

West Dunbartonshire  
Health & Social Care Partnership

Annual  
Performance  
Report  
2022/2023

[www.wdhscp.org.uk](http://www.wdhscp.org.uk)



# Contents

Foreword	2
Summary	3
Introduction	8
Overview of the HSCP	8
Aims of the Annual Performance Report	10
Policy Context	10
National Performance Measurement	15
Performance Against Strategic Priorities	19
Priority 1: Early Intervention	20
Priority 2: Access	32
Priority 3: Resilience	41
Priority 4: Assets	44
Priority 5: Inequalities	48
Best Value and Financial Performance	60
Good Governance	65
Appendix 1: Core Integration Indicators	67
Appendix 2: Local Government Benchmarking Framework	68
Appendix 3: Ministerial Steering Group Performance	69
Appendix 4: Strategic Plan Key Performance Indicators	71
Appendix 5: Care Inspectorate Grades 2022/23	74

# Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2022/23 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.

The last three years have been extremely challenging, but in many ways exceptionally rewarding, with staff and communities going above and beyond to care for service users and each other during one of the most challenging periods in recent history. Public sector funding struggles to keep pace with rising costs and our demographic pressures, meanwhile it is clear that the full impact of the pandemic will take many years to reveal itself.

In the last year we continued to be humbled by the endeavours of our health and social care workforce and are extremely grateful to our communities, especially those unpaid carers, who have worked with us under difficult circumstances to respond to a variety of challenges.

This report is set in a context of additional demand on finite resources. Existing core budgets are already under significant pressure but the challenges we face present the opportunity to do things differently – to make optimal use of the resources we have and create a health and care system that more effectively utilises existing strength in our efforts to better meet the needs and promote the health and wellbeing of our communities.

The Integration Joint Board continues to be ambitious for our communities and our key focus remains the furtherance of integrated services by increasing access to community based health and social care services, shifting the balance of care from hospital to more homely settings and supporting our most vulnerable residents to lead healthy, happy and fulfilling lives.

This Annual Performance Report aims to detail the progress the Integration Joint Board has made in realising the aims of integration whilst highlighting examples of good practice which have been achieved within the current legislative framework. We remain committed to continuing this conversation with the Scottish Government to exemplify what can be achieved when the principles of integration are fully embedded.

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



**Beth Culshaw**  
Chief Officer

# Summary

## Purpose of Report

This annual performance report outlines West Dunbartonshire Health and Social Care Partnership's performance in relation to national and local priorities during the period 1st April 2022 to 31st March 2023. It will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022 and will seek to demonstrate our commitment to Best Value in the commissioning and delivery of services.

## Key Achievements 2022/23

During 2022/23 West Dunbartonshire Health and Social Care Partnership (HSCP) made significant progress against the key strategic priorities outlined in our Strategic Plan 2019-2022: early intervention; access; resilience; assets; and inequalities.

## Priority 1: Early Intervention

- MMR1 vaccinations for children aged 24 months above the Scotland figure of 93.9% at 94.4% and immunisation rates higher than those for the Health Board and Scotland for all immunisations at 24 months and for 4 out of 5 immunisations for children aged 5 years.
- Development work on a West Dunbartonshire Wellbeing website inspired and co-produced through engagement with young people from West Dunbartonshire secondary schools.
- Distress Brief Intervention training offered to over 175 frontline workers and online training completed by 90 local partners who can make referrals to the Distress Brief Intervention Service.
- West Dunbartonshire invited to become the fifth national pilot site to offer Distress Brief Intervention to 14 and 15 year-olds.
- 90 parents and carers of young people completed support and education sessions following a diagnosis of a child or young person with neurodiverse issues such as autism.
- Training courses completed by the Disability Sports Youth Group on Disability Sports Awareness, Coaching Footballers with a Disability, Managing Finances, First Aid, and Child Protection.
- 77.5% of people aged 65 and over who have had 2 or more emergency admissions to hospital in the last year have had an assessment of their needs.
- Emergency admissions for people aged 18 and over below our local target of 9,180 at 8,625.
- Rate of emergency admissions for people aged 65 and over of 268.1 per 1,000 population, below our target of 271.
- 1,129 people have received support with their medication from our Homecare Pharmacy Team.
- 1,942 people were receiving a Community Alarm/Telecare service at March 2023.
- 95% take up of 27-30 month reviews for those children of eligible age: higher than the Scotland or NHS Greater Glasgow and Clyde figures, and second highest take up across the 6 HSCPs within Greater Glasgow and Clyde.
- Just under 94% of referrals to addiction services, including third sector partners, starting treatment within the national target time of 3 weeks, exceeding the 90% standard.
- 19,817 people had an Electronic Key Information Summary (eKIS) in place to allow for sharing of key information across the HSCP, hospital Acute Services and Primary Care.
- Development of, and extensive consultation on, a new HSCP Strategic Plan for the period 2023-2026 reflecting stakeholder priorities and identifying the challenges as well as the opportunities to deliver our strategic outcomes.

### Priority 2: Access

- Appointment of a Self-Directed Support (SDS) Lead in June 2022 to drive forward improvement work.
- Update and release of an SDS ilearn module in October 2022.
- Twice weekly SDS Clinics for one to one coaching around any aspect of SDS.
- 10,386 hours of homecare delivered to 1,416 West Dunbartonshire residents as at March 2023 to support them to live as independently as possible in their own homes.
- 71% of people on the Palliative Care Register supported to die at home or in a homely setting for cancer deaths and 62% for those patients with a non-cancer death.
- Introduction of a new Adult Carer Assessment and Support Plan, eligibility criteria for adult carers and a new process for how newly identified adult carers can access different support.
- £50,000 allocated by the HSCP to Carers of West Dunbartonshire to be accessed by carers for Short Breaks via Carers of West Dunbartonshire's Out of the Blue Service.
- Collaborative work across the 6 HSCPs within Greater Glasgow and Clyde to develop and deliver services to people with learning disabilities and very complex support needs.
- 827 Justice Social Work Reports completed, an increase of 4% on 2021/22.
- 84.2% of people with a Community Payback Order attending an induction session within 5 working days of sentence.
- 15 individuals supported by a new Bail Assessment and Supervision Service which commenced at Dumbarton Sheriff Court in September 2022.
- Diversion services provided to 37 people who had not been convicted of an offence, supporting them not to become further entrenched in the justice system.
- Close working between Justice and Housing Services to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
- Enhancement of unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.

### Priority 3: Resilience

- 99.1% of children and young people referred to Child and Adolescent Mental Health Services starting treatment within 18 weeks of referral, above the national target of 90%. The average wait for treatment was 9 weeks.
- 58 people participated in a Resilience Hub online meeting themed on 'Developing your Trauma-informed Practice' showcasing the range of free training resources available from the National Trauma Training Programme as well as how some local teams within Education and Blairvadach Children's House have put this into practice.
- 40 leaders attending the national Scottish Trauma-informed Leadership Training.
- 1,280 people in total have now seen the Resilience film with the latest viewers being foster carers, kinship carers and adoptive parents in March 2023.
- 4,456 referrals to Adult and Older People Mental Health Services and 29,895 appointments offered.
- Recruitment completed for Wellbeing Nurses within all GP practices across West Dunbartonshire.
- Successful recruitment to and roll out of a new Specialist Physical Health Nurse service based within Community Mental Health Teams and a Mentalisation Based Therapy Nursing Service for people with emotionally unstable personality disorders. The latter has reduced the number of admissions to both the Mental Health Crisis Team and Mental Health inpatient services.
- Development and introduction of an HSCP Adult Support and Protection Duty system and Area Resource Group.
- Mental Health Social Workers have ensured all clients have an established review date using principles of self-directed support to ensure all care packages meet the eligibility criteria for adult social care services.
- Staff and volunteers through the HSCP's Work Connect Employment service supported the Vale of Leven Hospital to open their Dementia Friendly Garden for patients and their carers.

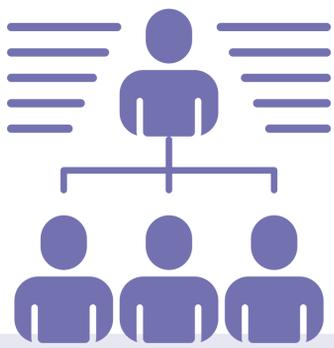
## Priority 4: Assets

- Prescribing costs per patient lower than the NHS Greater Glasgow and Clyde figure of £187.73 at £185.96.
- Staff wellbeing webinars made available to all HSCP staff by West Dunbartonshire Council including emotional resilience, communication and neurodiversity.
- The extension of Mental Health First Aiders who work alongside Wellbeing Advocates to signpost employees to supports and provide important feedback from employees on wellbeing needs and initiatives.
- Work commenced in relation to the Equally Safe at Work programme to raise awareness and understanding of gender-based violence.
- NHS Greater Glasgow and Clyde have made progress across the pillars within the Staff Health Strategy and have continued to develop and implement the health and safety culture framework.
- Conversion Rate of 83% in January - March 2023 for the proportion of children where the Child Protection Case Conference decision is to add the child to the Child Protection Register. This Conversion Rate is a good indicator of the effectiveness of our processes and decision-making. The rate was 65% in the same period in 2022.
- More effective collection of Inter-Agency Referral Discussion data identified through scrutiny of the Child Protection Minimum Dataset and Police Scotland data now being shared with the HSCP.
- Revised model of initial response or 'duty' service has been developed by Children's Services, benchmarked against current service uptake of new referrals to the service.
- Work undertaken with the Scottish Children's Reporters Administration to support better management of the high volume of report requests, specifically developing a triage process to support decision making where a full report may no longer be required.

## Priority 5: Inequalities

- 88.7% of looked after children being looked after in the community helping them maintain relationships and community links.
- 86.2% of children from a black or minority ethnic community who are looked after, are looked after in the community.
- The Promise Lead Officer recruited in May 2022. Engagement sessions reached over 300 people.
- Viewpoint relaunched in July 2022 with over 70 social workers attending training.
- West Dunbartonshire Champions Board re-launched in collaboration with Y-Sort It and Who Cares Scotland?
- Free training provided by Each and Every Child to over 80 multi-agency staff offering support around language and care experience to reduce stigma.
- 130 young people supported by the HSCP's Throughcare and Aftercare team during 2022/23.
- New ways of supporting unaccompanied asylum seeking children developed including a housing support model and working directly with the Home Office to ensure identified children who will be travelling to Scotland as part of the National Transfer Scheme are fully supported with this transition.
- Leadership training for equality and inclusion and a session on the Fairer Scotland Duty from the Improvement Service provided to the HSCP's extended management team.
- Addiction Services piloted a project on same day medication assisted treatment in Clydebank. Changes made to the service via the pilot led to an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment.
- Additional funding provided to a third sector partner addiction service to support in the delivery of a family support service.
- Development of a Recovery Community and Lived and Living Experience Panel.
- Whole System Approach to Rights-Based, REACH advocacy workshops delivered to over 300 individuals within statutory and non-statutory services as well as community members.
- Recruitment of 2 dedicated advocacy workers for Addiction Services.

# Overview of the HSCP



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



Employing 2,298 health and social care staff across Adult, Children's and Criminal Justice services (1,842 FTE)



2022/23 budget of £228 million

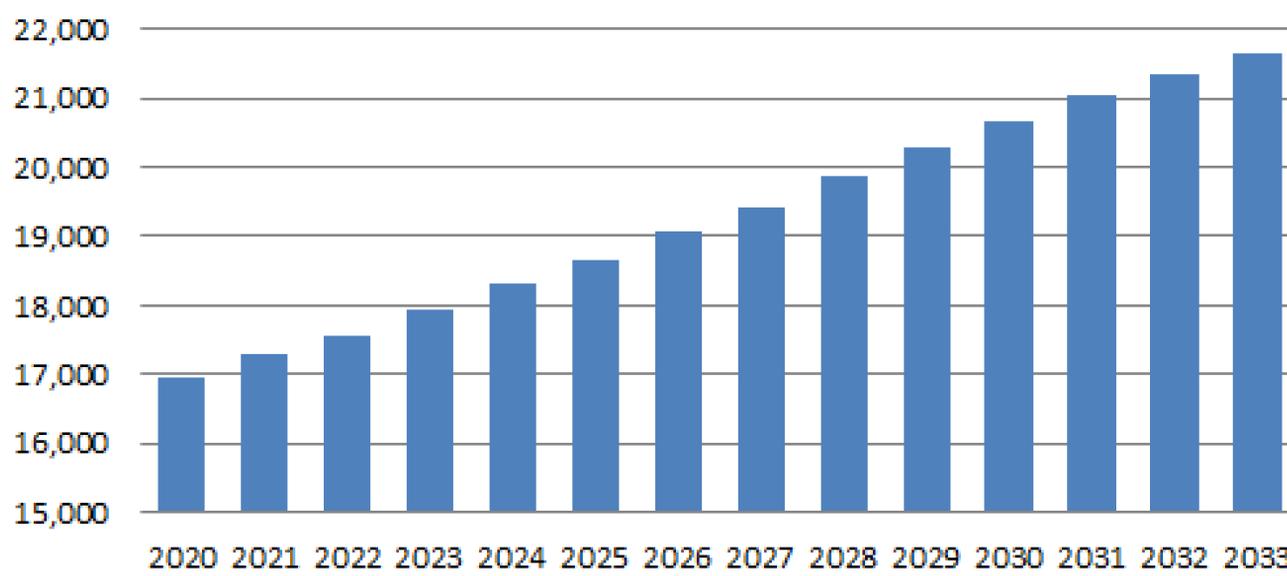


Delivering health and social care services to support the people of West Dunbartonshire: population 87,790

# Challenges and Areas for Improvement

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

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



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

Specific challenges faced during 2022/23 were:

- National challenges around delayed discharges from hospital were particularly significant in West Dunbartonshire with delays reaching unprecedented levels. West Dunbartonshire has a dedicated hospital discharge team, which comprises of 22.9 whole time equivalent posts with currently 2.5 whole time equivalent social worker vacant posts. Hospital discharge sits within Health and Community Care which had a total budget of £53,857m in 2022/23 which equates to 23% of the HSCP's overall budget.
- Emergency admissions and Accident and Emergency attendances continuing to rise towards pre-pandemic levels.
- An increasing average length of hospital stay.
- Recruitment and retention across almost all frontline services and the impact that this has had on waiting times and service delivery.
- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector.
- High numbers of Domestic Abuse offending within West Dunbartonshire.
- Increasing number of referrals from the Crown Office and Prosecution Service.
- Re-establishing the links developed by the Champions Board with care experienced young people, the community and corporate parents.
- Recovering from the long term impact on MSK Physiotherapy waiting times of the redeployment of MSK staff to support Acute colleagues during the pandemic as well as recruitment issues and absence levels. At the end of March 2023 there were 6 vacant MSK Band 6 posts across Greater Glasgow and Clyde and sickness absence rates between August 2022 and March 2023 were constantly over the 4% target: ranging from 4.04% in September to a high of 7.84% in January 2023. The cost of this team is £7.394m which equates to 3.2% of the HSCP's overall budget.

# Introduction

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

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

The Coronavirus Scotland Act (2020) allowed HSCPs to extend publication date beyond July and we have published our report in September in 2020, 2021 and 2022. The Scottish Government has recently advised that the extension and provisions made in the Coronavirus Scotland Act (2020) have now come to an end, meaning that the reporting deadline reverts to that defined in the Public Bodies (Joint Working) (Scotland) Act 2014. Therefore, reports for the period 2022-23 should be published by the end of July 2023.

Due to this earlier timescale, data completeness issues at NHS Board level will mean that some of the statistics within this report will be for calendar year 2022 rather than the full picture for the financial year 2022/23. This is in line with Public Health Scotland guidance recommending the use of specific reporting time periods within Annual Performance Reports for 2022/23.

## Overview of the HSCP

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

The HSCP's vision is:

### Improving lives with the people of West Dunbartonshire

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

- Early Intervention
- Access
- Resilience
- Assets
- Inequalities

The HSCP is committed to:

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

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

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

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

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

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

Children & Families Social Work	Children's Specialist Health Services	Health Visiting Service
Looked After Children	Children with Disabilities	Family Nurse Partnership
Adult Care Services	Community Hospital Discharge	Community Older People's Services
District Nursing	Care at Home Services	Residential and Day Care Services
Community Addiction Services	Learning Disability Services	Community Mental Health Services
Criminal Justice Social Work	Musculoskeletal (MSK) Physiotherapy	Diabetic Retinal Screening
	Community Pharmacy Service	

West Dunbartonshire has an estimated population of 87,790 people and the HSCP has a workforce of approximately 2,298 which equates to 1,842 full time equivalent at March 2023. A large proportion of HSCP staff live within West Dunbartonshire providing services to people within their own communities.

Services are delivered across the two localities within West Dunbartonshire: Dumbarton/Alexandria and Clydebank.

During 2022/23 the HSCP had responsibility for a budget of £228 million.

# Aims of the Annual Performance Report

The aim of this annual performance report is to provide an open and transparent account of the work carried out across all service areas within the HSCP during 2022/23: improvements and challenges and the direction of travel in our efforts to improve outcomes for residents of West Dunbartonshire. The report will also seek to demonstrate the HSCP's commitment to Best Value in the commissioning and delivery of services.

This report will cover our performance between 1st April 2022 and 31st March 2023 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

This will be our last report on the 2019-2022 plan as this year has seen the development of our new Strategic Plan 2023-2026. Our process of assessing and analysing the strategic needs of the people of West Dunbartonshire and consulting with key stakeholders to develop our new plan is described later in this report.

## Policy Context



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

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

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

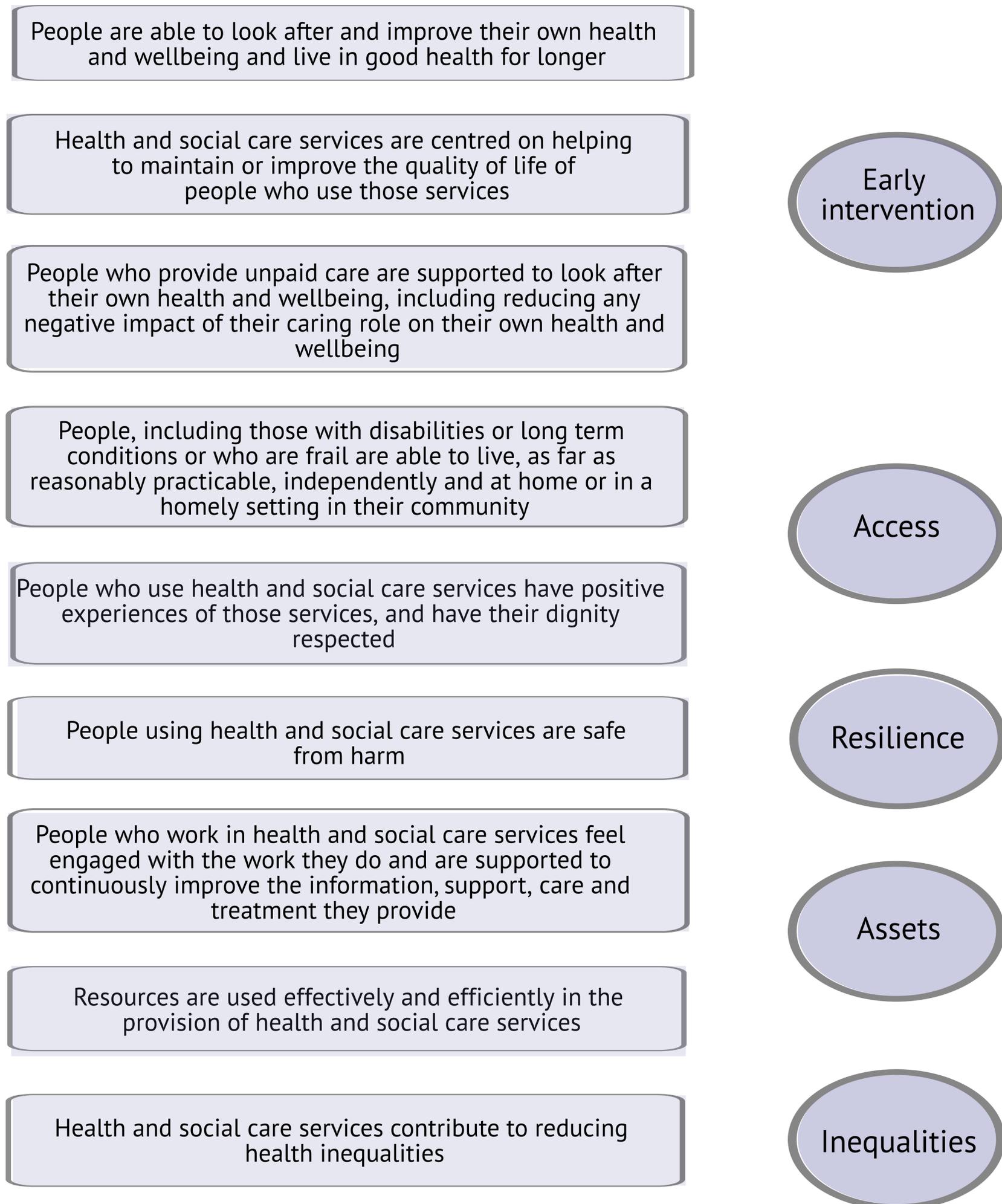
The Health and Wellbeing Outcomes are embodied in the ethos of the Social Care (Self-Directed Support) (Scotland) Act 2013 which aims to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes; and respects the person's right to participate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

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

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

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

## National Health and Wellbeing Outcomes



## Public Protection



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

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

During 2022/2023 the focus for Adult Support and Protection (ASP) has been on progressing the Joint Inspection of ASP Improvement Action Plan, the implementation of the ASP Learning Review Guidance 2022, the National revised ASP Guidance Suite 2022 and the ASP National Minimum Dataset 2023.

A number of positive improvement actions have taken place over the period which included an ASP Development Event in February 2023. The event was held on National ASP Awareness Day and presentations provided by colleagues from Scottish Fire and Rescue, Police Scotland, Multi-Agency Forum, NHS Public Protection Team, the HSCP and the Adult Protection Committee. A workshop also took place to look at practice and processes.

The event provided the opportunity for adult protection partners to come together and review local improvement actions, developments and learn about each other's roles in relation to adult protection and protecting vulnerable adults from harm. HSCP staff also had the opportunity to reflect on the findings of an audit of the new ASP duty system: what is currently working well and where things may be done differently or better.

Adult Protection Committee (APC) subgroups were introduced at the beginning of 2023 and provide a framework to support West Dunbartonshire APC in driving forward key developments around: policy and practice; data scrutiny; quality assurance and evaluation; learning and development; and communication and engagement. The subgroups also provide the opportunity to engage staff working across partner agencies and a range of service areas, thus widening the network of those involved in shaping the local and national adult protection agenda and key priorities.

A National Implementation Group and sub groups have been set up to support ASP partnerships with the work around the new ASP Minimum Dataset and embed policy revisions into practice and process. Local representatives have been identified for each of the groups and it is anticipated this work will be ongoing for approximately 18-24 months.

Following the 2021/ 22 Children's Services Inspection for Children and Young People at Risk of Harm, a children's services improvement plan was developed focusing on key areas of feedback. This included a focus on assessment and planning activity, engagement with children, young people and their families, and staff training and development. Inspection feedback informed a comprehensive plan to develop and improve children's social work services and wider children's services partnership.

A number of areas of audit activity have been identified (initial referral discussions, re-registrations on the child protection register and thresholds for referrals amongst others) and are in progress, with staff training and development opportunities having been located primarily around the areas for development highlighted by the inspection.

Other areas of development work remain ongoing, such as domestic abuse training, core child protection training and specific training in respect of the process of assessment, SMART planning and chronology building.

We have also been working with partners to fully implement the new National Guidance for Child Protection 2021. In this context, the Scottish Child Interviewing Model (SCIM) will be implemented locally in May 2023 supported by the national SCIM team and local partners within Police Scotland, Education and Health. This work has been undertaken in partnership with Argyll and Bute Council, and is in the early stages of implementation, overseen by a joint implementation group. A hybrid model is in place supporting the use of the SCIM methodology in some cases where children require to be interviewed jointly by police and social work, while the previous model of Joint Investigative Interviewing also remains in place.

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 CSWO continued 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 2022/23.

## Access to Information



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

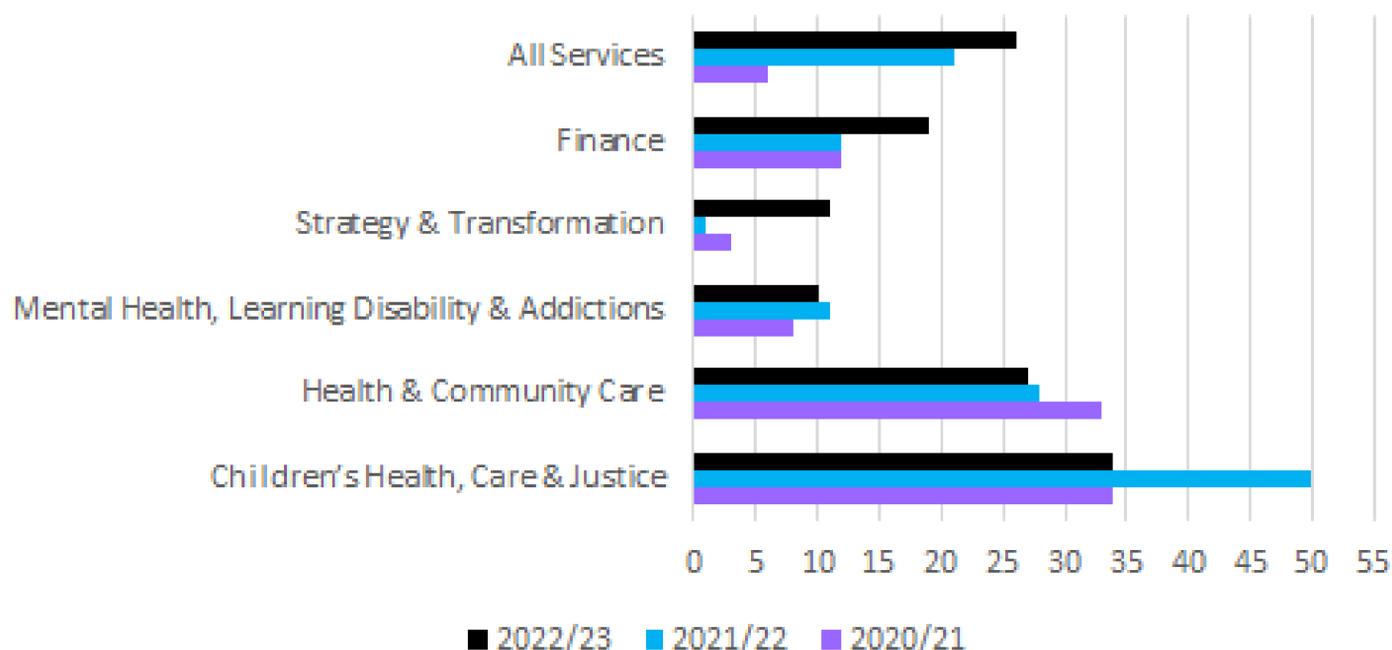
The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1 January 2005. Under FOISA, a person who requests information from a Scottish public authority which holds it, is entitled to be given this information by the authority subject to certain conditions and exemptions set out in the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

Through television, newspapers and social media, people's right to request information under FOISA, and the power 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 127 Freedom of Information requests relating to HSCP services received in 2022/23, an increase of 3% on the previous year. The legislation allows public bodies to seek clarification from a requester where there is some uncertainty about the exact information that is being requested. During 2022/23 the HSCP requested clarification in relation to 5 Freedom of Information requests where no response was received.

Of the remaining 122 requests, 68% were responded to within the timescale: a decrease on 88% in 2021/22 and the average response time was 25 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.

### Freedom of Information Requests



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

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

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

During 2022/23 the HSCP received 99 SARs: a 34% decrease on the previous year. Responses were issued within the initial or extended timescales for 91% of requests. Many SAR responses are lengthy and involve significant checking and redaction by HSCP staff.

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

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

The HSCP also provides information in the form of complaint responses. Full details of how to make a complaint can be found on the HSCP's website and more detailed information on the HSCP's performance in relation to complaints handling can be found in our Annual Complaints Report 2022/23.

# National Performance Measurement

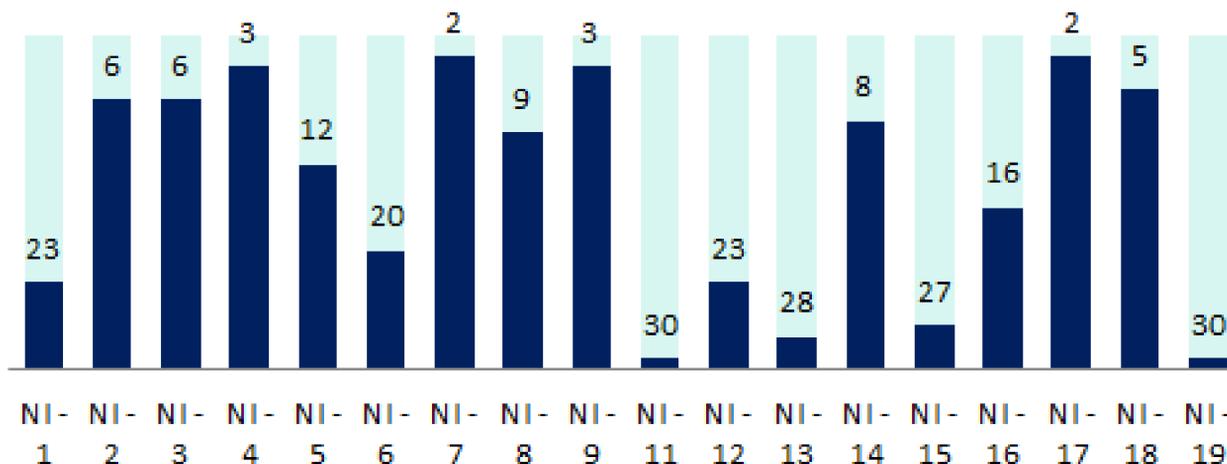
## Core Integration Indicators

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

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

The chart overleaf shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland. The numbering on the chart denotes where West Dunbartonshire ranked in Scotland with 1 being best performing and 31 worst performing. Appendix 1 provides the detail behind the rankings and comparison with national figures. West Dunbartonshire performed better than the Scottish national figure in 10 of the 18 indicators.

### West Dunbartonshire Ranking Core Integration Indicators



Core Integration indicators 1-9 are gathered from the Health and Care Experience Survey which is carried out every 2 years. The survey was carried out during 2021/22 and is not due to be carried out again until 2023/24.

West Dunbartonshire had the 2nd highest proportion of respondents who agreed that the services and support they receive help improve or maintain their quality of life: 85.7% compared with a Scotland-wide figure of 78.1%. Those who thought their health and social care services were well co-ordinated moved from 10th to 3rd in Scotland and 87.9% of adults being supported at home said they felt safe, also the 3rd highest in Scotland.

The proportion of West Dunbartonshire residents supported at home who agreed that they were being supported to live as independently as possible moved from the 11th lowest in Scotland in 2019/20 to the 6th highest in 2021/22.

Premature mortality rates for 2022 will not be available until July 2023 and therefore not in time for this report however in 2021 West Dunbartonshire had the 2nd highest premature mortality rate in Scotland: the rate of deaths per 100,000 for people aged under 75 years. Similarly the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2022/23 will not be available to meet our report timescales however in 2021/22 West Dunbartonshire HSCP services performed 2nd best in Scotland with 87.7% of inspections meeting this criteria.

Due to data completeness issues at Health Board level we are having to compare provisional 2022 calendar year figures with 2021/22 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 2023/24 Annual Performance Report from those reported here.

In 2022 we had the 9th highest emergency admission to hospital rate in Scotland and the 4th highest bed day usage for emergency admissions. These combine to reflect a longer average length of hospital stay for West Dunbartonshire residents and the complex health needs of our population. Readmission rates by contrast were the 8th lowest in Scotland for West Dunbartonshire residents, suggesting appropriate discharge at the right time to the right place.

Delayed hospital discharge continued to be a significant challenge for the HSCP and the rate of bed days for people aged 75 and over whose discharge was delayed increased from the 7th highest in Scotland in 2021/22 to 2nd highest in 2022/23. Falls rates in West Dunbartonshire improved slightly from 19th to 16th highest while the proportion of the last 6 months of life spent at home or in a community setting fell slightly from 89.4% in 2021/22 to 88% in 2022: falling from 20th in Scotland to 27th.

Delivering support to people at home continues to be a strongly performing area for the HSCP. In 2022 the percentage of adults with intensive needs being supported at home was the 5th highest in Scotland at just over 71%: the Scotland figure was 63.5%.

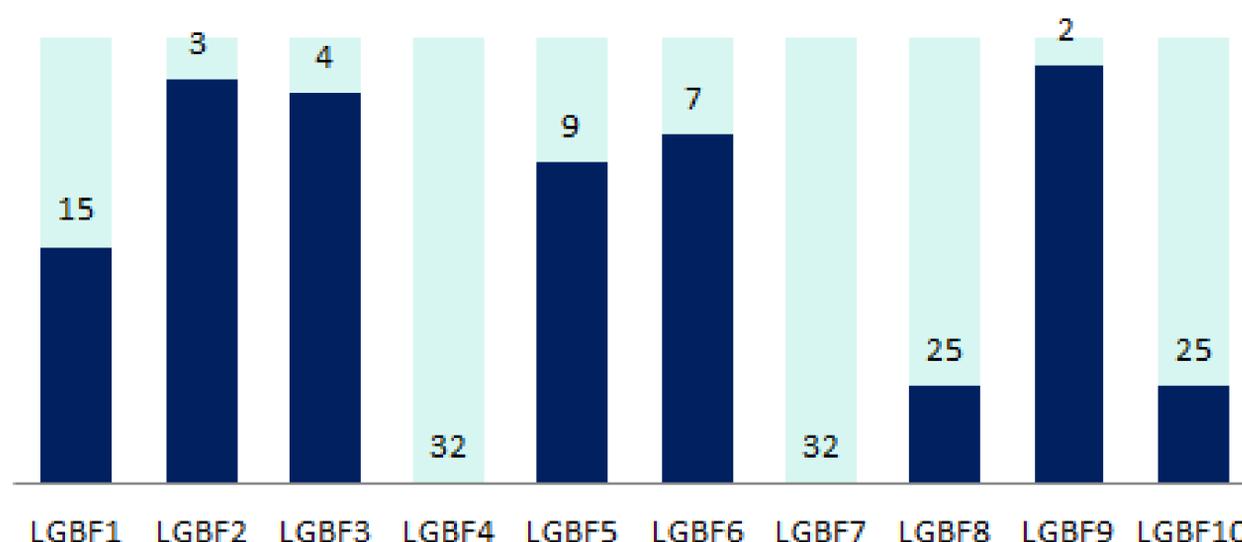
## Local Government Benchmarking Framework

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

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

The chart below shows West Dunbartonshire's position in 2021/22 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.

### West Dunbartonshire Ranking Local Government Benchmarking Framework



Appendix 2 provides the detail behind these rankings as well as comparison with the national figure.

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

Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 5 of the indicators during 2021/22. West Dunbartonshire had the 3rd lowest weekly cost for children looked after in a residential setting and the 4th lowest for children looked after in the community: 26% and 41% lower than the Scotland figure respectively. Only 3% of child protection registrations were re-registered within 18 months in West Dunbartonshire, which is the 9th lowest in Scotland. The percentage of Looked After Children with more than 1 placement in 2021/22 (August – July) was 11.7%, which is lower than the Scotland figure of 15.9%. The proportion of people aged 65 and over receiving personal care at home was the 2nd highest in Scotland at 72.9%.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend, with the lowest figure in Scotland and the percentage of children reaching their developmental milestones at 27-30 months of age which will be considered further during this report. In relation to Direct Payments and Personalised Budgets, these are Options 1 and 2 of Self-Directed Support. This indicator does not take account of expenditure on services for people who select Option 3 under Self-Directed Support which means they have made a choice to request that the local authority arrange and pay for services on their behalf.

The weekly cost for residential care for older people has continued to be the 8th highest in Scotland in 2021/22 with all local authorities seeing a significant increase in costs which may relate to the pandemic.

## Ministerial Steering Group



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

As in the previous two years no national targets for MSG were set for 2022/23. Local targets were agreed for 2020/21 on the basis of the potential impact of a number of workstreams, however the pandemic made some of these workstreams difficult to implement or maintain and it was felt reasonable to retain these targets for 2021/22 and then again in 2022/23 pending the review of all our Key Performance Indicator targets for 2023/24 in line with our new Strategic Plan.

Unfortunately, due to data completeness issues at Health Board level, we do not yet have full financial year data for 2022/23 for all of our MSG indicators and have been advised by Public Health Scotland to report 2022 calendar year figures for emergency admissions and unscheduled bed days and compare these with previous financial year figures.

Only two of our MSG local targets were met in 2022. Emergency admissions to hospital of West Dunbartonshire residents aged 18 and over were 6% below target and 2.8% lower than in 2021/22. Similarly our rate of emergency admissions for those aged 65 and over is slightly below our target of 271 per 1,000 population at 268.6. The number of unscheduled acute bed days used by people aged 18 and over exceeded our target by 22% and numbers were 9.5% higher than in 2021/22. These numbers combine to show us an increasing length of stay for those admitted to hospital on an emergency/unscheduled basis: fewer admissions but higher numbers of bed days used.

The number of bed days used where people's discharge from hospital has been delayed was more than twice our target of 5,839 in 2022/23, at 13,905. This was also 36% higher than our 2021/22 figure. While there have been significant challenges nationally in relation to delayed discharge, West Dunbartonshire has seen unprecedented levels of delays with bed days involving complex, adults with incapacity cases making up more than our annual target for all delays. Attendances at Accident and Emergency Departments were almost 18% above target however were still 11% lower than the pre-pandemic rates of 2019/20.

Charts detailing monthly trends for the MSG indicators over the previous 3 years can be found at Appendix 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 5 strategic priorities during 2022/23 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

## Priority 1: Early Intervention

- Children and Young People's Mental Health
- Unscheduled Care
- Child Development
- Development of HSCP Strategic Plan 2023-2026

## Priority 2: Access

- Self-Directed Support
- Supporting Carers
- Learning Disability Services
- Justice Social Work Services

## Priority 3: Resilience

- Adversity, Trauma and Resilience
- Adult and Older People Mental Health Services

## Priority 4: Assets

- MSK Physiotherapy
- HSCP Staff Health and Wellbeing
- Child Protection

## Priority 5: Inequalities

- Keeping The Promise
- Equality Mainstreaming Activity
- Medication Assisted Treatment Standards

# Priority 1: Early Intervention

## Children and Young People's Mental Health

The HSCP is working towards a whole system approach to child and adolescent mental health and wellbeing, spanning ages 5 to 24 years and up to 26 years if the young person is care experienced.

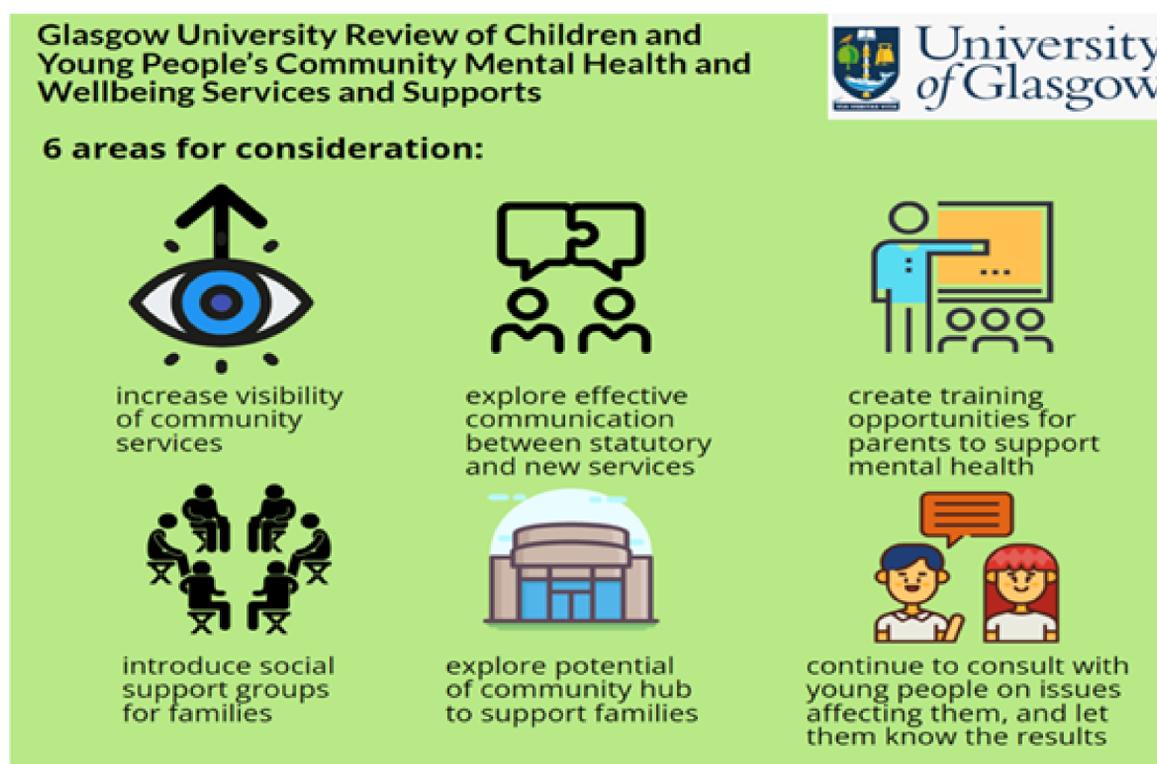
The whole system approach is defined by Public Health Scotland as an 'ongoing and flexible approach by a broad range of stakeholders to identify and understand current and emerging public health issues, whereby working together, we can deliver sustainable change and better lives for the people of Scotland'. This approach is a collaborative model across stakeholder organisations: sharing intelligence and expertise and creating opportunities to focus on early intervention and prevention.

To support this work the University of Glasgow was commissioned by the HSCP to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports in West Dunbartonshire: exploring current practice and identifying good practice and areas for development.

Engagement was undertaken in three phases to understand the needs of young people and their families on how to support their mental health and emotional wellbeing at a community level.

- Phase one: stakeholders and practitioners' attitudes and experiences of collaboration
- Phase two: parents' and guardians' attitudes and experiences of help-seeking on behalf of their children
- Phase three: children and young people's experiences of information and support seeking in terms of mental health and wellbeing

The review's final report published in June 2022 sets out key recommendations and six areas for consideration to inform future strategic planning for community mental health and wellbeing services for children and young people.



In response to one of the Review's findings that a future area for development should be to 'increase the visibility of services operating at community level', work was commissioned to design, build and manage a Wellbeing website. The site will inform local children, young people, their families, and professionals who work with them, and direct them to support and services that will support their mental and emotional wellbeing.

West Dunbartonshire Wellbeing website was inspired and co-produced through engagement with young people from West Dunbartonshire secondary schools. Y Sort it and West Dunbartonshire Youth Council, Social Work, the Whole Family Wellbeing Fund Group and Violence Against Women and Girls Partnership also contributed to the content. The Working Group will continue to collaborate with youth organisations to review content and support the promotion of the resource. The web resource will be available from June 2023.



West Dunbartonshire Distress Brief Intervention (DBI) Associate Programme is a service for young people experiencing emotional distress with the aim of 'ask once get help fast'. The service is for young people aged 16 years to 24 years (26 years for care experienced young people) to specifically support those who are experiencing 'emotional distress' and not requiring clinical interventions.

The multi-agency DBI Associate Programme Delivery Group was established in September 2021 and leads on the implementation of the new DBI Associate Programme. Membership of the delivery group includes the National DBI Programme Manager, DBI Service Manager, Police Scotland, Scottish Fire and Rescue, with representation from West Dunbartonshire Mental Health Services, Primary Care, Health Improvement, Education, Learning and Attainment, Specialist Children's Service, and Looked After and Accommodated Children. The delivery group is co-chaired by West Dunbartonshire Council/HSCP and Scottish Association for Mental Health (SAMH).

SAMH has been commissioned as the third sector partner providing the person-centred support for each referral. To support referrals into the programme key frontline services are identified by the delivery group to undertake a one-hour online Learnpro module on the DBI process and providing a compassionate response to distress. During 2022/23 training was offered to over 175 frontline workers. Online training has also been completed by 90 local partners who can make referrals to the service.

An incremental approach has been taken since March 2022 to implement the service with all primary care sites active as of June 2022 and all five secondary education sites active as of November 2022. In December 2022, West Dunbartonshire was invited to become the fifth national pilot site to offer DBI to 14 and 15 year-olds. This pathway commenced on 30th January 2023 in two schools, with the remaining three secondary schools beginning in February 2023. The DBI delivery group continues to use learning from the national programme and other associate programme areas and to explore additional referral pathways for younger children e.g. Primary Care.

There were 55 referrals to the service during 2022/23. Support is provided within 24 hours of referral and for up to 14 days thereafter. Reasons for children and young people accessing the service in 2022/23 included: anxiety/low mood; education/attendance; health issues; bereavement; relationships with friends/home life; rape/sexual assault; self harm or suicidal ideation; sleep; financial/home/overcrowding. Data analysis support is provided by Public Health Scotland.

### Summary of Distress Brief Intervention

Young person B was referred to the DBI Service with a Distress Level of 8 via the Education referral pathway. The young person was presenting with anxiety and panic attacks and a possible diagnosis of Autism Spectrum Disorder and had worked with various other health care providers.

Over the course of the intervention the young person and DBI practitioner had four face to face meetings (B's preferred method of communication) over a period of two weeks, followed by a fifth face to face meeting with a parent and the referrer from Education. Each meeting lasted approximately one hour and was followed up with an email to the young person. This email would summarise what was talked through, some of the solutions discussed and links to further resources for information and support. B could then amend or correct anything that the practitioner may have misunderstood or not captured correctly. If B chose, they could then share the contents of this email with their parents. Lastly a final summary was emailed to the education establishment, parent and young person for conclusion and next steps agreed.

The service communicated with B via email and text outwith these face to face meetings. This was all done following a discussion with B who consented to this and felt it would be supportive in communicating their thoughts/needs and views.

Supports provided by the DBI service included:

- Support provided to advocate young person's view/feelings
- Support to attend meetings and have voice heard
- Resources and information provided to school/family to enable them to support the young person more effectively

By the end of the intervention B's Distress Level had reduced from 8 to 4. Several weeks later the DBI practitioner bumped into B who advised they were feeling much better, more positive and felt DBI had helped to assist them to communicate their opinions and choices.

Feedback from West Dunbartonshire Council Education colleague:

"In the short time we have been referring to the DBI service, the experience we have had as a school and the support for our young people has been excellent. The communication with the DBI team has been very good and our young people have all received contact within 24 hours of the referral being submitted. The approach that the DBI Practitioner has taken with our young people has allowed them to access support in a caring and nurturing environment and they have all appreciated her input into their care plan. I look forward to continuing to work with the service and see how it develops and grows as a form of support."

The University of Glasgow Review highlighted training opportunities for parents as an area for development. During 2022/2023 a total of 90 parents and carers of young people completed support and education sessions following a diagnosis of a child or young person with neurodiverse issues such as autism. All sessions were delivered by a neurodiverse trainer. Feedback was received via evaluation forms completed by some parents immediately post attendance and via telephone survey carried out three weeks after the sessions.

Parent and carers who completed the sessions reported:

- significant increase in knowledge and understanding of diagnosis.
- provision of skills to help support child's communication needs, distressed and anxious behaviours, and sensory issues.
- speaking to other parents in similar situations helpful, alleviated feelings of isolation.

"I was very impressed with the trainer; she was outstanding at facilitating the sessions. I feel parents would find this training very useful prior to diagnosis. I feel if I had known what I know now I would have been better equipped to support my daughter." Mum

The Disability Sports Youth Group programme continues to support young people with additional support needs and empower the young people to be part of their local community within a sport and physical activity environment. The aims of the programme are that:

- Each young person to gain a minimum of one sporting governing body qualification.
- Two young people with additional support needs will gain a volunteering position in West Dunbartonshire Leisure Trust to support the delivery of weekly football, athletics and gymnastics sessions.
- The group will volunteer at a minimum of four community sports events to support the delivery of local physical activity events.



By increasing participation and engagement with young disabled people the Group aims to enhance their skills for life and learning and reduce social anxiety by improving confidence and overall wellbeing.

Members have attended several training courses that were adapted for their needs. These courses included Disability Sports Awareness, Coaching Footballers with a Disability, Managing Finances, First Aid, and Child Protection. These courses, along with the development activity delivered within the weekly sessions, have enhanced the skills and the confidence of the young people. The next step for members of the group is to identify volunteering opportunities with partner organisations. For some, this will involve supporting the delivery of sport and physical activity sessions and/or volunteering at sports festivals and events in the local community.

The Disability Sports Youth Group puts young people at the heart of the sessions, enabling them to make decisions and influence activity and progress. They are encouraged to help deliver some activity to their peer groups, engage in discussion and help to make their own and group decisions.

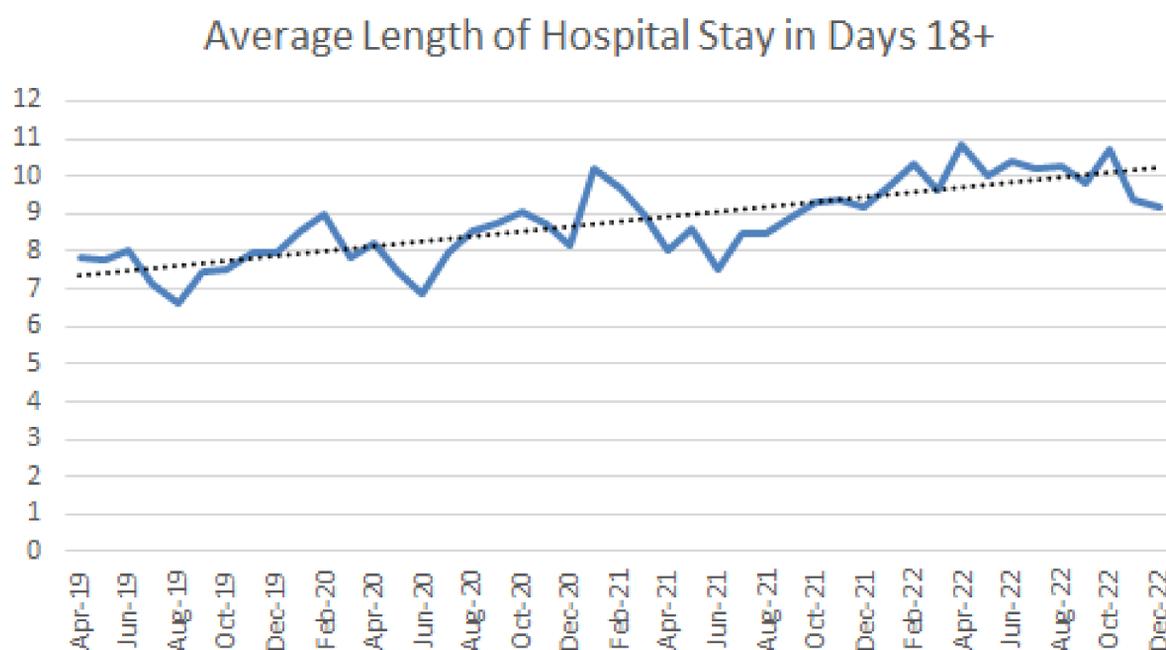
## Unscheduled Care

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

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

Unscheduled care continued to return to pre-pandemic levels during 2022/23. Calendar year 2022 saw emergency admissions increase for 5 of the 6 HSCPs in Greater Glasgow and Clyde on the 2020/21 figure, with West Dunbartonshire having the 2nd largest increase at 2.8%. Unscheduled bed days in 2022 and attendances at A&E in 2022/23 increased for all 6 HSCPs on the 2020/21 figures. West Dunbartonshire had the 3rd highest increase in unscheduled bed days at just over 20% and the 2nd highest increase in A&E attendances. When considered as a rate per 100,000 population, West Dunbartonshire had the highest rate for emergency admissions 18+ and the 2nd highest rate for unscheduled bed days 18+ and A&E attendances 18+.

After being fairly steady from April 2017 to early 2020, the average length of hospital stay has been increasing in each partnership in Greater Glasgow and Clyde since the start of the pandemic in March 2020. West Dunbartonshire has seen the average length of stay for those aged 18+ increase from just over 7 days in April 2019 to a peak of almost 11 days in April and October 2022.



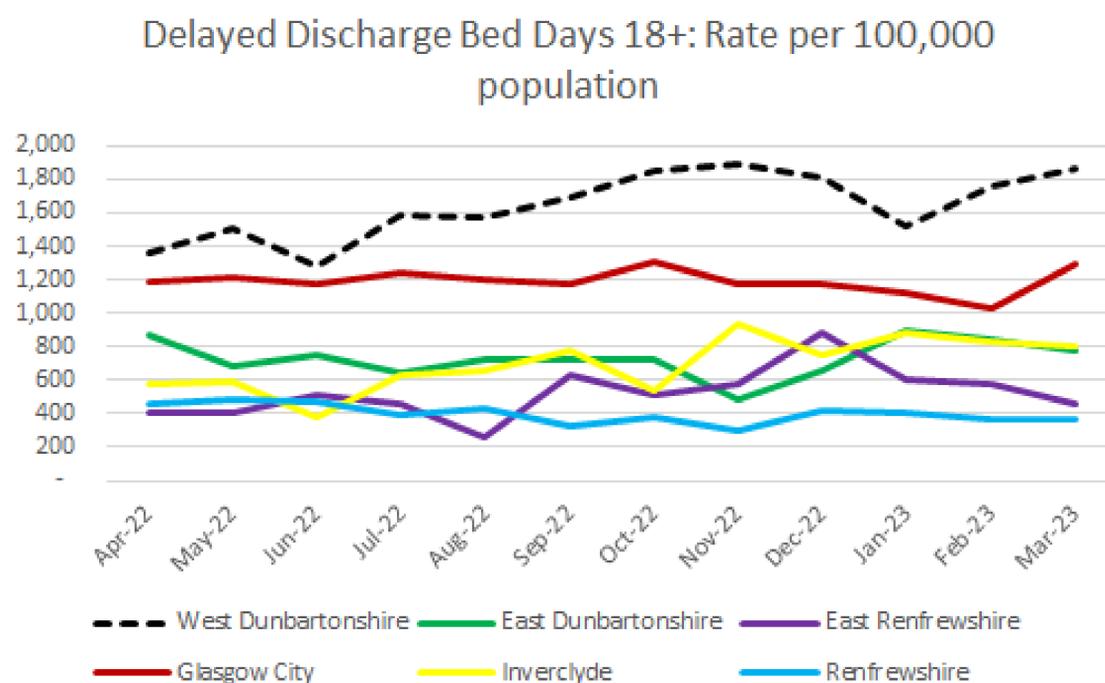
The concern is that this increase in average length of stay is reflecting a trend in people being more ill on admission to hospital due to the impact of pandemic lockdowns or later access to services or diagnosis.

The most formidable challenge in relation to unscheduled care continued to be the volume and length of delayed discharges from hospital in 2022/23. Admission to hospital is often necessary and effective and timely discharge from hospital to the most appropriate setting is vital to improve outcomes for individuals and to avoid readmission. A delayed discharge is where a person has been deemed medically fit for discharge back home or to a care home but the discharge is unable to take place.

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

Since the HSCP's inception in 2015, West Dunbartonshire had seen an improving trend in the number of bed days lost to delayed discharges with a slight increase in 2019/20. However the number of delays and associated bed days has increased significantly during 2020 to March 2023.

There has been extensive monitoring and scrutiny of delayed discharges within the HSCP and with both the Health Board and West Dunbartonshire Council. We are not alone in experiencing significant increases and this is a national issue. Processes have been reviewed within West Dunbartonshire and long delays analysed to identify common themes however when looked at as a rate per 100,000 population we continue to have the highest delayed discharge bed day rate in Greater Glasgow and Clyde.



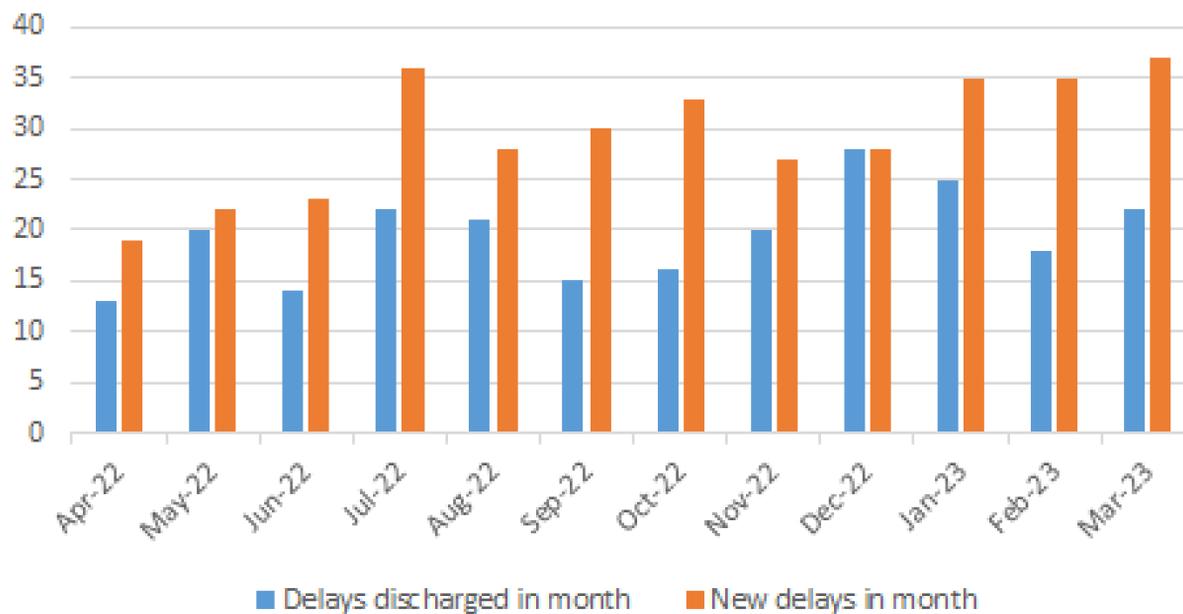
A whole system review of the multifactorial issues that can impact on delays was completed and the resultant quality improvement action planning was implemented across a wide range of themes. Examples include daily scrutiny of each person fit for discharge but delayed in hospital by the Head of Service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

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

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

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

Delays Discharged and New Delays in Month



There were 353 new delayed discharges in 2022/23: a 27% increase on 2021/22. This will include people who are deemed medically fit who then become unwell and are deemed not fit for discharge. Many of these people may then become a new delay again once they recover.

Preventing avoidable or unnecessary admissions to hospital is also key to how we tackle the volume of unscheduled care and ensuing delays.

### Case Study: Urgent and Unscheduled Care

The Scottish Ambulance Service (SAS) attended Mr Y and followed the SAS/Focused Intervention Team (FIT) referral pathway to prevent an admission to hospital. Mr Y was demonstrating clinical symptoms of respiratory distress with low oxygen levels, a high respiratory rate and struggling to perform any activities of daily living.

Mr Y expressed to paramedics a strong desire not to be taken to hospital. Paramedics provided all treatments that they could, nebulisers and inhalers, which led to some improvement. SAS then made onward referral to FIT, who are guaranteed to attend within 2 hours.

FIT attended and monitored Mr Y as his condition required, ensuring that further prescribed therapies were administered which continued to improve his condition. The COPD Nurse within FIT prescribed exacerbation rescue medication to reduce the risk of future exacerbations and reduce the risk of requiring SAS or admission to hospital in the future.

The nurse recognised Mr Y's strong wish not to be taken to hospital due to worsening symptoms of respiratory illness and discussed an Anticipatory Care Plan (ACP). This plan was subsequently completed on clinical portal and included a ceiling of care to narrate how low oxygen saturations could be allowed to go with continued treatment at home, and also Mr Y's preferred place of death.

Following a learning review a range of improvement activities were initiated across Health and Community Care in 2022/23. One of these was the development of a 2 weekly multidisciplinary meeting with representatives from District Nursing, Care at Home and senior Social Work staff from Older Adult Services as a platform in which to discuss service users that staff have concerns about.

The aim of this forum is to allow early identification of changing health and care needs, ensuring a co-ordinated and person-centred response and prompt referral to any other services which may not yet have been considered. Having been in place since October 2022 this is now being embedded in practice, and opportunities to use this meeting for wider person-centred care discussions, for example by including carer support workers and representation from the Self-Directed Support team are also being considered.

### Reflective Case Study: Integrated Care

Mrs X was a lady at end of life and living at home, however her family did not feel able to care for her to die at home. The District Nursing (DN) Service was involved in her care but she experienced an unexpected rapid decline and the family wished an admission to hospital. Initially the DN team offered a range of community-based supports to allow Mrs X to remain at home and referred to Care at Home and Duty Social Work.

Duty SW staff made contact with Mrs X's family and there was discussion about the most appropriate 'next steps'. As a hospital admission was not indicated, the preferred option would be to admit Mrs X to a local care home as an emergency admission and allow her to die with dignity and her family at her side.

The challenge was that the process to arrange an emergency admission can take up to 48 hours and this situation was time critical. Mrs X died peacefully two days later at home, with support from care at home and the DN service. Although the family were grateful for the support they received, they were also disappointed that there was no opportunity for an admission to hospital nor to a local care home.

The Senior Nurse held a reflective learning session with key staff to review this case and consider improvements that could be made to allow a more responsive outcome and to identify gaps in service availability to inform decision making.

This session was productive and staff were able to share their decision making and views in a safe environment. Outcomes from the meeting involved enhancing pathways of communication across District Nursing and Social Work staff, with support from Local Authority residential care homes.

The 'admission avoidance' bed that was in place in the old Frank Downie Care Home will be reinstated as a trial in Queens Quay Care Home. The DN service will continue to ensure that Anticipatory Care Plans are completed timeously when people are admitted to caseloads for palliative care. The service will also manage expectations with families as there may not always be an alternative place of care available when end of life approaches and sometimes a death at home will need to be managed with full support from the DNs and Care at Home.

In addition Social Work staff are implementing the new Area Resource Group process inclusive of the emergency admission pathway which removes the need for a full My Life Assessment however a face to face visit is required and should be prioritised in end of life situations. This should allow a prompt response to facilitate an admission to a care home.

The District Nursing Service across Greater Glasgow and Clyde has a suite of Key Performance Indicators, with data pulled from the DN record keeping system. In terms of performance, in March 2023 all three areas - catheter acquired infections, tissue viability and food, fluid and nutrition - were above 90% and had been consistently across the year.

The national nursing Combined Care Assurance Audit Tool (CCAAT) is a comprehensive audit tool that investigates a range of activities, inclusive of record keeping and direct supervision of staff, and is repeated 6 monthly when at green. The West Dunbartonshire DN team have been scoring green (80-90%) over the last year.

Among the HSCP's equality outcomes is that all adults supported by DN teams have their religious/beliefs considered by the service in relation to their ongoing care. All patients are asked about their religion and beliefs as it is embedded within the patient assessment. As the assessment is patient-centred, if the patient indicates religion/belief it is included in their Anticipatory Care Plans and Palliative Care plans.

Additionally, DNs have a vast amount of knowledge and understanding on how cultural factors may shape people's healthcare needs which is demonstrated in the service's assessments and care plans when appropriate.

## Child Development

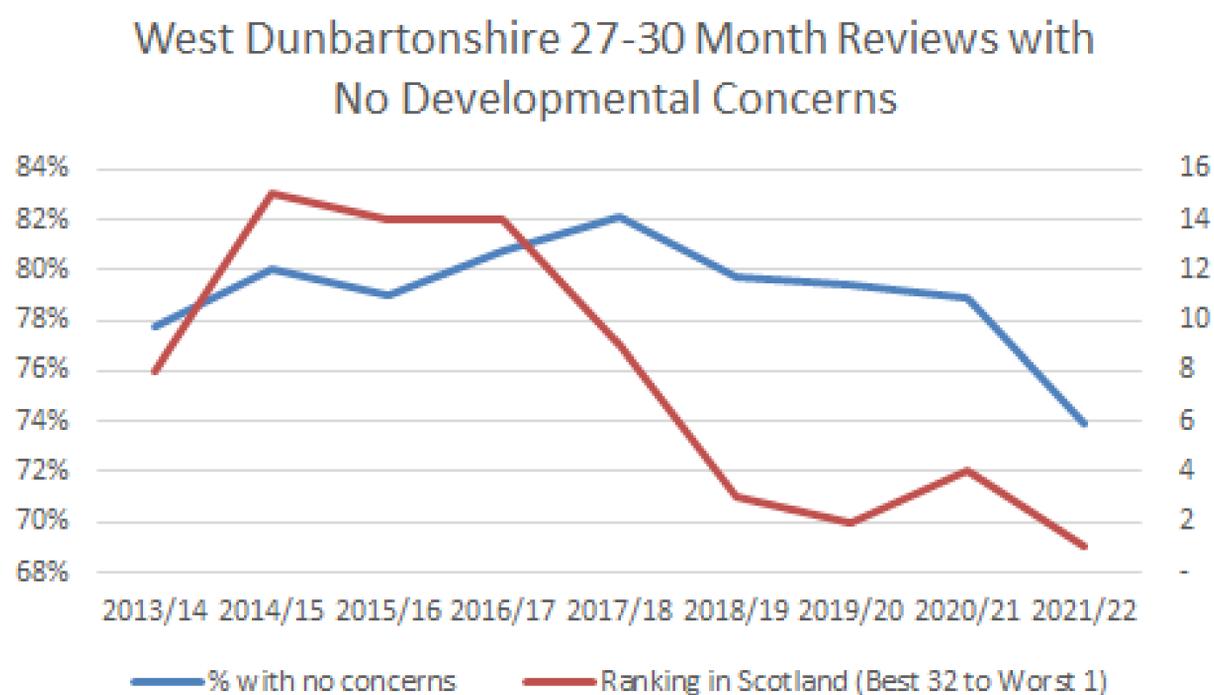
The HSCP is committed to improving outcomes and supporting the wellbeing of our children and young people, aiming to give every child the best possible start in life. Early years have a profound impact on an individual's future experience of health and wellbeing.

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

The Universal Health Visiting Pathway is offered to all families. It offers 11 home visits in total, 8 of which will be in the first year of life followed by 3 developmental child health reviews at 13-15 months, 27-30 months and 4-5 years. These reviews are carried out to assess whether each child is meeting all of their developmental milestones such as speech, language and communication, hearing, vision, personal/social, behavioural/emotional, fine motor and gross motor skills. Latest available statistics for reviews carried out at 27-30 months of age are for 2021/22 which are also reported through the Local Government Benchmarking Framework.

Take up of 27-30 month reviews for those children of eligible age was 95% in West Dunbartonshire in 2021/22: higher than the Scotland or NHS Greater Glasgow and Clyde figures, which were 89.4% and 92.3% respectively. This was also the second highest proportion across the 6 HSCPs within Greater Glasgow and Clyde behind East Dunbartonshire.

The proportion of children reviewed in West Dunbartonshire where there were no developmental concerns identified through the review however was the lowest in Scotland in 2021/22 at 73.95% compared with a Scotland figure of 82.14%. Looking at West Dunbartonshire's performance and ranking since reporting began in 2013, these have been in decline since 2017/18 where we ranked 14th worst in Scotland at 82%.

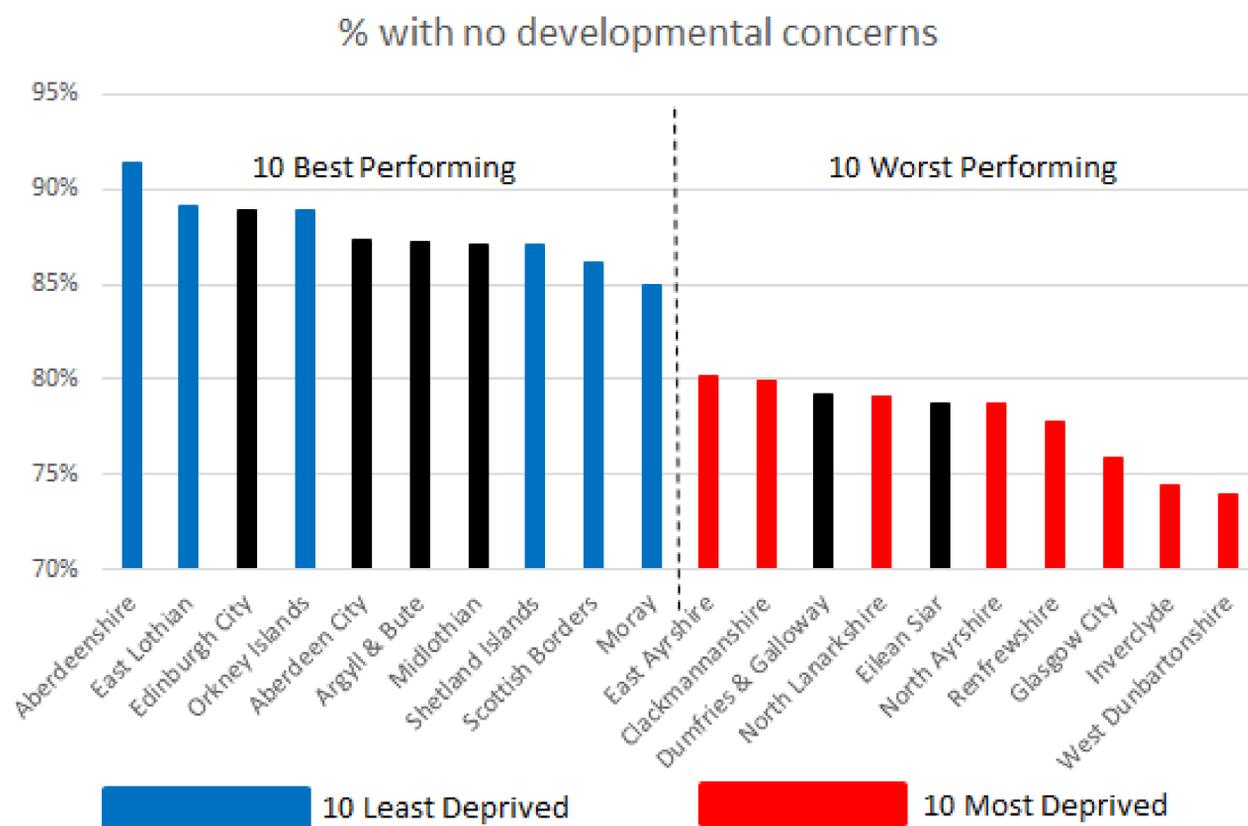


Such a rise in developmental concerns among the very youngest in our community is deeply worrying. While studies are already looking at the impact of the pandemic on child development, health inequalities and deprivation have a significant part to play and will also have increased the pandemic's impact on those most vulnerable.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society due to the conditions we are born into, live and grow in and have a long term impact on our opportunities for good health and wellbeing. Health inequalities at such a young age, 27-30 months old, will have far-reaching consequences.

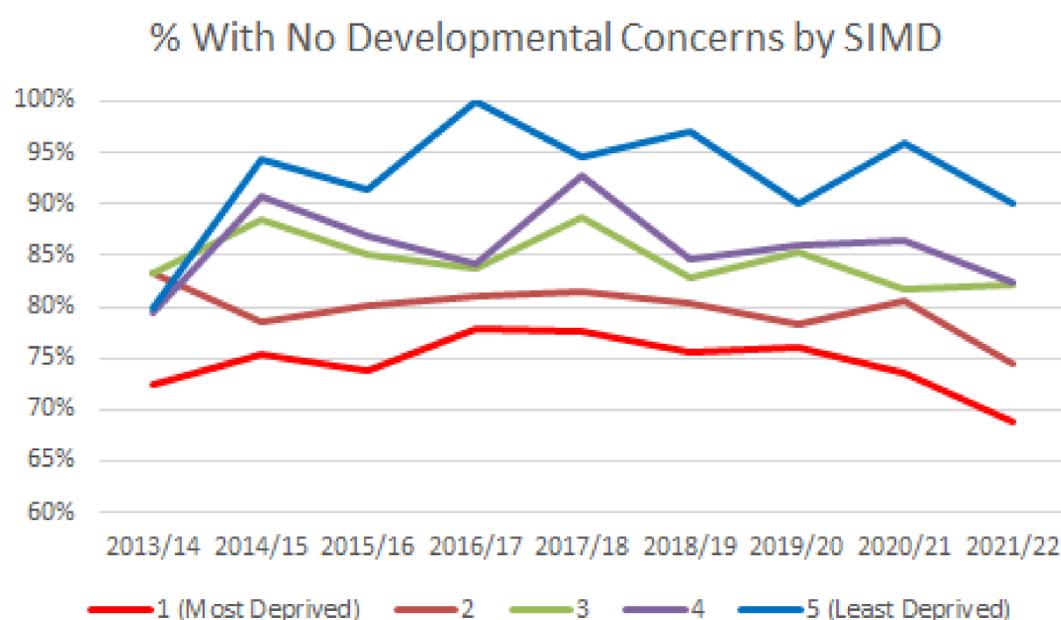
West Dunbartonshire has the 4th highest proportion of datazone areas in the most deprived 20% of Scotland compared to other councils. The Scottish Index of Multiple Deprivation identifies 5 quintiles ranging from SIMD1 most deprived to SIMD5 least deprived. Within West Dunbartonshire 66% of the population 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.

When we look at the local authority areas with the lowest and highest proportion of children with no developmental concerns against the most and least deprived council areas in Scotland, the overlap is stark.



As we can see above, 8 of the 10 local authorities with the lowest proportion of 27-30 month old children with no developmental concerns are also among the 10 most deprived local authorities in Scotland. Of the 10 local authorities with the highest proportion of children with no developmental concerns, 6 are among the 10 least deprived local authorities in Scotland.

West Dunbartonshire's population further illustrates this link. The difference between the most and least deprived, SIMD1 and SIMD5 is significant and increasing. Indeed in 2013/14 SIMD2-5 were all fairly similar in relation to no developmental concerns but the variation in performance among the more deprived areas has widened over subsequent years.



The Health Visiting Pathway is key in attempting to tackle these health inequalities. Health Visitors work with families to support uptake of immunisations and encourage breast feeding. Early 2022/23 statistics show some improvement in breastfeeding rates with West Dunbartonshire.

	Exclusive Breastfeeding Median	
	At 10-14 Days	At 6-8 weeks
Jan - Dec 2021	20%	16%
Jan - May 2022	29.2%	22.4%

The HSCP's UNICEF UK Baby Friendly Gold Award was revalidated in September 2022. The award promotes safe, effective person-centred care to support parents with up-to-date evidence-based practice regarding infant feeding, relationships and brain development. There is continuing work to ensure standards are maintained and support to families is provided at Gold standard.

Childhood immunisation rates in West Dunbartonshire continue to be high. West Dunbartonshire is higher than both NHS Greater Glasgow and Clyde and the Scotland figure for all immunisations at 24 months of age and for 4 out of 5 of immunisations at 5 years of age.

	24 months				5 years		
	WDHSCP	NHS GGC	Scotland		WDHSCP	NHS GGC	Scotland
6-in-1	97.2%	97.1%	96.6%	6-in-1	97.2%	96.9%	96.5%
MMR1	94.4%	94.2%	93.9%	MMR1	95.2%	95.7%	95.2%
Hib/Men C	94.9%	93.7%	93.7%	Hib/Men C	95.7%	94.8%	94.5%
PCVB	94.7%	93.8%	93.4%	4-in-1	93.0%	92.0%	91.1%
Men B Booster	94.1%	93.0%	93.2%	MMR2	91.9%	91.4%	90.5%

During 2022/23 work has been ongoing to improve the processing, assessment and monitoring of pregnancies, in particular for the most vulnerable women. To begin this process, a Standard Operating Procedure (SOP) has been refreshed and agreed and communication with partner agencies improved. The aim of this SOP is to ensure that West Dunbartonshire Children and Families team identify a named Health Visitor for all woman going through the Special Needs in Pregnancy process with a pregnancy which is thought to be a vulnerable pregnancy. Impact measures are being planned to evidence effectiveness of service delivery.

There is also recognition of a need to improve communication processes between Adult Addiction services and Children's Nursing services particularly in relation to the sharing of parental assessments of care. By sharing assessments and resulting actions it is hoped that a holistic assessment of parental capacity will be developed which will improve service delivery to some of our most vulnerable children. To support improved effectiveness of service delivery a Standard Operating Procedure has been developed and agreed and it is hoped that in the near future the data collected will enable further interrogation of the impact of this information sharing.

Sharing of information to promote safety of children and young people and build a scaffolding of support around them, is a common theme running through a number of Scottish Government documents. Getting it Right for Every Child promotes lawful, fair and proportionate information sharing, complying with relevant legal requirements, The Promise, National Guidance for Child Protection in Scotland and the United Nations Convention on the Rights of the Child all contribute to a continuum of preventative and protective work.

The Parental Capacity, Strengths and Support Assessment aligns to these guiding principles and supports a greater understanding of trauma, disability or other complex issues which may inhibit, limit or otherwise impact on the ability of an adult caregiver to provide safe, nurturing care to children and young people.

The assessment tool therefore provides a structure within which adult services practitioners will review areas of strength or potential vulnerability in respect of the provision of care to children and young people by adult caregivers seeking support, in the context of a relationship which addresses need, facilitates support, identifies vulnerability and acknowledges strengths.

## Development of HSCP Strategic Plan 2023-2026

The HSCP is required to publish its Strategic Plan every three years unless prevented to do so by extenuating circumstances. Along with numerous other HSCPs, West Dunbartonshire HSCP Board agreed to postpone the publication of its Strategic Plan by one year due to the impact of the COVID-19 pandemic. In addition to responding to and beginning to recover from the pandemic, this time allowed the HSCP to consult widely on its Strategic Plan for the 2023-2026 period which, having been supported by various governance infrastructure, was approved by the HSCP Board in March 2023.

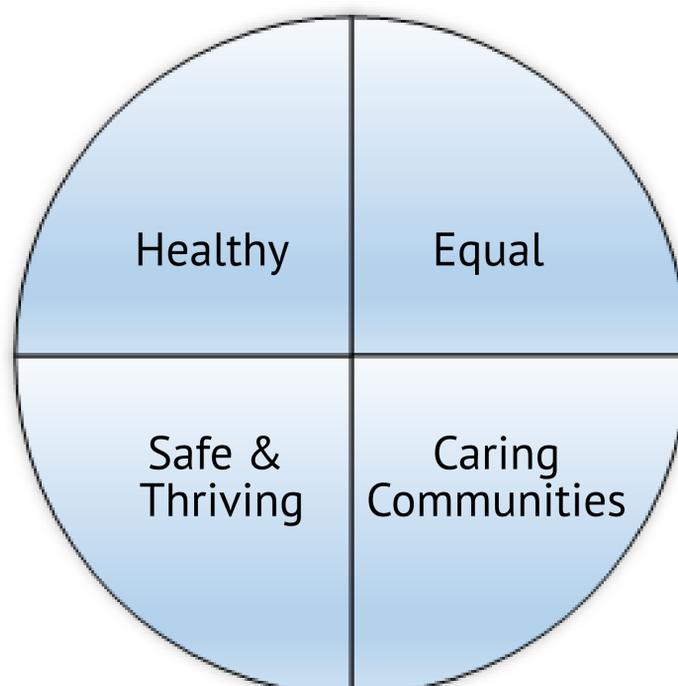
In the development of the plan the HSCP undertook three rounds of consultation. The first round involved sharing our Strategic Needs Assessment with over 60 stakeholders via numerous workshops. Among other things, the Strategic Needs Assessment provided local demographic data, morbidity and mortality rates, burden of disease data and various other incidence and prevalence statistics.

Stakeholders, including the HSCP Strategic Planning Group, were invited to combine this with their own expertise and experiences while taking cognisance of the achievements of the previous Strategic Plan, and suggest what the HSCP priorities ought to be for the forthcoming plan. This helped develop a plan that combined continuity with change, building and drawing upon previous success while identifying the challenges ahead. Suggestions from this round of consultation were used to shape a first draft of the Strategic Plan.



This draft was then consulted on via various methods including online surveys, face to face and online interviews, and focus groups with staff, service users, patient groups, carers, third sector representatives, communities of interest and communities of geography. This round of consultation included asking, “What matters to you about health and social care services in West Dunbartonshire?” ensuring the Strategic Plan would be anchored to stakeholder priorities. Analysis of these engagement opportunities directly shaped the subsequent draft of the Strategic Plan. Finally, the HSCP engaged with a similar range of stakeholders on a proposed final draft of the Strategic Plan and continued to engage with feedback to refine further the final draft.

As a consequence of extensive engagement, effective use of data, identifying where the HSCP is performing well and where it requires to improve, the HSCP is confident its Strategic Plan for the period 2023-2026 has been developed collaboratively, reflects stakeholder priorities and identifies the challenges as well as the opportunities to deliver our new strategic outcomes in the areas of Healthy, Equal, Safe and Thriving, and Caring Communities.



# Priority 2: Access

## Self-Directed Support

The Social Care (Self-Directed Support) (Scotland) Act 2013 requires public bodies to give people more say in decisions about local services and more involvement in designing and delivering them. SDS embodies the principles of participation, dignity, involvement, informed choice and collaboration and that social care should be provided in a way that gives individuals and their carers choice and control over their own lives, respecting and promoting human rights.

### Self-Directed Support

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

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

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

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

Following the approval of the HSCP's newly developed Self-Directed Support Policy in March 2022, during 2022/23 the HSCP have continued to build on the significant work undertaken to deliver and maintain a consistent approach to Self-Directed Support (SDS).

The HSCP appointed an SDS Lead in June 2022 to drive forward our improvement work. Since coming into post the SDS lead has focused on two main areas:

- Development of training and support for practitioners to help build confidence and knowledge around SDS legislation and how to embed a person centred approach into practice.
- Development of stronger links with community assets that support work around early intervention, prevention and self management for service users and their carers and open up choice and control around meeting assessed outcomes.

An SDS iLearn module was updated and released in October 2022 and is available via the iLearn site for staff who require an overview of SDS or to refresh their knowledge of this. The SDS Team have also been delivering two hour overviews of SDS focusing on the values and principles that underpin this legislation and how we approach this through our My Life Assessment in West Dunbartonshire. The SDS Lead has created an SDS Training Matrix that is due for launch and will allow staff to access a calendar of training on all areas of SDS including SDS and Carers, SDS and Technology Enabled Care and Person Centred Support Planning.

Staff can access an SDS Clinic for one to one coaching around any aspect of SDS. These clinics run twice a week, one at each end of the authority, and have been well attended. Staff are attending for support with more challenging cases or to build their confidence and knowledge of SDS legislation and how to embed these values and principles into practice. SDS officers take a “critical friend” approach to engaging with staff.

Four staff members are currently completing Train the Trainer with Helen Sanderson Associates to allow Just Enough Support training to be rolled out across the HSCP and to the wider community from September 2023. This training empowers practitioners and service users to coproduce person centred support plans that proactively explore alternatives to paid support, promoting meaningful outcomes that encourage service users to take more control of their care and support.

In September 2022 the Scottish Government published an updated SDS Framework of Standards that gives all local authorities an overarching structure for further implementation of the SDS approach and principles. New SDS national guidance was released in November 2022 and work is ongoing to ensure this fits with our local SDS guidance. A new national improvement plan for SDS is due for release imminently and on release the HSCP will align the local SDS improvement plan to this document.

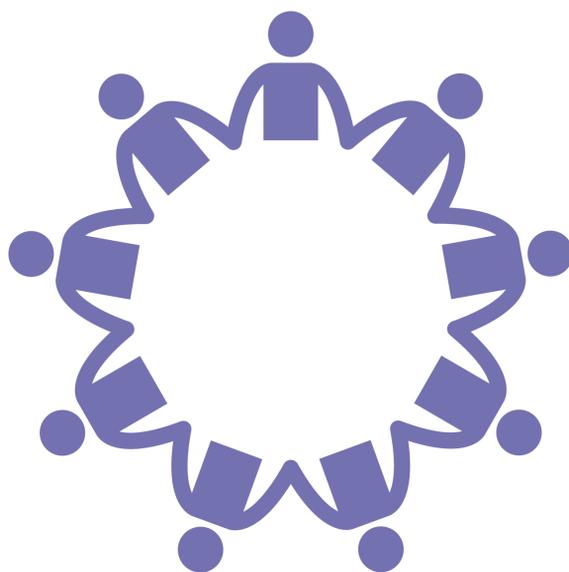
### Partnership Working With The Community

An SDS Circle and a Provider Network have both been established to build stronger working partnerships and strengthen communication with the HSCP.

SDS Circle works with key community partners such as Shopmobility, Carers of West Dunbartonshire and the Big Disability Group and operates every eight weeks. It is an open forum to share projects and updates from each organisation so we can all work together more cohesively.

The SDS Circle aims to support further development of community assets across West Dunbartonshire that will offer more choice and support to SDS budget holders as well as creating a support network for those who do not meet eligibility criteria for formal support from the HSCP.

The Provider Network is open to all service providers on our framework and is focusing on building stronger communications with our providers, helping build understanding around person centred approach to support planning and gaining a better awareness of where we have challenges with service delivery.



## Supporting Carers



The HSCP recognises the invaluable contribution made by unpaid carers within our community, particularly during the pandemic. In the 2011 UK Census 9,637 people in West Dunbartonshire identified as carers and 18.2% of these carers were aged 65 and over.

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.

The HSCP is committed to ensuring carers are supported wherever necessary to reduce any impact caring may be having and, when working with carers to support a cared for person, carers will be considered equal partners. To this end, in April 2022 the HSCP Board introduced a number of changes to how carers in West Dunbartonshire can be supported. These changes included a new Adult Carer Assessment and Support Plan, eligibility criteria for adult carers and a new process for how newly identified adult carers can access different support.

Eligibility criteria is about ensuring equitable access to the right services, at the right time and for the length of time required and ensures staff from all agencies are clear on which services and organisations are best placed to support carers, proportionate to the level of impact caring may be having.

The new process means Carers of West Dunbartonshire effectively become the front door to all carer support in the area. All carers will be offered an Adult Carer Assessment and Support Plan by Carers of West Dunbartonshire who will then look to provide support via universal and community based services and, where caring is having a considerable or critical impact upon the carer, they will be referred to and supported by the HSCP. This means those needs which can be met by universal services can be accessed while referral to the HSCP is underway. Those carers referred to the HSCP and assessed as appropriate will be able to access Self-Directed Support in their own right. Early indications suggest that the new approach is benefiting all stakeholders.

Another significant piece of work during 2022/23 was the proposed pilot of streamlining access to SDS Option 1 (Direct Payments) for carers to specifically access Short Breaks. The HSCP Board approved the allocation of £266,000 for this pilot in May 2022 however, a number of issues including infrastructure support prevented this pilot from being implemented as intended. While the HSCP has not yet been in a position to deploy the pilot, the need amongst carers for Short Breaks has not dissipated. In order to try and meet at least some of that demand, £50,000 of the allocation for the pilot was allocated to Carers of West Dunbartonshire to be accessed by carers for Short Breaks via their Out of the Blue Service.



### Case Study: Support to Carer

Carer A is 64 years old and cares for her husband who has dementia. She has been caring for several years following his diagnosis and during that time has found her caring responsibilities have increased and her role as her husband's carer has become more demanding.

Carers of West Dunbartonshire prepared an Adult Carer Assessment and Support Plan with Carer A which highlighted that her caring role was having a considerable impact on her emotional well-being, life balance and living environment. This was primarily due to her being unable to leave her husband at home alone.

During the assessment process, she reported that she was becoming increasingly isolated and felt disconnected from friends and family and was regularly missing out on social opportunities. As the impact of caring on Carer A was assessed as Considerable in one or more life areas, it meant that she met the threshold for appropriate HSCP support.

A referral was made to West Dunbartonshire HSCP for Carer A to be assessed for a carer's budget which would allow her to have a break and life alongside caring. In addition to this Carer A was able to access universal support from Carers of West Dunbartonshire. This was provided through the organisation's Out of the Blue service.

Out of the Blue is a service which helps carers have a life alongside caring by offering support in the form of replacement care. It gives carers who are unable to leave the person that they care for the opportunity to attend social events, take part in hobbies and ensure they are managing their own health needs by being able to attend medical appointments.

Carer A was provided with 2 hours of replacement care per week which she used to attend her exercise class. This helped her stay physically fit and meant she could see friends again which has had a positive impact on her mental well-being.

As a result of the referral to West Dunbartonshire HSCP, Carer A was provided with an allocation of respite nights as well as 6 hours per week of replacement care at home. This now enables her to sustain her caring role as she gets regular breaks which she uses to look after her own health.

## What is Carers of West Dunbartonshire Valued Carer Card?

“Unpaid carers are at the heart of what we do, and in a post-pandemic world, we wanted to find a way to support both carers and our wider community alike. The Valued Carer Card is a key part of our Carer Aware Communities work which aims to raise awareness and support for unpaid carers within West Dunbartonshire, while also helping to sustain community spirit and show support for our local, independent businesses.

Anyone who is registered with Carers of West Dunbartonshire will receive a Valued Carer Card. Since the initiative was launched in July 2022, over 2,000 cards have been distributed. The card acts as a form of identification, while also unlocking discounts, promotions and unique services provided by local businesses. Businesses and organisations supporting the Valued Carer work have the opportunity to complete Carer Awareness Training which highlights to them who unpaid carers are, the challenges faced by unpaid carers, and what we, as a community, can do to support those looking after a loved one.

Valued Carer businesses throughout the local area are being included all the time and can identify themselves by displaying the “We Value Carers” window sticker and being included in our Valued Carer Directory, where more information about the business and the support they offer can be seen.

Most recently, we have been delighted that West Dunbartonshire HSCP has shown its support to Carer Aware Communities by encouraging any services procured by it to take part in Carer Awareness training. For carer and business enquiries about Valued Carer, please contact Jenni McNab, CWD Marketing and Engagement Officer on 07535469592 or email [jenni@carerswd.org](mailto:jenni@carerswd.org)”

## Learning Disability Services

Scotland must provide the best possible services for people with a learning disability to enable them to lead high quality lives within their family and/or their community where they experience personalised support consistent with a Human Rights Based approach. A priority within the national strategy the Keys to Life is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives. This includes where individuals live, as well as the services they receive. The Scottish Government's vision for people with learning disabilities and complex needs is that everyone is supported to lead full, healthy, productive and independent lives in their communities, with access to a range of options and life choices.

The Coming Home Report, published in November 2018, identified that some people with learning disabilities and complex needs were living far from home or within NHS hospitals and that there was an urgent need to address this issue. The Scottish Government commissioned a two-year project to look specifically at the support provided to people with learning disabilities who have complex needs. The focus of the project was to identify the number of people involved and also to suggest support solutions for individuals with learning disabilities who have complex needs: either those placed out-of-area or those currently delayed in hospital-based assessment and treatment units.

To support HSCPs to find alternatives to out-of-area placements and to eradicate delayed discharge for people with learning disabilities the Scottish Government allocated a £20 million Community Living Change Fund to HSCPs via NHS Boards in February 2021 to:

- Reduce the delayed discharges of people with complex needs
- Repatriate those people inappropriately placed outside of Scotland
- Redesign the way services are provided for people with complex needs

NHS Greater Glasgow and Clyde, through its Learning Disability Board-wide Governance structure has set up a Programme Board to support HSCPs. In West Dunbartonshire a review of learning disability services, in line with organisational change policies, is being planned. Developing and maintaining good, sustainable accommodation and support services is crucial to meeting the aspirations of the report and the needs of those identified. Achieving this requires coordinated effort and alignment of resources locally to create the capacity to achieve progress against the strategic objectives of the Community Living Change Fund.

One of NHS Greater Glasgow and Clyde's sub-groups 'Future Landscapes' is working with third sector and housing colleagues to recommend new sustainable models of support ensuring a co-production approach in terms of how services should be designed and developed. In addition to directly impacting people with learning disabilities, this work will also impact on services and how these are planned and commissioned. It will support better local long-term planning to meet the housing and support needs of individuals with complex needs including the formation of specialist multidisciplinary teams that are focused on providing the necessary services and support in the community to prevent admission to hospital as well as the proactive development of appropriate housing.

Sharing of best practice and a culture that promotes open and frank discussion about the ongoing challenges, such as the role of a Registered Social Landlord, compared to the role of a specialist care provider, is vital. It is hoped that in collaborating across the 6 HSCP areas comprising Greater Glasgow and Clyde, greater momentum will be achieved in developing and delivering services to people with learning disabilities and very complex support needs to ensure improved outcomes for those individuals and their families.

The Learning Disability Team within West Dunbartonshire comprises a considerable integrated workforce of both NHS and Council staff within statutory, registered, supported employability, transition and respite services. The team includes social work, psychiatry, psychology, nursing, occupational therapy, physiotherapy, speech and language therapy as well as dietetics.

The Covid-19 pandemic has continued to have an impact on people with a learning disability and their access to services during 2022/23 with a higher number of deaths than any other group within the wider population as highlighted by University of Glasgow studies. There are 404 people with a learning disability in West Dunbartonshire who are known to, or receiving, HSCP services and a further 24 people living outwith West Dunbartonshire whose support is funded by the HSCP.

The HSCP's registered Housing Support Service (HSS) provides supported living to people with a learning disability to live as independent a life as possible. HSS work with those supported in a person-centred way to develop personalised, outcome-focused support plans. This includes support with the following areas of everyday life: personal care, developing independent living skills, maintaining important relationships, remaining healthy and accessing healthcare services. HSS also offer support in being able to take an active role in local community life, identifying and accessing leisure opportunities and with all aspects relating to maintaining tenancies and being a good neighbour.

Outcomes for those supported are varied and personal, however include improving feelings of security, increasing inclusion, reducing social isolation, reducing risk and vulnerability and improving health and wellbeing. Staffing across all sites remains a challenge and, as the needs and complexity of those being supported changes, the way in which the service is being delivered will require to be reviewed in line with HSCP policies to ensure it is meeting the needs of those highlighted in the Coming Home Implementation Report.

Dumbarton Centre is a registered service providing day support for adults with learning disabilities with more complex support needs, be it physical or behavioural. Currently the centre provides support to 33 individuals over the course of a week. This involves an increased number of one-to-one and two-to-one supports than pre-Covid. The centre provides a range of activities within the building as well as some community-based opportunities. In addition Rebound Therapy has been arranged through physiotherapy and clinics run on a Wednesday and Friday afternoon including for service users who previously accessed this therapy when attending the centre.

The complex needs of some of the individuals identified through Transitions who require a building based service, has required a review and refresh of specialist training provided to staff. NHS Greater Glasgow and Clyde supports a Positive Behavioural Support (PBS) postgraduate course for those working with complex, challenging behaviour. One member of staff has already completed and another is currently undertaking the course. In conjunction with psychology, this will ensure that those individuals with challenging behaviour will have detailed PBS plans in place, in addition to any Promoting Positive Behaviours interventions required, prior to commencing a placement at Dumbarton Centre to mitigate risk as much as possible. Work will be ongoing to upskill staff to work with individuals who will require a building-based service in the future.

Community Connections is a dual registered service providing community-based support for adults with learning disabilities who do not require the resources available within a building-based service. It currently supports 37 clients with a variety of specialist needs between the hours of 7am and 9pm to suit the support required and can provide home support if this is identified by the referrer. Similar to Dumbarton Centre it provides support to achieve the Keys to Life outcomes within the Scottish Learning Disability Strategy. The service accesses various community-based services and groups according to the outcomes identified in each personalised support plan and delivers both one-to-one and group support according to assessed need.

Work Connect is a non-registered specialist supported employability service that work with adults with learning disabilities, mental ill health, addictions and autism. The service supports individuals, if appropriate, and in line with eligibility criteria, to access mental health, addiction or learning disability services and also welfare and debt advice, if required, to overcome challenges in accessing supported employment or volunteering opportunities. The expectation is that participation will lead to an increase in the skills and confidence of those accessing any of the programmes offered by the service, such as horticulture or catering, leading to increased opportunities for training, volunteering and entry to employment including in-work support. It works in partnership with a number of agencies to access different funding streams and is keen to develop a Hub model to provide a range of supports to those transitioning to adult services.

Carers accessing the Respite/Short Breaks service require help and support to maintain their caring role. Practical, emotional and physical support is required by many carers in addition to respect, dignity and compassion. Historically the majority of carers have preferred the cared for person to access residential respite/short breaks for weekends or a week to enable the carer to go on holiday or have a break themselves. Work is currently underway to explore a range of options to develop how respite and short breaks are offered in the future. A short break is classified as any form of support that enables the carer to have a break from their caring role and can take the form of a menu of options such as: short breaks/holidays; overnight residential respite; support within the home or community for the cared for person; payment for activities; urgent/unplanned respite or accommodation to provide replacement care. Being able to offer this service leads to improved

outcomes for carers such as: time to pursue personal interests leading to a balance with caring responsibilities resulting in improved health and well-being; greater independence and self-confidence; greater ability to sustain the caring role and improved relationships with the person being cared for and their wider network of support.

West Dunbartonshire HSCP is fortunate to have a very well respected building-based respite service run by a third sector provider. Post-Covid, having been granted a variation to its Registration by the Care Inspectorate, the service now offers two emergency placement beds as well as four respite beds. This is a vital service, in line with the Coming Home Implementation Report, to better support the vulnerability of community-based placements to prevent placement breakdown or hospital admission. Learning Disability Services currently have 95 carers who have been assessed as requiring respite/short breaks. Throughout the pandemic, the Learning Disability Respite/Short Break Service continued to provide essential supports and services to carers, families and those in need as did Dumbarton Centre.

West Dunbartonshire Learning Disability services continue to work hard to promote and support the rights of people with a Learning Disability. A more fully staffed health team has seen a reduction in waiting times and a more timely service. There has been substantial work done to review processes creating much safer and more robust processes in relation to patient care and clinical governance. Successful implementation of anti-psychotic monitoring clinics has identified some unmet health needs and directed carers to other services, which may not have happened otherwise.

Learning Disability nursing staff have maintained additional responsibilities in relation to the Covid-19 vaccination programme including directly vaccinating those individuals supported by Learning Disability Services who were unable to attend public vaccination centres. The recruitment of two Health Support Workers has provided capacity for clinical activity to support the work of the Coming Home Implementation Report and the increased complexity of Transitions.

There is ongoing work with Children and Families to review Transitions to adult services to ensure we are applying the HSCP's eligibility criteria and providing a statutory service to those with critical or substantial need.

The Learning Disability Team does a huge amount to support student education both at undergraduate and postgraduate level across a wide range of professions. This takes time and energy to ensure the placements are meaningful and positive and the team should be congratulated on its ongoing commitment to this in addition to caseload pressure. One of our health team has been selected to pursue a doctorate in an area of research specific to learning disability and we are delighted our service users may benefit from this work in the years to come.

This year we again took time to listen. By understanding what is important to our staff and service users we can build more supportive, effective relationships, which will hopefully lead to improved quality and effectiveness of care and outcomes for people with learning disabilities. The service recognises the passion and commitment of staff to work alongside service users and their families to support individuals to meet their outcomes and supports staff to be the best they can be in continuing to develop their own knowledge, skills and abilities to create a workforce, and specialist teams, fit for the future that can meet the complexity of demand with a finite set of resources.

There is much to be positive about, in spite of ongoing challenges around recruitment and retention of staff, particularly within third sector partners, the resource required to deliver organisational consultation and change and the reporting requirements linked to Dynamic Support Registers and complex Adult Support and Protection work. Communication and a readiness to embrace change are key ingredients for success and the HSCP is committed to working in partnership with all stakeholders to ensure real and meaningful engagement with people with a learning disability and their families to enable them to lead high quality lives within their family and/or their community where they experience personalised support, enabling greater independence, choice and control and the ability to have a healthy life and be an active citizen, consistent with a human rights based approach.



## Justice Social Work Services

Justice Services have continued to provide support, interventions and monitoring to those subject to statutory orders and licences. There are clear governance structures around the Justice Service internally via the HSCP Board, the Public Protection Chief Officers Group and West Dunbartonshire Community Planning Partnership's Safe Delivery and Improvement Group. We continue to meet with our link inspector from the Care Inspectorate and provide quarterly and annual unit returns to the Justice Division of the Scottish Government.

During 2022-23 Justice Social Work Services experienced some notable increases in demand compared to the previous year. We continue to evaluate and improve our service to individuals, responding to national strategies including the Presumption against short sentences. The operational management team has been extended from funds from Scottish Government. As an integral part of the service, this will strengthen oversight of best practice and accountability to the senior management team.

Performance in meeting targets for Social Work Reports, Community Payback Orders and Unpaid Work Orders timescales have continued to be challenging during the year. There were 827 Social Work Reports completed in 2022/23, an increase of 4% on 2021/22.



Community Payback Orders increased by almost 15% on the previous year and those with unpaid work requirements increased by just over 16%. Collaborative work with the Council's Greenspace project and colleagues from the Knowetop Alternatives project contribute to the local authority's green space initiatives. Third sector partners the Wise Group provide additional support opportunities and the Red Chair Project ensures service users are not disadvantaged in terms of digital poverty.

Having secured a new workspace for the unpaid work team, employability services attend there to enable delivery of a wider range of supports and learning. The service has returned to pre-pandemic levels of service delivery, with additional Covid monies from Scottish Government securing extra staff to facilitate this.

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

The new Bail Assessment and Supervision Service commenced at Dumbarton Sheriff Court in September 2022. To date, the service has supported 15 individuals remain in their local community, reducing the negative impact of remand on the individual and their families. In addition the provision of services to individuals prior to their release from custody and into the community continues to support successful reintegration into the service users' local communities.

During 2022-23, Diversion services were provided to 37 people who had not been convicted of an offence, supporting them not to become further entrenched in the justice system. Individuals were supported to address the underlying cause of their behaviours such as addiction support, mental health alongside difficulties with emotional wellbeing, housing, income maximisation and employability.

The Drug Treatment Testing Orders service continued to be provided by an integrated care team hosted by West Dunbartonshire and working across West Dunbartonshire and Argyll and Bute to support individuals whose offending is primarily due to their established addiction issues, encouraging recovery, reduced offending behaviour and promoting stability.

A number of improvement actions were completed during 2022/23 including:

- New staff being trained and existing staff annually updated on the suite of assessment tools used within Justice Social Work.
- Staff training being completed in Trauma Informed Practice.
- Throughcare Assessment for Release on Licence – West Dunbartonshire staff having being trained in the first delivery of this tool.
- Ongoing negotiations with the National Caledonian Team to bring Caledonian Domestic Abuse group work to West Dunbartonshire.
- Additional Government funding has enabled the service, to provide additional capacity alongside further support in the additional provision of services to our local courts including bail supervision and structured deferred sentences as an alternate disposal.

Challenges have included:

- The annual funding model restricts our ability to plan and sustain services beyond the current financial year, including services commissioned from the Third Sector. This means we are only able to enter into short-term contractual arrangements, which creates difficulties in both the recruitment and retention of suitably qualified staff. Justice Services do not have the ability to reduce demand on our statutory services therefore a robust funding model is essential.
- High numbers of Domestic Abuse offending within the local authority: staff are listed to attend national training on the Caledonian system.
- Referrals from the Crown Office and Prosecution Service (COPFS) have significantly increased. In line with national policy of early intervention, the service has seen an increase in those subject to diversion in sustained attempts to reduce the number of individuals going through the criminal justice system. We continue to have regular meetings with the COPFS service through the local community justice forum.
- Horizon scanning to anticipate the impact on Justice Social Work from the Children's Care and Justice (Scotland) Act, alongside the forthcoming Bail and Release Act, currently passing through parliamentary approval.

Our strengths include:

- Strong partnership working evident in the planning of support for individuals being released from prison. Our Justice and Housing Services are working closely together to ensure short stay accommodation is identified for individuals prior to release and support then provided to access a permanent tenancy.
- Positive working relationships with Police Scotland colleagues in the management and support to those assessed as posing a high risk of re-offending.
- During 2022/23 we have enhanced our unpaid work service by ensuring that tasks are meaningful to communities and provide learning opportunities for service users, including improving the environment and supporting charitable and voluntary organisations.

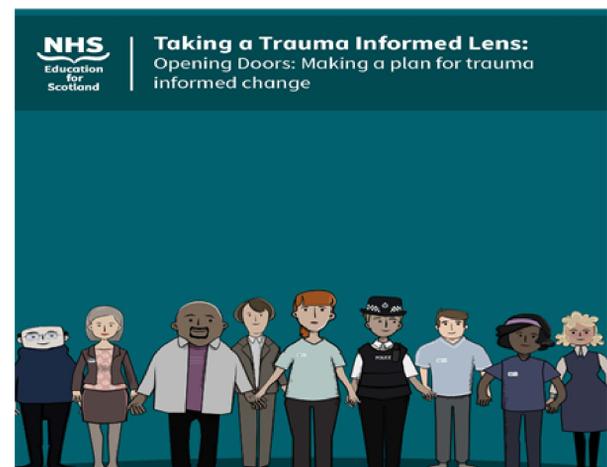
# Priority 3: Resilience

## Adversity, Trauma and Resilience

The West Dunbartonshire Adversity, Trauma and Resilience Programme aims to prevent childhood adversity and trauma and to mitigate the effects across an individual's life course where it has already occurred.

A key component is to develop a trauma-informed West Dunbartonshire through supporting workforce development across public and third sector organisations.

This is in line with the National Trauma Training Programme and West Dunbartonshire Council's commitment to support the Wave Trust's 70/30 campaign to reduce child abuse, neglect and other adverse childhood experiences (ACEs) by at least 70% by the year 2030 which the Council reconfirmed its original 2021 commitment to in 2023.



Locally the programme seeks to cover the five drivers of change of trauma-informed systems:

- Leadership and management
- Experts by experience
- Data and information
- Workforce knowledge and skills
- Workforce wellbeing

This will be done through Trauma Training plans, including Resilience Film viewings, to support the development of a trauma-informed workforce supported by the Resilience Hub which is a community of practice with over 500 members.

The Resilience Hub held one online meeting in 2022/23 themed on 'Developing your Trauma-informed Practice' and 58 people participated. It showcased the range of free training resources available from the National Trauma Training Programme as well as how some local teams within Education and Blairvadach Children's House have put this into practice.

Joint work with the NHS Greater Glasgow and Clyde Transforming Psychological Trauma Implementation Coordinator included focused leadership work with leaders working in Children's Health, Care and Justice, with 40 leaders attending the national Scottish Trauma-informed Leadership Training.

A training needs analysis was carried out for the Children's Health, Care and Justice workforce, exploring awareness and attitudes to psychological trauma and trauma-informed practice based on the National Trauma Training Programme Workforce Survey 2021, to allow a learning and development plan to be developed. Staff working in the Older Adults' Mental Health team also completed the Opening Doors Session on trauma-informed practice.

All staff working in the HSCP's Children's Houses have accessed training in the Dyadic Developmental Psychotherapy (DDP) approach. This approach encourages working with young people, their families and/or other key people involved in their care. It raises awareness of trauma and its impact on young people's development and how this might affect their behaviour, and supports staff to interact and talk with young people with this informed approach. It highlights use of a PACE approach in interactions i.e. to be:

- **Playful** - to allow us to attune and match young people's mood and emotions
- **Appreciative** - of the young person's point of view and what they are telling us about how they feel
- **Curious** - to wonder why a young person feels the way they do, or wonder what their behaviour is really telling us
- **Empathetic** - to really try to understand how young people are feeling

To support this over a hundred staff across WDC Education, including Educational Psychology, and HSCP Children's Social Work have accessed a Level 1 DDP learning opportunity. Managers have also accessed training in how to bring these approaches to supervision.

The Resilience documentary film about Adverse Childhood Experiences continues to be an additional popular resource to increase ACEs awareness. One online viewing was held in 2022/23 as part of West Dunbartonshire World Kindness Day activities with 58 people attending. Knowledge and understanding of ACEs increased from 2.84 to 3.84 out of 5 across the audience after viewing the film and taking part in a discussion.

"I'm a student social worker and I have learned about trauma, ACEs and health at uni. Since starting placement, I have been trying to apply the knowledge I have but it has been difficult at times to transfer it to practice. I found the film really helpful for bridging that gap between theory and practice."

Two face to face viewings of the Resilience film were held in 2022/23. One viewing was held in partnership with the co-ordinated Community Response Network set up by West Dunbartonshire Clydesider, a community media social enterprise, with a view to build capacity and understanding of trauma with a range of third sector organisations and building on the message in the film that:

'If you can get the brain science into the hands of the general population, they will invent very wise actions.'

To continue to build connections with The Promise, a focused viewing for foster carers, kinship carers and adoptive parents was held in March 2023. Feedback was positive for both viewings with requests for more viewings across West Dunbartonshire. This brings the total number who have seen the Resilience film to approximately 1,280.

Work has been undertaken during 2022/23 to refine a local evaluation framework based on the draft Improvement Service Creating Trauma Informed Change: What, Why and How, A Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces in Scotland to develop the understanding of the impact of this work and this will continue in 2023/24.

## Adult and Older People Mental Health Services

Adult and Older People Mental Health Services received 4,456 referrals and offered 29,895 appointments in 2022/23, providing health and social care to a range of people with varying mental health needs. Referrals have increased by 9% within Adult Mental Health and 8.8% in Older People Mental Health Services. There is a noted increase in referrals for people with a provisional diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD). This is in line with the NHS Greater Glasgow and Clyde experience of a 700% increase in referrals for ADHD since 2019.

During 2022/23 there have been a number of service developments across Mental Health Services which continue to offer contact using a variety of different methods including use of NHS Attend Anywhere digital video platform which was implemented locally as a response to the Covid pandemic.

We have completed the recruitment of Wellbeing Nurses within all GP practices across West Dunbartonshire which allows direct contact with a mental health nurse without the need for a GP assessment. Wellbeing Nurses continue to work alongside Community Link Workers to deliver brief interventions to people with mental health and wellbeing needs.

We successfully recruited and rolled out a Specialist Physical Health Nurse service expanding this year to all Adult and Older People Community Mental Health Teams. This means that anyone who does not have an annual review for physical health care within primary care services, and is prescribed anti-psychotic medication, has the opportunity to have a range of tests, advice and treatment changes.

We have also fully recruited to and rolled out a Mentalisation Based Therapy Nursing Service for people with emotionally unstable personality disorders. These additional staff support our Adult Community Mental Health Teams to deliver enhanced pathways of care. This has reduced the number of admissions to both our Mental Health Crisis Team and our inpatient services.

The Mental Health Social Work Service has supported the development and introduction of the wider HSCP Adult Support and Protection duty system and Area Resource Group and we are increasing the number of practice assessors and student link workers through additional training. Social workers have ensured that all clients have an established review date using principles of self-directed support to ensure all care packages meet the eligibility criteria for adult social care services.

Mental Health Services have also supported the Vale of Leven Hospital to open their Dementia Garden on the hospital site. We contributed staff and volunteers through our Work Connect Employment service to establish this outdoor space for patients, and their carers, of the HSCP Dementia and Functional Wards.

Local Mental Health Inpatient Services have introduced new ways of supporting people with dementia. This includes stress and distress models of care, psychological formulation of distressed patients, cognitive stimulation therapy and Occupational Therapy Allsorts activity programme. Occupational Therapy within the Older People's Mental Health Team have also introduced a new service where the Occupational Therapists now assess the ability of people with dementia to be able to safely drive motor vehicles.

Consultant Psychologists have developed a training plan for all adult mental health care staff in West Dunbartonshire that will see a pathway for all new nursing staff that ensures an ongoing training programme in the latest evidenced-based psychological therapies. This includes the establishment of Trauma Focused, Safety and Stabilisation Training for all staff.

# Priority 4: Assets

## MSK Physiotherapy

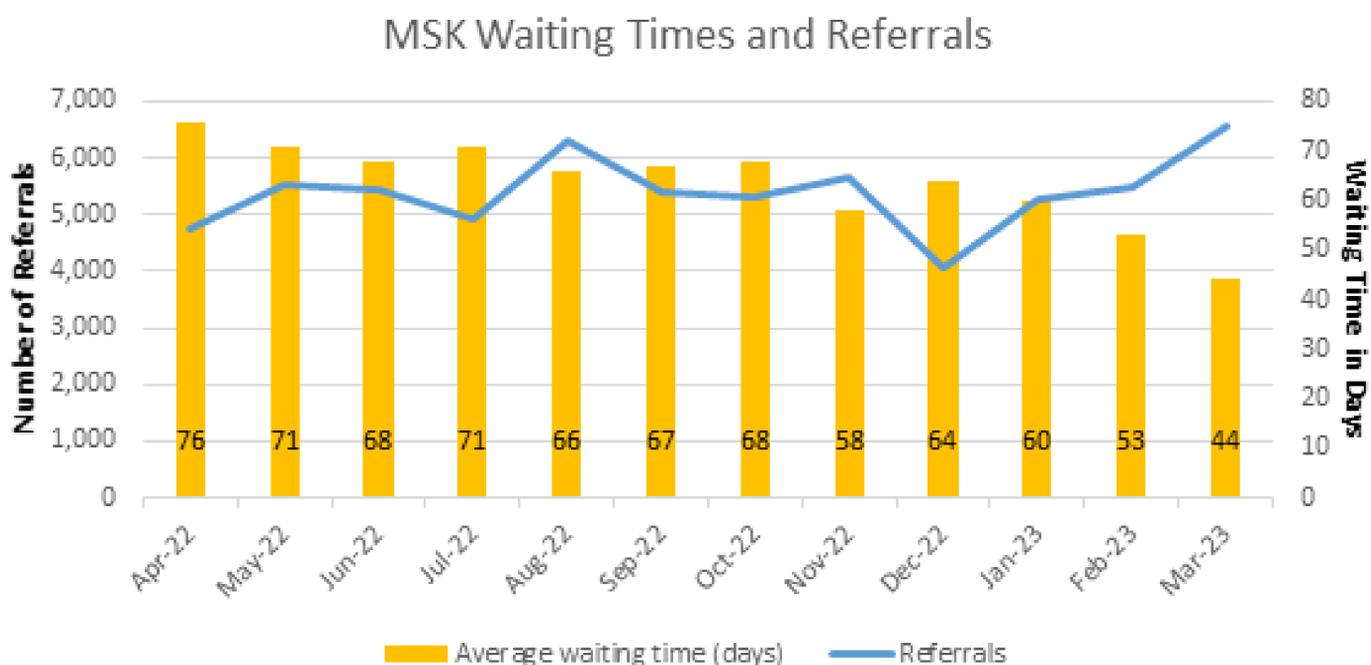


Musculoskeletal (MSK) conditions continue to have a major impact on people's lives. It is one of the leading causes of time off work and more years are lived with an MSK disability than any other condition. The MSK Physiotherapy Service continues to provide a person-centred approach where each person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

Despite the challenges of remobilisation post pandemic, the service had a year of success with regards to delivering 6 priority objectives. The service priority objectives were:

- Waiting times
- Recruitment and retention of staff
- Staff wellbeing
- Introduction of Electronic Patient Records/Active Clinical Notes.
- Streamlining MSK pathways of care and shared decision making for patients with Osteoarthritis of hip/knee
- Training, education and staff development towards best patient care

There has been a huge focus on service performance during 2022/23, in particular with a priority project to reduce both routine waiting times and the number of patients waiting for a routine appointment, both of which increased over 2021/22 due to redeployment of staff to support the pandemic effort. The data for 2022/23 shows a downward trend in both maximum routine waiting times and the number of patients waiting for a routine appointment in 2022/23.



The data for 2022/23 across the board-wide Greater Glasgow and Clyde service shows a downward trend in both maximum routine waiting times and the number of patients waiting for a routine appointment in 2022/23. Between April 2022 and March 2023 the maximum wait for a routine appointment halved, reducing from 24 weeks to 12 weeks while average waiting times reduced from 76 to 44 days. Average waiting times decreased despite increasing referrals and numbers of people waiting for a routine appointment reduced from 17,151 in April 2022 to 13,540 at the end of March 2023.

## HSCP Staff Health and Wellbeing

Maintaining a positive workplace culture that promotes and supports the health and wellbeing of our workforce is a priority for the HSCP. We recognise that along with embracing new styles of working and tackling the challenges of digital technology, mental health and wellbeing issues have the biggest impact on our workforce. We put people at the centre of everything we do and work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. Our vision and values are firmly rooted to provide good, strong and reliable health and social care to our users at the point of need. These values represent how we do things and the expected behaviours of people working within the HSCP. We seek to continually embed these, ensuring that we have a culture that drives high quality and well led services HSCP-wide.

A healthy, well-supported workforce is better placed to provide the very best care for our service users. Programmes of work across West Dunbartonshire Council and NHS Greater Glasgow and Clyde have sought to improve and promote staff health and wellbeing while aiming to reduce sickness absence. Developing a range of resources to enhance the supports in place for our workforce and receiving feedback from staff about how they feel about their work, both as an individual and as part of a team, is crucial to developing a healthy organisational culture. The iMatter staff engagement tool is well established as the primary source of feedback from our workforce in relation to their experience of working within the HSCP.

A large proportion of HSCP staff deliver frontline services to vulnerable people while those working remotely may have seen the lines blur between family life and work life and the stresses this can entail. Physical and mental health and wellbeing are interrelated which the HSCP ensures is our focus. West Dunbartonshire Council ran a number of wellbeing webinars during 2022/23 which were available to all HSCP staff. These covered a number of topics including emotional resilience, communication and neurodiversity. In addition was the extension of Mental Health First Aiders who work alongside Wellbeing advocates to signpost employees to supports and provide important feedback from employees on wellbeing needs and initiatives. Work has also commenced in relation to the Equally Safe at Work programme to raise awareness and understanding of gender-based violence. Together with a number of online resources, NHS Greater Glasgow and Clyde have made progress across the pillars within the Staff Health Strategy and have continued to develop and implement the health and safety culture framework.

The National Wellbeing Hub and National Wellbeing Helpline are national initiatives which have been heavily promoted to HSCP staff. The helpline offers callers a compassionate and empathetic listening service based on the principles of psychological first aid, as well as advice, signposting and onward referral to local services if required. Coaching for Wellbeing has also been highlighted to staff. This is a service designed to support staff with any of the issues they may be facing during these challenging times. Staff are offered 2 hours of individual online coaching which includes support in building resilience and helping individuals to take action to improve their wellbeing. Where appropriate, staff can also explore how to lead and support others who may be struggling. Trades Union colleagues have been helpful in promoting these services to their members and suggesting ideas and initiatives to consider.

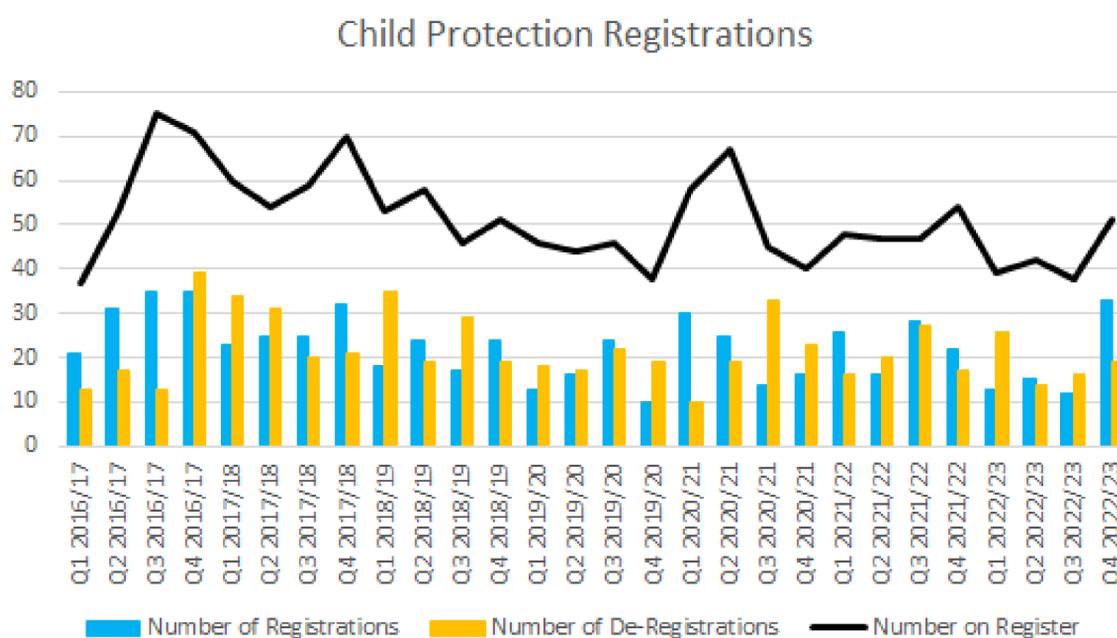
Our workforce are our greatest asset. We take great pride in celebrating the achievements of our staff throughout the year, culminating in the annual awards across West Dunbartonshire Council and NHS Greater Glasgow and Clyde. A huge effort has been made to ensure staff have the right skills, knowledge, training and flexibility to be deployed in the right place at the right time. We continued to review our workforce during 2022/23 to ensure that we both recruit and retain staff across all job families to support delivery of the HSCP strategic ambition. We support access to opportunity for all through our recruitment and selection processes, modern apprenticeships and internships. We support our workforce to progress in their careers and everyone has access to a wide range of training and development opportunities which are available throughout the HSCP and we try to effectively utilise individual skill sets in the most effective way. We recognise that fulfilment is a key part in ensuring that we have a happy and engaged workforce and encourage creativity and innovation in our workforce and Trades Union colleagues.

Mutual respect is an important aspect of our relationships with our workforce and Trades Union colleagues. This is supported through established policies and procedures. We strive to ensure that our workforce feel valued in ways other than through pay or position. Engagement with employees at all levels in the organisation and with our Trades Union colleagues is a priority.

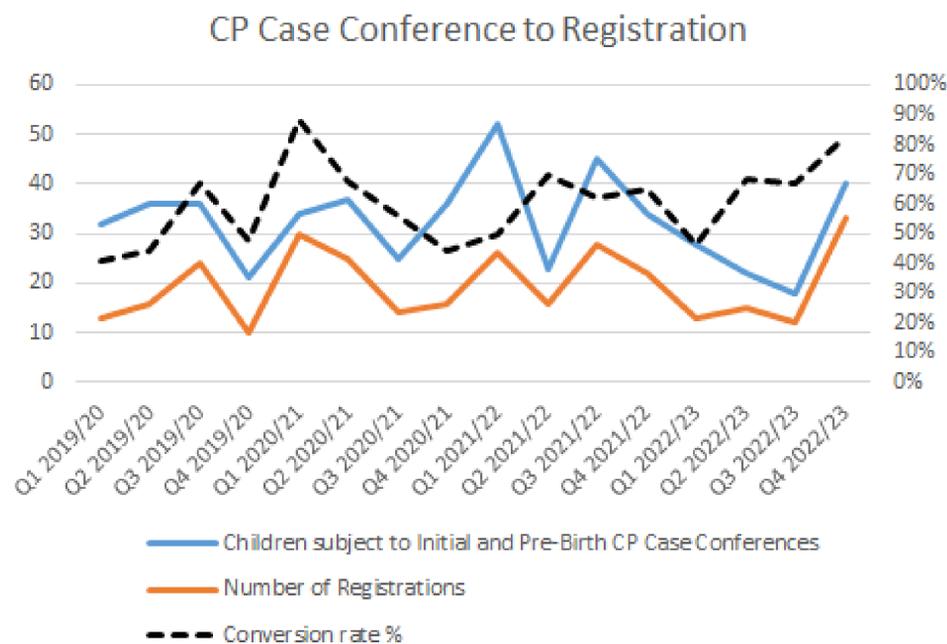
## Child Protection

The HSCP began reporting the Child Protection Minimum Dataset to the Child Protection Committee from April 2021. 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.

There were 51 children on the CP Register at the end of March 2023 compared with 54 at the same point in 2022. There were 73 children newly registered and 75 children removed from the register during 2022/23. The previous year saw 92 new registrations and 80 de-registrations.

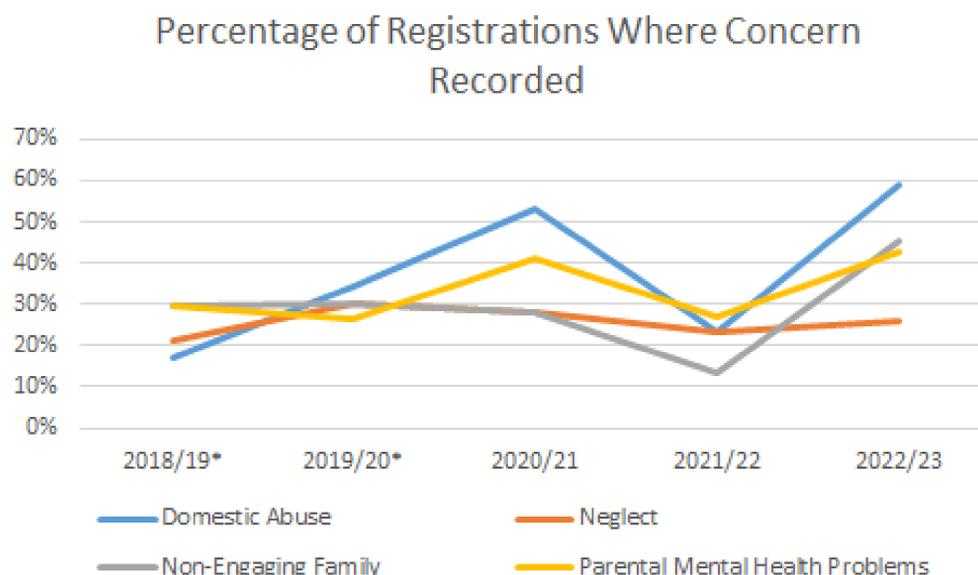


The Minimum Dataset monitors the proportion of children where the decision is taken to add the child to the CP register after an Initial or Pre-Birth Case Conference. This is known as the Conversion Rate and monitors the effectiveness of our processes and decision-making. As can be seen in the chart below, when the line representing the number of children subject to a case conference is close to that of the number of children registered the Conversion Rate is higher. The Conversion Rate in January - March 2023 was 83% compared with 65% in the same period 2022.



The Dataset also monitors the age groups of those children being newly registered. This works out at very low numbers which could potentially be identifiable, however the trend has been that more than half of all newly registered children in 2019/20 were less than 5 years old and this has decreased over time with those aged 5-10 years making up a similar proportion of new registrations as under 5s in 2022/23.

Reasons for a child being placed on the CP register, known as concerns are also monitored and there may be multiple concerns recorded for each registration. In 2022/23 domestic abuse was the highest noted concern and was recorded in 59% of all new registrations. This is higher than the 53% in 2020/21 which was thought to be related to Covid lockdowns. The second highest concern recorded in 2022/23 was non-engaging family followed by parental mental health problems and neglect. The chart below shows the trends for these 2022/23 highest concerns. \*Percentages for 2018/19 and 2019/20 relate to the academic year (August to July) rather than financial year.



The Child Protection process is also monitored through the Dataset in respect of meeting key timescales and the proportion of parental attendance at case conferences. Some of this has identified potential gaps or delays in recording which can be monitored and improved through CPC scrutiny. More effective collection of Inter-Agency Referral Discussion data has already been identified through scrutiny of the dataset and Police Scotland data is now being shared with the HSCP.

More widely, Children's Services continued to support a high volume of children and families in 2022/23 with 1 child in 15 in West Dunbartonshire on Social Work caseloads as at March 2023. The service has been working to address the high number of overall referrals from partners to the current "duty" or initial response service, and a revised model of initial response has been developed, benchmarked against the current service uptake of new referrals to the service. This will include a more specific response to non-child protection referrals from partners, using the Getting It Right For Every Child (GIRFEC) National Practice Model standards and expectations.

In addition, the service has been working with colleagues in the Scottish Children's Reporters administration to support better management of the high volume of report requests, specifically developing a triage process to support decision making where a full report may no longer be required. This is in line with the proportionality of response, where matters have been addressed and families do not require an ongoing multi-agency support plan. The development of a GIRFEC compliant and more child focused assessment and planning format (My Assessment / My Plan) has been implemented, alongside implementation of the Viewpoint tool for gathering the views of children and young people. This will remain in an implementation year supporting evaluation and quality assurance of the model across the partnership.

The service has been operating, post-Covid, in a context of increased demand and complexity as communities both recover from Covid and are impacted by the cost of living crisis. At present the service is also operating in a context within which recruitment and retention of staff is increasingly challenging. Agency staff, where available, are being deployed across the service however this is not an effective long term strategy. A longer term recruitment strategy which will be attractive to newly qualified social workers while also recruiting and retaining more experienced staff is being developed. As this crisis mirrors the national position, it is inevitable that the service will require to become more competitive in this area. This has been noted as a significant area of risk in respect of the service capacity to meet its statutory functions at present. Similarly, external providers are increasingly struggling to recruit and retain social care staff. As such we are working to reduce the reliance on external providers by developing better local family support opportunities across the partnership, and increasing the uptake of Self-Directed Support within, at present, the disability service where the lack of respite and other support services has been particularly challenging.

# Priority 5: Inequalities



## Keeping The Promise

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

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

The Promise will be built on the following foundations which "must be at the heart of a reorganisation of how Scotland thinks, plans and prioritises for children and their families":

- Voice - Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need. There must be a compassionate, caring, decision-making culture focussed on children and those they trust.
- Family - Where children are safe in their families and feel loved they must stay – and families must be given support together to nurture that love and overcome the difficulties which get in the way.
- Care - Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.
- People - The children that Scotland cares for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to listen and be compassionate in their decision-making and care.
- Scaffolding - Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

In May 2022 the HSCP appointed a The Promise Lead Officer with the remit of raising awareness of The Promise and leading on the implementation of The Promise within West Dunbartonshire. A Keeping the Promise sub-group was also created which reports to West Dunbartonshire Community Planning Partnership's Nurtured Delivery and Improvement Group. This sub-group has multi-agency representation and met for the first time in July 2022 for a half-day development session. The role of this group will be to support and drive forward the recommendations of The Promise.

Short working life groups were established from the Keeping the Promise group to look at specific issues in more detail and enlisted membership from relevant parties. The three initial working groups are for Continuing Care, Brothers and Sisters and Language. They report progress to the Keeping the Promise Group, and take action to progress these priority areas.

During 2022/23 there have been some key developments to ensure the voices of children and young people are listened to and involved in decision-making.

Viewpoint, a software tool that is used to support children and young people share their views, has been re-introduced within West Dunbartonshire, relaunched in July 2022. Over 70 social workers attended training provided by Viewpoint and it is available to be used with children and young people over 5 years old in West Dunbartonshire. This supports the United Nations Convention on the Rights of the Child, ensuring children and young people are meaningfully and appropriately involved in decision making, and have the opportunity to have their voice heard on decisions affecting them.

The data gathered can help ensure children and young people have their views included in care planning and can also be aggregated to provide information on what matters to children and young people across West Dunbartonshire and support service planning and delivery. Further training is planned for May 2023, which will focus on supporting Senior Social Workers and the new Independent Reviewing Co-ordinators promote and support the use of Viewpoint.

A development to Viewpoint has also just been launched with our foster carers, where we will use the app to support the collection of life story material; ensuring our children and young people have a coherent narrative around their childhoods now and in the future. We will be asking our foster carers to take at least one photo per week, along with a story to accompany the photo, to upload on the child's app as well as being attached to the child's file. We will also be asking foster carers to write a letter to the child prior to every six monthly review meeting talking about their time together, which again will be uploaded onto the app and into the child's file.

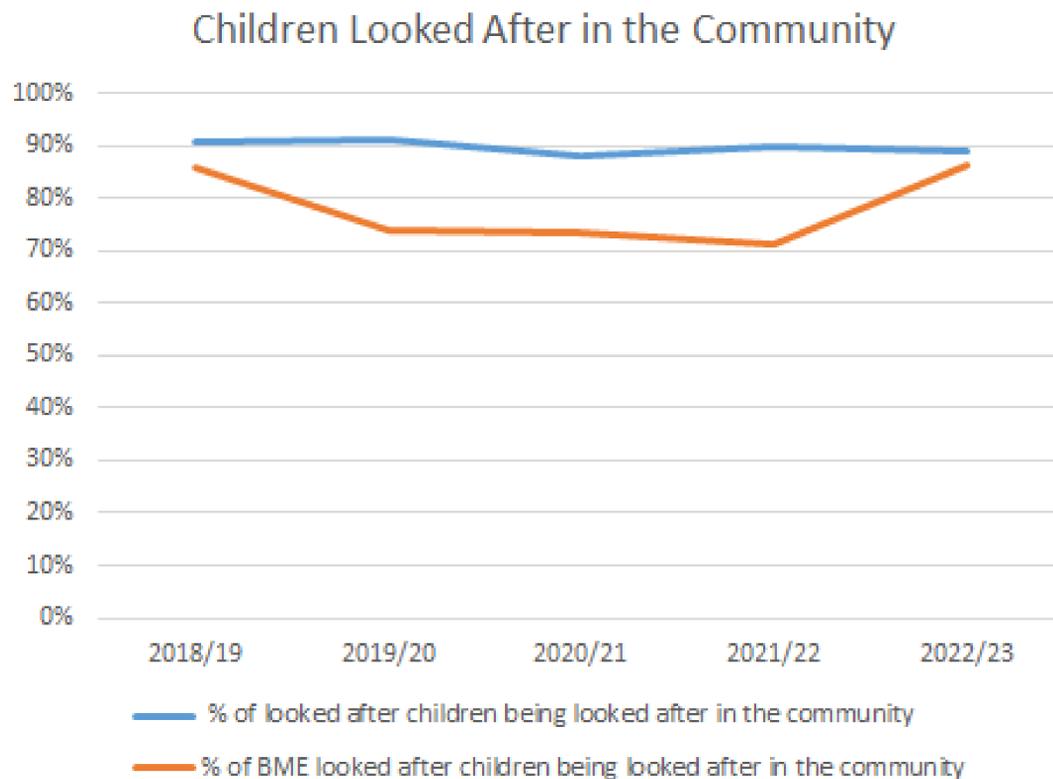
Children's Activity Bags have also begun to be used within our Children and Families Teams to help gather infant, children and young people's views. These are backpacks filled with activities and toys to engage infants, children and young people during time together. The goal is to support relationship building and create a supportive context whereby children and young people feel able to share their views and feelings.

A "Communicating with infants, children and young people" development day is planned for later in 2023 with our Children and Families teams which will promote and develop skills, tools and learning for supporting children, as well as thinking about how to make sure these views are reflected in case recordings, reports, care plans and meetings.

At the end of March 2023 there were 478 looked after children in West Dunbartonshire: an increase of 26 or 5.8%. Of these children, 88.7% were looked after in the community rather than a residential setting helping them to maintain links and relationships within their community which may lead to better outcomes. This was slightly below our local target of 90%.

In line with our equalities monitoring, we also monitor the proportion of looked after children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Numbers of BAME children who are looked after have been very low therefore small changes in numbers mean percentages fluctuate more significantly.

However numbers have risen slightly as at March 2023 and as can be seen in the chart overleaf this shows the proportion looked after in the community, 86.2%, to be more in line with all looked after in the community. Looked at overall, 6.1% of looked after children are from BAME communities compared with 3.7% in March 2022. Part of the reason for this is West Dunbartonshire's commitment to the National Transfer Scheme for Unaccompanied Asylum Seeking Children as well as supporting those unaccompanied asylum seeking children who arrive spontaneously in the local authority area.



West Dunbartonshire Champions Board has been re-launched during 2022/23 in collaboration with Y-Sort It and Who Cares Scotland? and is crucial to how The Promise is implemented. The voice of our care experienced children and young people must be central to how we move forward, while also ensuring there is a solid feedback loop to those with power to make changes. The priority for the Champions Board is to re-engage with young people, and some of their many Corporate Parents, after the sustained impact of the pandemic since 2020.

The Champions Board realise the importance of working closely alongside The Promise Lead Officer, and look forward to having the voices of care experienced young people being heard, listened to, and actioned upon. They are also in the process of setting up a group for parents and carers who would like to influence how services develop.

Care experienced young people have been involved in recruiting new Children’s Hearings Panel members by sitting on Interview panels, alongside existing Panel members. While this took place online during 2021/2022, the 2022/2023 recruitment campaign has been face-to-face. The Champions Board was also successful in obtaining funding to create a campaign about stigma around mental health and have started work on a video.

Engagement sessions around The Promise took place from May 2022 – January 2023, reaching over 300 people. The Lead Officer attended team meetings to provide input on The Promise and support discussions with teams: how The Promise relates to their role, and what they feel are priorities within West Dunbartonshire in implementing The Promise. These sessions have been delivered within Education, Social Work, Health, the Third Sector, Elected Members and Foster Carers. Further sessions are planned later in 2023, including reaching communities and creating a sustainable way of keeping people up to date with developments.

The Promise Scotland is an organisation set up to support change and to support Scotland to keep its promise to care experienced children and families. Their first phase Plan 21-24 outlines Scotland’s route map, providing key priorities and areas of focus under which organisations will work to achieve the required change up to 2024. Family Support is a priority within the Plan for which there is national investment from the Scottish Government to re-design our services locally. A sub-group on Whole Family Support has been created with work underway in developing our Family Support. Informed by self-evaluation and review, we have identified that our key areas for improvement and development are: involvement and participation; communication and access; the GIRFEC refresh; revision of parenting supports; piloting single points of access; developing professional learning; and embedding self-evaluation processes.

The experience and views of our families is at the heart of this work, ensuring we reach out to as many children, young people, parents and carers as possible. A wide scale survey of parents/carers and children and young people was carried out in December 2022 with over 2,000 responses. Further focus groups are being held with families who have direct experience of accessing support services to deepen understanding.

Each and Every Child have provided free training to over 80 multi-agency staff within West Dunbartonshire and offer support around language and how we can reframe the narrative around care experience to reduce stigma. Who Cares Scotland? will provide training on Corporate Parenting and the responsibilities attached.

Four Independent Reviewing Officers have been recruited and take up their posts in May 2023. They will conduct all reviews for looked after and accommodated children within West Dunbartonshire. This will bring increased accountability, consistency and independence to these reviews and support with improving the experience of children and families in making meetings more accessible and child friendly.

The HSCP's Throughcare and Aftercare team have continued to support large numbers of care-experienced young people: 130 during 2022/23. In the face of an increasingly difficult financial situation the team have made best use of all available resources and been creative in ways young people can be supported with their daily living. Education is an important route for young people and the service continues to support a number of young people at college or university. Those in full-time education and in their own council tenancy receive free rent from West Dunbartonshire Council to support them with their education: an excellent example of Corporate Parents in action.

As part of our Care Leavers Housing Protocol over 35 care leavers have been housed appropriately through the protocol since 2018. The statistics show that over 87% of those young people currently remain in those tenancies: a significant achievement, highlighting that priority access to housing at the right point in a young person's life can make a tangible difference to the success of the tenancy.

The Promise and the introduction of Continuing Care only serve to strengthen the ethos of Throughcare, that young people in stable placements should remain there as long as possible. The older a young person is when they leave care, the more mature and prepared they will be to cope with life beyond care and the practicalities of day-to-day living along with the support of services such as Throughcare and Aftercare.

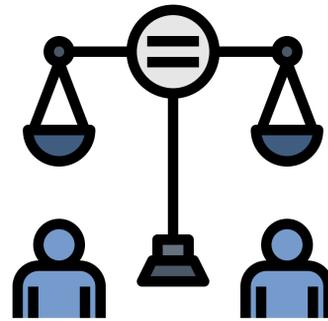
### Service Development: Unaccompanied Asylum Seeking Children

In August 2022 HSCP Children's Services set out to work differently with unaccompanied asylum seeking children who were presenting to us both spontaneously and through the National Transfer Scheme (NTS). Prior to this our main approach was to place young people in our Children's Houses and/or supported carer placements. This was resulting in reduced capacity within supported placements, the Children's Houses and our ability to meet new emergencies. As an alternative, local houses were identified as a housing support model, known as The Project, and a specific staff group was created to provide bespoke supports for young people arriving in West Dunbartonshire. We now have three properties housing six young people and are examining ways of creating further capacity that will enhance this provision. This includes links with Housing and with Action for Children.

In conjunction with this initiative, West Dunbartonshire Council was the first organisation to be involved in the direct transport of children being placed in our care through the NTS. We have been working directly with the Home Office to ensure identified children who plan to travel to Scotland from Kent are fully supported with this transition. This has included staff from The Project travelling to Kent equipped with information for the young people about their stay in West Dunbartonshire including area profiles, networking information about travel from our location, for example to Glasgow and Edinburgh, and details on how they will be supported by The Project staff as they progress their application to remain in the UK. All of this information is shared and discussed with the young people in their own language through interpreting services.

This practice has been celebrated at a local and national level. In most circumstances children are travelling to host councils via paid taxis: a position that West Dunbartonshire Council found to be poor practice. Since commencing our new approach and journeying down to Kent at least three other council areas are now following our lead. This model has made significant difference to the young people experiencing this care and as a by-product has resulted in considerable savings and freeing up capacity in our Children's Houses.

## Equalities Mainstreaming Activity



The WDHSCP Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council.

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

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

- Take effective action on equality
- Make the right decisions, first time around
- Develop better policies and practices, based on evidence
- Be more transparent, accessible, and accountable
- Deliver improved outcomes for all

In June 2022, West Dunbartonshire HSCP Board approved the biennial equality mainstreaming report for 2020-2022 for publication which is available at:  
<http://www.wdhscp.org.uk/media/2541/equalities-mainstreaming-report-2022.pdf>

The HSCP Board also agreed at that time to refresh the current equalities outcomes as part of the development of the new Strategic Plan 2023-26 and to strengthen and integrate reporting on outcomes and mainstreaming activity directly in this Annual Performance Report. This approach covers reporting requirements for the specific duties under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as well as the general duties under the Equality Act 2010 of:

- Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

This annual reporting seeks to strengthen the approach to evidencing equality mainstreaming and as such examples of mainstreaming equality are also highlighted in other parts of this performance report.

As employment responsibilities in relation to Equality remain with the partner organisations, the HSCP continue to link in with the Equality, Diversity and Inclusion Workforce Programme in NHS Greater Glasgow and Clyde and the Equality and Employment monitoring for West Dunbartonshire Council and connect these with the HSCP Workforce Plan.

Equality Impact Assessments (EIAs) are a collaborative process where new policies or service developments are considered and evaluated to identify where they may impact or disadvantage certain groups of people within our communities due to either protected characteristics or social or economic factors.



The HSCP continues to carry out EIAs on emerging programmes of work and EIAs completed in 2022/23 included:

- Mental health and wellbeing in the Primary Care Plan
- West Dunbartonshire Distress Brief intervention Associate Programme
- Substance Use Prevention Strategy Delivery Plan
- Health and Social Care Assisted Transport Policy
- West Dunbartonshire HSCP Strategic Plan 2023-26

Work continues to take place to support staff undertaking EIAs in order that the content and practice continues to improve and develop over time.

In line with the national guidance in the development of Strategic Commissioning Plans (2015), the HSCP's Strategic Planning Group commissioned an updated [Strategic Needs Assessment](#) to support the development of the next Strategic Plan 2023-26 and which continues to be used by the HSCP as a resource to influence service development. Importantly, this assessment has an extended population section view including the most current projected population statistics and data on the range of protected characteristics.

Information on poverty and employability is also included in the Strategic Needs Assessment to support implementation of the Fairer Scotland Duty which was enacted by the Scottish Government in 2018. This Duty places a legal responsibility on the HSCP to actively pay due regard to how to reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions.



The outputs and new actions from the development session have been added to the Equalities Improvement Plan under the existing themes of leadership, training, awareness raising, data/access, communication and best practice.

Some examples of work carried out in 2022/23 across the five themes include:



### Leadership

The HSCP invested in leadership training for equality and inclusion with 36 members of the extended management team having completed a full day session on the Thobani 6 C leadership model for Equality and Inclusion which provides an audit tool around six interlinked themes of Coherence, Consciousness, Commitment, Courage, Connectedness and Co-production enabling them to lead and integrate equalities within their service and service plans. This work will be further developed in 2023/24.



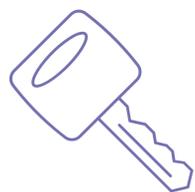
### Training

The HSCP continued to promote the range of equality, diversity and inclusion training available from both WDC and NHSGGC. In addition, the extended management team development programme in 2022/23 included a session on the Fairer Scotland Duty from the Improvement Service, given the refreshed guidance from the Scottish Government, to help understand more clearly the tools and resources available on the Duty from agencies such as the Improvement Service.



### Awareness Raising

The HSCP continued to link in with national equality campaigns participating in visible flag raising event such as LGBT+ History Month and International Women's Day. Awareness of the impact of digital exclusion continues particularly for care experienced young people. The HSCP Throughcare and Aftercare team have been providing devices and phones to young people, and more recently have secured three Connecting Scotland Grant awards to provide devices and Wi-Fi access to care experienced young people.



### Data/Access

Work on the Improvement Service co-ordinated Shaping Places for Wellbeing Programme continues with proactive and preventative policy development work including a local Place and Wellbeing Assessment being carried out on the Implementation of Clydebank Town Centre Development Framework. The HSCP continued to work on the 2-year pilot Welfare Advice and Health Partnerships with the GP practices involved using a combination of approaches to support access to welfare rights advice and with strong links being created between the Alliance Community Links Workers and the welfare rights workers to share learning and provision of support.



### Communication

Work included updating the webpages on WDHSCP's Equality and Diversity section and highlighting equality events.



### Best Practice

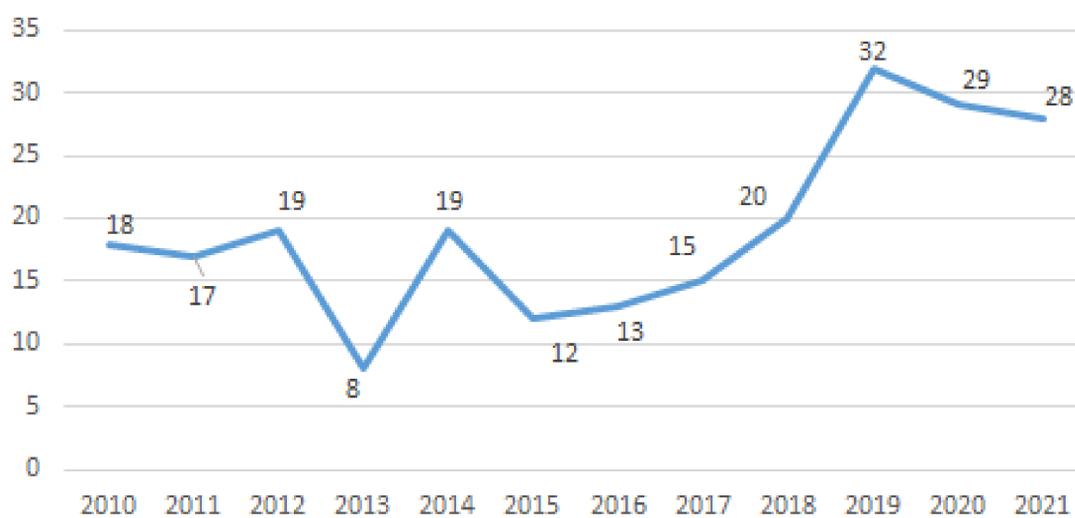
This includes work with Brain Health Scotland to establish an inequalities focused dementia prevention risk stratification programme based on the FINGER (Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability) approach and is delivered through a multi-agency approach. There is also ongoing Work with the Royal National Institute for the Deaf to localise their national healthy hearing campaign resources and materials. Work continues to address cost of living issues with the HSCP being active members of the WDC's cost of living group, health visitors continuing to routinely ask about money worries and refer on to WDC Working 4U for support as well as pathways being redesigned to ensure financial inclusion checks are being made for people accessing social care support.

## Medication Assisted Treatment Standards

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

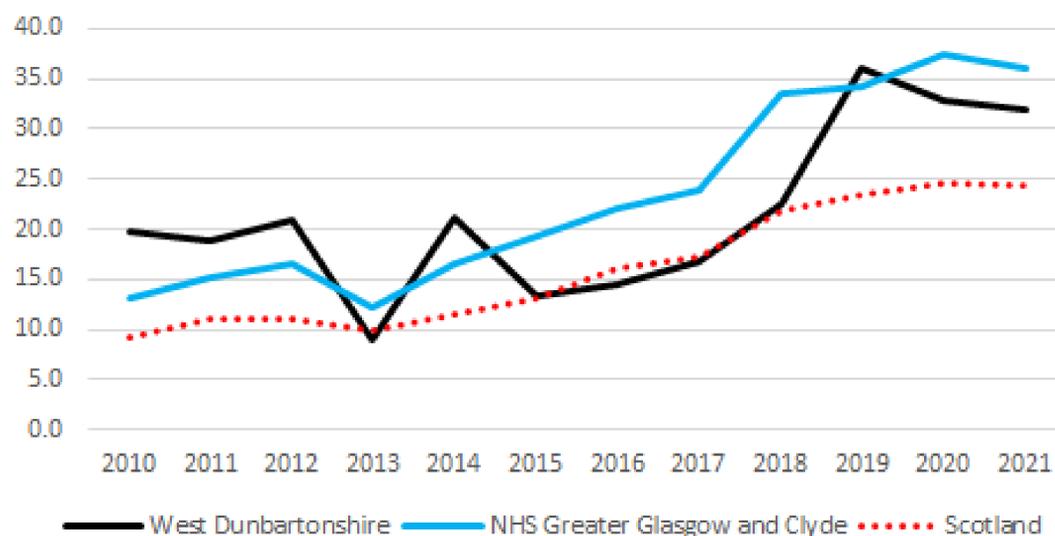
There were 28 drug misuse deaths registered in West Dunbartonshire in 2021, which is the most recent available published data. This was a decrease of 1 on 2020 and of 4 on 2019 although these 3 years had the highest number of deaths by far going back to 2010.

Drug Misuse Deaths Registered in West Dunbartonshire



When considered as a rate per 100,000 population, West Dunbartonshire has seen significantly higher death rates than Scotland since 2019 and been only slightly lower than NHS Greater Glasgow and Clyde since 2020. In 2021 West Dunbartonshire had the 4th highest rate of drug misuse deaths in Scotland.

Drug Misuse Deaths: Rate per 100,000 Population



In addition, West Dunbartonshire was ranked the 7th highest area for drug-related hospital admissions in 2021 with a rate of 318.51 per 100,000 compared to the Scottish National average of 228.26 per 100,000.

The drug-related situation in Scotland is complex and challenging, with an estimated 55,800 to 58,000 people having problematic drug use, and the number of drugs-related deaths being the highest in Europe, with 1,339 deaths in 2020. Poverty and deprivation are identified as key drivers, with those from the most deprived areas being 18 times more likely to die from drugs-related deaths than those from the least deprived areas.

The changing landscape of drugs in Scotland includes an increase in polydrug use (use of more than one drug in combination) and new synthetic psychoactives, as well as an aging population of problem drug users with more complex needs. The Scottish Government has published policies, including 'Rights, Respect and Recovery' and the Alcohol Framework, with a commitment to reducing drug and alcohol use, harms, and deaths.

The MAT Standards were developed by the Drugs Death Taskforce who brought together voices from a wide range of stakeholders including those with lived experience. The standards aim to drive improvement within those services and reduce harm from drug use.

### Medication Assisted Treatment (MAT) Standards

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

West Dunbartonshire Alcohol and Drugs Partnership (ADP) has a MAT Standards Implementation Group consisting of all adult services operating across the ADP. The group is responsible for implementation of the MAT Standards and is chaired by the local clinical lead for the MAT Standards. The implementation group feeds into the ADP governance structure. A detailed project plan and risk register has been developed to support local implementation of the MAT Standards.

An NHS Greater Glasgow and Clyde Implementation Steering Group has been established to ensure a co-ordinated approach to implementation, and to oversee development of an Implementation Plan to include strategic Greater Glasgow and Clyde actions needed to implement the 10 standards, a financial framework, and progress monitoring requirements.

### Same Day Access to Medication Assisted Treatment

West Dunbartonshire has one of the highest levels of deprivation in Scotland. Around 700 people affected by substance use are supported here. In June 2022, West Dunbartonshire Addiction Service piloted a project on same day medication assisted treatment in Clydebank. The core project team focused on four key improvement areas:

- Better patient engagement
- Improved service access and choice
- Reduced "did not attend" rates (DNAs)
- Enhanced service experience

Some of the new ways of working developed during the COVID-19 pandemic were maintained such as our open door policy and telephone and self-referrals. We also introduced the following changes:

- A same day prescribing protocol
- Access to virtual patient referrals
- Flexible transport provision, where required
- Promotional materials developed in conjunction with people with lived and living experience

Changes made to the service resulted in an 85% reduction in service access delays and a 65% increase in the number of people accessing treatment. Retention in treatment has also improved along with positive feedback on treatment choice and availability.

In terms of learning, the team appreciated the value of pathway mapping in the design phase of the project. The development of a low-threshold assessment checklist also supported team members to assess opiate dependence levels. This gave them more confidence in the early stages. The presence of senior clinicians supported team members to adjust to new ways of working. Challenges for the service have been around balancing the needs and expectations of people accessing the service with safe clinical practice. Raising awareness of what to expect and why on the treatment journey is often critical to the success of interventions.

Other factors contributing to the success of the pilot were:

- Close collaboration with GP services to enable treatment access and choice
- Clinical leadership to support teams to adapt to new ways of working
- Ongoing engagement with people accessing services to enhance therapeutic relationships
- Deploying current team members in creative ways while offering support and guidance

Moving forward, Addiction Services are currently seeking Home Office licences to upscale Buprenorphine provision, a medication assisted treatment, and continue to collaborate with local GPs to develop pathways between services.

Public Health Scotland has been assessing all ADPs in Scotland in how well they are meeting each of the MAT Standards. As part of this process, West Dunbartonshire ADP had to submit both numerical and experiential data to Public Health Scotland during 2022/23.

The experiential data was based on interviews conducted with people who use treatment services, service providers (staff) and family members/nominated persons. Red Amber Green Blue (RAGB) scores for each of the 10 MAT Standards are expected to be delivered by the end of May 2023 to West Dunbartonshire to denote Public Health Scotland's evaluation of progress made.

Key actions/service improvements have been carried out to implement the MAT Standards within West Dunbartonshire ADP services including:

- Change in service delivery to achieve implementation of MAT Standards 1 to 5. This was achieved after working in collaboration with Public Health Scotland via a test of change pilot.

- Commissioning of a Non-Fatal Overdose service. This team provides an Out of Hours 7 day 12 hour service provided by a third sector partner.
- Commissioning of a Harm Reduction Mobile Unit. This team provides an Out of Hours provision in the areas where drug related deaths and harms are occurring and is provided by specialist trained Harm Reduction Nurses.
- Additional funding secured locally for the recruitment of: two Advanced Nurse Practitioners, one to support wider physical health needs of individuals accessing Addiction Services and another to support the interface between Mental Health and Addictions Services (MAT Standard 9); and a Cognitive Behavioural Therapist to support the delivery of MAT Standards 6 and 10.
- Additional funding provided to a third sector partner to support in the delivery of a family support service.
- Development of Recovery Community and Lived and Living Experience Panel.
- Whole System Approach to Rights-Based, REACH advocacy workshops delivered to over 300 individuals within statutory and non-statutory services as well as people of the community.
- Recruitment of 2 dedicated advocacy workers for Addiction Services.
- West Dunbartonshire is one of 5 pilot sites for Planet Youth (formerly Icelandic Prevention Model). The Scottish Government, via the Drugs Death Taskforce, recently announced £1.5m funding to support the programme over the next 2 years. The local allocation has yet to be decided.

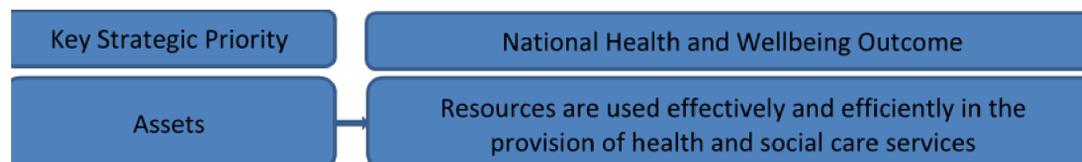
### What do Recovery-Oriented Systems of Care mean to you?



Thoughts of HSCP and third sector staff, partner organisations and people with lived experience across West Dunbartonshire Alcohol and Drugs Partnership

# Best Value and Financial Performance

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



The HSCP Board has a duty of Best Value, by making arrangements to secure continuous improvements in performance, while maintaining an appropriate balance between the quality and cost of health and social care services. The HSCP Board is supported by the Chief Financial Officer (CFO) who has the responsibility for the administration of the partnership’s financial affairs (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 2022 to 31 March 2023 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 2022/23 revenue budget on 21 March 2022 of £185.117m (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 are received, in the main from the Scottish Government to support a range of policy commitments. As well as the core budget there is a further allocation of a “Set Aside Budget” which is made available by the Health Board to the HSCP Board, in respect of “those functions delegated by the Health Board, which are carried out within a hospital setting”. The proposed set aside budget at the 1 April 2022 was £33.620m, however this too is subject to change in line with actual activity and demand for these services by our West Dunbartonshire population.

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

## Budget Performance 2022/23

The final 2022/23 budget available for delivering directly managed services was £185.541m (excluding Set Aside). The total net cost of providing these services was £193.926m, resulting in a reported deficit of £8.385m (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 2022/23 (plus previous years 2018/19 to 2021/22)

2018/19 Net Expenditure £0	2019/20 Net Expenditure £0	2020/21 Net Expenditure £0	2021/22 Net Expenditure £0	West Dunbartonshire Integrated Joint Board  Consolidated Health & Social Care	2022/23 Annual Budget £0	2022/23 Annual Budget £0	2022/23 Underspend/ (Overspend) £0
45,008	45,526	45,717	48,336	Older People, Health and Community Care	53,857	51,034	2,823
3,007	2,884	3,214	3,106	Physical Disability	3,584	3,242	342
22,511	24,899	25,500	26,033	Children and Families	29,553	30,529	-976
8,949	9,431	10,244	10,575	Mental Health Services	12,578	12,086	492
2,568	2,885	2,933	3,363	Addictions	3,622	3,525	97
16,655	17,158	16,868	17,933	Learning Disabilities	19,784	20,487	-703
1,351	1,301	1,392	1,501	Strategy, Planning and Health Improvement	2,210	1,623	587
25,738	27,427	29,955	29,532	Family Health Services (FHS)	31,226	31,224	2
19,383	19,432	19,003	19,690	GP Prescribing	19,937	21,001	-1,064
6,254	6,370	6,247	6,528	Hosted Services - MSK Physio	7,394	7,623	-229
755	824	719	720	Hosted Services - Retinal Screening	860	846	14
0	0	-6	0	Criminal Justice - 100% Grant funding	0	45	-45
1,892	3,604	4,468	5,776	HSCP Corporate and Other Services	6,907	7,421	-514
		5,840	4,781	Covid-19	-6,348	2,863	-9,211
270	281	329	358	IJB Operational Costs	377	377	0
<b>154,341</b>	<b>162,022</b>	<b>172,423</b>	<b>178,232</b>	<b>Cost of Services Directly Managed by West Dunbartonshire HSCP</b>	<b>185,541</b>	<b>193,926</b>	<b>-8,385</b>
29,522	31,223	36,149	36,346	Set aside for delegated services provided in large hospitals	41,323	41,323	0
577	661	505	527	Assisted garden maintenance and Aids and Adaptions	562	562	0
11,289	11,021	11,467	11,042	Services hosted by other IJBs within Greater Glasgow and Clyde	12,596	12,596	0
-6,128	-6,655	-6,390	-6,672	Services hosted by West Dunbartonshire IJB for other IJBs	-7,605	-7,605	0
<b>189,601</b>	<b>198,272</b>	<b>214,154</b>	<b>219,475</b>	<b>Total Cost of Services to West Dunbartonshire HSCP</b>	<b>232,417</b>	<b>240,802</b>	<b>-8,385</b>

The total cost of delivering all health and social care services amounted to £240.802 against funding contributions £232.417m, including notional spend and funding agreed for Set Aside of £41.323m, spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptions of £0.562m and net spend and funding of Services hosted by other IJB's with Greater Glasgow and Clyde of £4.991m. This therefore leaves the HSCP Board with an overall deficit on the provision of services of £8.385m.

The main challenges and cost pressures incurred by the HSCP during 2022/23 were related to unfunded pay settlements within social care, employee related issues (such as staff turnover levels, recruitment challenges and subsequent increased use of agency staff), the legacy impact of the COVID-19 pandemic on service demand, global inflation affecting pay negotiations, prescribing levels and the cost of providing care packages and the cost of living crisis.

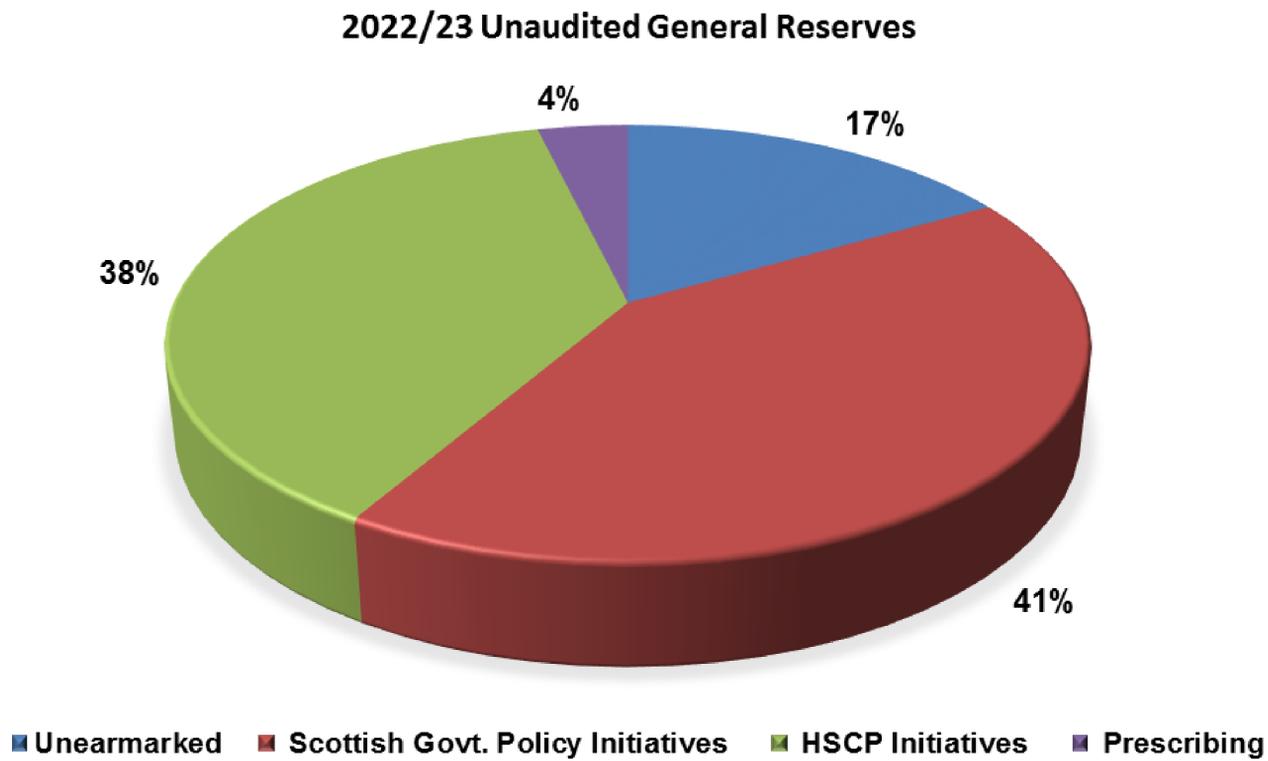
This deficit was partially funded by a drawdown from earmarked reserves of £8.107m leaving a net deficit of £0.278m. Reserves are classified as either:

- Earmarked Reserves – separately identified for a specific project or ring fenced funding stream e.g. Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drug Partnership, Covid Recovery and Service Redesign and Transformation; 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 2022/23 this was approximately £3.9m.

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 2022/23 Earmarked and Unearmarked Reserves



The movement in earmarked reserves is an overall decrease of £8.107m, bringing the closing balance to £21.874m. There were a number of drawdowns and additions amounting to £16.706m and £8.599m respectively.

The movement in unearmarked, general reserves is an overall decrease of £0.278m, bringing the closing balance to £4.301m which is slightly in excess of the 2% target as set out in the Reserves Policy.

The HSCP continued to detail its response to the COVID-19 pandemic within the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2022/23 was submitted in May and detailed full year costs for the HSCP of £2.863m as detailed below. After deduction of the costs incurred for 2022/23 and holding onto a small reserve for Carers PPE, the HSCP returned £6.348m of funds to the Scottish Government.

2022/23 Covid-19 Spend against Funding

Covid-19 - Expenditure	2022/23 £000's
Additional Staff Costs	411
Additional Infection and Prevention Control	249
Social Care Provider Sustainability	310
Adult Social Care	439
Children and Families	848
Reduced Delay Discharge	84
Mental Health Services	80
FHS Prescribing and Contractor Costs	87
Loss of Income	110
Other	245
<b>Total Spend</b>	<b>2,863</b>
Covid-19 - Income	2022/23 £000's
Opening Earmarked Reserve	-9,213
Covid Clawback based on Month 8 LMP Submission	5,855
Final Clawback based on draft Month 12 LMP Submission	493
<b>Total Income</b>	<b>-2,865</b>
<b>Closing Earmarked Reserve</b>	<b>-2</b>

## 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 2022/23 West Dunbartonshire HSCP Board continued to strive to deliver on its strategic priorities as well as responding to and adapting services as the impacts of the COVID-19 pandemic continued to impact on the daily lives of the people of West Dunbartonshire.

We have demonstrated our commitment to strong financial governance through our performance reporting and this annual report. The ability to hold reserves and add to them in 2022/23, supports our short and medium-term position as we face the challenges 2023/24 in delivering the strategic outcomes contained within our new 2023 - 2026 Strategic Plan – Improving Lives Together, shaped by our Strategic Needs Assessment.

The first Medium Term Financial Plan (MTFP) was refreshed as part of the 2022/23 Revenue Budget exercise and approved by the Board on the 21 March 2022 and covers the period 2022/23 to 2026/27. The plan will be updated again as part of the 2024/25 budget setting exercise.

The HSCP Board revenue budget for 2023/24 to deliver our strategic priorities is £223.869m, including £34.292m relating to set aside and £0.479m relating to budget managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations. The budget identified a potential funding gap of £6.539m which will be addressed through an application of earmarked reserves (£2.209m) and a range of savings options (£1.400m) and management actions (£3.221m) and leaves a small amount of flexibility to support any delays in achievements of savings options.

In 2023/24 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 2023/24 to 2025/26 are detailed below and illustrate the scale of the risk. These will be subject to change as the full impact of the 2023/24 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 2023/24 to 2025/26

Indicative Budget Gaps	2023/24	2024/25	2025/26
	(£m)	(£m)	(£m)
Indicative Draft Budget	191.016	197.015	202.027
Indicative Funding	189.099	190.578	192.087
Annual Budget Gap	1.918	6.437	9.94
Cumulative Budget Gap	1.918	8.354	18.294
Application of Reserves	2.209	0.185	0.194
Annual Budget Gap	-0.292	6.252	9.745
Cumulative Budget Gap	-0.292	5.961	15.706

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

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

The HSCP Board is clear that it needs to be as financially well placed as possible to plan for and deliver services in a 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 2023/24 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.

We await the publication of the Scottish Government's refreshed Medium Term Health and Social Care Financial Framework to provide some realistic working assumptions for 2023/24 and beyond.

# Good Governance

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

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

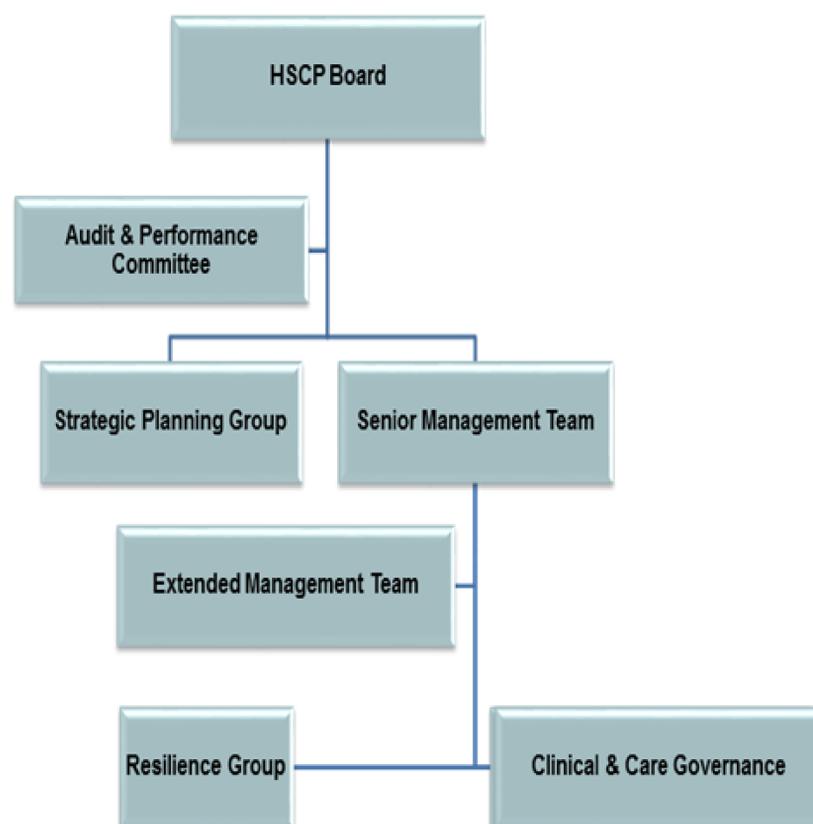
The HSCP Board is scheduled to meet six times per year and all agendas and meeting papers are available on the HSCP Board website.

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

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

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

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



## Governance 2022/23

The 2022/23 Internal Audit Annual Report for the HSCP Board identifies no significant control issues and recognised:

“The longevity of the Covid-19 pandemic and its extension from 2020/21 into 2021/22 meant that the effect on the residents, partners and workforce remained an area of concern in 2022/23.

The COVID-19 pandemic has created additional demands for services whilst dealing with backlogs which have accumulated alongside which there are rising costs and reduced funding available. Continued transformation activity is crucial to ensure the Health & Social Care Partnership Board can continue to deliver services and positive outcomes for the people of West Dunbartonshire.”

Overall the Chief Internal Auditor’s evaluation of the control environment concluded that reasonable assurance could be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2023 within the Council and the Health Board from which the Health and Social Care Partnership Board requires to receive assurances and within the Health and Social Care Partnership Board itself.

## Appendix 1: Core Integration Indicators

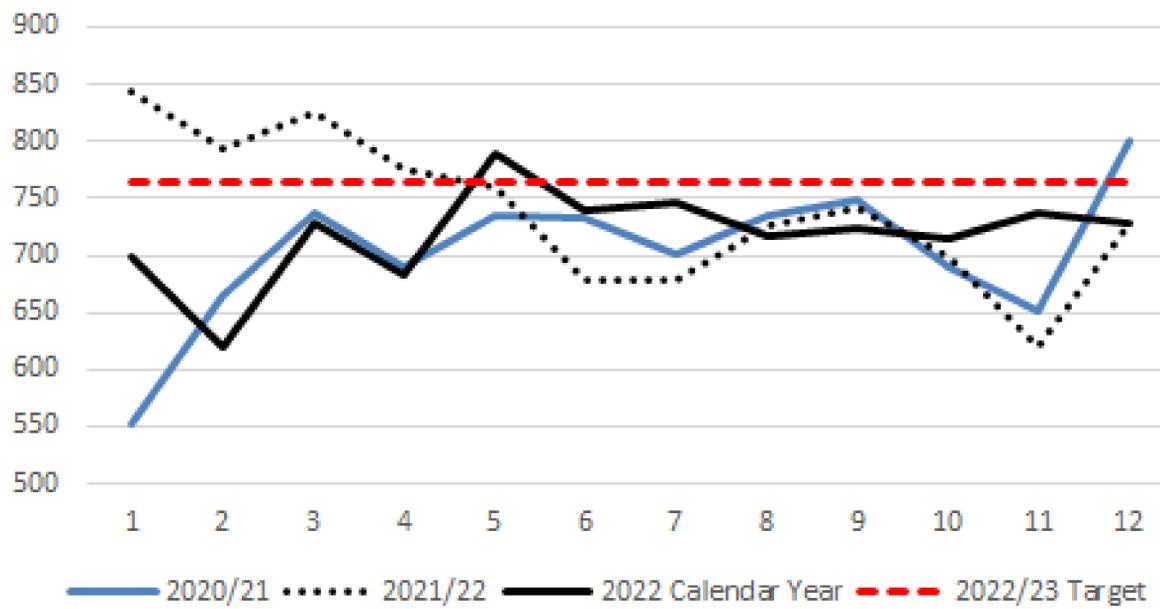
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2021/22	89.90%	90.90%	23	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible	2021/22	83.20%	78.80%	6	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	2021/22	75.10%	70.60%	6	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2021/22	77.20%	66.40%	3	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2021/22	77.50%	75.30%	12	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2021/22	64.60%	66.50%	20	
NI-7	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	2021/22	85.70%	78.10%	2	
NI-8	% of carers who feel supported to continue in their caring role	2021/22	31.70%	29.70%	9	
NI-9	Percentage of adults supported at home who agree that they felt safe	2021/22	87.90%	79.70%	3	
NI-11	Premature mortality rate per 100,000 persons	2021	627.2	465.9	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2022	12,714	11,120	23	
NI-13	Rate of emergency bed days per 100,000 population for adults	2022	142,023	111,371	28	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges	2022	84	101	8	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2022	88%	89.30%	27	
NI-16	Falls rate per 1,000 population aged 65+	2022	22.4	22.1	16	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections	2021/22	87.70%	75.80%	2	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2022	71.30%	63.50%	5	
NI-19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)	2022/23	1,441	919	30	

## Appendix 2: Local Government Benchmarking Framework

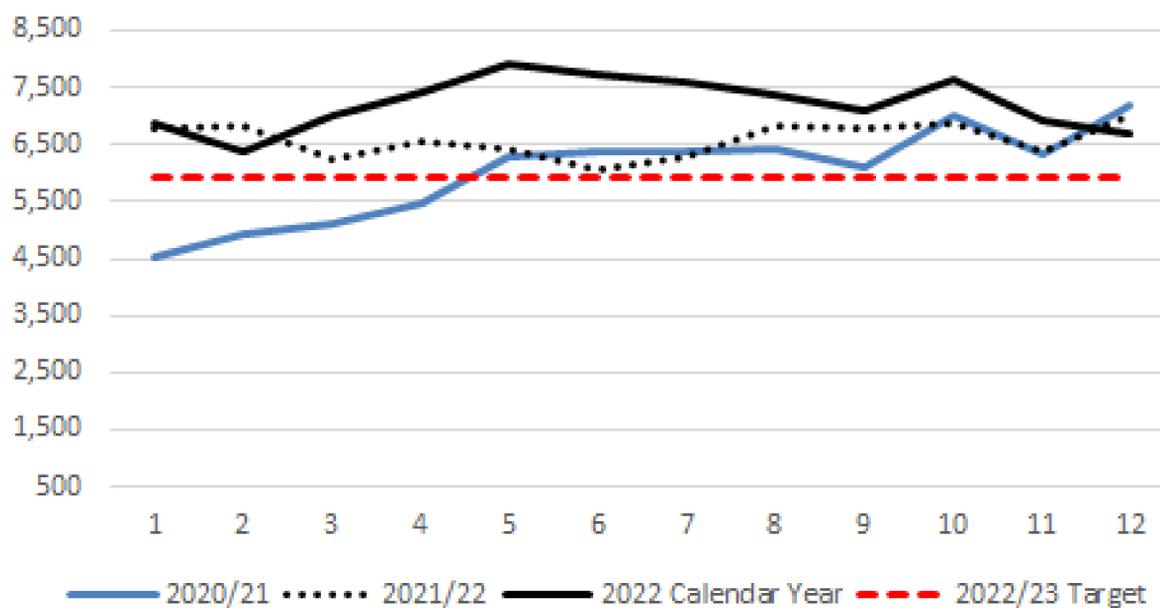
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
LGBF1	Balance of Care for looked after children: % of children being looked after in the Community	2021/22	89.60%	89.80%	15	
LGBF2	The gross cost of "children looked after" in residential based services per child per week £	2021/22	£3,490	£4,702	3	
LGBF3	The gross cost of "children looked after" in a community setting per child per week £	2021/22	£238.57	£403.00	4	
LGBF4	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review	2021/22	73.95%	82.10%	32	
LGBF5	% Child Protection Re-Registrations within 18 months	2021/22	2.99%	8%	9	
LGBF6	% Looked After Children with more than one placement within the last year	2021/22	11.70%	15.90%	7	
LGBF7	Self directed support spend for people aged over 18 as a % of total social work spend on adults	2021/22	2.24%	8.37%	32	
LGBF8	Home care costs for people aged 65 or over per hour £	2021/22	£31.66	£28.18	25	
LGBF9	% of people aged 65 and over with long-term care needs who receiving personal care at home	2021/22	72.90%	61.90%	2	
LGBF10	Net Residential Costs Per Capita per Week for Older Adults (65+)	2021/22	£872	£735	25	

## Appendix 3: Ministerial Steering Group Performance

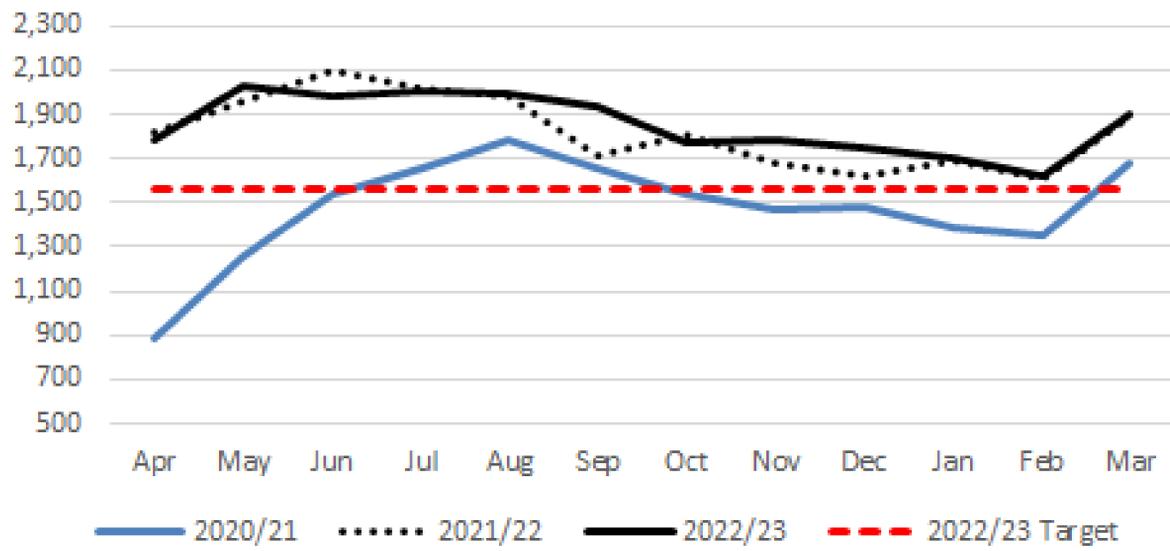
Number of Emergency Admissions 18+ by Month



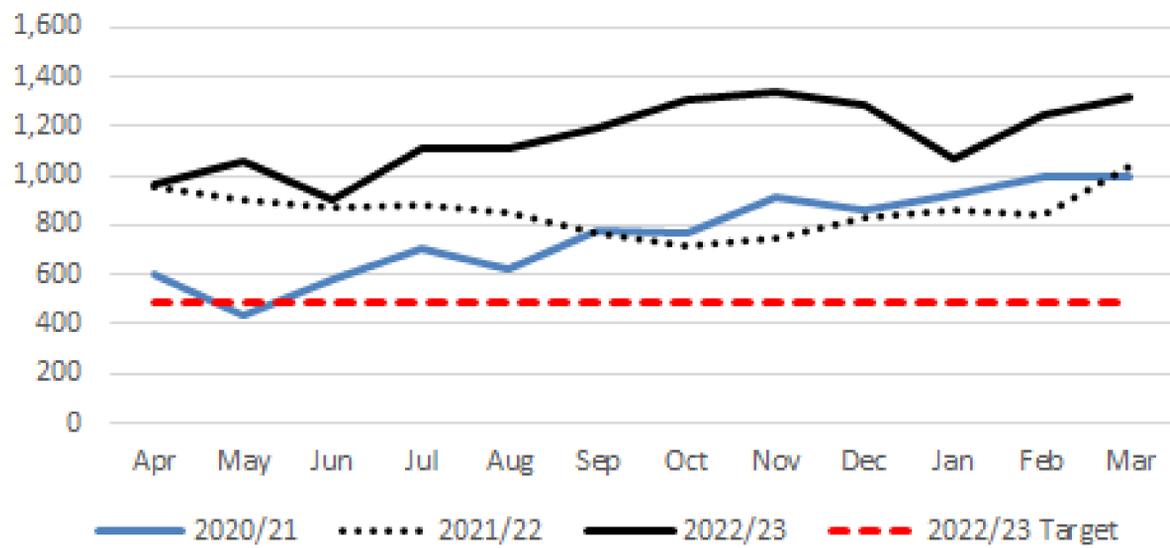
Number of Unscheduled Bed Days 18+ by Month



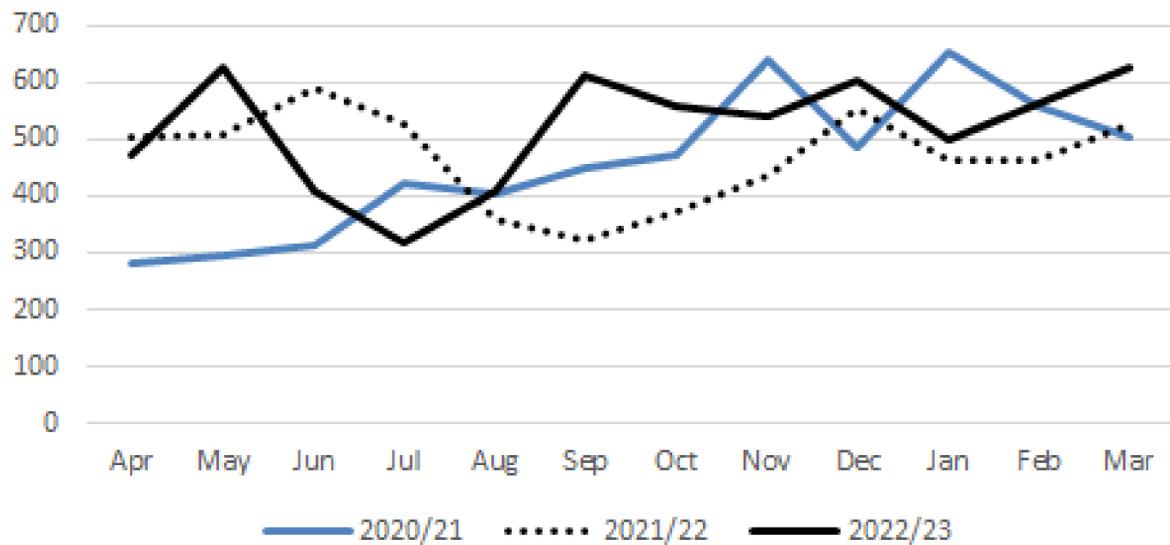
### Number of Accident and Emergency Attendances 18+



### Number of Delayed Discharge Bed Days 18+: All Reasons



### Number of Delayed Discharge Bed Days 18+: Complex Codes



## Appendix 4: HSCP Strategic Plan Key Performance Indicators



\* Calendar Year data

Priority 1: Early Intervention					
Performance Indicator	2021/22	2022/23		5 Year Trend	
	Value	Value	Target		Status
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months*	94.8%	94.4%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years*	97.5%	95.2%	95%		
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%		
Percentage of child protection investigations to case conference within 21 days	69.4%	73.3%	95%		
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground*	311	691	N/A		
Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds*	59	144	N/A		
Number of delayed discharges over 3 days (72 hours) non-complex cases	15	14	0		
Number of bed days lost to delayed discharge 18+ All reasons	10,260	13,905	5,839		
Number of bed days lost to delayed discharge 18+ Complex Codes	5,623	6,236	N/A		
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	7,392	11,390	4,417		
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	3,564	4,912	N/A		
Number of emergency admissions 18+*	8,872	8,625	9,180		
Number of emergency admissions aged 65+*	4,492	4,604	4,537		
Emergency admissions aged 65+ as a rate per 1,000 population*	266.3	268.6	271		
Number of unscheduled bed days 18+*	79,097	86,634	70,940		
Unscheduled acute bed days (aged 65+)*	55,473	62,635	48,626		
Unscheduled acute bed days (aged 65+) as a rate per 1,000 population*	3,288.70	3,653.90	2,906		
Number of Attendances at Accident and Emergency 18+	21,782	22,244	18,800		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.2%	22.5%	24%		
Number of clients receiving Home Care Pharmacy Team support	1,248	1,129	1,030		

Priority 1: Early Intervention					
Performance Indicator	2021/22	2022/23		Status	5 Year Trend
	Value	Value	Target		
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	33%	43%	90%		
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	95.2%	93.7%	95%		
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery*	94%	93.9%	90%		
Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	71%	85%	100%		
Number of people receiving Telecare/Community Alarm service – All ages	1,918	1,942	2,200		
Number of patients with an eKIS record	20,509	19,817	N/A		

Priority 2: Access					
Performance Indicator	2021/22	2022/23		Status	5 Year Trend
	Value	Value	Target		
Number of people receiving homecare – All ages	1,425	1,416	N/A		
Number of weekly hours of homecare – All ages	10,519	10,386	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	516	511	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	38.1%	40.3%	35%		
Percentage of homecare clients aged 65+ receiving personal care	98.6%	99.1%	95%		
Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	18,384	18,626	20,945		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	18.8%	28.6%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	35.1%	37.9%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	72%	72.4%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.6%	84.2%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	30.2%	27.9%	80%		

Priority 3: Resilience					
Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	96%	99.1%	90%	✔	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	7	9	18	✔	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	68.5%	43.3%	90%	✘	

Priority 4: Assets					
Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient (Annualised)	£168.58	£185.96	£187.73	✔	
Compliance with Formulary Preferred List	77.16%	77.65%	78%	⚠	

Priority 5: Inequalities					
Performance Indicator	2021/22	2022/23			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	89.6%	88.7%	90%	⚠	
Percentage of looked after children being looked after in the community who are from BME communities	71%	86.2%	N/A	📊	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	66.7%	75%	⚠	

## Appendix 5: Care Inspectorate Gradings 2022/23

6	Excellent	3	Adequate		
5	Very Good	2	Weak		
4	Good	1	Unsatisfactory	N/A	Not Assessed

Service	Previous Inspection Date	Previous Grade	Latest Inspection Date	Latest Grade	Quality Theme
West Dunbartonshire Council Adoption Service	10-Nov-21	2	30-Nov-22	2	How well do we support people's wellbeing?
		2		3	How good is our leadership?
		N/A	↑	5	How good is our staff team?
		N/A		N/A	How good is our setting?
		3		3	How well is our care and support planned?
Requirements: 2					
1. By 1 March 2023, the provider must have a robust plan in place to ensure that all children in need of permanent care have their assessments completed and plans carried out without unnecessary delay.					
2. By 1 March 2023, the provider must ensure a clear, outcome focused Child's Plan is in place with statutory timeframes recorded as part of the action planning.					
West Dunbartonshire Council Fostering Service	10-Nov-21	2	30-Nov-22	2	How well do we support people's wellbeing?
		2		3	How good is our leadership?
		N/A	↑	5	How good is our staff team?
		N/A		N/A	How good is our setting?
		3		3	How well is our care and support planned?
Requirements: 2					
1. By 30 April 2022, the provider must ensure that all children in need of permanent foster care have their assessments completed and plans carried out without unnecessary delay. (Date extended to 1 March 2023.)					
2. By 30 April 2022 the provider must ensure a clear, outcome focused Child's Plan is in place and accessible to children using the fostering service. (Date extended to 1 March 2023.)					
Blairvadach Children's House	28-Aug-19	5	11-Aug-22	6	How well do we support children and young people's rights and wellbeing?
		5		N/A	How good is our leadership?
		5	↑	N/A	How good is our staff team?
		4		N/A	How good is our setting?
		6		N/A	How well is our care and support planned?
Requirements: 0					
Burnside Children's House	28-Feb-20	5	24-Mar-23	5	How well do we support children and young people's rights and wellbeing?
		N/A		N/A	How good is our leadership?
		N/A	—	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					
Craigellachie Children's House	15-Nov-19	4	29-Sep-22	4	How well do we support children and young people's rights and wellbeing?
		N/A		N/A	How good is our leadership?
		N/A	—	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					
West Dunbartonshire Council Home Care	26-Sep-19	N/A	27-Mar-23	3	How well do we support people's wellbeing?
		4		3	How good is our leadership?
		4	↓	3	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		3	How well is our care and support planned?
Requirements: 4					
1. By 30th September 2023, the provider must ensure that people's care plans are reflective of care and support that is right for them.					
2. By 30th September 2023, the provider must review and improve communication systems when people are returning home following a hospital admission.					
3. By 30th September 2023, the provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained.					
4. By 30th September 2023, the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation.					
Crosslet House Care Home	10-Oct-19	4	14-Dec-22	5	How well do we support people's wellbeing?
		N/A		5	How good is our leadership?
		N/A	↑	N/A	How good is our staff team?
		N/A		N/A	How good is our setting?
		4		N/A	How well is our care and support planned?
Requirements: 0					