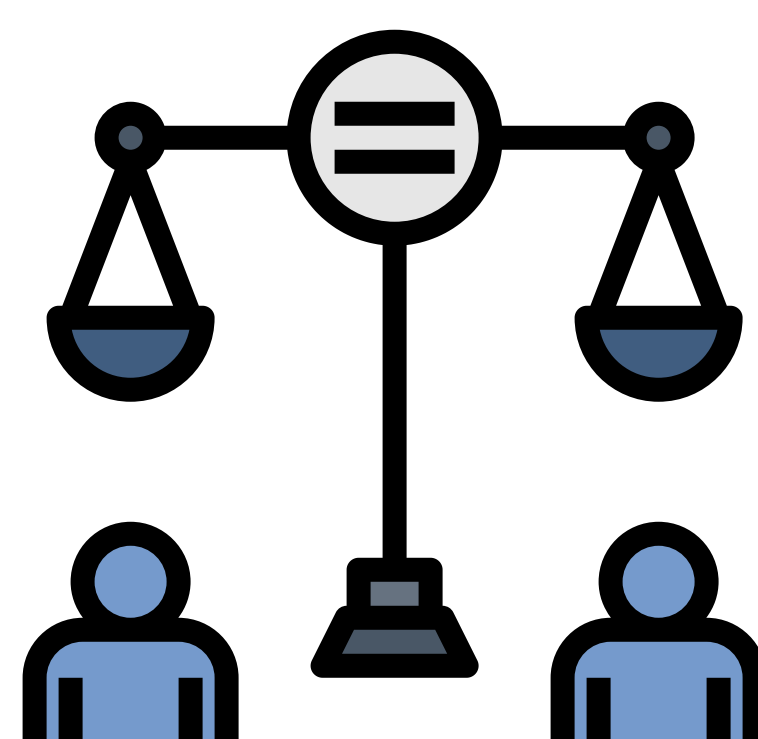
The HSCP continues to carry out Equality Impact Assessments (EQIAs) as an integral part of policy development, action planning and budget savings, maximising the new and updated local information available from Scotland's Census 2022, particularly sexual orientation, ethnicity and religion to continue to understand the needs of the more diverse population.

The HSCP publishes all its EQIAs on the HSCP website [Equality Impact Process and Assessments - West Dunbartonshire HSCP](#). Examples of change carried out as a result of the EQIA process include a stronger focus on digital exclusion within the HSCP Digital Strategy, given the need to consider that some groups of people, for example, disabled and older people, may be adversely affected by the provision of online only services and that some marginalised groups such as those with experience of Justice Services may need access to digital equipment and skills.

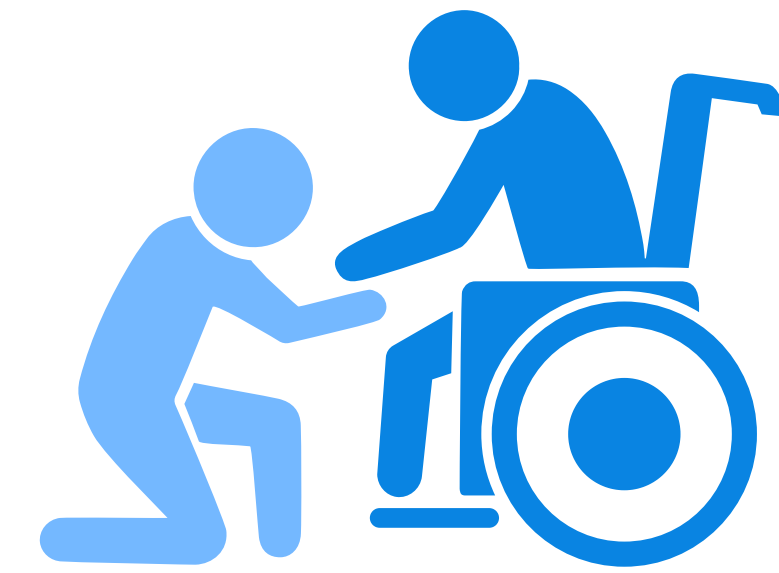
The HSCP has continued to build relationships with a range of local, national and third sector organisations to improve support for a range of people. An example of this is a partnership project with MECOPP (Minority Ethnic Carers of Older People Project) testing out a Community Health Worker model for our gypsy traveller community, including those based at the Dennystoun Forge gypsy traveller site in Dumbarton, with NHS Greater Glasgow and Clyde's Equality and Human Rights team. This comprised of a peer-led community worker offering support for health needs assessments, health fayres, one to one support and groupwork to help address some of the barriers to accessing health and care services and support. Work will continue to develop this partnership approach in forthcoming years.

“The trust that this man - who would never admit his mental health issues for years - built with me as a Gypsy Traveller community health worker, is now transferred to his Community Psychiatric Nurse. This shows how wonderful the NHS can be. I am still in the background, but this man is totally working with the nurse now”

The HSCP has continued to respond to the requirements of the Hate Crime and Public Order (Scotland) Act 2021 with a greater understanding of the impact on health and wellbeing of hate crime on both clients and our communities by accessing updated training as well as remaining being a Police Scotland Third Party Reporting Centre for Hate Crime to enable submitting a report of hate crime to Police Scotland on a victim or witnesses' behalf.



Attendance Allowance Project 2024/25



National and local evidence suggests that older people of pension age are increasingly affected by poverty as well as missing out on the benefits to which they are entitled, due to lack of awareness, stigma and the complexity of the system. Independent Age's 'Older People Economic Wellbeing Index for Scotland 2024/25' reports that 24% of older people with a health condition are not aware of Attendance Allowance/Pension Age Disability Payment.

The chargeable Telecare/Community Alarm service which provides support to over 1,600 older people and people with disabilities joined forces with West Dunbartonshire Council's Working 4 U to learn about the non-means-tested benefit, Attendance Allowance, which is known to be underclaimed and helps with the extra costs relating to a disability or health condition for those of pension age. This consisted of an information session which aimed to give the staff the confidence to encourage their service users and families to claim the benefit. This included information about:

- the amount of money people might be eligible for (£73.90 or £110.40 weekly)
- that whilst the entitlement is about the support they need, they might not currently receive that help
- that any savings or private pensions are not taken into account
- the agencies that can help with claims.

“We know lots of folk are struggling with paying the bills, this session helped us to know a wee bit about what people might be entitled to and also who could help them claim.”

Community Alarm team member May 2024

As a result of this session over 1,600 information packs consisting of flyers and information about how to claim for attendance allowance were included in installation packs and a mail drop to all current service users. Importantly the Community Alarm Team specifically mentioned Attendance Allowance to service users and their families to proactively raise awareness of this underclaimed benefit as part of their review visits. The team also encourages people to claim if they are considering cancelling their community alarm, as cost may be the reason they wish to cancel.

“As the benefits system is so complicated it's useful to know that we can signpost and encourage families to claim for what they are entitled to, to help them stay independent particularly our older people who might be struggling but don't like to ask.”

Community Alarm team member February 2025

Latest data as at November 2024 shows that there has been an increase in the number of claimants in West Dunbartonshire, with 3,060 older people receiving attendance allowance and an increase in referrals for income maximisation from the wider Care at Home team to Working 4 U.

Since April 2025, Attendance Allowance has transferred to Social Security Scotland and is now Pension Age Disability Payment meaning that there is additional support to access this benefit including via the Social Security Scotland local delivery team as well as from VoiceAbility, the nationally funded independent advocacy service which helps those with disabilities and their carers apply for the 15 available Social Security Scotland benefits and grants.

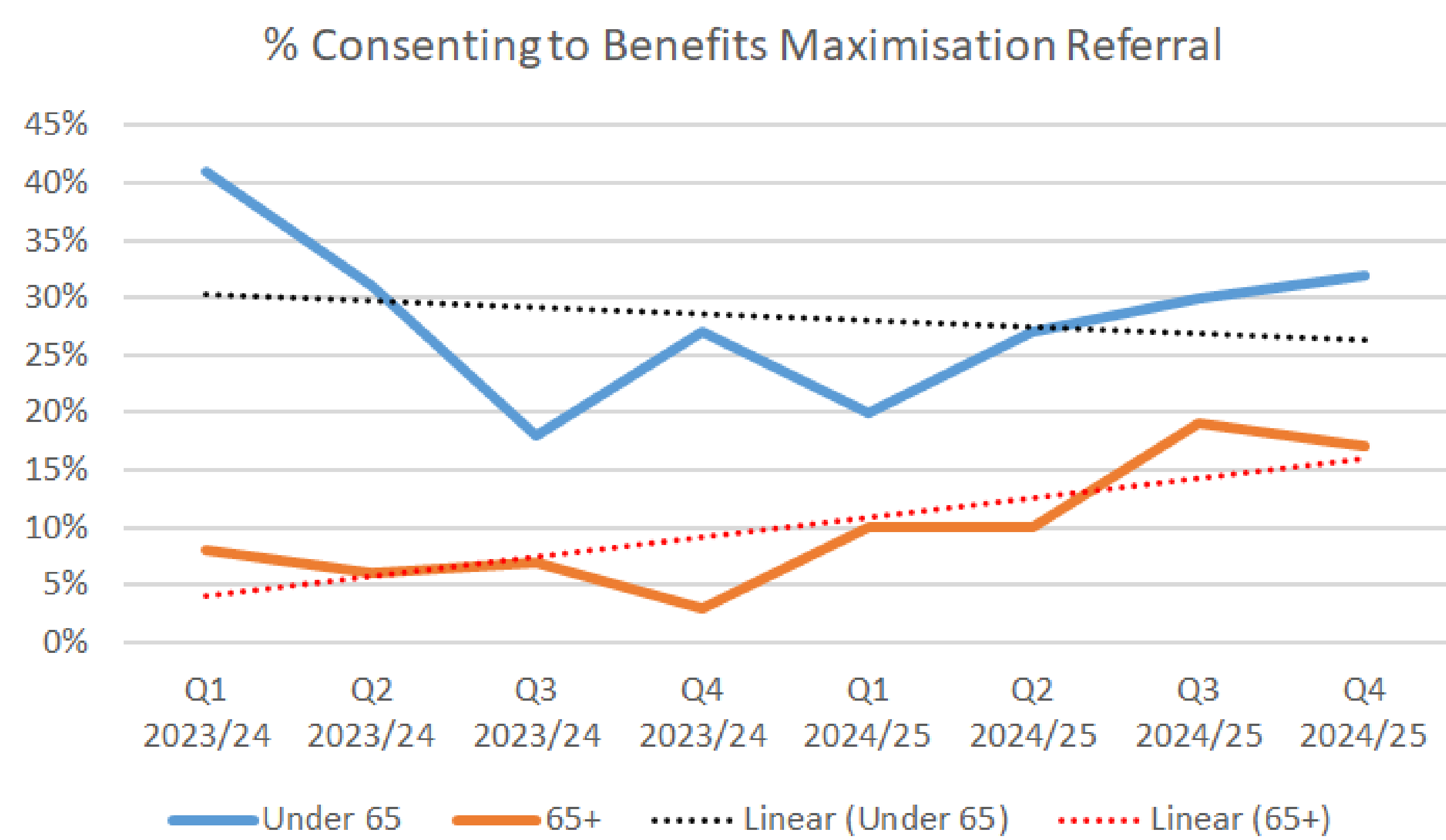
The Community Alarm Team have mainstreamed their approach and are now using Social Security Scotland promotional materials to raise awareness of Pension Age Disability Payment and include in their installation and review pack visits. They have built specific links with VoiceAbility to learn more about Pension Age Disability Payment to encourage uptake of their advocacy support to help people to claim their right to social security; and joint work in relation to promoting the use of alarms and telecare as part of supporting independent living.

Future plans include considering that while access to disability benefits is not dependent on a diagnosis of a condition, rather on the support needed, there are particular long-term conditions for which people currently receive them. In common with Scotland the main reason for receiving attendance allowance in West Dunbartonshire is arthritis, with almost a third of people receiving it for that reason, followed by respiratory diseases then heart disease, with a smaller proportion than the Scottish average of people claiming it for dementia.

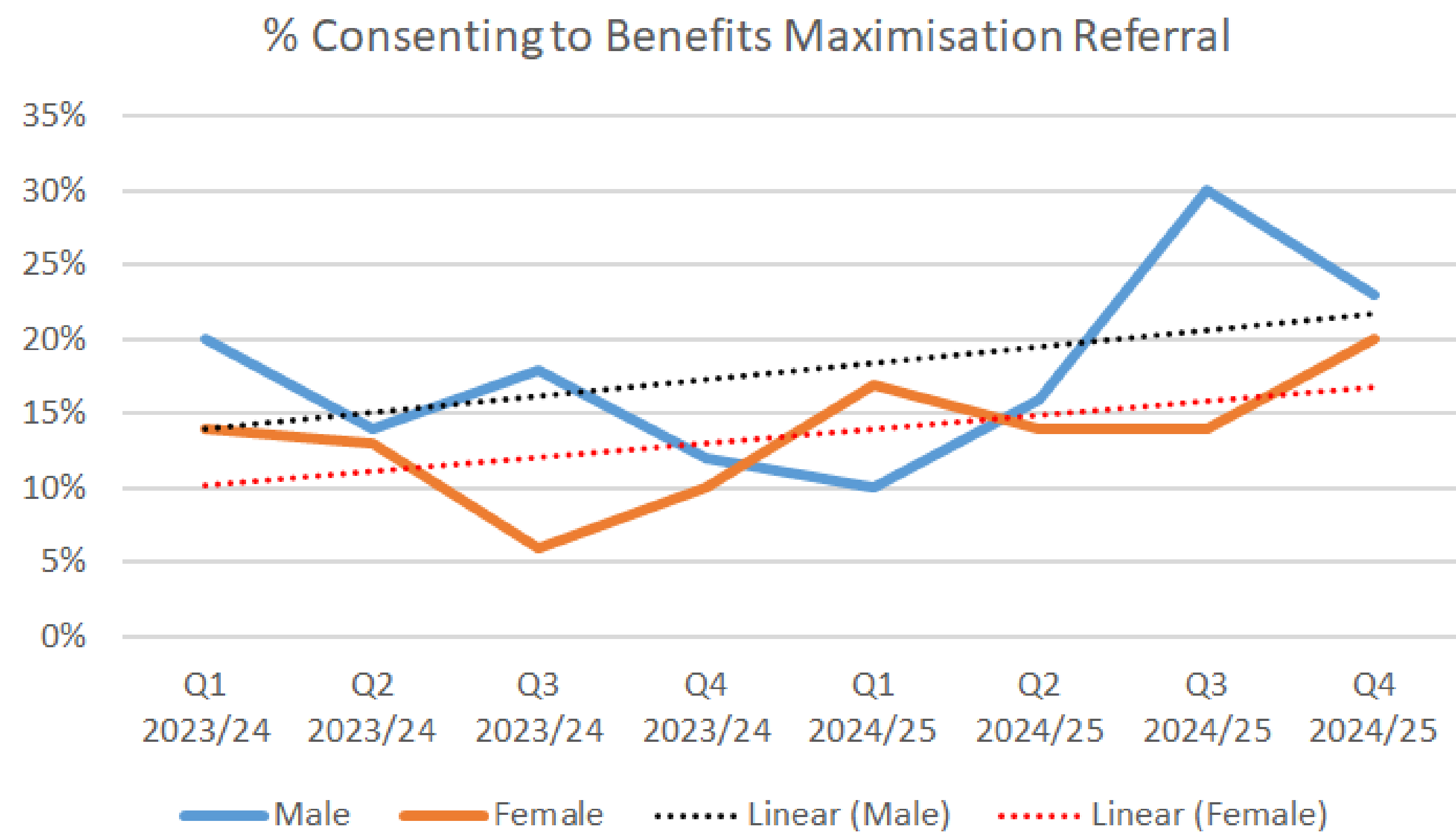
Additional data sources including the Census 2022 data and Public Health Scotland's Health and Disability and Disease Prevalence within General Practice data will be used to identify whether there are additional services and teams who may be able to promote access to and uptake of Pension Age Disability Payment.

As part of our Equalities Mainstreaming activity we have been monitoring levels of consent for a referral to West Dunbartonshire Council's Working 4 U service to help maximise the benefits they receive, including disability benefits. An offer of referral is included in our My Life Assessment and Review forms and should form part of assessment and review conversations. Through monitoring uptake against the protected characteristics of age and sex we hope to identify any barriers or areas for opportunity to allow our citizens to access the financial support to which they are entitled.

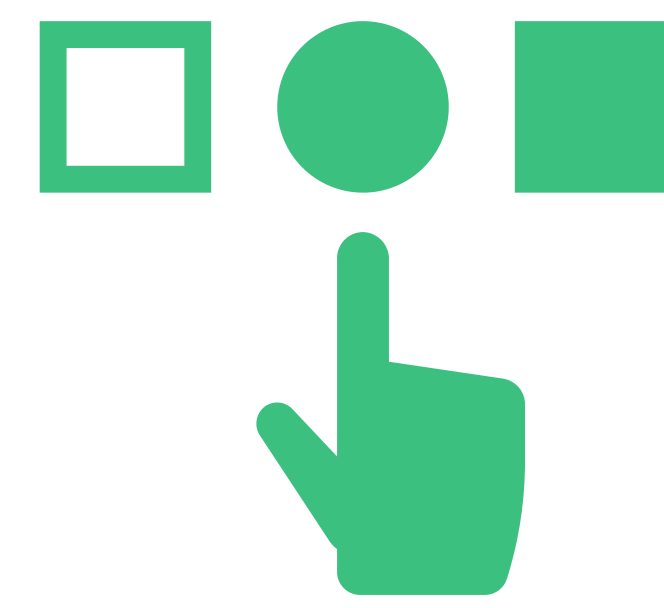
During 2024/25, 26% of people under 65 years consented to a referral for benefits maximisation, a slight drop on the 28% in 2023/24. Those aged 65 and over saw levels of consent rise from a low of 6% in 2023/24 to 14% in 2024/25. These measures now form part of our Quarterly Performance Report on our Strategic Plan Key Performance Indicators and we can see that the quarterly trend is rising for those aged 65 and over and although dipping from an initial high on Quarter 1 2023/24 is beginning to turn around for under 65s.



In 2024/25, 20% of males consented to a referral, an increase from the 16% in 2023/24 and 16% of females consented compared with 10% in the previous year. Both sexes have seen an increasing trend over the last 8 quarters. Financial uncertainty and the cost of living crisis may have made people more aware of benefits and more likely to make a claim when offered support from Working 4 U.



Self-Directed Support



The Self-Directed Support (SDS) Improvement Plan 2023-2027, developed by the Scottish Government and COSLA, aims to enhance the delivery of social care in Scotland by prioritising person-led care and involving stakeholders across various sectors. Part of this plan includes 'transformation funding' from Scottish Government, made available directly to local authorities for investment in SDS improvements. West Dunbartonshire received £85,000 in Scottish Government transformation funding in 2024/25.

This funding was used to contribute locally towards each of the outcomes in the SDS Improvement Plan:

Outcome: Supported person and carers having choice and control over their support

Two new Support in the Right Direction (SiRD) advice and guidance projects were launched in West Dunbartonshire, one of which focuses solely on supporting carers navigate their own SDS journey and access short break funding. Both projects have been supported via mentoring from the SDS team but also through inhouse training such as Just Enough Support. They are being promoted to service users and carers by HSCP staff with referral pathways in place, as well as quarterly meetings to discuss future activities such as the development of a Personal Assistant (PA) employer network and database.

By the end of March 2025 both services were meeting regularly with the HSCP to ensure open communication and referral pathways and discussions were underway around future developments including an increased focus on early intervention and pre-assessment discussions with supported people in 2025/26.

Outcome: Enhanced worker skills, practice and autonomy

We have further embedded the Just Enough Support sequence into everyday practice and continue to reinforce the need for good relationship-based social work to deliver good SDS: encouraging more creative approaches to support planning, including better use of appropriate community assets. Staff are being encouraged to get out into the local community to explore what is available but also to develop their own professional networks. Mentoring support from SDS officers is ongoing with two drop-in support clinics running every week. Staff can attend to discuss challenging cases, ask questions around process or systems or to discuss support planning. Staff are also provided with quarterly training opportunities to build their knowledge such as: better understanding of Option1 and the responsibilities that come with this; technology-enabled care (TEC) within a support plan; or being more carer aware.

Outcome: Improvements to the authority systems and culture to enable supported people to have choice and control

For the last 18 months we have been working closely with In Control Scotland, a third sector organisation that focuses on improving the social care system, by making self-directed support more accessible and addressing inequalities for people with support needs in a way that prioritises their rights. We commissioned In Control to complete an evaluation of our assessment framework and are now working closely with them to implement many of their recommendations including streamlining and simplifying our process including exploring development of an intake team, having earlier conversations around SDS whilst working closer with our SiRD organisations, and exploring a price per point approach and redesign of the current Resource Allocation System (RAS). All changes being considered would enhance customer experience, streamline processes and ensure supported people can access services quicker and easier, as well as building a greater awareness of community partners who can also support, such as the SiRD projects.

Outcome: Supporting leaders to understand and help staff realise SDS principles and values

The development of an SDS Champions Network within the HSCP, which meets quarterly, opens up a gateway between frontline staff and the senior leadership team, giving opportunities to discuss challenges and ideas to resolve these. There has also been focused work by the SDS team with Senior Social Workers and Integrated Operations Managers to raise awareness of the framework of standards and what good SDS looks like, which will help support supervision discussions and staff mentoring on frontline teams. The SDS team regularly attend team meetings and provide input to transformation work across the HSCP to ensure SDS is considered in any changes.

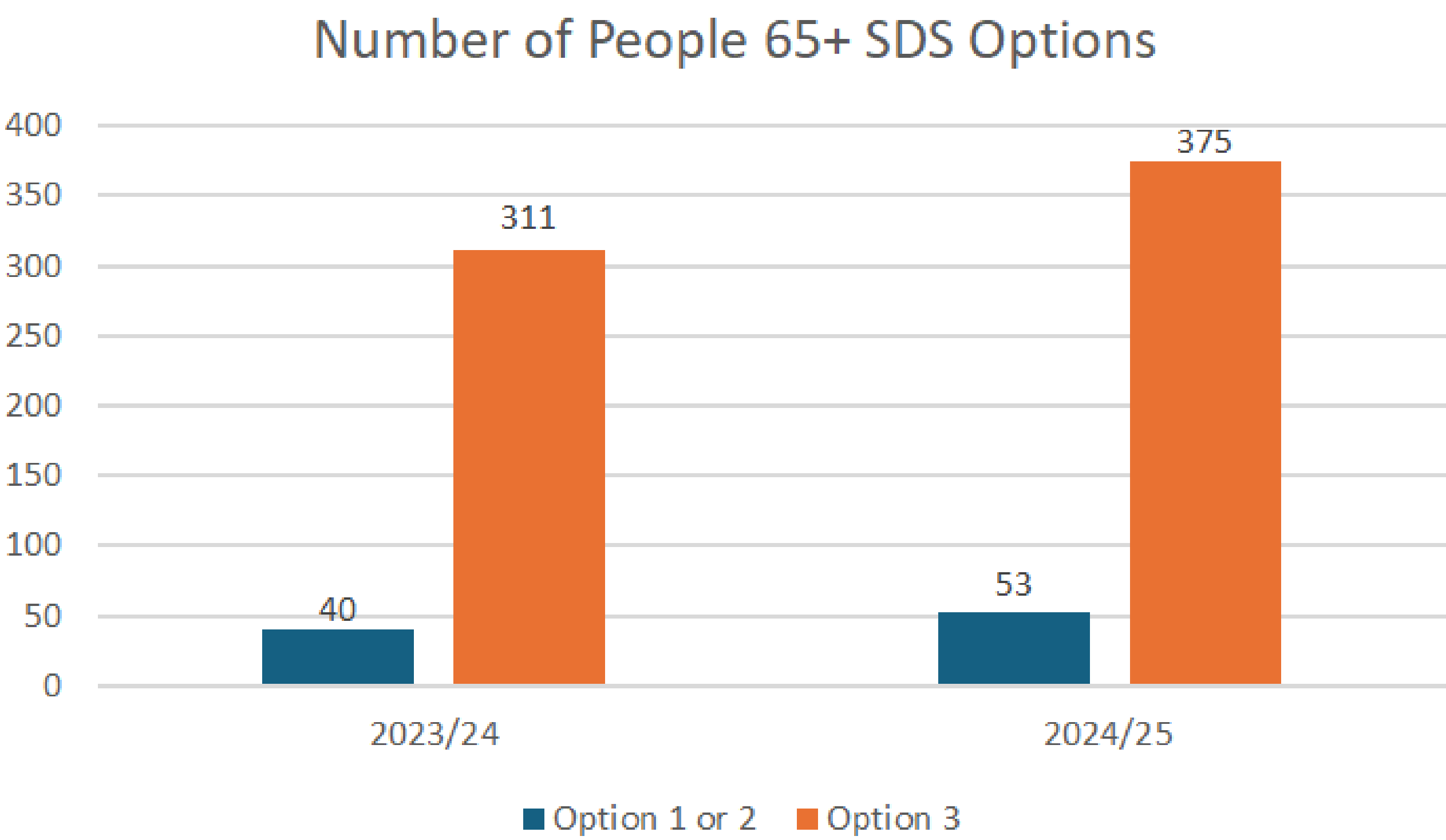
Equality Outcomes

Self-directed Support

- Option 1 Direct Payment: You take the money and use it to organise your own support.
- Option 2 Individual Service Fund: You choose the support, and either the council or a support provider arranges it.
- Option 3 Arranged Services: You ask the council to choose and arrange the support.
- Option 4: A mix of two or more of the other options.

One of the HSCP's equality outcomes is to increase the number and rate per 1,000 of people aged 65 plus choosing an option other than option 3 of self-directed support for those eligible for social care support.

SDS options are selected during the My Life Assessment/Review process. The chart below shows which options people aged 65 and over have chosen as part of their assessment/review during the last two years. Option 4s have been excluded as this will involve duplication depending on how the assessor has recorded the answer: this does not appear to be consistent. It is being recommended that Option 4 be removed from the form as a choice, allowing us to count anyone who has selected two or more options only once, as an Option 4.



While the number of people aged 65 and over selecting an option other than 3 has increased, the number of assessments and reviews is greater overall and numbers selecting Option 3 have also increased. Nevertheless there has been a slight increase in the proportion of all older people assessed or reviewed selecting options 1 or 2 from 11.4% to 12.4%. When expressed as a rate per 1,000 of the West Dunbartonshire 65 and over population, the rate has risen from 2.2 to 2.9.

We will continue to monitor this over time to identify whether there is in fact an increasing trend and whether national and local initiatives are changing older people's awareness and confidence around those SDS options that allow them greater levels of choice and control on how their care is delivered and purchased.

Medication Assisted Treatment Standards

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

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

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

In 2024/25, further progress was made with regards to the implementation of MAT Standards and West Dunbartonshire was assessed as Green for 9 of the 10 standards evaluated by the Scottish Government. The remaining standard, MAT 4, was assessed at the higher level of Blue, sustained implementation, because this standard has been Green for the previous two consecutive years. MAT 4 is Harm Reduction: All people are offered evidence-based harm reduction at the point of MAT delivery.

MAT Standards Benchmarking by Reporting Year												
ADP	Reporting Year	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
West Dunbartonshire	2022	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>						
	2023	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>
	2024	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>	
	2025	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>		<div></div>	<div></div>	<div></div>	<div></div>	

RAGB colour legend

Red

Provisional Amber

Amber

Provisional Green

Green

Blue

2022 – MAT 6 to MAT 10 were not assessed

2023 – MAT 6 and MAT 10 were assessed separately

2024 – MAT 6 and MAT 10 were assessed jointly

2025 – MAT 6 and MAT 10 were assessed jointly

2022 – MAT 6 to MAT 10 were not assessed

2023 – MAT 6 and MAT 10 were assessed separately

2024 – MAT 6 and MAT 10 were assessed jointly

2025 – MAT 6 and MAT 10 were assessed jointly

Learning Disability Services

The Community Learning Disability Team continues to work hard to promote and support the rights of people with a learning disability. The Social Work team have faced staffing challenges over the last year, however the team continue to work hard to ensure critical and substantial support needs of people with a learning disability are met in line with the HSCP's Accessing Adult Social Care Policy: Eligibility Criteria.

The Scottish Government issued a directive in May 2022 that required all health boards to provide annual health checks for individuals aged 16 and over with a learning disability. The aim is early identification of health issues to allow prompt treatment and thereby reduce health inequalities in this population.

NHS Greater Glasgow and Clyde, Specialist Learning Disability Services have progressed this work through the development of a board-wide Health Check team which is comprised of Learning Disability Nurses and hosted through East Renfrewshire Health and Social Care Partnership. These health checks commenced in West Dunbartonshire at the end of October 2024 and by the end of May 2025 a total of 201 people with a learning disability had been invited for a health check, with around half of these completed: around a fifth of individuals have chosen to opt out.

Following the successful relocation of the team to Clydebank Health and Care Centre in 2023, Learning Disability Services have been able to establish more clinics, including a Physiotherapy clinic which greatly supports the Physiotherapist within the team to maintain waiting times during periods of reduced resource.

Health and Care (Staffing) (Scotland) Act

The Health and Care (Staffing) (Scotland) Act 2019 provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. For care settings, the Act places a duty on those who provide care services to ensure both appropriate staffing and appropriate training of staff.

In preparation for the implementation of the act, Learning Disability Housing Support Services had discussions at team meetings to raise awareness and understanding of the duties around the new safer staffing legislation. Furthermore, all staff were supported to sign up to the NHS TURAS learning site and complete the required training: 4 domains in level 1. Staff completed this between April and July 2024.

Following this, we were able to develop a staffing protocol for each service, showing which staff are required, where they are required and the reasons why, for safer staffing. This equipped staff with improved knowledge and understanding of the legislation and how it applies in the social care setting. This work was highlighted as an area of good practice by the Care Inspectorate during an unannounced inspection in December 2024. The inspection report commented positively on the evidence they found.

“We observed the staffing complement was very good on both inspection days and people were coming and going out to activities as well as being supported with day to day living tasks. As a result, people were very excited and looking happy from their activities. We noted the staff rota demonstrated the reasons why extra staff had been called in or specific staff being used.”

“Almost all staff had completed training on the recent and new legislation, the Health and Care (Staffing) (Scotland) Act 2019 enacted on 1 April 2024. Staff spoke very confidently and competently about their knowledge of the Act and felt very happy with the current staffing arrangements.”

Care Inspectorate Inspection Report

Priority 4: Healthy Communities

Healthy Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
L	Number of emergency admissions 18+	9,359	9,435	7,958		
L	Number of emergency admissions aged 65+	4,913	5,066	4,265		
L	Emergency admissions aged 65+ as a rate per 1,000 population	275.8	280.2	240		
L	Number of unscheduled bed days 18+	93,575	93,305	80,375		
L	Unscheduled acute bed days (aged 65+)	68,103	68,282	58,262		
L	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,823.60	3,779.50	3,271		
L	Number of Attendances at Accident and Emergency 18+	23,868	24,543	20,020		
N	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	44%	41%	90%		
N	Prescribing cost per weighted patient (Annualised)	£193.03	£188.77	£201.11		
N	Compliance with Formulary Preferred List	74.34%	74.36%	78%		

Target achieved

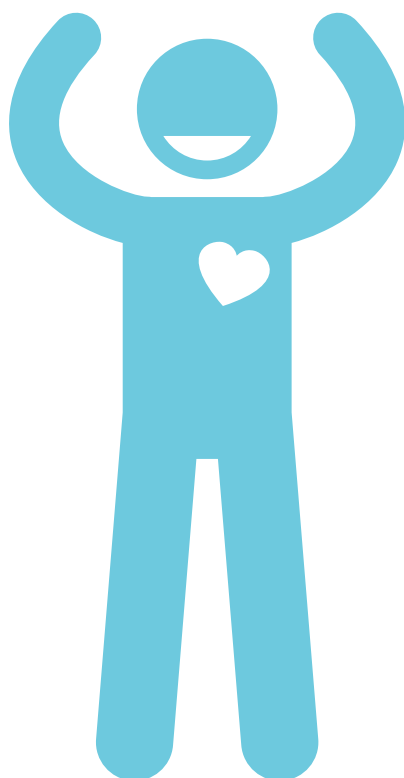
Target narrowly missed

Target missed by 15% or more

Data only - no target set

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

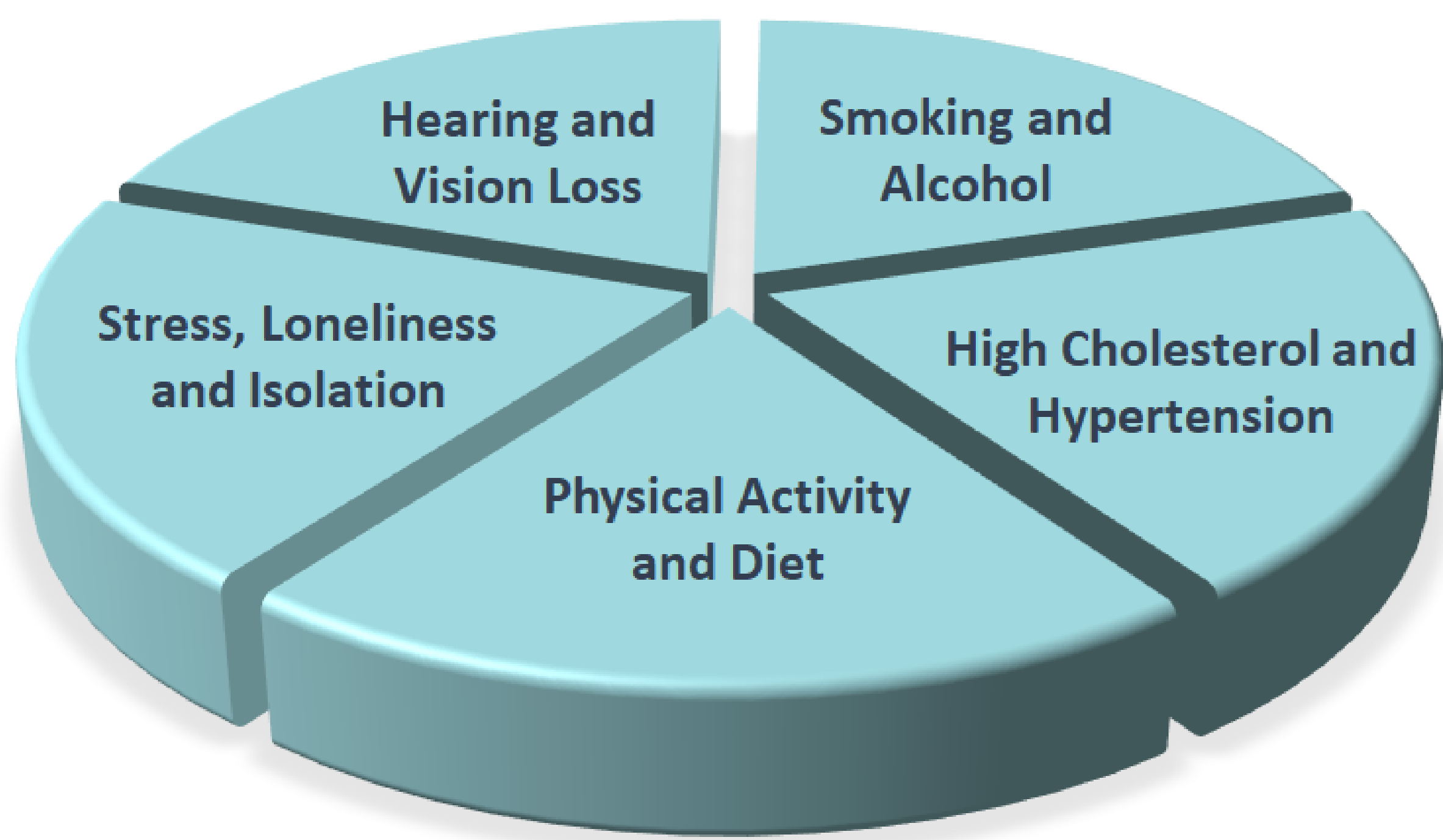
Health Improvement Programmes



West Dunbartonshire Health Promoting Libraries Programme

The West Dunbartonshire Health Promoting Libraries Programme was delivered across three library branches in Clydebank, Dumbarton and Alexandria during 2024/25 with a planned expansion to Dalmuir and Faifley in 2026. The programme uses our local libraries as hubs to share information and start conversations in the hearts of our communities. It is focused on five key modifiable risk factors for dementia, using informative displays to raise awareness and connect residents to relevant support services, resulting in extensive community engagement and outreach.

Key Themes

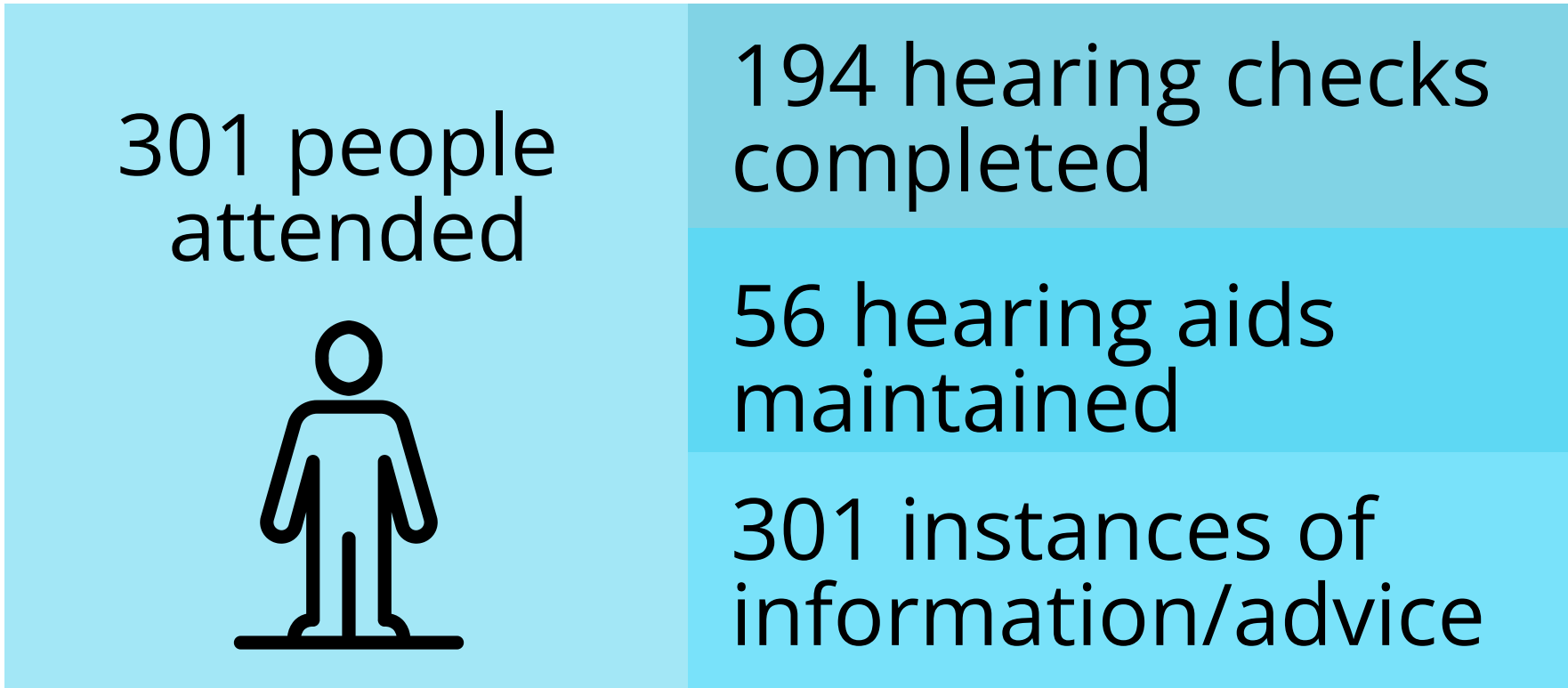


A total of 11 partners engaged in delivering the programme, each contributing to at least two events per theme at each branch. The partners included:

- DACA - Dumbarton Area Council for Alcohol
- Stepping Stones
- Chest Heart and Stroke Scotland
- RNID - Royal National Institute for the Deaf
- Cancer Research UK
- Quit Your Way
- Breathing Space
- West Dunbartonshire Leisure

Each partner aimed to provide targeted support and guidance related to their service area, fostering greater community engagement and supporting the long-term health and wellbeing of West Dunbartonshire residents.

West Dunbartonshire Healthy Hearing Programme - Autumn 2024

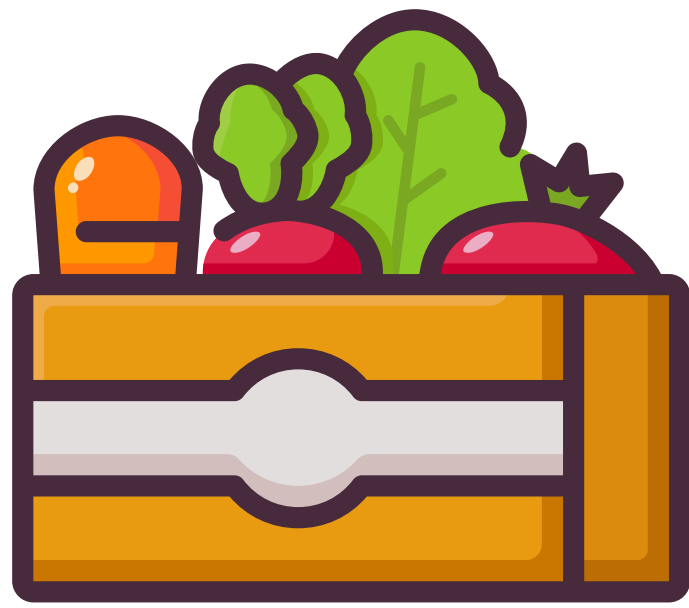


The Healthy Hearing Programme which has been delivered in partnership between WDC Libraries, WD HSCP and RNID has continued to provide vital hearing checks and support to residents across West Dunbartonshire. In Autumn 2024, a total of 301 individuals attended hearing check sessions across Dumbarton, Clydebank, and Alexandria. The inclusion of twilight sessions in Dumbarton contributed to the area’s higher attendance figures.

Case Study: Hearing Aid Maintenance

A 72-year-old Clydebank resident attended a hearing check session to seek advice regarding her hearing aids, which she felt were ineffective. Upon examination, it was identified that her hearing aids required maintenance. The participant brought her hearing aids in the following day, and after receiving re-tubing and cleaning services, she expressed significant improvement in her hearing. She stated that she was more likely to use her hearing aids regularly based on the support and information provided by RNID volunteers.

Community Food Framework Fund Programme 2024/25



The Community Food Framework Fund Programme, delivered by the HSCP's Health Improvement Team, is dedicated to supporting healthy eating and reducing health inequalities in West Dunbartonshire. This initiative focuses on building both individual and community capacity through engaging, community-based awareness-raising and skills development activities. By empowering residents with the knowledge and tools to make healthier choices, we are helping to foster long-term improvements in diet and lifestyle across our communities.

This year, the programme reached and engaged 297 people through a wide range of local food initiatives and activities. The fund enabled local organisations to establish or enhance their own community food programmes. The programme supported the following partners:

- Alternatives
- DACA
- Knowetop (SCIO) Community Farm Project
- Scottish Families Affected by Alcohol and Drugs (SFAD)
- Clydebank Housing Association
- Y Sort It
- Building Bridges – Joint Hospital

Together, these organisations have delivered a diverse range of activities from cookery classes and food-growing projects to community meals and family cooking sessions, each tailored to meet the unique needs of their communities.

A key part of the programme's success has been the investment in local skills. In 2024–2025:

- 7 individuals completed the REHIS Food Hygiene training
- 5 participants took part in 'Train the Trainer: How to Run a Cookery Group?' workshops

These training opportunities have helped to build a strong foundation of knowledge, confidence, and practical skills within our community partners and volunteers, ensuring that healthy eating messages reach even further. One of the most inspiring stories from this year comes from our partnership with Scottish Families Affected by Alcohol and Drugs (SFAD).



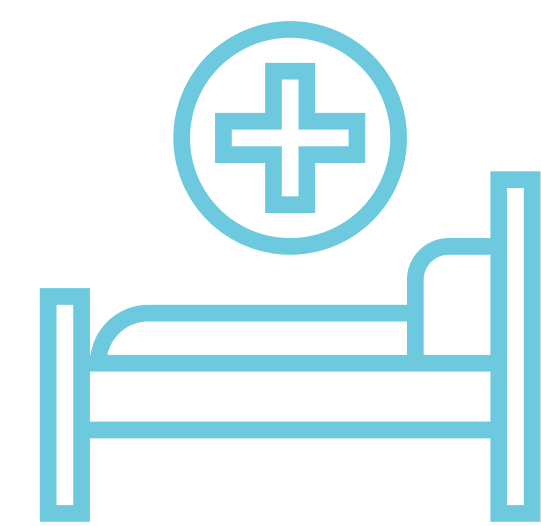
Case Study: Changing Lives at SFAD

A 15-year-old young person, previously disengaged from school, began attending our weekly drop-in sessions and cookery groups. With a real passion for cooking, he became a key member of the group. Living in a large family where food hasn't always been a priority, he's learned not only to cook for himself but also to provide meals for his siblings. The impact has been remarkable. He tells us his family is happier, mealtimes are less stressful, and everyone now helps to prepare dinner. The skills, ingredients, and confidence he gained with us have truly transformed his family's routine. Even more, he successfully applied for a Level 5 Cooking Course at college—drawing on his experience with our programme during his interview:

“Omg I was so scared going to my college interview, but I could honestly answer all their questions because of all the stuff I have done with you.”

— Young Person

Unscheduled Care



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

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

In December 2024, after a review of existing plans, NHS Scotland Delivery Plan Guidance was issued, with a key focus on 'Transform' and on 27th January 2025, the First Minister for Scotland, John Swinney, delivered a policy speech on the new NHS Scotland Renewal Framework and Statement on Reform. Since December 2024, NHS Greater Glasgow and Clyde have been working with the 6 HSCPs to develop a new GGC Delivery Plan in line with this, including transforming urgent and unscheduled care, with the focus being on:

- Reducing Demand, Direction and Patient Pathways
- Caring for More Patients at Home
- Reducing Patient Delays and Length of Stay

With the key elements in the delivery of these being:



In March 2025 a 'Hackathon', a collaborative, output-focused workshop, was held with the Health Board, HSCPs and other key stakeholders to consider the Delivery Plan and consider and share developments, challenges and areas for opportunity.

Locally this was followed up with an Unscheduled Care Development Session on 1st April 2025 in the Vale Centre for Health and Care, attended by staff across HSCP teams and disciplines (from social workers assessing people's needs to hospital discharge teams, reablement, frailty practitioners, focused intervention, rehabilitation, care home staff and care at home staff), the HSCP Chief Officer, Senior Management, Clinical Director, Allied Health Professionals and representatives from a range of stakeholders including the Scottish Ambulance Service and independent sector care homes in West Dunbartonshire.

Discussions included the culture shift required to deliver the new ways of working including: digital, virtual wards; better use of care home capacity; supporting frail patients; and ensuring service users are at the heart of our services.

An overview of HSCP activity to reduce levels of Unscheduled Care was shared which included:

- Future Care Planning - designed with the individual to record their wishes for future care needs.
- Further expand the use of the Rockwood Frailty Score - a scoring to identify levels of frailty and those most at risk of requiring care/unscheduled care.
- The HSCP Frailty Practitioner (including Home First Response Service) - who delivers intensive input to those who may benefit most from a short term intervention at home.
- Focused Intervention Team - who deliver a short term intervention where a person may be at risk of admission.
- Care Home - Call Before you Convey Service developed by the Community Nursing Team and now delivered by the Care Home Liaison Service to support care home staff to avoid unnecessary hospital attendances/admissions.
- Call Before you Convey – Scottish Ambulance Falls pathway
- Pharmacy reviews
- Reablement Team - who provide six week's of intensive support including physiotherapy, occupational therapy, rehabilitation support workers and home carers to support an individual to regain the skills they had prior to admission and regain their independence.

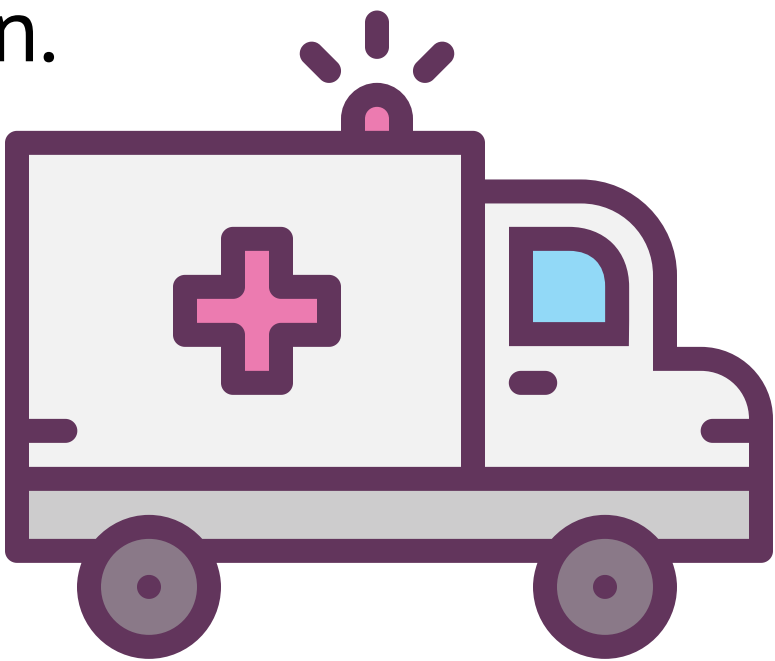
Unscheduled care data was also presented to the group on current performance relating to A&E attendances, hospital admissions, delayed discharges and care home unscheduled care activity. This was also compared with the other 5 partnerships within GGC to highlight the significant challenges faced in West Dunbartonshire. When expressed as a rate per 100,000 population, emergency admissions and the associated unscheduled bed days used for West Dunbartonshire residents aged 18+ have been almost consistently the highest across GGC each month. Attendances at A&E departments are the 2nd highest across the health board area.



Provisional October 2023-September 2024 data on hospital stays for those with any of the 6 high volume conditions for admissions were also looked at on the day. West Dunbartonshire residents are either highest or 2nd highest for most conditions in terms of episodes and bed days across the 6 HSCPs, which paints a picture of a sicker population within the local authority area. However, we have among the shortest average lengths of stay for 5 of the 6 conditions. As people are in hospitals across GGC, receiving the same care in the same places, further work is needed to identify why this is the case for West Dunbartonshire residents.

Feedback from breakout sessions on what we want to do more of, better, new or different, in relation to Care Homes, Frailty, Falls and Rehabilitation, and Early Intervention and Prevention was collated and will be used to develop a draft action plan which will be informed by the key elements of the GGC Delivery Plan, alongside the Whole System Urgent and Unscheduled Care Transformation Plan.

Call Before You Convey



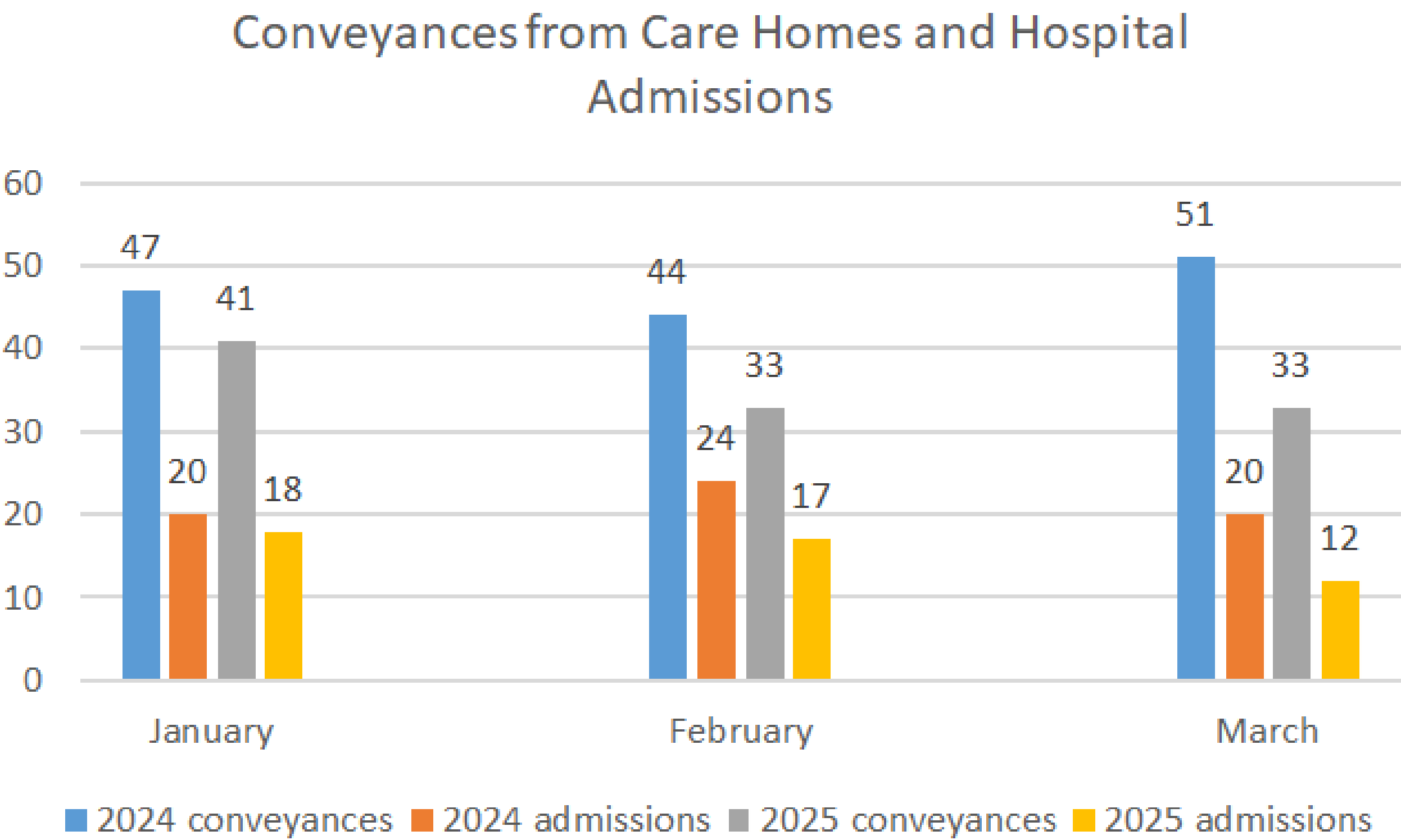
Call Before You Convey for Care Homes is part of a programme the Scottish Government introduced in an effort to improve the flow of patients in the NHS and reduce pressures on Emergency Departments. Call Before You Convey focuses on care home residents, as statistics reflected on average 53% of the patients conveyed from care homes did not require admission.

In October 2023, HSCPs were asked to provide a high level model of what could be introduced in their area to help address this, which would ideally involve a senior clinical decision maker. West Dunbartonshire HSCP was allocated non-recurring funding of just over £23,000 to support this. Unfortunately in West Dunbartonshire we had no access to senior clinical decision makers and the funding was not sufficient to allow us to recruit.

It was therefore agreed that our District Nursing Team Lead, who had completed independent prescribing and advanced clinical assessment and decision making modules, would carry out a round of our two local authority care homes on a Friday morning to identify any residents who could potentially deteriorate over the weekend. As a result of this intervention, we saw a 20% reduction over the year of those being conveyed from one of the care homes. The other care home had an increase in numbers being conveyed, however as the numbers conveyed who went on to be admitted to hospital also increased, these would be deemed appropriate conveyances. Both care homes had a 7% improvement in the proportion of conveyances being admitted meaning they were sending the right people to hospital at the right time.

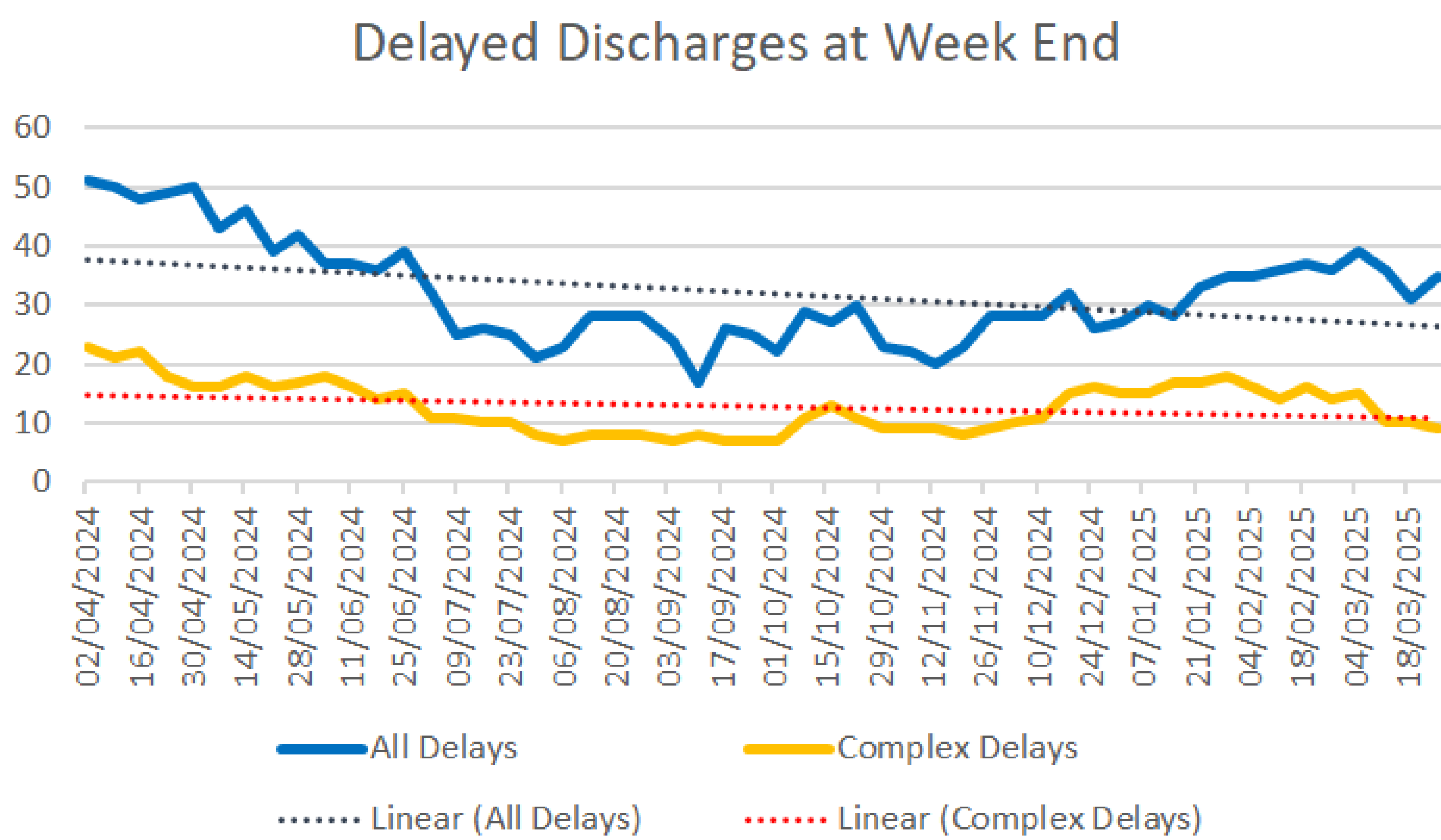
Further funding was released in 2024/25 to continue this model and West Dunbartonshire's allocation was just over £36,000. We reviewed our model at this point and looked at how we could provide equity to all older people care homes within the area. From December 2024 this funding was used to increase Care Home Liaison Nurse provision from 1 whole time equivalent post to 1.4 whole time equivalent, opening up this Call Before You Convey model to all care homes from January 2025. Any remaining funding was used to provide Band 5 Bank Nursing support in uploading Future Care Plans to Clinical Portal for the independent nursing and residential care homes.

Early results are promising as both conveyances and admissions were reduced in the first 3 months of expanded coverage \

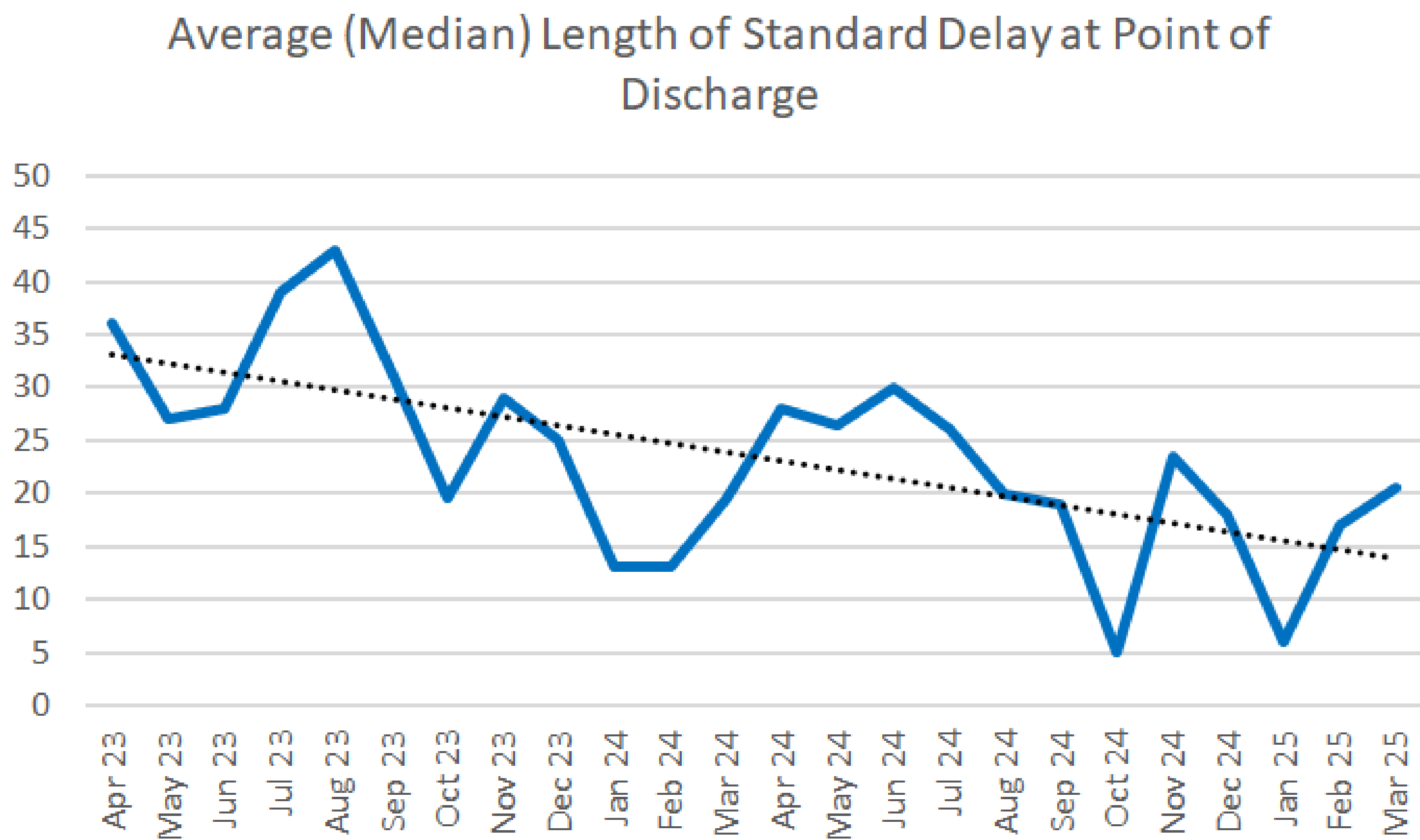


Delayed Discharge

As described earlier, while we continued to face challenges in relation to delayed discharges in 2024/25, some good progress was made. Early in 2024/25, short term trajectories for delayed discharge numbers were developed by the Scottish Government. The agreed target for West Dunbartonshire was a minimum reduction to 24 delayed discharges, at any given point, across Acute and Mental Health by October 2024. Significant efforts to tackle the number of delays meant this trajectory was achieved ahead of timescale and West Dunbartonshire was moved from a status of ‘Moderate Reductions Required’ to ‘Remain Low’ by the Scottish Government.



As well as reducing the number of delays in line with this trajectory, the number of bed days lost to delayed discharge was significantly lower in 2024/25 meaning a shorter average length of delay. The chart below details the average (median) length of West Dunbartonshire delay at the point of discharge for standard, non-complex, delays over the previous two years as published by Public Health Scotland.



Readmission rates for West Dunbartonshire residents were the 9th lowest in Scotland in 2024 which suggests that along with the work of our Reablement Team at the point of hospital discharge, people are being discharged appropriately, at the right time to the right place.

Case Study: Reablement

Natasha is 75 years old and had been a hospital inpatient after experiencing a stroke which resulted in right side weakness and problems with vision. Natasha was unable to use her right arm and had very limited mobility using a crutch. She was discharged home with a wheelchair.

Natasha was assessed prior to hospital discharge and was referred to the HSCP's Reablement Team to continue to work with her on her mobility and look at the supports she would need at home to continue to live independently.

Natasha lives alone and as her home has internal stairs, ground floor living was the only option. Prior to her return home a hospital bed, commode and Sara Stedy sit-to-stand transfer aid were supplied.

Initial visits by the Reablement Team identified a need for weekly physiotherapy input from the team and further Occupational Therapy assessment to identify Natasha's needs as her reablement continued. Home carers from the Reablement Team visited Natasha in pairs, four times a day. During these visits not only did they support Natasha with her personal care, preparing her meals and helping her transfer, they also spent time with Natasha supporting her to work on her reablement goals, assisting her to take walks around the livingroom and kitchen. Over a 6 week period Natasha's confidence had increased considerably and she felt able to transfer and carry out her physio exercises with less support.

After the 6 weeks were over, Natasha was referred on to the Community Older People's team with a dedicated Rehab Support Worker visiting weekly. A full Physiotherapy and Occupational Therapy assessment were carried out in light of Natasha's improvements and the Sara Stedy was uplifted as no longer required.

Natasha's personal care was also transferred to the Care at Home Service and after a Care and Support Plan Review, Natasha and her family agreed that she no longer required two carers to support her and she now has a single carer visiting 4 times a day.

Natasha's Rehab Support Worker has worked with her to tackle new challenges including walking upstairs, initially with support, but with new grabrails having been fitted, she is now able to walk upstairs and down independently. Likewise she is now able to access her back garden without the use of a ramp.

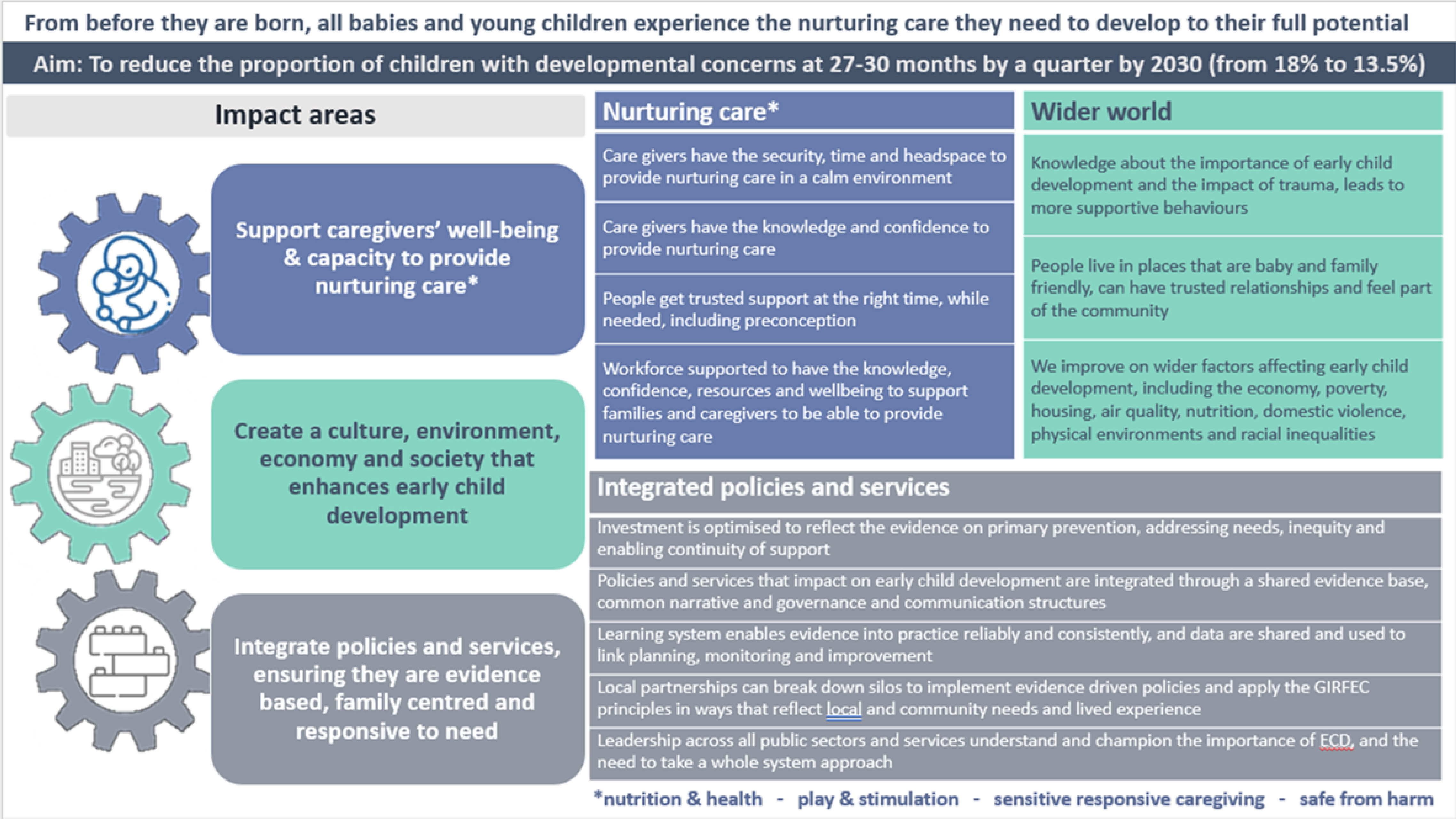
Natasha's journey continues but it was that important initial step of Reablement input that made all the difference: intervening early to boost her confidence and wellbeing and showing her that things she had thought she may no longer be able to do were indeed possible.

"I can't praise them enough. They give me the confidence to keep walking and keep trying and I feel safe with them. They do a hard job but always think of little ways to help or make my day a bit brighter."

Health in the Early Years

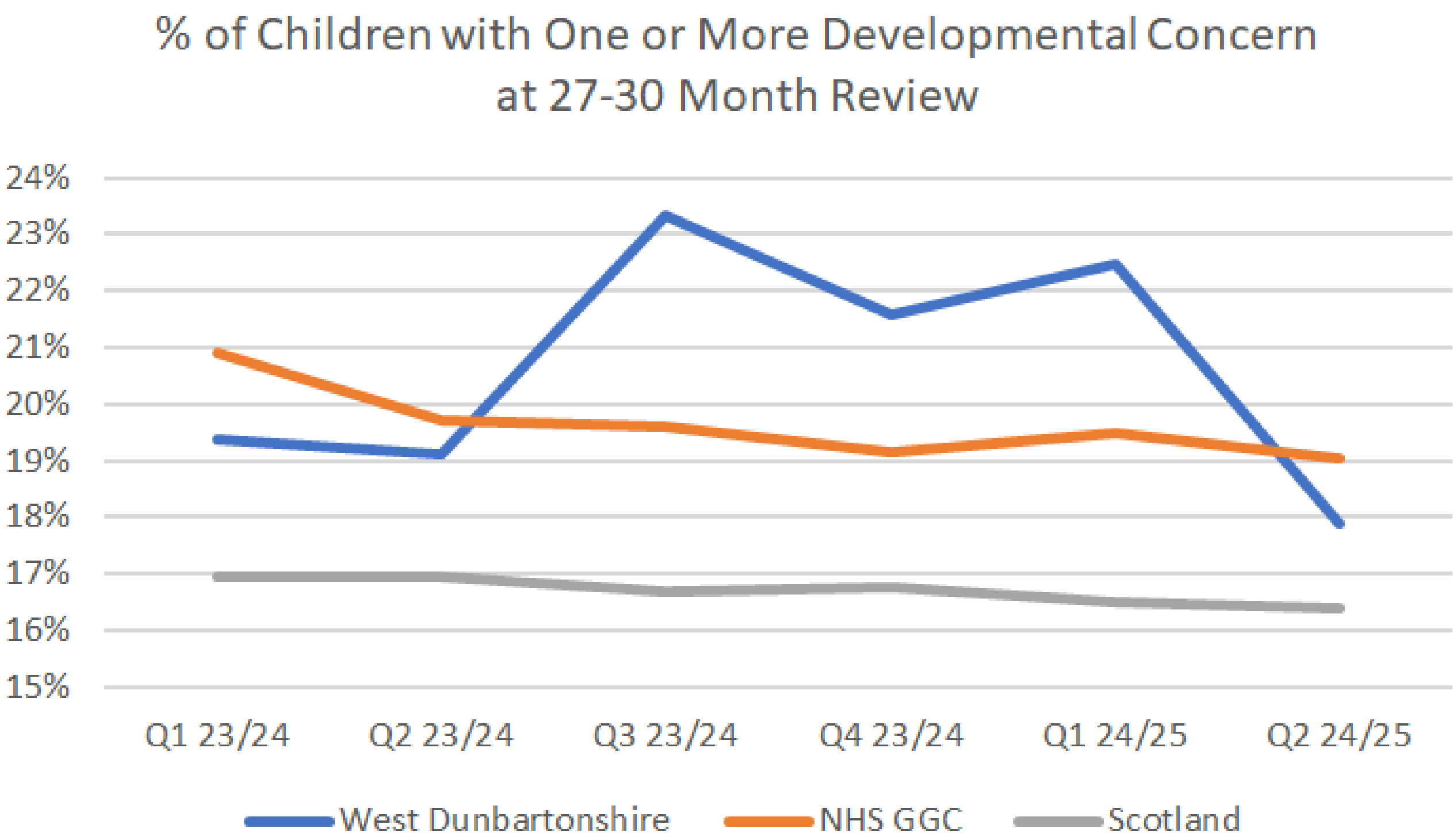


The Early Child Development Transformational Change Programme, launched in 2023, is designed to improve early childhood development outcomes for children in Scotland. It emphasises the critical importance of the early years, particularly the period from pre-pregnancy to age three, when experiences and environments significantly shape children's future health, educational attainment and overall wellbeing.



The programme's aim is that the proportion of children with developmental concerns at their 27-30 month review is reduced from 18% to 13.5% by 2030. These reviews are carried out at key milestones and are part of the delivery of the Universal Health Visiting Pathway.

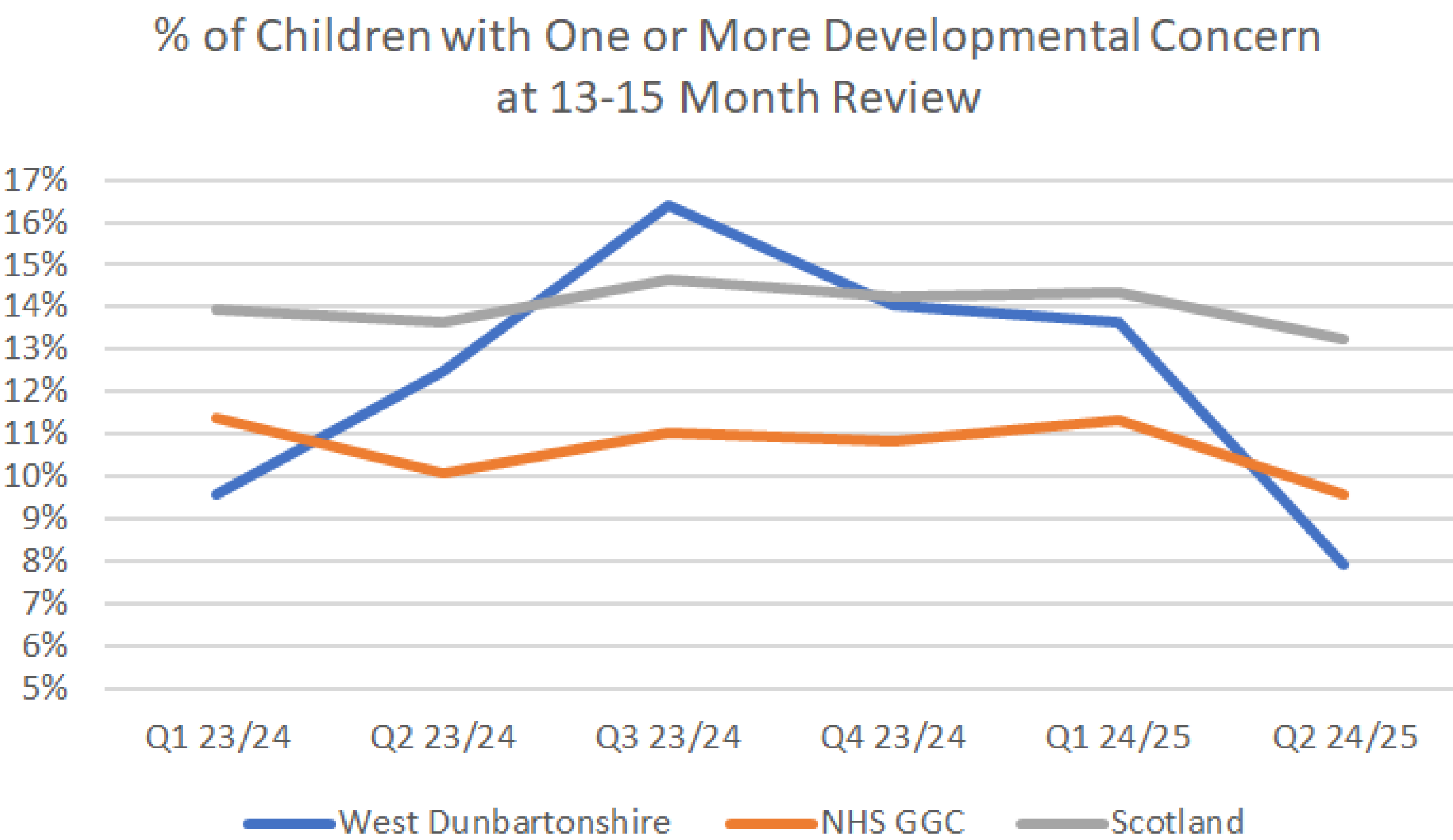
West Dunbartonshire had the 6th lowest percentage of children reaching their developmental milestones at 27-30 months in Scotland in 2023/24 at 79.3%. Data on the percentage of children with one or more developmental concern is being published quarterly by Public Health Scotland.



West Dunbartonshire has been consistently higher than the Scotland figure in the six quarters to September 2024 and higher than the health board area for reviews between October 2023 and June 2024.

Research states that the first 1,000 days are crucial to a child's future. Brains are built over time, from the bottom up, through an ongoing process that begins before birth. Simple neural connections form first, followed by more complex circuits. The connections that form early provide either a strong or a weak foundation for the connections that form later. Early experiences shape the brain, which provides the foundation for all future learning, behaviour, and health.

The chart below shows that the percentage of West Dunbartonshire children aged 13 to 15 months with one or more developmental concern between July 2023 and June 2024 was higher than the NHS Greater Glasgow and Clyde average.



Speech, Language and Communication (SLC) has consistently been a dominant concern for this age group, with 7% of West Dunbartonshire children indicating delay; the highest in Greater Glasgow and Clyde. Early speech, language and communication development is a critical foundation for better long-term outcomes for children, including positive wellbeing and attainment outcomes.

During 2024/25, we carried out a number of improvement actions to raise awareness of SLC issues for children and how to support them and to build competence and confidence in the workforce who are supporting children with SLC needs within West Dunbartonshire.

These included:

- Building on Communication and Literacy Practitioners (CLP) for each Early Years establishment.
- Producing resources and upskilling CLPs on screening and understanding of tools available in order to assess a child’s level of understanding.
- Upskilling of parents and other professionals.
- Development of an advice pack containing helpful information which is given to Health Visiting Teams to share with parents.
- Developed training sessions/joint working opportunities.
- Roll out of “Up, Up, and Away”, an evidence-based resource, to staff in Early Years establishments.

The Universal Health Visiting Pathway also promotes uptake of vital childhood immunisations and encourages breast feeding to improve health outcomes and tackle health inequalities in the early years. West Dunbartonshire continues to have high levels of childhood immunisations: exceeding both levels across Greater Glasgow and Clyde and nationally for 2 of the 6 immunisations offered at 24 months and all offered at 5 years of age

	24 months				5 years		
	WDHSCP	NHS GGC	Scotland		WDHSCP	NHS GGC	Scotland
6-in-1	96.1%	96.3%	95.9%	6-in-1	97.8%	96.9%	96.6%
MMR1	92.6%	92.3%	92.8%	MMR1	96.5%	95.5%	95.1%
Hib/Men C	92.8%	92.5%	92.9%	Hib/Men C	96.7%	94.6%	94.3%
PCVB	93.5%	92.8%	92.7%	4-in-1	90.5%	89.5%	89.3%
Men B Booster	92.8%	91.8%	92.3%	MMR2	89.7%	88.8%	88.7%

Work is ongoing within the West Dunbartonshire Breast Feeding team gathering evidence for renewal of our annual accreditation for the UNICEF Gold award in September 2025. Routine and outreach work continues to support breast feeding women and there is a new joint initiative planned with Midwifery colleagues to target antenatal women, encouraging consideration of breast feeding and hopefully increasing initiation rates.

MSK Physiotherapy



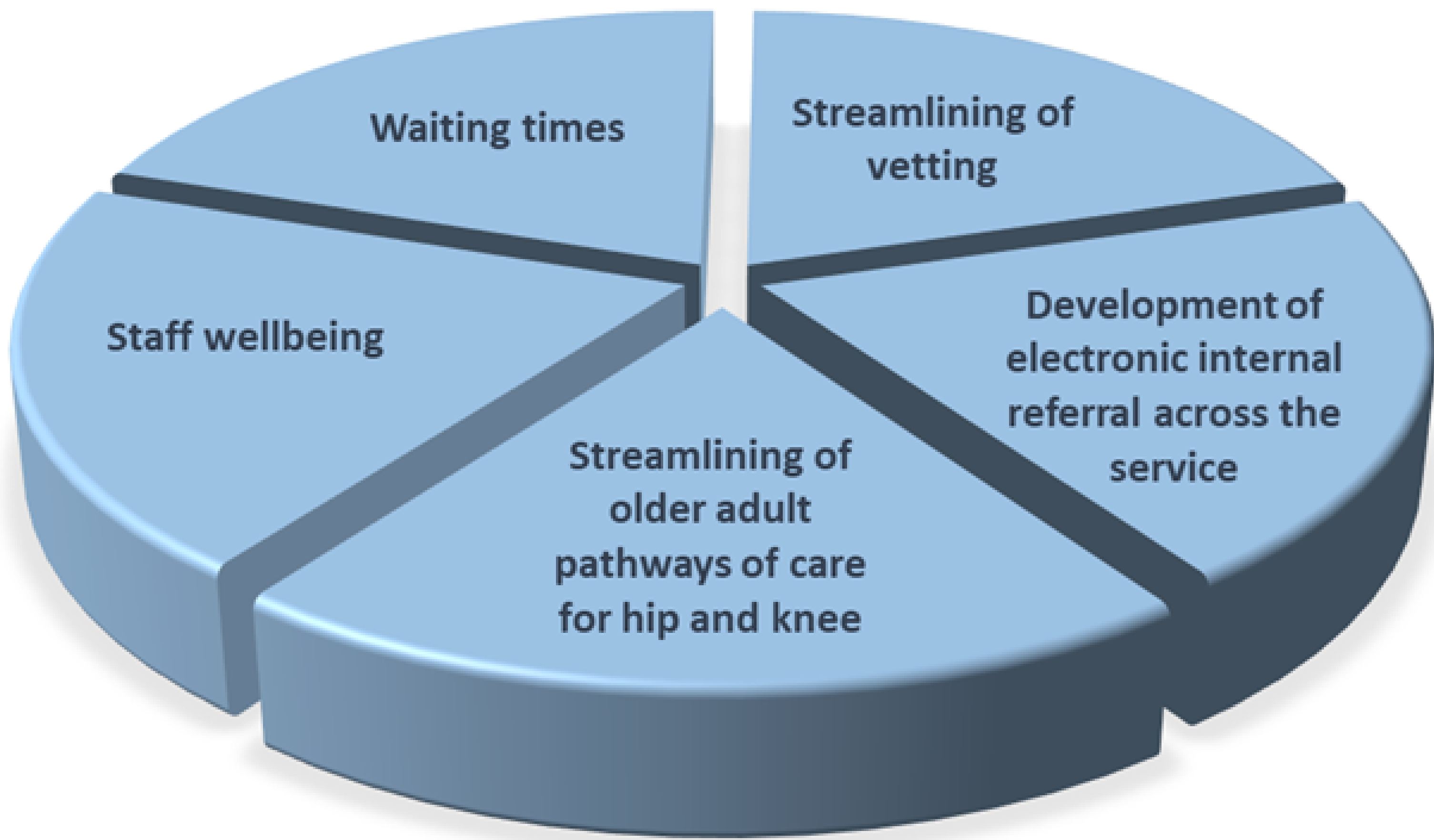
Musculoskeletal (MSK) conditions continue to have a major impact on people's lives. It is one of the leading causes of absence from work and more years are lived with an MSK disability than any other condition.

The MSK Physiotherapy Service continues to provide a person-centred approach where each person is individually assessed and their bespoke care is focused on symptom management, movement, exercise and supported self- management. As we help patients to recover and return to normal activities, we also encourage them to take up more active and healthy lifestyles. In addition we focus on health improvement and support patients who have wider health needs, for example who require support on issues such as alcohol, smoking, weight management or stress management, by signposting them to appropriate services.

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

There have been five projects within the MSK service this year: the first three of which are ongoing from last year.

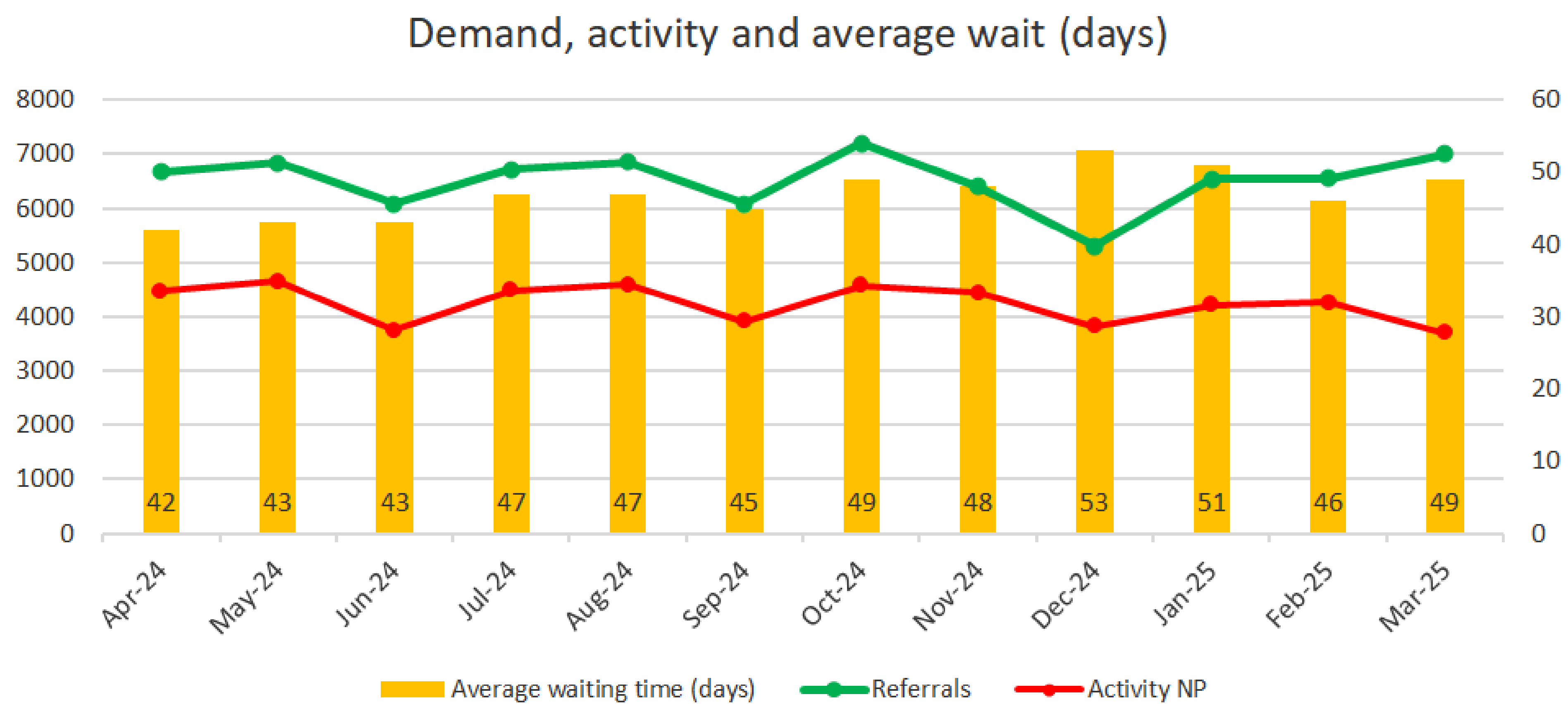
Priority Objectives 2024/25



There was also further project work to ensure that the MSK service is in a state of readiness to implement and monitor requirements from the Health and Care Staffing (Scotland) Act 2019. The service continues to ensure that project work is data informed.

Demand for the MSK service across Greater Glasgow and Clyde has risen in 2024/25 compared to the two previous years. The referral rate demonstrated a further increase of 6.8% this year on top of the 13.3% increase in the previous year. The service received 78,746 referrals in 2024/25 and the referral rate was consistently around 6,000-7,000 referrals per month. Referrals peaked at over 7,000 in both October 2024 and March 2025. The service experienced the usual seasonal dip in December with 5,358 referrals.

New patient (NP) activity levels within 2024/25 are illustrated by the red line in the chart overleaf. Despite all the ongoing work to improve waiting times, there was a very slight decrease in new patient appointments in 2024/25 compared to the previous year: 64,653 NPs in 2024/25 compared with 65,141 in 2023/24, a decrease of 0.75%. There are several reasons for this decrease.

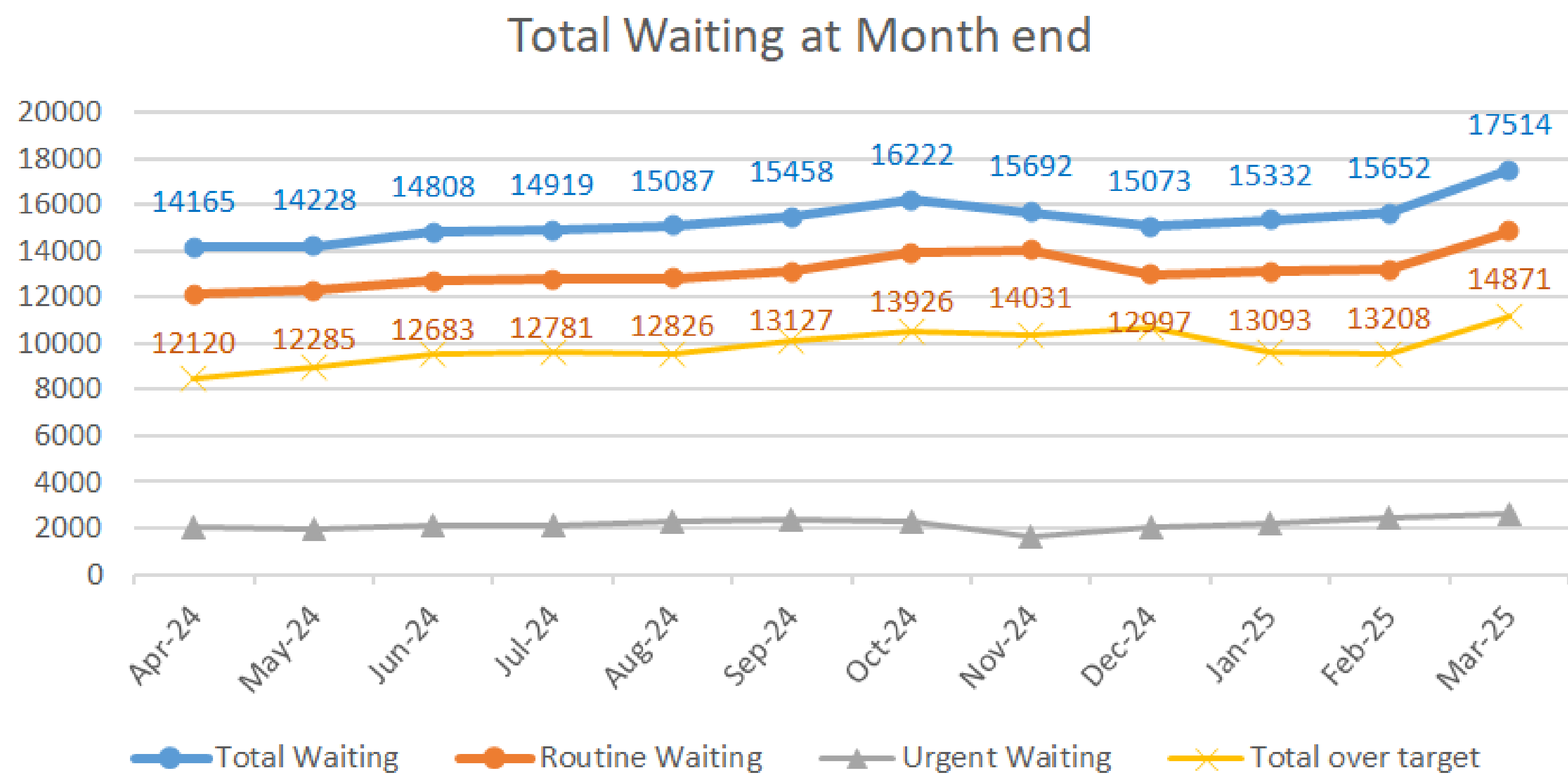


Firstly, in 2023/24 the service had reserves funding to recruit 7-10 whole time equivalent agency staff. This was not available in 2024/25 due to an increased turnover savings target. To achieve a savings target of £675k, the service had an additional 4% turnover target on top of the usual 3.8% target. This significantly impacted on service capacity to meet growing demand.

Recruitment into MSK vacancies has improved compared to previous years with more applicants for posts but the service still has high staff turnover due to the size of the service, with most staff moving to promoted posts. Although this high turnover is essential towards financial savings there is an ongoing impact on service capacity/activity when posts are vacant for a period of time, both during the period when the post is unfilled but also due to the impact of absorption of caseload by others when a staff member leaves the service.

Sickness absence has impacted on capacity throughout 2024/25. Prior to the pandemic sickness absence rates within MSK service were rarely over the 4% target. However during 2024/25, sickness absence rates were consistently over the 4% target: on average 7.3% over the year.

Due to the aforementioned reasons there was an increase throughout the year in the number of patients waiting on an appointment across NHS Greater Glasgow and Clyde as demonstrated in the chart below.



All referrals into the MSK service are vetted into urgent and routine based on clinical need and then appointed into urgent and routine appointment types. The service Trakcare templates are built in such a way that 40% of all New Patient appointments are maintained to prioritise urgent referrals and ensure that these patients are appointed within the Scottish Government's MSK waiting times target of 4 weeks. Any urgent appointment not utilised is converted to a routine appointment to address routine waiting times and the appointments are provided to those patients who have been waiting longest. The service continues to be able to appoint all urgent referrals within this 4 week target.

Strategic Enablers

Our Workforce

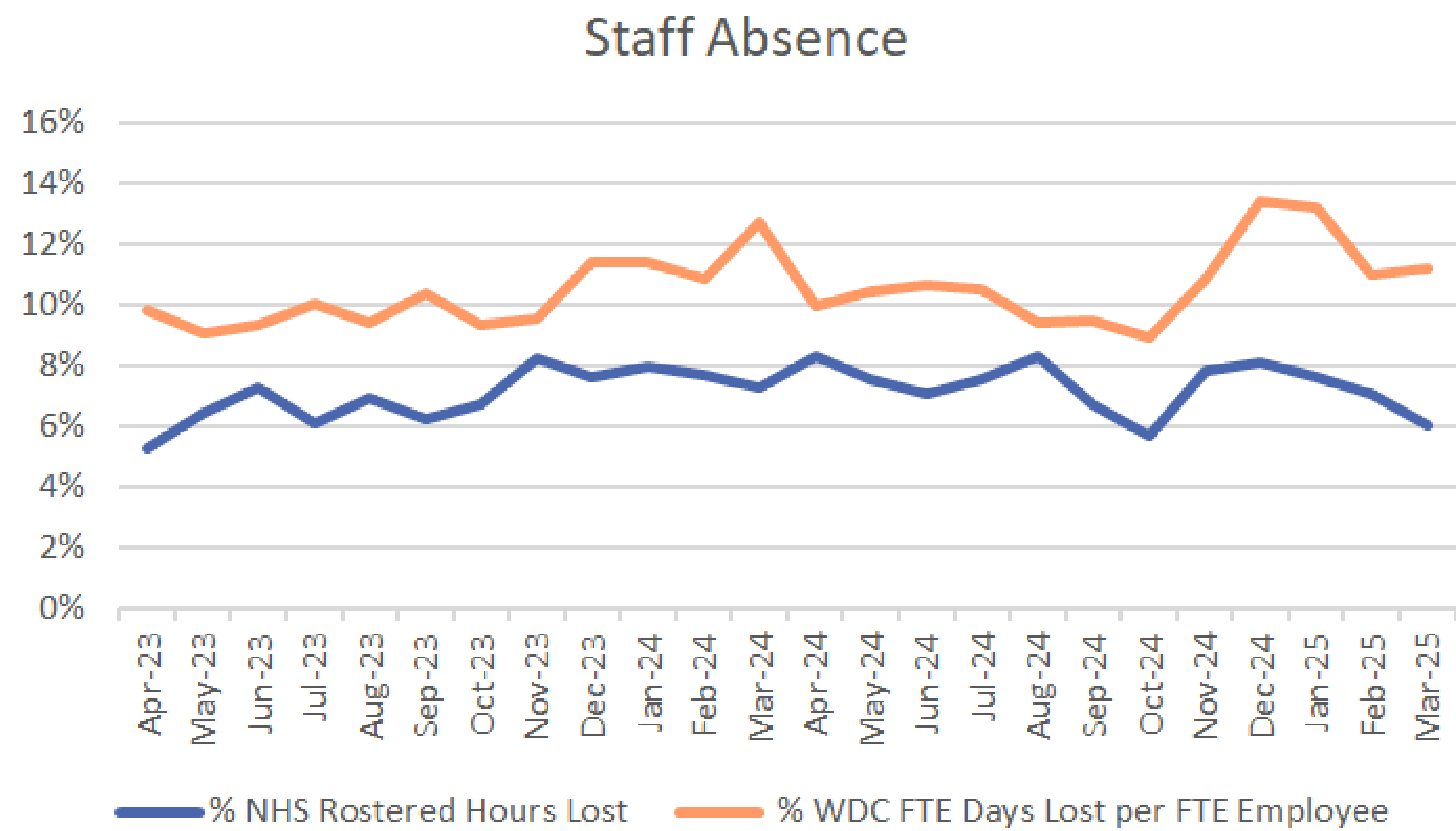
The workforce of West Dunbartonshire Health and Social Care Partnership (HSCP) is a collaborative blend of employees from both NHS Greater Glasgow and Clyde (NHSGGC) and West Dunbartonshire Council (WDC) delivering integrated health and social care services across a wide range of disciplines. This section provides an overview of workforce performance, development and wellbeing across the reporting period.

Workforce Composition and Activity

The HSCP workforce spans a diverse range of services including Adult and Child Community Services, Mental Health, Learning Disabilities, Addictions, Health and Community Care, and corporate support functions. While specific headcount data is not detailed here, workforce activity is monitored monthly through HR reporting to the Senior Management Team and Joint Staff Forum.

Sickness Absence

Sickness absence continues to be a key area of monitoring and support across the HSCP. In March 2025, the overall NHS absence rate was 6.03%, down from 7.09% in February. This represents a 1.22% decrease compared to the same period last year. The average absence rate across Greater Glasgow and Clyde HSCPs also fell from 7.57% to 7.03%, positioning West Dunbartonshire as having the second lowest absence rate among the six partnerships.



Within NHS services, the highest absence rates were reported in:

- Addictions: 11.94%
- Mental Health Elderly Services: 11.65%
- Mental Health Adult Community Services: 8.54%

The top reasons for NHS absence in March were:

- Anxiety, stress, depression, and other psychiatric illnesses: 38.8%
- Gastro-intestinal problems: 9.6%
- Musculoskeletal issues: 6.8%

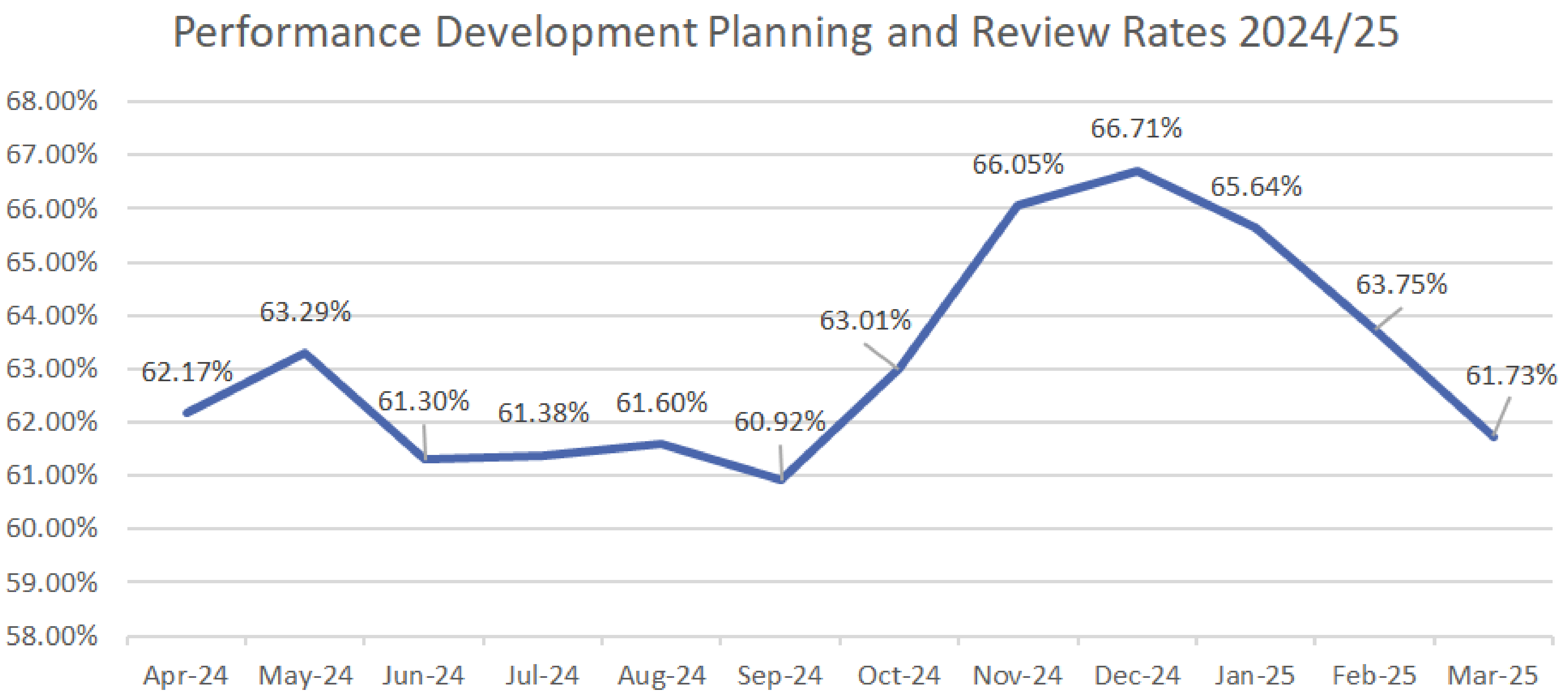
The leading causes of absence for WDC staff were:

- Minor illness
- Personal stress
- Musculoskeletal injuries

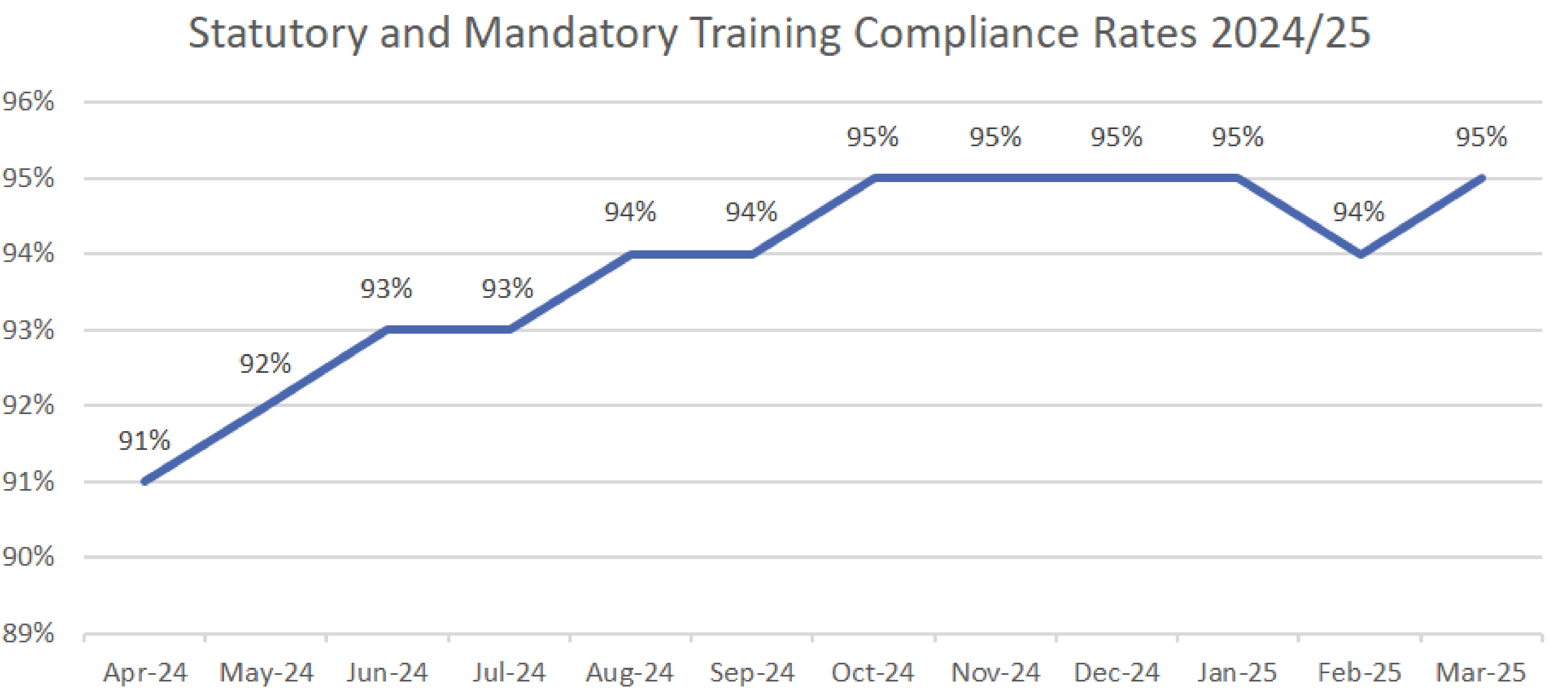
Absence management continues to be supported on a case-by-case basis by the HR Support and Advice Unit and the West Dunbartonshire team. A detailed Absence Plan has been created and will focus on areas with the highest levels of absence during 2025-26 tailoring support to the service's individual needs.

Performance Development and Training: NHS Employees

As of March 2025, Knowledge and Skills Framework (KSF) and Personal Development Plan (PDP) compliance within West Dunbartonshire HSCP was 61.73%, above the NHSGGC partnership average but below the target of 80%. A trajectory and detailed action plan for 2025-26 have been created to increase the compliance rates without compromising the quality of conversations.



Statutory and mandatory training compliance remains strong, with an overall NHS compliance rate of 95% as of March 2025 and compliance rates for all modules exceeded the target of 90% compliance.



Wellbeing and Organisational Development

The HSCP continues to promote staff wellbeing and development through a range of initiatives. Peer Supporter training was offered during Mental Health Awareness Month, encouraging staff to support colleagues and foster a culture of openness and resilience.

The Digital Health and Care Leadership Programme was also promoted, offering fully funded places to staff across health and social care sectors. This programme supports digital transformation and leadership development through structured learning and peer support.

Support for newly qualified social workers has been strengthened through the SSSC Supported Year programme, including peer forums and a new induction event designed to build cross-disciplinary networks.

Reduced Working Week

The initial thirty minute reduction of the Reduced Working Week is now fully implemented in NHSGGC, with planning underway for the future planned reductions taking the contracted working week to 36 hours per week by April 2026. From the contracted 37.5 hours per week baseline prior to April 2024, every 30 minute reduction represents a 1.3% decrease. A full reduction would be 4% less hours than prior to the change. This will have considerable impact on service delivery across a wide array of teams within the HSCP.

Health Care (Staffing) (Scotland) Act 2019

The Health & Care (Staffing) (Scotland) Act 2019 was enacted in April 2024. It aims to provide a statutory basis for the provision of appropriate staffing in Health and Social Care services to support the delivery of safe and effective high-quality care. This will be achieved by having the right people with the right skills in the right place at the right time to improve outcomes for people using our services and improve staff wellbeing.

NHSGGC and West Dunbartonshire Council will report annually to Scottish Government from April 2025. The purpose of the annual reporting requirement is to:

- enable monitoring of the impact of the legislation on quality of care and staff wellbeing;
- identify areas of good practice that can be shared;
- identify challenges relevant organisations are facing in meeting requirements in the Act and what steps they have taken / are taking to address these;
- identify any improvement support required; and
- inform Scottish Government policy on workforce planning and staffing in the health service, alongside other sources of information and data.

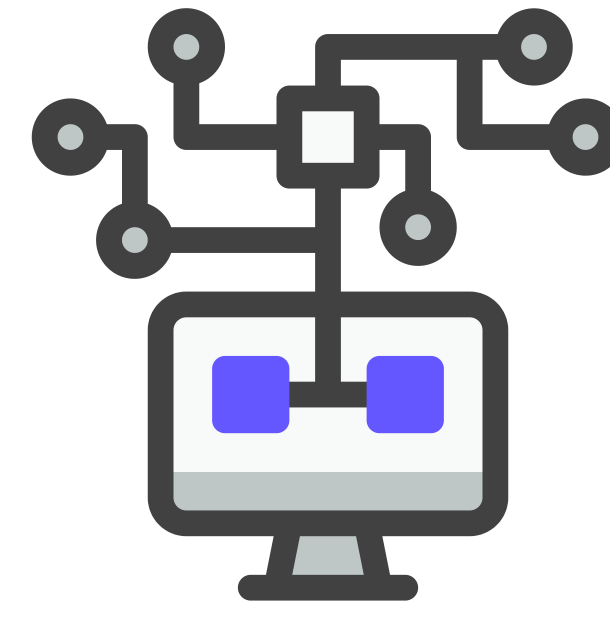
Effective Workforce Planning will be required to support and deliver the appropriate workforce in line with the Guiding Principles and the duties for Adequate Time Given to Clinical Leaders and the Common Staffing Method as set out in the Act. HSCP Chief Officers are required to complete a quarterly assurance template evidencing local Workforce Plans and related Action Plans.

Recruitment and Retention

Throughout the reporting year West Dunbartonshire HSCP has continued to prioritise recruitment and retention as a strategic workforce objective. Recognising the importance of sustainable staffing the Partnership has strengthened its collaboration with local employability services, schools and community partners to promote careers in health and social care.

These efforts have included engagement with local secondary schools and colleges to raise awareness of career pathways within the HSCP, as well as participation in employability programmes aimed at supporting individuals into meaningful employment. By fostering these local connections, the HSCP aims to build a pipeline of future talent while supporting inclusive economic growth within the community. In addition, targeted recruitment campaigns and ongoing support for new starts have helped to maintain service continuity across both NHS and Council teams. The Partnership continues to monitor workforce movement closely and is committed to developing innovative approaches to attract, retain and support a skilled and resilient workforce.

HSCP Digital Strategy



The HSCP Digital Strategy 2024-2027, which will be a key enabler in the use of technology within the partnership, was approved by the HSCP Board on 20th August 2024. An associated Delivery Plan was also approved by the Board which supports both the Digital Strategy and the HSCP Strategic Plan 2023-2026.

The Digital Strategy takes local and national strategies into account, and supports a vision to become digital by default, shifting from traditional models of care delivery to a new model of patient-centred, value-based care with the help of digital technologies. We will support digital skills development within our teams and improve digital inclusion in our communities while continuing to provide services and support that meet the needs of our service users.

The HSCP took part in the Scottish Government and COSLA Health and Social Care Digital Maturity Assessment, providing a baseline and identifying areas of good practice alongside development opportunities that will support the implementation of the strategy.

Much of the focus throughout 2024/2025 has been on the Telecare Analogue to Digital Project, which is a key priority given the upcoming switch from traditional analogue copper lines to digital telephony. Along with East Dunbartonshire Council, who provide call handling services for the HSCP, we are working with partners across Scotland on the implementation of the national Shared Alarm Receiving Centre Platform. The new platform went live for HSCP service users in November 2024.

Alongside the implementation of the new platform, there is a requirement to replace existing analogue Community Alarms with new digital alarms. Significant progress has been made in the rollout of the new digital alarms, both in terms of new and existing service users, with the replacement exercise due to be completed in Q2 2025. To further support the move to digital alarms, we are supporting colleagues in Housing to procure a new, digital telecare solution for Sheltered Housing complexes.

Due to the success of this project, the HSCP achieved the Bronze award in the Digital Telecare Implementation Award Scheme, reflecting the progress made in the project and ensuring the partnership is in a good position to achieve further awards in the scheme.

Improvements in governance within the HSCP have been made through the year. As well as a Programme Management Office (PMO) structure in place to provide governance, direction and support to project managers within the HSCP, additional structures have been set up to ensure similar standards are in place to evaluate and approve change requests for HSCP systems and provide Project Board support for digital projects. These changes ensure that any projects within systems and digital areas are backed up by an approved business case, with approval then given for implementation and project managers fully supported. A Digital Innovation group has also been set up to support a horizon scanning approach which enables the HSCP to review and understand upcoming developments and technologies which may impact the partnership.

There has been a significant focus on the use of data within HSCP across all services, focused on producing management information to support decision making and in structured dashboard approaches to present information. This approach supports the implementation of new teams and processes within the HSCP, ensuring robust reporting is available, and supports service specific projects and strategies.

Looking ahead, the next year should bring some interesting digital developments around how our communities can access information and services. Within our teams we will focus on supporting development of digital skills and seek opportunities to launch new, innovative solutions to our employees and continue to review emerging technologies that could have a role within the HSCP.



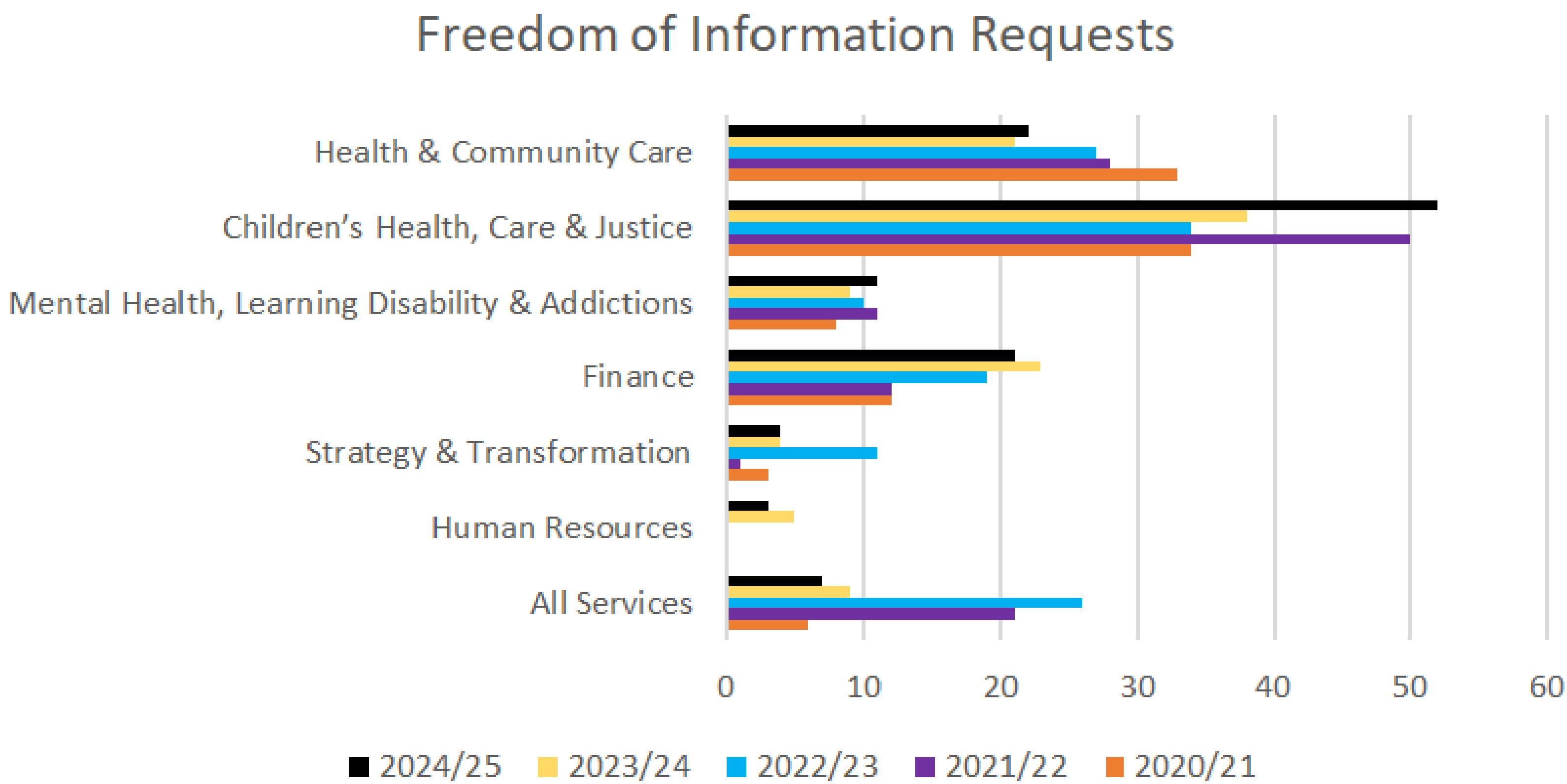
Access to Information



As public authorities, West Dunbartonshire Council and NHS Greater Glasgow and Clyde have a legal requirement to provide requested information in line with the Freedom of Information (Scotland) Act 2002 and the UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018. The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1st January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it, is entitled to be given this information by the authority subject to certain conditions and exemptions set out in the Act. This information should normally be provided within 20 working days of receiving the request. The HSCP's Integration Joint Board also has a responsibility to provide information under FOISA in relation only to the functions of the Integration Joint Board.

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

There were 120 Freedom of Information requests relating to HSCP services received in 2024/25, an increase of 10% on the previous year. 63.3% were responded to within the timescale: a decrease of 5% on 2023/24 and the average response time was 28 days. Most delays involved responses being collated from a number of different sources across services. The numbers below represent the main service area covered in the request however many requests cover both service delivery and the associated financial and staffing information.



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

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

A SAR can also be made on behalf of another individual where the individual has provided their permission. The information collated for a SAR response may contain reference to other individuals or third parties. Where this third party is not an employee carrying out the functions of their role and authorisation has not been provided to release their information, this information will be removed or redacted from the response. During 2024/25 the number of SARs received by the HSCP continued to increase. There were 201 requests made: 7 more than in 2023/24 and more than double the 99 received in 2022/23. Of the 201 requests, 87% were responded to within a calendar month. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff: more than 56,000 pages were checked and redacted in 2024/25.

Scrutiny

Clinical and Care Governance



Clinical and Care Governance is the framework through which the HSCP is accountable for safeguarding high quality care and continuously improving the quality of service provision. The HSCP Clinical and Care Governance Group works in accordance with the Clinical and Care Governance Framework set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details 'Five Process Steps to Support Clinical and Care Governance':

- Information on the safety and quality of care is received
- Information is scrutinised to identify areas for action
- Actions arising from scrutiny and review of information are documented
- The impact of actions is monitored, measured and reported
- Information on impact is reported against agreed priorities

These are complementary to the seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow and Clyde:

- Client-centred services
- Developing and applying the knowledge base for professional practice
- Safe and reliable services
- Enhancing clinical effectiveness
- Quality assurance and accreditation
- Supporting and developing practitioners
- Information, communication and co-ordination

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to co-operate and coordinate their activities with each other, and to work together to improve the efficiency, effectiveness and economy of their scrutiny of public services in Scotland. A number of scrutiny bodies have an interest in how the health and social care agenda is developing including the Care Inspectorate, Accounts Commission, Health Improvement Scotland and the Auditor General for Scotland. Each have distinct statutory responsibilities for the audit, scrutiny and improvement of organisations providing health and care services in Scotland. This external scrutiny provides assurance and supports our internal contract monitoring arrangements with our external partner providers. The HSCP work jointly with external scrutiny bodies and our external partner providers to participate in any regulation or scrutiny activity. Care services in Scotland must be registered with the Care Inspectorate.

The HSCP Clinical and Care Governance (CCG) Group consider matters relating to strategic plan development, governance, risk management, service user feedback, complaints, standards, care assurance, education, professional registration, validation, learning, continuous improvement and inspection activity. It provides assurance to the HSCP Board, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, via the Chief Officer, that the professional standards of staff working in our services are maintained and that appropriate professional leadership is in place.

The CCG Group review significant and adverse events and ensure learning is applied, support staff in continuously improving the quality and safety of care and ensure that service user/patient views on their health and care experiences are actively sought and listened to by services. It promotes a culture of quality improvement and ensures that this is embedded in the organisation by facilitating improvement activity including self-evaluation and clinical governance actions. It also provides oversight and assurance regarding the quality and safety of care, including public protection, inspections and contract monitoring.

The Clinical Director chairs the HSCP CCG group and the Chief Social Work Officer is Co-Chair. The membership includes the Chief Nurse, the Heads of Service from all HSCP services areas including hosted services and a representative from NHS Greater Glasgow and Clyde's Clinical Risk Department. The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of Social Work services and to ensure that the social services workforce practices within the standards and codes of practice set out by the Scottish Social Services Council (SSSC).

Care Inspectorate Inspection Gradings



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

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

The inspection themes currently used by the Care Inspectorate are:

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

Throughout 2024/25 our Care at Home Service has been working closely with the Care Inspectorate to make improvements across the service to meet the requirements and areas for improvement identified in the March 2024 Inspection. The Care Inspectorate's feedback has been invaluable in identifying opportunities for enhanced ways of working.

In addition, the HSCP accepted support from the Care Inspectorate Quality Assurance team. This involved establishing a quality improvement group, with membership inclusive of two Quality Assurance advisors, Senior Management Team members, Care at Home management and Organisers.

Three consecutive 90 Day improvement cycles were completed, following quality improvement methodology. The outcomes of these cycles include implementing enhanced monitoring and assurance processes that enable the service to meet Care Inspectorate standards and deliver safe care. A service led quality improvement group has been established to maintain the application of improvement methodology and embed continuous learning.

Details of gradings and inspection requirements for all HSCP services inspected during 2024/25 can be found at Appendix 6.



Best Value and Financial Performance

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



The HSCP Board has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between the quality and cost of health and social care services. The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership's financial affairs (s95 of the Local Government (Scotland) Act 1973). The CFO and the finance team provide advice, guidance and manage the totality of the financial resource across the partnership, promoting financial sustainability as well as working closely with a wide range of stakeholders including the Council, Health Board, neighbouring Health and Social Care Partnerships and the Scottish Government.

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

The Annual Report and Accounts for the period 1 April 2024 to 31 March 2025 provides a detailed financial overview of the year and the levels of funding from all our partners. Some of the key tables and messages are extracted below including the final outturn position and the movement in reserves.

The HSCP Board approved the 2024/25 revenue budget on 28 March 2024 of £199.662m (excluding Set Aside) to deliver on all delegated health and social care services. This opening budget position was subject to many changes through the course of the financial year as further funding streams were received, in the main from the Scottish Government to support a range of policy commitments. As well as the core budget there is a further allocation of a "Set Aside Budget" which is made available by the Health Board to the HSCP Board, in respect of "those functions delegated by the Health Board, which are carried out within a hospital setting". The proposed set aside budget at the 1 April 2024 was £40.596m, however this too is subject to change in line with actual activity and demand for these services by our West Dunbartonshire population.

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

Budget Performance

The final 2024/25 budget available for delivering directly managed services was £209.935m (excluding Set Aside). The total net cost of providing these services was £210.182m, resulting in a reported deficit of £0.247m (subject to audit). This is detailed in the table below along with comparative data for the last four financial years of the West Dunbartonshire HSCP Board.

Budget Performance 2024/25 (plus previous years 2020/21 to 2023/24)

2020/21 Net Expenditure £000	2021/22 Net Expenditure £000	2022/23 Net Expenditure £000	2023/24 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2024/25 Annual Budget £000	2024/25 Net Expenditure £000	2024/25 Underspend/ (Overspend) £000
45,717	48,336	51,034	57,210	Older People, Health and Community Care	55,857	58,244	(2,387)
3,214	3,106	3,242	3,402	Physical Disability	3,852	3,557	295
25,500	26,033	30,522	32,238	Children and Families	31,736	31,616	120
10,244	10,575	12,086	13,631	Mental Health Services	14,009	13,627	382
2,933	3,363	3,525	4,021	Addictions	4,325	4,101	224
16,868	17,933	20,487	21,147	Learning Disabilities	21,850	21,069	781
1,392	1,501	1,623	1,889	Strategy, Planning and Health Improvement	2,244	2,082	162
29,955	29,532	31,224	33,075	Family Health Services (FHS)	35,107	35,174	(67)
19,003	19,690	21,001	22,667	GP Prescribing	21,718	22,626	(908)
6,247	6,528	7,623	8,262	Hosted Services - MSK Physio	7,980	8,108	(128)
719	720	846	879	Hosted Services - Retinal Screening	772	865	(93)
(6)	0	45	274	Criminal Justice - 100% Grant funding	8	97	(89)
4,468	5,776	7,421	9,105	HSCP Corporate and Other Services	0	0	0
5,840	4,781	2,863	0	Covid-19	10,114	8,653	1,461
329	358	377	372	IJB Operational Costs	363	363	0
172,423	178,232	193,919	208,172	Cost of Services Directly Managed by West Dunbartonshire HSCP	209,935	210,182	(247)
36,149	36,346	41,323	43,914	Set aside for delegated services provided in large hospitals	45,781	45,781	0
505	527	562	302	Assisted garden maintenance and Aids and Adaptions	303	303	0
11,467	11,042	12,596	16,103	Services hosted by other IJBs within Greater Glasgow and Clyde	16,524	16,524	0
(6,390)	(6,672)	(7,605)	(8,568)	Services hosted by West Dunbartonshire IJB for other IJBs	(8,346)	(8,346)	0
214,154	219,475	240,795	259,923	Total Cost of Services to West Dunbartonshire HSCP	264,197	264,444	(247)

The total cost of delivering all health and social care services amounted to £264.444m against funding contributions of £264.197m, including notional spend and funding agreed for Set Aside of £45.781m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations of £0.303m and net spend and funding of services hosted by other IJBs within Greater Glasgow and Clyde of £8.178m. This therefore leaves the HSCP Board with an overall deficit on the provision of services of £0.247m.

The main challenges and cost pressures incurred by the HSCP during 2024/25 were related to employee related issues (such as staff turnover levels, recruitment challenges and subsequent increased use of agency staff), global inflation affecting pay negotiations, prescribing levels and the cost of providing care packages and the cost of living crisis.

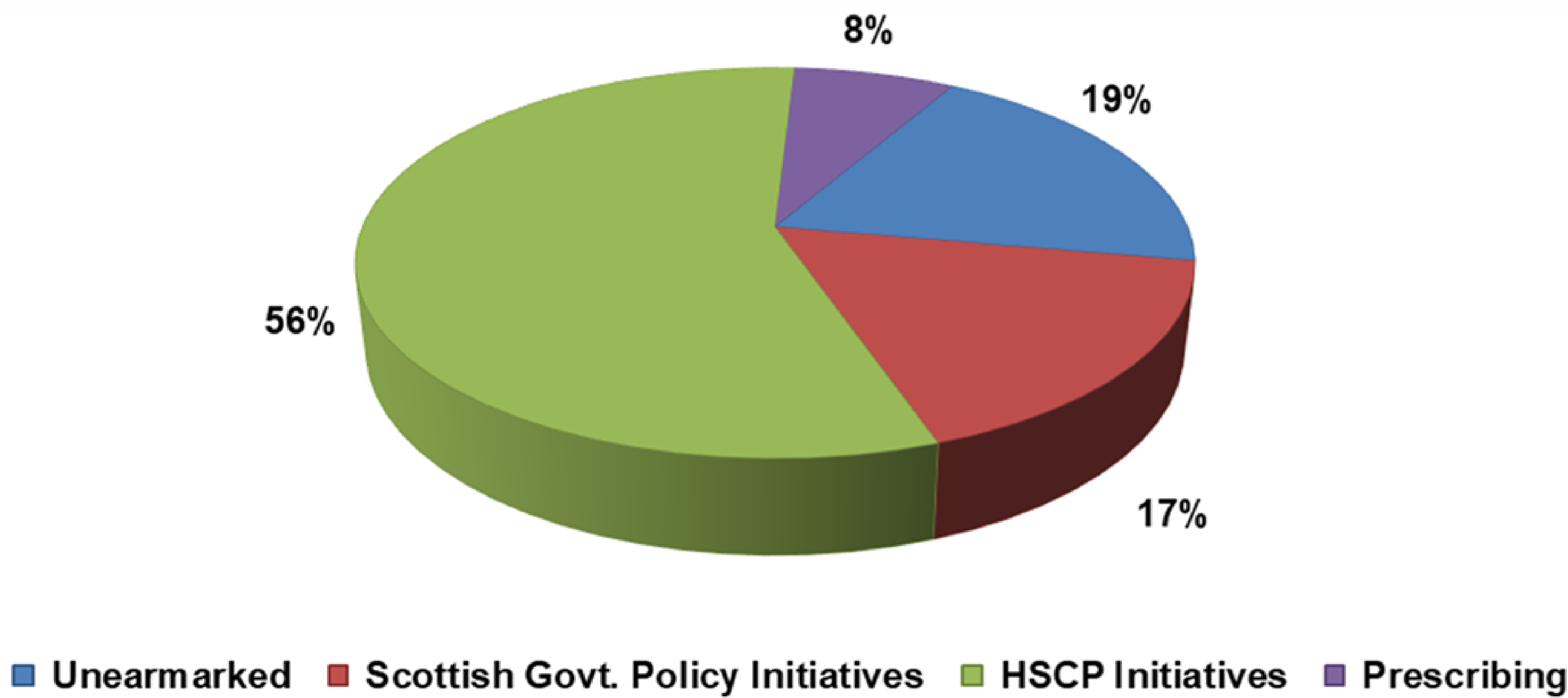
This deficit was partially funded by a drawdown from earmarked reserves of £0.319m leaving a net surplus of £0.072m. Reserves are classified as either:

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

The HSCP Board have an approved Reserves Policy which sets out the legal basis for holding reserves and the process of applying those reserves. It is recognised reserves are a key element in demonstrating financial stability in the medium to long term. Therefore, the current policy strives to hold 2% of total budget in unearmarked reserves, for 2024/25 this was approximately £4.4m.

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

High Level Analysis of 2024/25 Earmarked and Unearmarked Reserves



The movement in earmarked reserves is an overall decrease of £0.319m, bringing the closing balance to £14.831m. There were a number of drawdowns and additions amounting to £5.115m and £4.868m respectively.

The movement in unearmarked, general reserves is an overall increase of £0.072m, bringing the closing balance to £3.576m which, at 1.62%, is below the 2% target as set out in the Reserves Policy.

Medium Term Financial Outlook

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

Throughout 2024/25 West Dunbartonshire HSCP Board continued to demonstrate our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves supports our short and medium-term position as we face the challenges for 2025/26 in delivering the strategic outcomes contained within the 2023-2026 Strategic Plan: Improving Lives Together, shaped by our Strategic Needs Assessment.

The Medium-Term Financial Outlook (MTFO) was updated and reported to the HSCP Board in November 2024.

The HSCP Board revenue budget for 2025/26 to deliver our strategic priorities is £213.383m, excluding £46.348m relating to set aside and £0.080m relating to budget managed by West Dunbartonshire Council for Aids and Adaptations. The budget identified a potential funding gap of £7.766m which will be addressed through an application of earmarked reserves (£3.049m), a range of savings options (£1.988m) and management actions (£2.729m).

In 2025/26 we will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes, the Senior Management Team and the Project Management Office (PMO). We will respond to these challenges by continuing to build on the strong governance frameworks already in place and continue to engage and collaborate with our stakeholders, manage and mitigate risk and invest in our workforce and communities.

The ongoing reaction to and recovery from the pandemic adds a further layer of risk to our financial stability going forward. The indicative budget gaps for 2025/26 and 2027/28 are detailed below and illustrate the scale of the risk. These will be subject to change as the full impact of the 2025/26 pay settlements for local government employed staff is revealed as well as other inflationary and service demand pressures arising from the current cost of living crisis.

Indicative Budget Gaps for 2025/26 to 2026/27

Budget Gap Analysis	2025/26	2026/27	2027/28
	£000	£000	£000
Social Care	98,456	107,271	113,430
Health Care	119,644	122,260	125,180
Set Aside	46,348	46,348	46,348
Total Indicative Spend	264,448	275,879	284,958
West Dunbartonshire Council	93,669	96,145	98,618
NHS Greater Glasgow & Clyde	116,665	116,665	116,665
Set Aside	46,348	46,348	46,348
Total Resources	256,682	259,158	261,631
Indicative Budget Gap	7,766	16,721	23,327

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

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

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

Through 2025/26 the Financial Performance Reports will continue to reflect all quantifiable variations against the approved budget as well as anticipating and reporting on any material changes or risks.

Good Governance

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

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

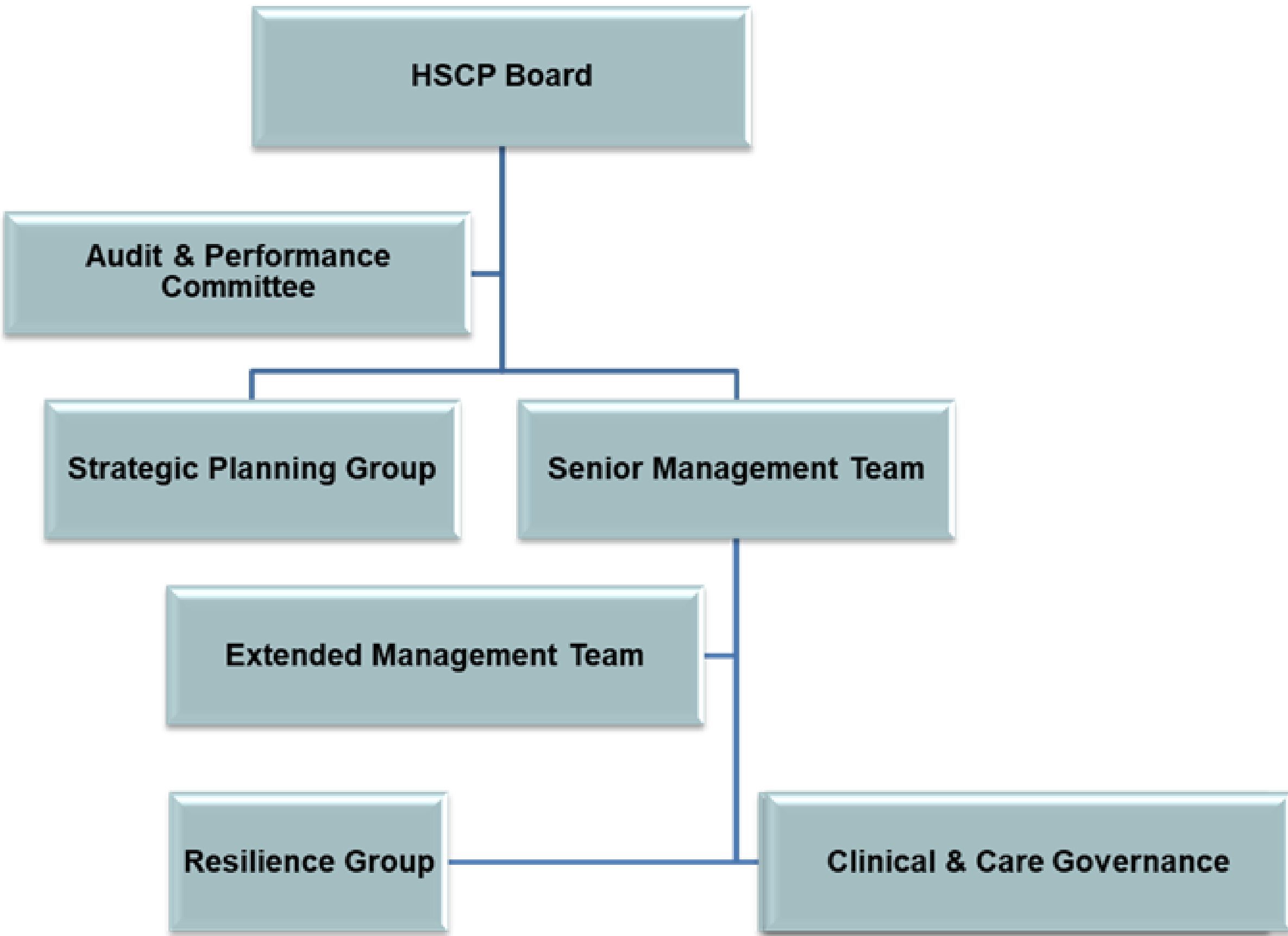
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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

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

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

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



Governance 2024/25

The 2024/25 Internal Audit Annual Report for the HSCP Board identifies no significant control issues.

Overall, the Chief Internal Auditor’s evaluation of the control environment concluded that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2025 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

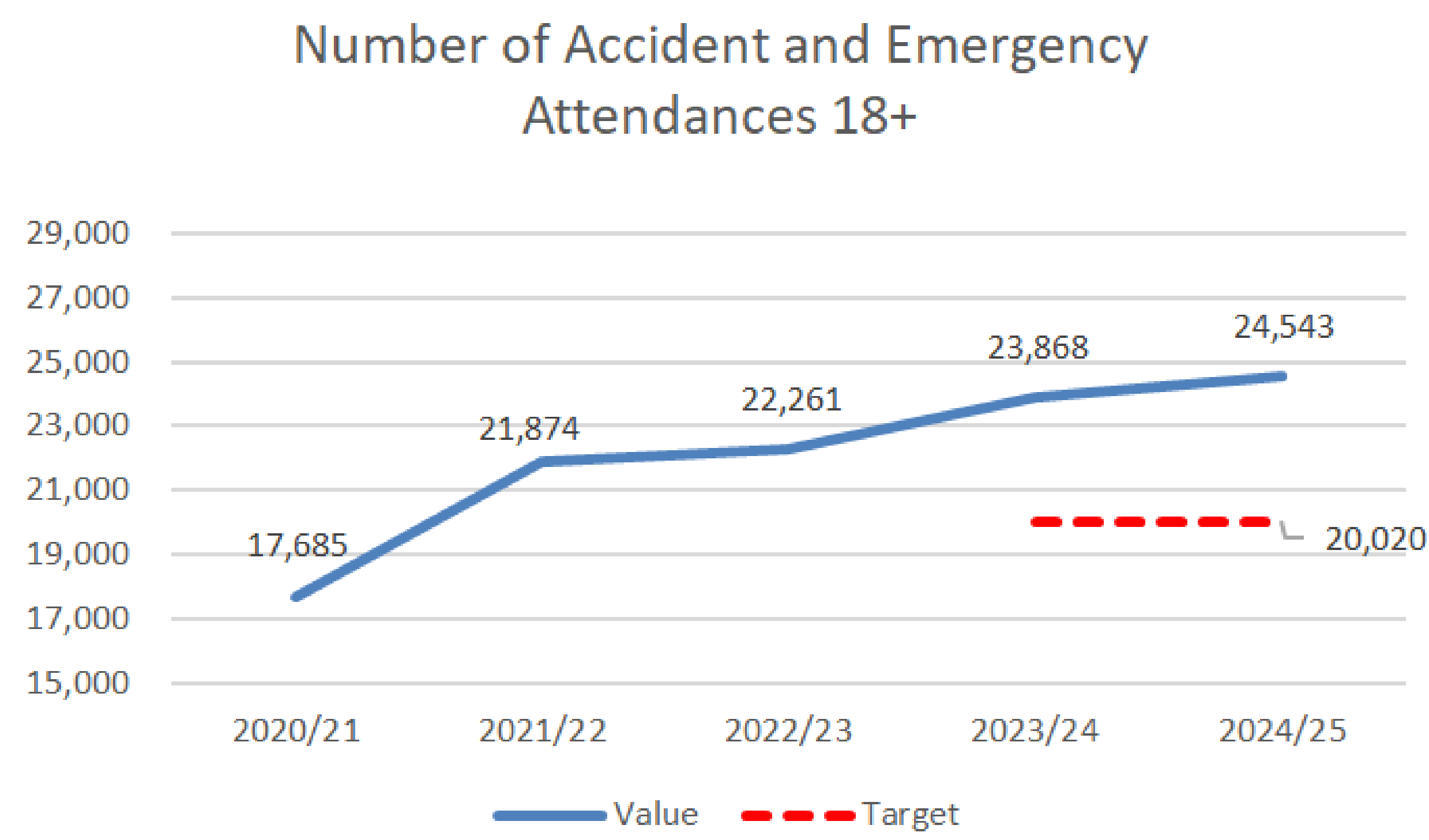
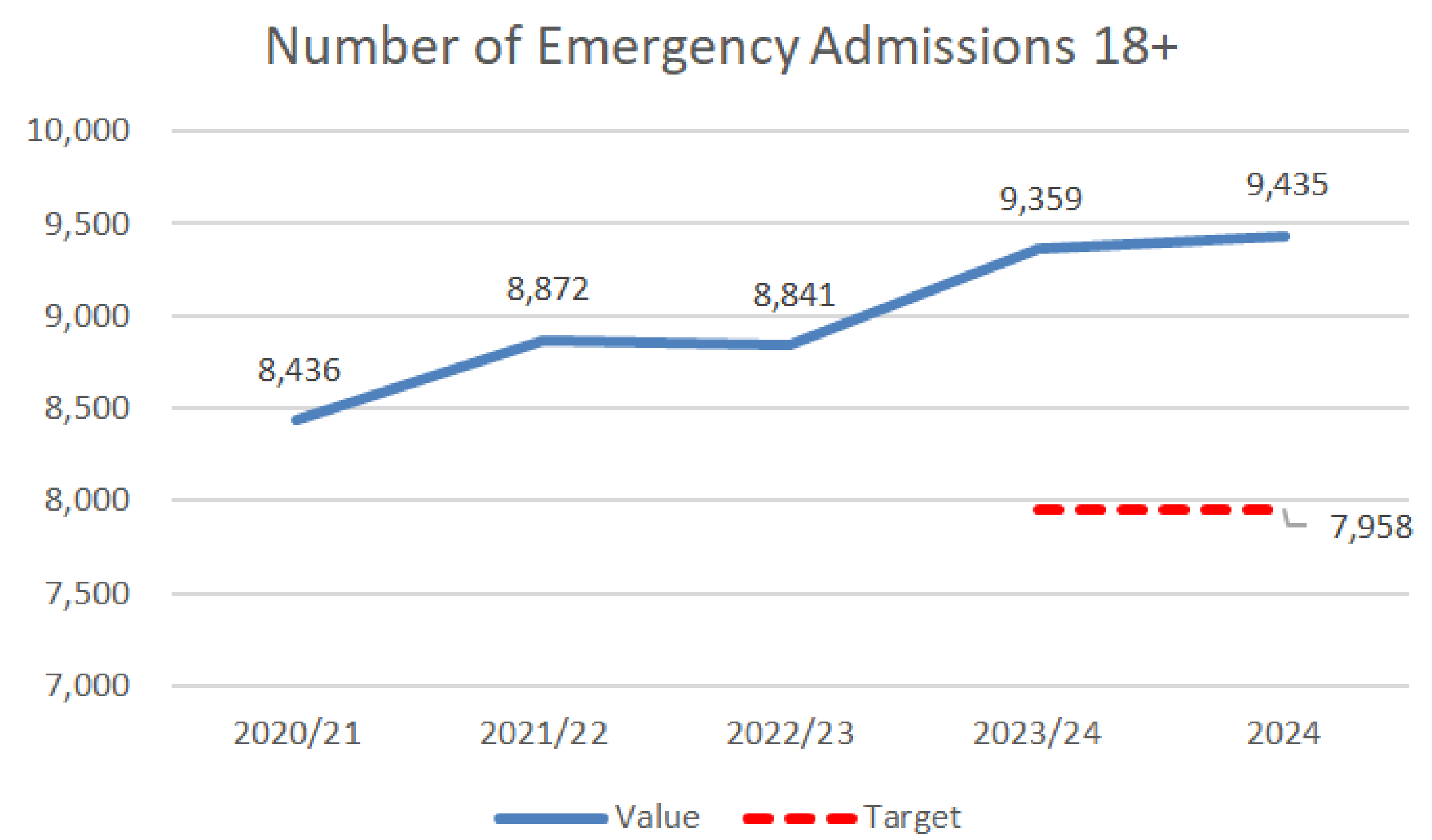
Appendix 1: Core Integration Indicators

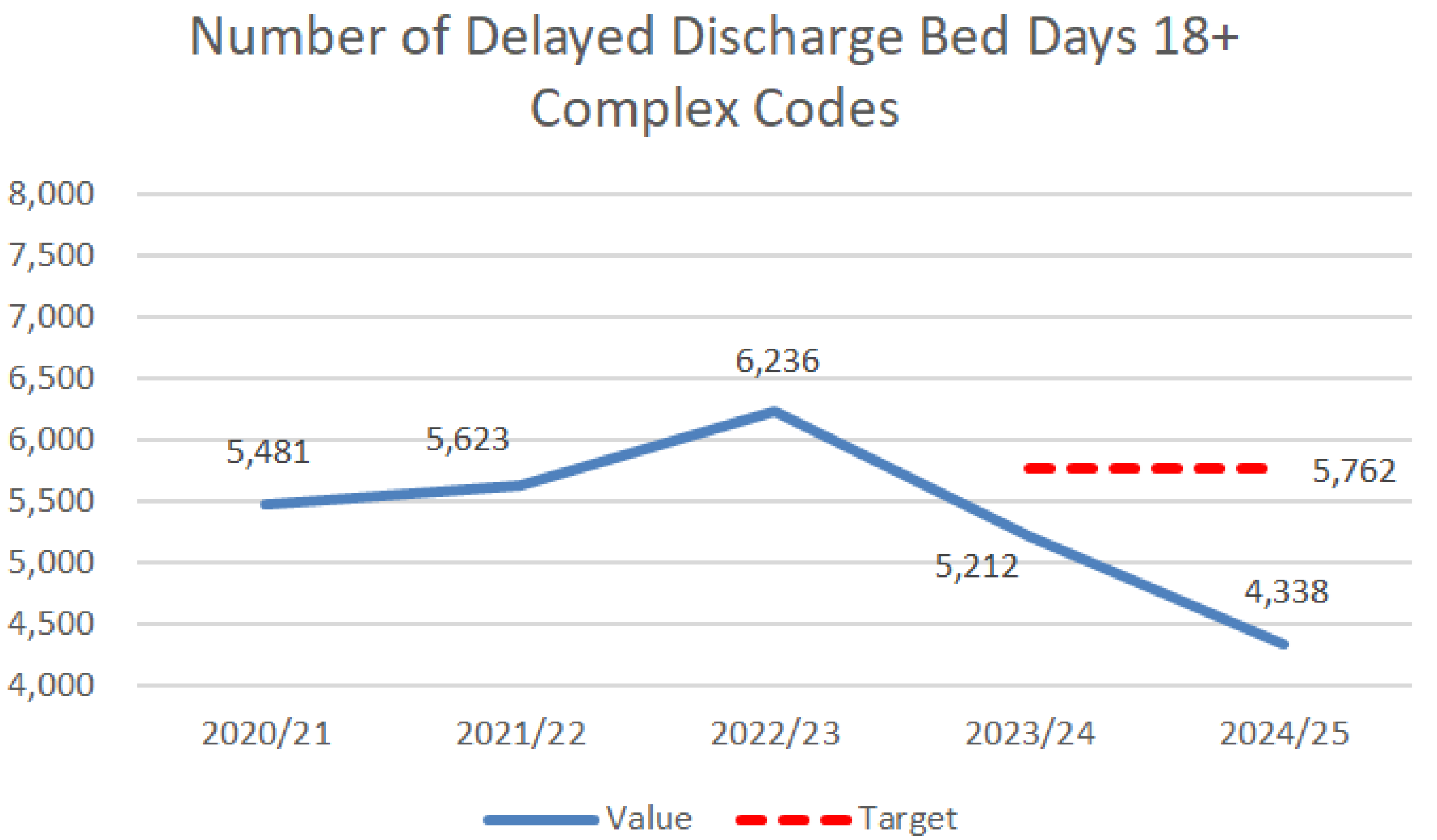
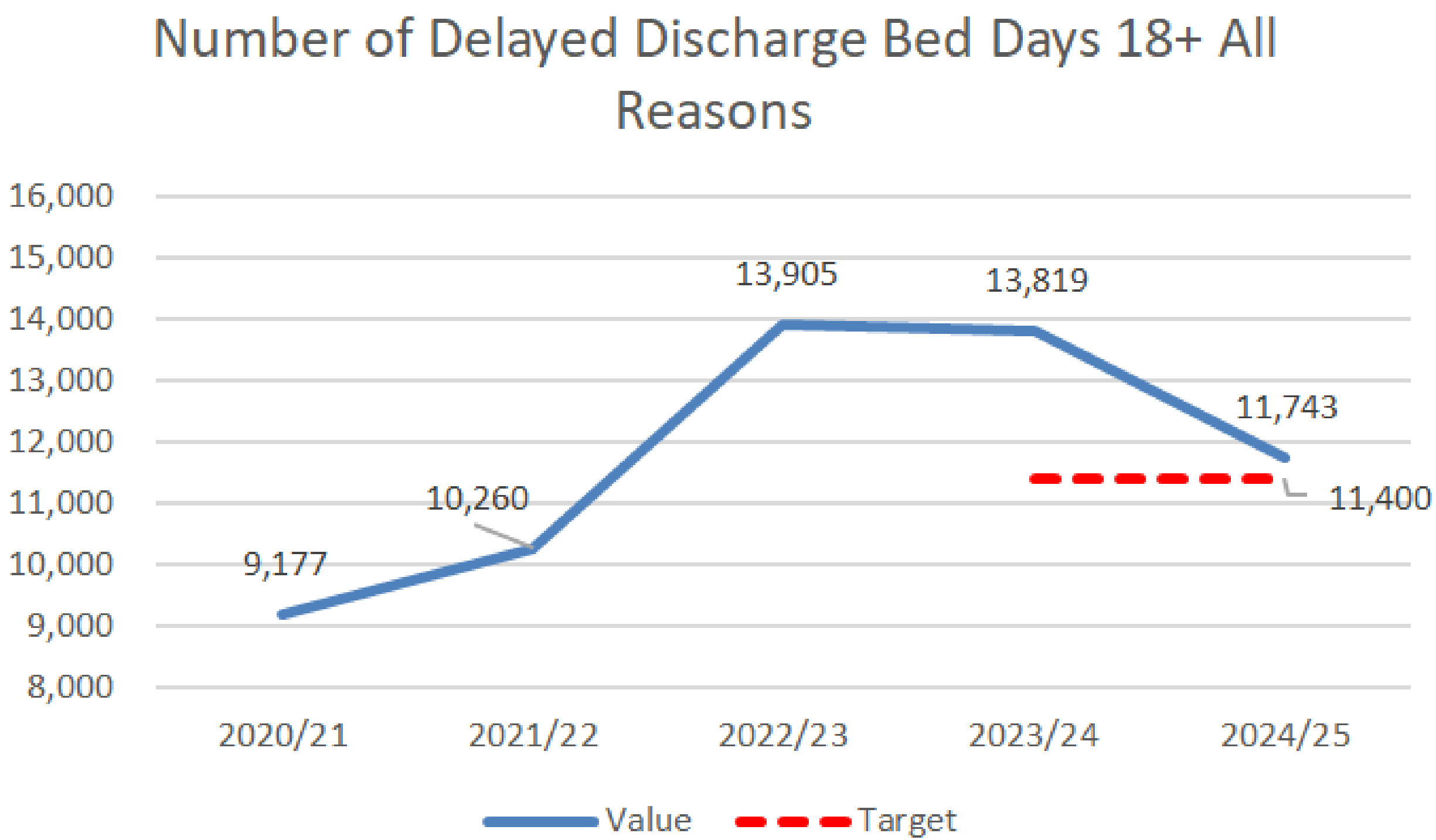
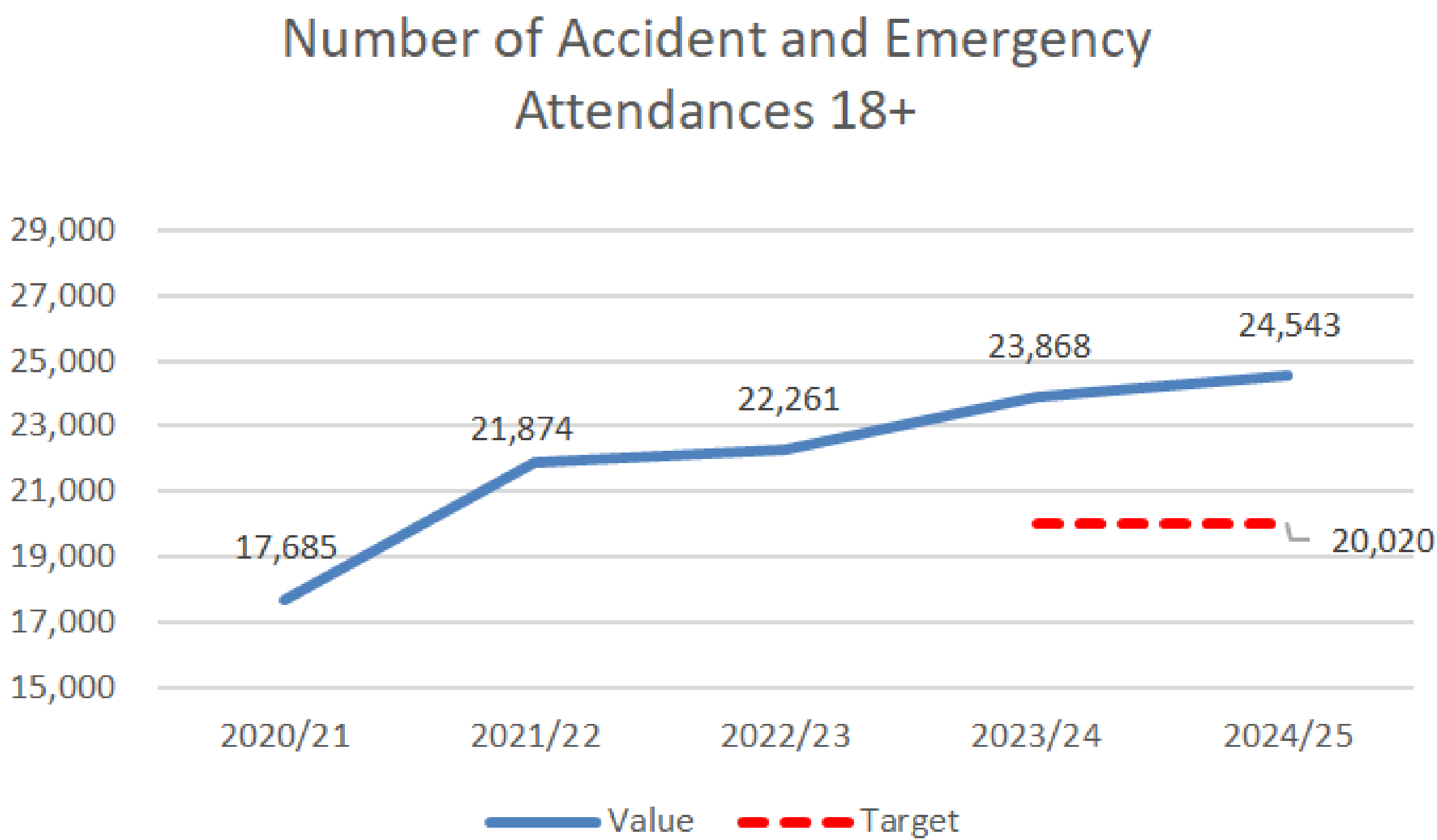
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2023/24	88.4%	90.7%	28	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2023/24	62.7%	72.4%	31	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	2023/24	59.1%	59.6%	21	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2023/24	54.3%	61.4%	29	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2023/24	66.9%	70%	23	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2023/24	63.8%	68.5%	20	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2023/24	64%	69.8%	29	
NI-8	% of carers who feel supported to continue in their caring role	2023/24	26.7%	31.2%	29	
NI-9	Percentage of adults supported at home who agree that they felt safe	2023/24	66.7%	72.7%	29	
NI-11	Premature mortality rate per 100,000 persons	2023	487	442	7	
NI-12	Rate of emergency admissions per 100,000 population for adults	2024	13,535	11,446	22	
NI-13	Rate of emergency bed days per 100,000 population for adults	2024	144,639	109,823	29	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges	2024	85	103	9	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2024	88.3%	89.4%	24	
NI-16	Falls rate per 1,000 population aged 65+	2024	22.1	22.4	15	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections	2023/24	81.4%	77%	13	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2024	70.1%	64.7%	5	
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2024/25	1,022	952	18	

Appendix 2: Local Government Benchmarking Framework


Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking in Scotland	WD Ranking in Family Group	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2023/24	89.9%	88.8%	13	3	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2023/24	£5,621	£5,282	22	4	
LGBF3	The gross cost of "children looked after" in a community setting per child per week £	2023/24	£283.64	£474.68	4	3	
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27–30 month child health review	2023/24	79.3%	83.3%	27	4	
LGBF5	% Child Protection Re-Registrations within 18 months	2023/24	2.25%	5.81%	10	2	
LGBF6	% Looked After Children with more than one placement within the last year	2023/24	16.42%	17.5%	13	4	
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults	2023/24	2.08%	9.03%	32	8	
LGBF8	Home care costs for people aged 65 or over per hour £	2023/24	£41.81	£33.61	23	4	
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home	2023/24	70.2%	62.6%	6	2	
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)	2023/24	£713	£723	17	5	


Appendix 3: Ministerial Steering Group Performance







Appendix 4: HSCP Strategic Plan Key Performance Indicators



























Target achieved

Target narrowly missed

Target missed by 15% or more

Data only - no target set

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

Caring Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
L	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	92.8%	90.9%	95%		
L	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	94.2%	92.3%	95%		
M	Number of Adult Carer Support Plans completed	211	220	N/A		
L	Balance of Care for looked after children: % of children being looked after in the Community	89.9%	90.5%	90%		
M	Number of Looked After Children	506	483	N/A		
M	Number of Looked After children looked after in a residential setting	56	46	N/A		
M	Number of Looked After children looked after at home with parents	66	82	N/A		
M	Number of Looked After children looked after by foster carers	128	122	N/A		
M	Number of Looked After children looked after in other community settings	256	233	N/A		
N	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	90%		
L	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6	3	18		
N	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	60.2%	57.3%	90%		
N	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	98.5%	97.8%	90%		








Safe and Thriving Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
M	Number of Child Protection investigations	291	380	N/A		
M	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	58	75	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	454	397	N/A		
M	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	105	79	N/A		
N	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	76%	58.5%	100%		
N	Number of delayed discharges over 3 days (72 hours) non-complex cases	23	22	0		
L	Number of bed days lost to delayed discharge 18+ All reasons	13,819	11,743	11,400		
L	Number of bed days lost to delayed discharge 18+ Complex Codes	5,212	4,338	1,441		
L	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	10,765	9,252	9,338		
L	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	4,248	3,198	3,930		
L	Number of clients receiving Home Care Pharmacy Team support	1,065	1,157	1,248		
L	Number of people receiving Telecare/Community Alarm service – All ages	1,869	1,894	1,869		
M	Number of people receiving homecare – All ages	1,361	1,145	N/A		
M	Number of weekly hours of homecare – All ages	9,338	8,283	N/A		
L	Percentage of people who receive 20 or more interventions per week	40%	46.8%	40%		
L	Percentage of homecare clients receiving personal care	99.6%	99.9%	99%		
M	Number of people receiving reablement homecare	21	91	N/A		
M	Number of hours of reablement homecare	167	188	N/A		



Equal Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
N	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	68.1%	71.1%	98%		
N	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.3%	65.9%	80%		
N	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	49.7%	31.8%	80%		
L	Percentage of children from BME communities who are looked after that are being looked after in the community	86.2%	85.7%	90%		
L	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	80%	89%	80%		
L	Percentage of people under 65 consenting to a referral for benefits maximisation at point of assessment/review	28%	26.3%	N/A		
L	Percentage of people aged 65 and over consenting to a referral for benefits maximisation at point of assessment/review	6%	14.2%	N/A		
L	Percentage of females consenting to a referral for benefits maximisation at point of assessment/review	10%	15.9%	N/A		
L	Percentage of males consenting to a referral for benefits maximisation at point of assessment/review	16%	19.5%	N/A		











Healthy Communities						
Target Type	Performance Indicator	2023/24	2024/25			5 Year Trend
		Value	Value	Target	Status	
L	Number of emergency admissions 18+	9,359	9,435	7,958		
L	Number of emergency admissions aged 65+	4,913	5,066	4,265		
L	Emergency admissions aged 65+ as a rate per 1,000 population	275.8	280.2	240		
L	Number of unscheduled bed days 18+	93,575	93,305	80,375		
L	Unscheduled acute bed days (aged 65+)	68,103	68,282	58,262		
L	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	3,823.60	3,779.50	3,271		
L	Number of Attendances at Accident and Emergency 18+	23,868	24,543	20,020		
N	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	44%	41%	90%		
N	Prescribing cost per weighted patient (Annualised)	£193.03	£188.77	£201.11		
N	Compliance with Formulary Preferred List	74.34%	74.36%	78%		

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

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Progress the recruitment of a Community Participation Officer. Building on existing community infrastructure, this officer will drive forward the community mobilisation agenda, engaging with the public and identifying local communities using a variety of means, to raise awareness and promote empowerment.		<div><div>100%</div></div>	30-Apr-23	Recruitment process complete.	S&T
Review and update the HSCP Participation and Engagement Strategy.		<div><div>100%</div></div>	30-Sep-24	Updated strategy approved by HSCP Board 19 November 2024	S&T
Review the role and function of Local Engagement Networks and the role of existing channels, including communities of interest and geography, in the service planning process and the development of locality plans.		<div><div>100%</div></div>	30-Sep-24	The local engagement networks will not be re-established. Locality planning groups are in place complete with data informed locality profiles. Support is being provided to stakeholder members via the unpaid carers liaison officer.	S&T
Train our staff and embed the use of guidance for public engagement (rolling programme).		<div><div>100%</div></div>	31-Mar-25	Participation and Engagement strategy approved. Structures in place to support staff to implement the strategy within services.	S&T
Promote the use of Care Opinion to encourage patients, clients, carers and people who use our services to share their experiences of services, further informing choice.		<div><div>75%</div></div>	01-Sep-25	Work is ongoing. Care Opinion has been commissioned and service trees identified. Progress has slowed due to the absence of the lead officer, however, this work will be complete within the next 6 months.	S&T
Strengthen the voice and include the views of the people who use our services in our individual care planning approach using My Assessment tools.		<div><div>100%</div></div>	31-Mar-24	The implementation of My Assessment and My Plan documentation was initiated on a phased approach across Children and Families Services between April and July 2023. A guidance document for practitioners and training sessions were delivered with the document, strengthening the recorded view of children and young people being at the centre of practice and care planning. Ongoing evaluation of the implementation of the assessment and planning document is in place and supported and reported through the Project Management Office (PMO). Strengthening our commissioning of advocacy services for children is underway with Who Cares? as we anticipate a planned increase in the services delivering advocacy support for children and young people. Commissioning to support the delivery of our Champions' Board is underway and the Strategic Plan for the Champions' Board is being progressed by the Promise Keeper given the clear alignment with our Promise implementation and young people's voices.	CHC&J
Develop and implement a transition plan for people transitioning between children and adult social care services.		<div><div>80%</div></div>	30-Sep-24	Joint working ongoing with draft papers drawn up and further meetings arranged.	MHLD&A
Undertake service design and improvement activity regarding how partners and people who use our services access HSCP services.		<div><div>100%</div></div>	31-Mar-25	Participation and Engagement Strategy approved in 2024. The Scottish Approach to Service Design embedded across all redesign programmes.	S&T
Implement the action plan arising from the inspection of Fostering and Adoption Services.		<div><div>100%</div></div>	31-Mar-24	Delays in permanency planning have been evident for some time. A newly created Permanency Team has just been recruited to, with agreed reconfiguration of social work resource to progress children's plans with a pathway of referral identified following a legal advice meeting recommending permanence. Our development of reportable data from CareFirst in relation to delays within the process is being developed to ensure there is clear oversight of any delays in plans for children by operational and senior managers. An independent reviewing team has been in place since June 2023 to review all looked after children and development of reporting on timescales and performance. Care Inspectorate inspection findings in June 2024 noted significant progress and this was reflected in the grading and findings.	CHC&J

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Implement the action plan resulting from the inspection of Justice Services		<div><div>100%</div></div>	30-Sep-23	A review of the action plan has taken place in June 2024 with Care Inspectorate, Head of Service and Justice Service Manager. The service are working to a revise improvement plan with self evaluation b e a key focus for further development	CHC&J
Implement the Primary Care Improvement Plan (PCIP)		<div><div>100%</div></div>	30-Apr-24	PCIP Action plan completed in relation to this action. PCIP funded workforce recruited to, PCIP now business as usual. Ongoing meetings to monitor issues but no expansion planned due to limitations in the allocated PCIP budget	H&CC
Update Getting it Right For Every Child (GIRFEC) guidance. Implement training aligned with new national guidance and appoint a GIRFEC Lead Officer.		<div><div>75%</div></div>	31-Mar-25	Guidance is now available awaiting final sign off. Recruitment of a GIRFEC lead is now making headway. Training will need to be arranged following appointment.	CHC&J
Develop and implement a Children’s Services initial response team.		<div><div>100%</div></div>	29-Dec-24	Team has been recruited and on track to launch in Feb 2025	CHC&J
Review support workers and alternative to care model to ensure provision of early help and support and the prevention of children entering into care.		<div><div>30%</div></div>	31-Dec-24	This project was temporarily paused, however it has recently restarted and is in the discovery phase.	CHC&J
Train and recruit staff to implement Caledonian System pathways and promote mandated and non-mandated access to the programme, to reduce risk to women and girls.		<div><div>100%</div></div>	31-Jul-23	All staff have now been trained by the National Caledonian Team. This was concluded in December 2023. Mandated community sentences from Sheriffs are now taking place with implementation of the programme now live.	CHC&J
Continue to collaborate with Acute services, other HSCPs and Primary Care services to drive forward service improvements that will progress the strategic priorities of NHS Greater Glasgow and Clyde’s Moving Forward Together plan.		<div><div>100%</div></div>	31-Mar-24	Collaboration is ongoing across Greater Glasgow and Clyde as the Moving Forward Together (MFT) agenda progresses. This links with the Board-wide Primary Care Strategy as it develops as MFT is also incorporated within this programme.	H&CC
Develop and implement a five-year strategic approach – What Would it Take? – across Children’s Services		<div><div>100%</div></div>	31-Mar-24	The Strategy was presented to the IJB with the associated Medium Term Financial Plan in March 2024 and approved programme board is in place to support implementation.	CHC&J
Implement the HSCP Quality Improvement Policy across all teams and, as part of a wider quality framework, develop a quality assurance policy. Identify mechanisms to share good practice and benchmarking information routinely and systematically.		<div><div>75%</div></div>	31-Mar-26	Work is advanced in this area. A draft quality framework has been established covering, health, social work and social care and commissioned services. This is to be considered by SMT in June 2025 prior to approval and implementation	S&T
Ensure planned audit and self-evaluation activities are in place across service areas to drive improvement.		<div><div>75%</div></div>	31-Mar-24	A schedule of audit has been developed across Children’s Health and Justice with supervision and recording keeping being core to all service areas. An audit framework is in draft and a schedule of annual planned is updated year on year.	CHC&J
Implement independent reviewing arrangements for all looked after children.		<div><div>100%</div></div>	31-Mar-23	The independent reviewing officers have been in post since June 2023 and all looked after children are being reviewed subject to statutory timescales.	CHC&J
Develop and implement the Local Carers Strategy with unpaid carers and providers of carer support services, taking into account the impact of Covid-19		<div><div>100%</div></div>	28-Mar-24	The Local Carers Strategy was approved by the IJB on 28 March 2024. The implementation of this work is overseen by the Carers Development Group and reported annually to the IJB.	S&T
Monitor and evaluate the impact of the Local Carers Strategy on an ongoing basis, factoring in early preparations for the next revision.		<div><div>100%</div></div>	30-Sep-23	Annual reports are presented to the IJB in respect of the progress of the Carers Strategy.	S&T
Further develop our support to kinship carers and provide access to regular support and learning opportunities to help sustain the care of children and young people.		<div><div>30%</div></div>	31-Mar-24	A local Kinship Working Group has been established with representation from across Social Work Service to progress developments in this area which will include a review of existing Kinship Assessment, the role and function of Kinship Panel and scoping out alternative models of support for Kinship Carers with consideration being given to establishment of a local Kinship Team.	CHC&J

Caring Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Support and enhance our foster carer provision and ensure training needs are met and support is provided, to ensure high quality care experiences for children and young people.		<div><div>45%</div></div>	31-Mar-24	Approval has been given for the creation of a Foster Care Liaison Officer post (2-year fixed term) to support in this area. Post has been presented to job evaluation and once grading is received then will progress to recruitment.	CHC&J
Develop a parenting strategy to ensure that the needs of parents and carers are met and access to services is in place, aligned to families' assessed needs.		<div><div>75%</div></div>	31-Mar-25	Progress is being made in relation to the reintroduction of parenting supports for the families of West Dunbartonshire. Incredible Years parenting programmes are being offered via our HUBS and outreach workers. There are plans in place to assess gaps in service and our strategic group is now operational.	CHC&J











Safe and Thriving Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Implement learning and development across the workforce and quality assurance with three additional posts aligned to Child and Adult Protection Committees.		<div><div>70%</div></div>	31-Jul-24	The IJB approved recruitment of a Principal Social Work Officer and learning and development posts in 2023 This posts were approved for recruitment by the SRRG who consider all council posts in February 2024. The posts are currently still subject to job evaluation. In the interim learning and development opportunities are being commissioned and our lead officers for children and adults are delivering appropriate protection training in line with National Guidance.	CHC&J
Implement the recommendations from the recent inspection of Adult Support and Protection.		<div><div>80%</div></div>	30-Sep-24	Extensive work has been progressing to meet the learning from the inspection. Tripartite audit took place in February 2024.	MHLD&A
Implement improvement plan based on the joint inspection of services for children and young people at risk of harm.		<div><div>70%</div></div>	31-Mar-24	Significant progress has been achieved in taking forward the action plan following the Inspection of Children at Risk of Harm. Longer term actions have been embedded within the Integrated Children's Services Plan reporting to Community Planning and Child Protection Committee where these actions will be progressed. A review of all actions is being concluded and remaining actions are being aligned to the HSCP Strategic Plan Delivery Plan and relevant service areas.	CHC&J
Refresh our violence against women and girls oversight in relation to domestic abuse.		<div><div>100%</div></div>	30-Sep-23	The strategic group has now been established with an identified chair. The West Dunbartonshire Strategy is currently in development and will report through the Public Protection Chief Officers Group and Community Planning. A Co-ordinator has now been appointed to support partners to strengthen and lead this work.	CHC&J
Implement National Child Protection Guidance 2021.		<div><div>90%</div></div>	30-May-25	The North Strathclyde Partnership commissioned an update of the West of Scotland Child Protection procedures. This work was completed in March 2023 and local updates have been completed to reflect this in West Dunbartonshire Guidance. Refreshed Child Protection training was due to be delivered from September 2024 however there was a delay in the training being rolled out due to staff absence.	CHC&J
Adopt national Adult Protection measures and report through the Adult Protection Committee.		<div><div>85%</div></div>	31-Mar-24	The implementation of Adult Protection national dataset has been progressed. Reporting is now aligned to the national minimum dataset.	MHLD&A
Implement phase two of the national measures and report through the Child Protection Committee.		<div><div>100%</div></div>	31-Mar-24	Version 2 of the Child Protection Minimum Dataset was implemented from April 2023. We continue to work with partner organisations to enhance our local datasets for Child Protection.	CHC&J
Implement the Scottish Child Interview Model (SCIM) as part of a revised model of "duty", to ensure initial service responses to concerns are robust and timely.		<div><div>100%</div></div>	31-Mar-24	The model has been implemented in West Dunbartonshire. An oversight group has been developed between West Dunbartonshire and Argyll and Bute. The SCIM model will be aligned to the revised duty model in 2024. Updates to Child Protection Committee and developments of local data is now established. Staff are benefiting from the national training on SCIM which has been implemented.	CHC&J
Work with West Dunbartonshire Council to carry out a review of older people's housing options, including a review of sheltered, amenity and retirement housing.		<div><div>5%</div></div>	01-Oct-25	Work has progressed to develop a more efficient partnership with local authority housing colleagues, and an action plan developed. A governance gap has been identified in relation to the strategic planning of sheltered housing provision which will be addressed over the next 6 months.	S&T
Work with West Dunbartonshire Council to review its adaptations approach in alignment with anticipated updated policy guidance from the Scottish Government.		<div><div>5%</div></div>	31-Mar-25	Work is ongoing with the housing service to promote greater partnership working. The HSCP are actively involved in the housing emergency response group and a special HSCP/Housing summit has taken place. As a result of this work an action plan has been developed. However, at this time due to constrained resources this is not a priority area. A greater focus has been placed on strategic planning, the development of bespoke housing provision and actions to prevent homelessness. Several of these actions will contribute indirectly to this work.	S&T





Safe and Thriving Communities














Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Continue to work with colleagues in West Dunbartonshire Council to ascertain demand for specialist accommodation, for example for people with learning disabilities, and develop new suitable properties where appropriate.		<div><div></div>75%</div>	31-Mar-26	St Andrews Way is in development and Davidson Road receives referrals. These properties support service users with severe enduring mental health issues. They are a step down service from long term hospital stay and/or residential. With regard to learning disabilities, work is underway with Baxter View and the IJB has provided approval for this work to move to procurement stage. The internal Learning Disability service is moving from accommodation which is not fit for purpose to a future proofed property, owned and leased by Dunbritton Housing Association. The focus of the work of the LD service is to help service users stay in their own homes. This is in line with the vision of the Strategic Plan. Any work in relation to specialist accommodation for those with a learning disability is done so in line with the Coming Home Report.	S&T
Implement a custody-to-community subgroup of the Community Justice Partnership.		<div><div></div>100%</div>	31-Mar-24	A full time Community Justice Co-ordinator is now in post and the development of our Community Justice Outcomes Improvement Plan include development of a dedicated group to look at this pathway, as a priority area in relation to our Community Justice activity. The group is now well establish with membership and Terms of Reference agreed. All partners are contributing to the delivery of the Community Justice Outcome Improvement Plan which is reported to Community Planning.	CHC&J
Implement the "outcome stars" programme to improve outcome measuring and reporting for people who are the subject of justice interventions.		<div><div></div>100%</div>	31-Mar-24	Justice Star training was completed with staff in February 2025. All staff trained will, where applicable, utilize this tool in their work with service users subject to justice interventions.	CHC&J
Increase the skills and opportunities for learning and employment among adult offenders subject to Community Payback Orders (CPOs).		<div><div></div>100%</div>	31-Mar-25	Services are now in place for our service users to access employability and learning opportunities.	CHC&J
Work with communities to promote awareness and completion (when appropriate) of anticipatory care planning, including power of attorney, to promote a person-centred approach to future planning.		<div><div></div>100%</div>	31-May-23	Future Care Planning is now embedded in District Nursing and in Care Homes. Performance is monitored via NHS reporting (Unscheduled Care). Next steps are to roll Future Care Planning out across integrated teams, including Older People's Mental Health. In addition, the Power of Attorney campaign delivered by the Citizens' Advice Bureau is funded by the HSCP to enable people to access Power of Attorney free of legal fees.	H&CC
Work in partnership with stakeholders and people who use our services to develop pathways of care that promote and support self-management of long-term conditions.		<div><div></div>60%</div>	30-Sep-25	Wider GGC work streams in progress (1) Primary Care Strategy and 2) Reform Agenda, which will influence the HSCP response. Local activity being progressed via third sector initiatives.	H&CC
Establish a reablement approach within Care at Home Services that will promote independence; enable active engagement in meaningful activities; and support and enable positive risk-taking to maximise independence.		<div><div></div>100%</div>	30-Sep-23	Reablement service now established and fully staffed. Impact is monitored and to date demonstrating positive outcomes for service users and a reduction in transfers of care to mainstream care at home.	H&CC

Equal Communities

Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Maximise every contact by identifying any wider determinant issue and ensuring patients, clients and their carers are directed to relevant services for help.		<div><div></div>100%</div>	31-Mar-25	Work has advanced however there are further opportunities to embed this work through the creation of a single point of contact for both Adult and Children's Services. Although this is in place for Children's Services, Adult Services continue to develop the model.	S&T
Work with community planning partners to proactively support the development and implementation of the Child Poverty Strategy.		<div><div></div>100%</div>	31-Mar-25	This work is complete. The HSCP is embedded within the family prosperity network and active partners in the compilation of bids for additional resources. The Child Poverty Annual Report will be reported to the IJB in November 2024.	S&T
Building on the Shaping Places for Wellbeing Programme, embed the place principles in policy planning.		<div><div></div>100%</div>	31-Mar-24	This work is now complete. Final reports to be presented to the Community Planning Partnership. A suite of information documents pertaining to a range of place and wellbeing outcomes has been developed and published as part of the project legacy work.	S&T
Proactively contribute to the implementation of West Dunbartonshire Council's Climate Change Strategy.		<div><div></div>100%</div>	31-Mar-24	The WDC climate change group has been re-established. Staff to approach the HSCP directly in respect of any areas where the Partnership may be able to directly support the delivery of outcomes.	S&T

Equal Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Implement our Equalities Mainstreaming and Outcomes Framework, report on our progress to the HSCP Board and the Risk, Audit and Performance Committee, and plan to review and revise the outcomes within the framework.		<div><div></div>100%</div>	31-Mar-24	The Mainstreaming Equalities group has been established and outcome indicators developed. This work is now embedded and will be reported annually to the IJB via the HSCP Annual Performance Report.	S&T
Focus on improving quality of care for people living with dementia and their families, and develop strategies to reduce the risk of people developing dementia.		<div><div></div>45%</div>	28-Feb-26	Extensive work has been undertaken to evaluate and get feedback from staff and patients/carers. Report has been presented to PMO recommending further work to develop Older Adult Mental Health services, ensuring robust and effective care and support.	MHLD&A
Develop and implement a mental health and learning disabilities improvement plan to increase community provision across Secondary and Primary Care.		<div><div></div>100%</div>	31-Mar-24	Work is ongoing with Commissioning and Housing to look at service provision. A number of services are being developed and service users are moving into these, providing choice and differing levels of support.	MHLD&A
Review pathways and access to mental health services for children and young people, and further develop early help models of support.		<div><div></div>100%</div>	31-Mar-25	Research was commissioned from, and completed by, Glasgow University by the Health Improvement Team . Families and young people told us there was no family based services in their community which were mental health specific. The HSCP has supported the funding of Neurodiversity Support for young people within the hubs and in schools from mental health Scottish Government funding and use of reserves. The sustainability of the model is currently being considered.	CHC&J
Review the outcomes of a pilot programme on children's wellbeing carried out in schools and in partnership with education services as part of the Icelandic Planet Youth Model, to better understand mental health support.		<div><div></div>85%</div>	31-May-25	Work relating to local Planet Youth approach continues. Planning for Year 3 survey underway in collaboration with Education services (scheduled for Sept 2025). Community partner embedded locally and supporting participating schools to address mental wellbeing of young people.	CHC&J
Implement permanence and care excellence measures and use data to drive improvement in permanence planning timescales for children and young people.		<div><div></div>40%</div>	30-Sep-25	This work stream is being taking forward through the children's 5 year strategy What Would It Take? Progress is in place through our Programme Management Office and CareFirst reporting for children's permanence journeys is now is place. This was recognised through the Inspection of Fostering and Adoption services in June 2024 and the grading improved to reflect this position.	CHC&J
Working as part of the Community Planning West Dunbartonshire, take an active role in the development and implementation of a suicide prevention programme.		<div><div></div>100%</div>	31-Mar-24	Suicide prevention working group re-established. Strategy approved and the implementation of a delivery plan in progress. Outputs and outcomes regularly reported to Public Protection Chief Officer Group.	S&T
Implement the West Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy.		<div><div></div>65%</div>	31-Mar-25	The strategy was developed over four years ago and the ADP is currently reviewing this and identifying priorities for the year ahead.	MHLD&A
Implement the Medication Assisted Treatment (MAT) Standards Implementation Plan within West Dunbartonshire.		<div><div></div>75%</div>	31-Mar-26	West Dunbartonshire were assessed as Green for 9 of the 10 standards evaluated by the Scottish Government. The remaining standard, MAT 4, was assessed at the higher level of Blue, sustained implementation, because this standard has been Green for the previous two consecutive years. MAT 4 is Harm Reduction: All people are offered evidence-based harm reduction at the point of MAT delivery.	MHLD&A
Review Drug Treatment and Testing Order and integration options of nursing services as part of current delivery within the Justice Service.		<div><div></div>65%</div>	30-Nov-23	Several discussions have taken place with Addiction Service colleagues regarding integration. Work remains ongoing by asset management to create a fit for purpose space for Drug Treatment and Testing Order staff within Hartfield clinic. Staff continue to run a restricted service until the premises can be occupied.	CHC&J

Healthy Communities					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop evaluation framework for adverse childhood experiences evaluation and trauma-informed practice, and strengthen the representation of care-experienced young people through the Champions Board.		<div><div></div>100%</div>	30-Jun-23	The HSCP Trauma-Informed lead has been appointed and a steering group is now in place in order to develop the evaluation of trauma-informed practice for service users and our workforce informed by the national work taking place in relation to outcomes. Who Cares? have now been commissioned to develop our local Champions' Board and children and young people engagement group.	CHC&J
Reduce the use of and harm from alcohol and other drugs.		<div><div></div>60%</div>	31-Mar-26	All 10 MAT Standards have been fully implemented. The Alcohol and Drug Partnership has identified key priorities as part of the strategy review.	MHLD&A
Through the Health Improvement Team, develop a range of interventions linked to cancer prevention, sexual health, physical activity and substance use		<div><div></div>100%</div>	31-Mar-25	This work is now business as usual and features in the team work plan.	S&T
Contribute to the development and implementation of the West Dunbartonshire Council Active Travel Plan and Open Space Plan.		<div><div></div>100%</div>	31-Mar-24	An Active Travel data sheet has been developed as an outcome of the shaping places for wellbeing work. An Active Travel Group has been established and includes representatives from the Health Improvement Team.	S&T

Strategic Enablers					
Workforce					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop management to support integration and build leadership capacity at all levels.		<div><div></div>50%</div>	31-Mar-24	We have not met Year One deadline however this is a priority for Year Two within the Workforce Plan Progress Report taken to the IJB in February 2024.	HR
Reflect on the 2023–2026 Strategic Plan and review the workforce plan in line with national and regional policies		<div><div></div>25%</div>	31-Aug-25	Workforce plan approved and implemented. SMT receive updates on progress. A new workforce plan must be developed in 2025, further consideration is required in terms of implementation given the HSCP currently hold a vacancy in respect of the Head of HR.	HR
Develop and implement our workforce plan, focusing on staff recruitment, retention, training and health and wellbeing.		<div><div></div>100%</div>	31-Mar-24	Workforce plan approved and updates on progress provided to SMT.	HR
Undertake workforce modelling to inform ICT needs, in the context of a blend of office-based, hybrid and home working		<div><div></div>25%</div>	31-Jul-23	HSCP Digital Strategy was approved by the IJB in August 2024. Digital Business Lead in post.	HR
Develop more innovative ways to promote West Dunbartonshire HSCP as an employer of choice.		<div><div></div>50%</div>	31-Mar-26	A working group has been established and work is progressing to utilise digital tools to promote the HSCP more effectively in priority work areas.	HR
Through the “Just Enough Support” programme, empower staff to empower citizens to take greater responsibility for their own outcomes.		<div><div></div>100%</div>	31-Mar-24	Launched and programme is in place.	HR
Conduct a business support services review		<div><div></div>40%</div>	31-Mar-25	A workforce tool has been distributed and discussions regarding a proposed structure are being held within the senior management team. Work is ongoing to verify figures before finalising proposals to be used as the basis of staff engagement. The savings attributed to this work have been achieved, however the implementation of a new structure may take some time given the scale of change. It is unlikely this will be fully implemented within the lifespan of the current strategic plan.	S&T
Finance					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Increase the percentage of the budget spent on ensuring that commissioned social care services are compliant with financial and procurement regulations.		<div><div></div>95%</div>	31-Aug-25	Procurement paper considered by HSCP Board 28/05/25. Further decisions are required and clarity sought on the approval of tenders which fall outwith the delegated authority of the Chief Officer. The HSCP Board will consider this final element of the work in August 2025.	S&T
Strengthen budget-setting arrangements with West Dunbartonshire Council and NHS Greater Glasgow and Clyde, and revise the medium-term financial plan in line with the 2023–2026 Strategic Plan.		<div><div></div>100%</div>	30-Nov-24	The HSCP Board approved the refreshed Medium Term Financial Outlook on 19 November 2024.	Fin
Develop and implement an improved Area Resource Group (ARG) process to ensure that every person who uses our services and their carer, where applicable, is offered the opportunity to have their income maximised annually.		<div><div></div>100%</div>	31-Mar-24	AARG for adult services in process now.	MHLD&A
Technology					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement a project plan for the replacement of the CareFirst Information System.		<div><div></div>25%</div>	31-Mar-26	The capital provision for this work has been removed from the capital plan. This is a high risk area for the HSCP and has been escalated for inclusion in the Strategic Risk Register. This work will not be delivered within the lifespan of the current strategic plan and its future delivery is dependent on funding from the local authority. A capital bid is under development in order to seek to influence the Council, however this is set in a context of reduced resources and conflicting demands on a reduced budget.	S&T
Increase our focus on the provision of good-quality data, to enable services to monitor and provide effective and efficient health and social care.		<div><div></div>75%</div>	31-Mar-26	Work in this area is well advanced however continues to be a work in progress as Heads of Service refine their data needs. Further training is required on data literacy and systems development (such as the replacement of CareFirst) and this is captured in the recently approved Digital Strategy. The establishment of the CareFirst Board has had a positive impact but volume of requests on a small team with limited resources means that progress in some areas is slow.	S&T
Support the implementation of appropriate technology-based improvements, including the federation of NHS and Council systems.		<div><div></div>100%</div>	31-Mar-26	Federation project now complete.	S&T

Technology					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Expand the use of technology-enabled care (TEC) throughout West Dunbartonshire.		<div><div></div>80%</div>	31-Mar-26	Work has progressed well in this area. The analogue to digital roll-out will be in place by August 2025. Steps have been taken to establish a pop-up information hub to promote tech-enabled care, with the view to establishing a more formal facility for staff training and service user demonstrations in the future.	S&T
Address digital exclusion by exploring ways to assist access to digital systems and promote automation.		<div><div></div>33%</div>	31-Mar-26	The HSCP Digital Strategy 2024-27 was approved by the HSCP Board on 20 August 2024. The strategy will not be fully implemented within the same timeframe as the strategic plan. However, work is well advanced with key projects monitored via the HSCP programme management office.	S&T
Develop and implement the Analogue to Digital Implementation Plan.		<div><div></div>90%</div>	31-Aug-25	Installation of digital alarms and peripherals is well advanced. The current target is to have all WDC Telecare service users transitioned across to the new digital alarms by the end of August 2025.	S&T

Partnerships					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Continue to play a proactive and positive role in Community Planning structures.		<div><div></div>100%</div>	31-Mar-24	The HSCP is fully engaged in community planning structures, and has a leadership role in two of the Community Planning DIGs. Other groups which adopt a community planning approach such as the Trauma-informed Steering Group, the Suicide Prevention Group and the Carers Strategy Group are also led by HSCP Heads of Service. Wider participation also includes for example the Family Prosperity Network.	S&T
Transform our commissioning approach, focusing on social care market stability.		<div><div></div>100%</div>	30-Mar-26	The HSCP has adopted a BAU approach to commissioning which is reflective of the challenges within the social care market. For example, open and honest communication in relation to budgets and what this means for service planning. This is done through provider engagement events.	S&T
Co-produce services with the people who use them, around their needs.		<div><div></div>100%</div>	30-Sep-24	Participation and Engagement Strategy approved November 2024. The Scottish Approach to Service Design has been embedded across all major change programmes. Practice is inconsistent and has been impeded by the absence of the Participation and Engagement Officer.	S&T
Develop and implement clear communication plans to keep communities informed and engaged.		<div><div></div>10%</div>	31-Mar-26	The development of communication plans has been challenging. Access to communication resources is limited. Access to support services has been escalated as a strategic risk for the Partnership.	S&T
Ensure ethical commissioning in relation to financial transparency and fair working conditions for social care staff, and progress the implementation of Unison’s Ethical Care Charter.		<div><div></div>90%</div>	31-Mar-26	Work has progressed well in this area. The HSCP Board received a procurement report in March 2025. The Quality Strategy is under development for implementation this year. Provider forums have been established and new frameworks implemented. More work is required in order to fully embed a model of contract monitoring based on quality and outcomes but this will be achieved and implemented before the end of this strategic planning cycle.	S&T

Infrastructure					
Action	Progress Bar	Status	Due Date	Progress Detail	Managed By
Develop and implement an HSCP transport policy.		<div><div></div>100%</div>	30-Apr-23	Work complete and the policy rolled out. The project was formally closed at January 2024 PMO.	S&T
Develop and implement a property strategy for West Dunbartonshire that considers improved planning in relation to the location of services, to improve access, influence capital planning processes and develop “20-minute neighbourhoods”.		<div><div></div>100%</div>	31-Mar-26	Asset management strategy approved by the HSCP Board 15 August 2023. Work is ongoing to implement the strategy with a significant reliance on partner bodies to progress capital programmes.	S&T
Implement the improvement plan in relation to social work with a focus on accommodation, service user provision, and workforce wellbeing and worth.		<div><div></div>90%</div>	31-Aug-24	All aspects of the improvement plan have been implemented with one exception, and a solution for family time space within the Clydebank area. Further discussion with Trade Unions and staff are taking place with an option currently under consideration.	CHC&J
Assess the business case for closing Helensburgh Children’s House and develop an options appraisal based on future requirements.		<div><div></div>20%</div>	30-Sep-23	It is unlikely this work will be achieved during the lifespan of this strategic plan. A budget has been identified to undertake development work, however this must be led by the local authority and sits within a range of other priority workstreams and competing capital projects.	CHC&J

Appendix 6: Care Inspectorate Gradings 2024/25

Service Name	Inspection Date	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
West Dunbartonshire Fostering Service	20-Jun-24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
West Dunbartonshire Adoption Service	20-Jun-24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
West Dunbartonshire Continuing Care Service	20-Jun-24	4 Good	3 Adequate	4 Good	Not Assessed	4 Good
West Dunbartonshire Supported Housing Service	14-Jun-24	5 Very Good	4 Good	4 Good	Not Assessed	4 Good
West Dunbartonshire Home Care Service	08-Apr-24	2 Weak	2 Weak	2 Weak	Not Assessed	2 Weak
West Dunbartonshire Learning Disability Service	21-Jan-25	4 Good	4 Good	Not Assessed	Not Assessed	Not Assessed
West Dunbartonshire Learning Disability Service	12-Dec-24	3 Adequate	3 Adequate	5 Very Good	Not Assessed	5 Very Good
West Dunbartonshire Sheltered Housing	02-Apr-24	5 Very Good	5 Very Good	5 Very Good	Not Assessed	4 Good
Queens Quay Care Home	19-Dec-24	4 Good	Not Assessed	4 Good	Not Assessed	3 Adequate

Service Name	Inspection Date	How well do we support children and young people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care planned?	How well do we support children and young people's rights and wellbeing?
Craigellachie Children's House	23-Sep-24	Not Assessed	Not Assessed	Not Assessed	Not Assessed	Not Assessed	3 Adequate