

West Dunbartonshire
Health & Social Care Partnership

Annual Performance Report 2020/2021

www.wdhscp.org.uk



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Foreword

Welcome to West Dunbartonshire Health and Social Care Partnership's (HSCP) 2020/21 Annual Performance Report. The report summarises the progress made by the HSCP over the past year.

This has been a year like no other for the HSCP Board (Integration Joint Board) as the global coronavirus pandemic continued to take a terrible toll and resurge within our communities despite comprehensive efforts to control its progress.

The full impact of the pandemic on our communities has yet to fully reveal itself, school closures, increased vulnerability to abuse, mental health pressures, isolation and reduced access to vital services have had a significant impact on our communities. However, not all our communities have been affected equally. The pandemic has exposed deep inequalities that have existed for too long, with the most severe impact on those communities who were already disadvantaged. The experience of the coronavirus pandemic and its impact, particularly on the most vulnerable in society, will be with us for a long time.

Our hugely successful vaccination programme was launched in early 2021 and although out with the scope of this annual report, at the time of writing, we see a gradual return to normal interaction with the increased mobilisation of services.

Despite the obvious challenges of the last year, the HSCP Board continues to be ambitious for our communities and this report highlights the positive outcomes the integration of health and social care services can have on individuals, families and the wider community.

The pandemic has brought out the best in our teams as staff have embraced innovative new approaches to our key strategic priorities of Early Intervention; Access; Resilience; Assets and Inequalities, have ensured a continued emphasis on joining up services, improving care and support for people who use services, their carers and their families.

We remain at a critical point in this pandemic and we continue to plan for further outbreaks. We have taken steps to understand the lessons from Covid-19 and have the knowledge to apply them so we can continue to work in partnership with our communities, providers and stakeholders in order to achieve an effective and efficient response to future challenges.

The HSCP Board are committed to coming together with our partners in order to work collaboratively, whilst maintaining a focus on place ensuring people feel a sense of belonging and community where the direct work of health and social care services take place.

In closing I would like to acknowledge that many of our staff have worked enormously long hours over many months and would like to extend my personal thanks and admiration for the teams who have worked tirelessly over the last year, they have truly embodied our vision of improving lives with 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 2020 to 31st March 2021. 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 2020/21

During 2020/21 West Dunbartonshire Health and Social Care Partnership (HSCP), while reacting, adapting and endeavouring to retain and recover services during the Covid-19 pandemic, 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

- Work with NHS Greater Glasgow and Clyde and associated partnerships to develop a HSCP Unscheduled Care Commissioning Plan to improve the area-wide response to unscheduled care and develop models of care fit for purpose for the future needs of our ageing population.
- Review of hospital discharge processes and timescales particularly in relation to Adults with Incapacity legislation and peer review with Glasgow City HSCP to identify potential gaps and improvements.
- Continued to meet waiting times target for the delivery of drug and alcohol treatments and the establishment of a local drug death prevention group.
- Development of a local Child Protection Minimum Dataset.
- Our looked after children and young people have continued to receive high levels of care and support during the pandemic, with services adapting and taking innovative approaches to minimise the impact of Covid-19 restrictions.
- West Dunbartonshire was the first HSCP within NHS Greater Glasgow and Clyde to open a Covid Assessment Centre to help combat Covid-19 by providing a local service to assess people presenting with symptoms.
- Local rollout of a successful Coronavirus vaccination programme in partnership with NHS Greater Glasgow and Clyde and West Dunbartonshire Council.

Priority 2: Access

- Opening of Queens Quay Care Home in Clydebank, welcoming residents in December 2020 and progress on the new Health and Care Centre for Clydebank.
- 72% of people on the Palliative Care Register supported to die at home by close working between District Nursing and Care at Home services.
- Significant improvement in Musculoskeletal Physiotherapy Waiting Times at a time when staff were redeployed to assist Acute colleagues with the response to the pandemic.
- The continued provision of information to individuals, organisations and statutory bodies in the form of Subject Access Requests, Freedom of Information responses, Scottish Government and Public Health Scotland reports while both local and national reporting requirements and scrutiny had increased significantly due to the pandemic.

Priority 3: Resilience

- Waiting List Initiative implemented in November 2020 to tackle long waits for Child and Adolescent Mental Health Services: 100% of all children seen within the target time of 18 weeks by February 2021.
- Improvement in waiting times for Psychological Therapies and the HSCP also supported the development of Mental Health Assessment Units, where all emergency mental health referrals from Police, Ambulance and GPs will be routed instead of attending Emergency Departments.
- Young People in Mind service continued to promote the mental health and wellbeing of West Dunbartonshire's children and young people who are looked after/accommodated. The service assists foster carers, residential house staff, and other key link professionals to gain awareness, understanding and essential skills in supporting these children and young people.
- Learning Disability Services supported the resilience of service users and their carers during the pause of some services due to the pandemic.

Priority 4: Assets

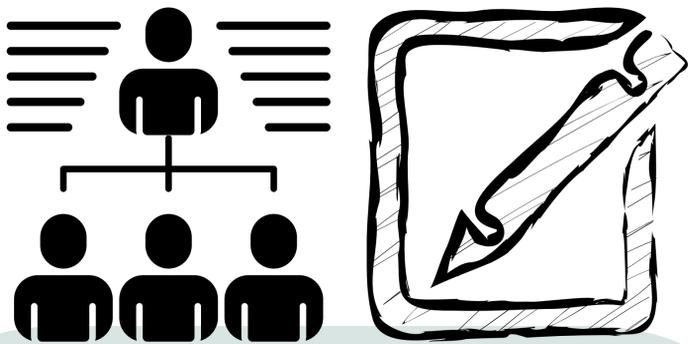
- 3,500 people on the Shielding List contacted by HSCP, Council and West Dunbartonshire Community and Volunteering Services to check on people's welfare, inform them of a range of supports available locally and nationally and offer to make an online referral to the Crisis Support Team on their behalf.
- HSCP staff supported with their health and wellbeing while working through the pandemic/home-working by a variety of online tools and resources and mental health check-ins run by NHS Greater Glasgow and Clyde.
- Innovative work to maintain and develop links during the pandemic with West Dunbartonshire's care experienced young people through the Champions Board.

Priority 5: Inequalities

- The establishment of a working group for children and young people's mental health in June 2020.
- Audit of training needs by Criminal Justice staff and managers to inform workforce development.
- Co-production of an Arrest Referral Scheme which will support adults who find themselves in police custody and/or the justice system, as a result of offending behaviour associated with, or influenced by, substance use including alcohol.
- The provision of 48 devices and data packages to digitally excluded young people resulting in a 'Connecting Scotland' award for Throughcare Services.
- The development and successful pilot of a new assessment tool My Life Assessment to more effectively and fairly target the right support to those who need it and help those with lower level needs to access supports.

Early Intervention
Access
Resilience
Assets
Inequalities

Overview of the HSCP



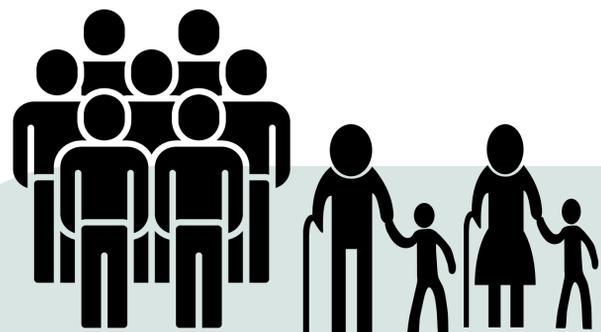
West Dunbartonshire Health and Social Care Partnership formally established 1st July 2015



Employing 2,240 health and social care staff across Adult, Children's and Criminal Justice services (1,796 FTE)



2020/21 budget of £186 million

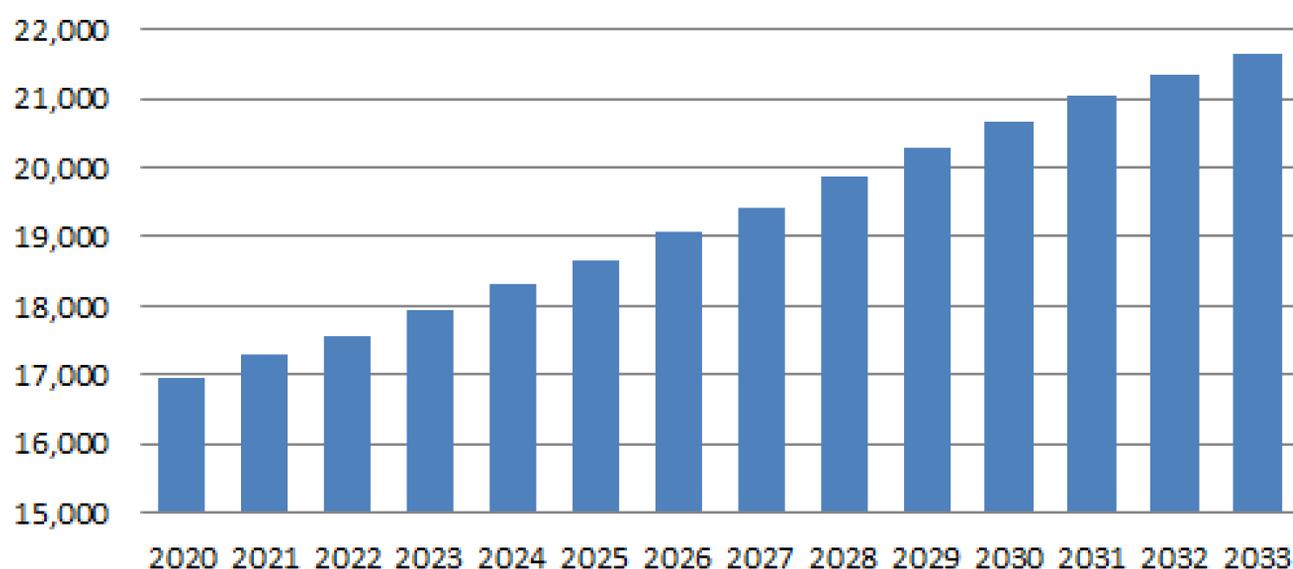


Delivering health and social care services to support the people of West Dunbartonshire: population 88,340

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)



The most significant challenge going forward by far, for all HSCPs, will be the long term physical, mental and economic impacts of the Coronavirus (Covid-19) pandemic on the people within our communities, our staff and our resources. West Dunbartonshire is an area of high deprivation and the prospect of unemployment, economic decline and potential public funding decreases will have a huge impact upon the area.

Specific challenges faced during 2020/21 were:

- Finding new and innovative ways to deliver services during lockdown and continued Covid-19 restrictions.
- Lengthy legal processes for Guardianship applications resulting in extended delayed discharges for some adults with incapacity.
- Concern for the health and wellbeing of our frontline staff and the development of supports and resources.
- Keeping apace with, and implementing promptly and clearly, Government and Public Health guidance.
- Staff absence due to Covid or shielding.
- Waiting times for Child and Adolescent Mental Health Services and adult Psychological Therapies.
- Increased demand on Mental Health Services.
- Keeping in touch with and supporting our vulnerable children and young people during Covid restrictions.
- Tackling MSK waiting times while staff were redeployed to support Acute colleagues.
- Ensuring staff had access to the appropriate technology and equipment for working from home.
- Implementing recording and tracking mechanisms to meet the increased demand for service and financial information to allow statutory bodies such as the Scottish Government, the Care Inspectorate, National Records of Scotland and Public Health Scotland to monitor the impacts and resource requirements of the pandemic.
- Supporting vulnerable people who used services which were paused during the pandemic, such as day care and day opportunities for people with a learning disability, and trying to minimise social isolation.
- Endeavouring to make contact with everyone on the Shielding List during the first lockdown to offer support and resources.
- Criminal Justice Services providing inductions and allowing for the fulfillment of unpaid work orders during Covid restrictions.

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.

Due to the global Coronavirus (COVID-19) pandemic, paragraph 8 of Schedule 6 of the Coronavirus (Scotland) Act granted public bodies powers to postpone the publication of reports. At the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee meeting of 24th June a proposal to postpone publication till 30th September 2021 was approved, recognising the ongoing impact of the pandemic on the provision of vital services to our communities during this unprecedented time.

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.

West Dunbartonshire Health and Social Care Partnership

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 services for:

- 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 Alcohol and Drugs Partnership.

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

West Dunbartonshire has an estimated population of 88,340 people and the HSCP has a workforce of approximately 2,240 which equates to 1,796 full time equivalent at March 2021. 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 2020/21 the HSCP had responsibility for a budget of just over £186 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 2020/21: 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 2020 and 31st March 2021 and will describe progress against the key strategic priorities outlined in our Strategic Plan 2019-2022.

Due to the unique circumstances we currently find ourselves in, it is difficult to evaluate performance without recognising the huge impact of the Coronavirus (COVID-19) pandemic on all of our services from late February/early March 2020. In what has been a truly unique year, comparing 2020/21 performance to that of previous years may prove difficult, however what this year's performance has shown us: is how we can adapt; new ways of service delivery which while born out of necessity may prove to be very successful moving forward; and perhaps most importantly the resilience and commitment of our staff.

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.

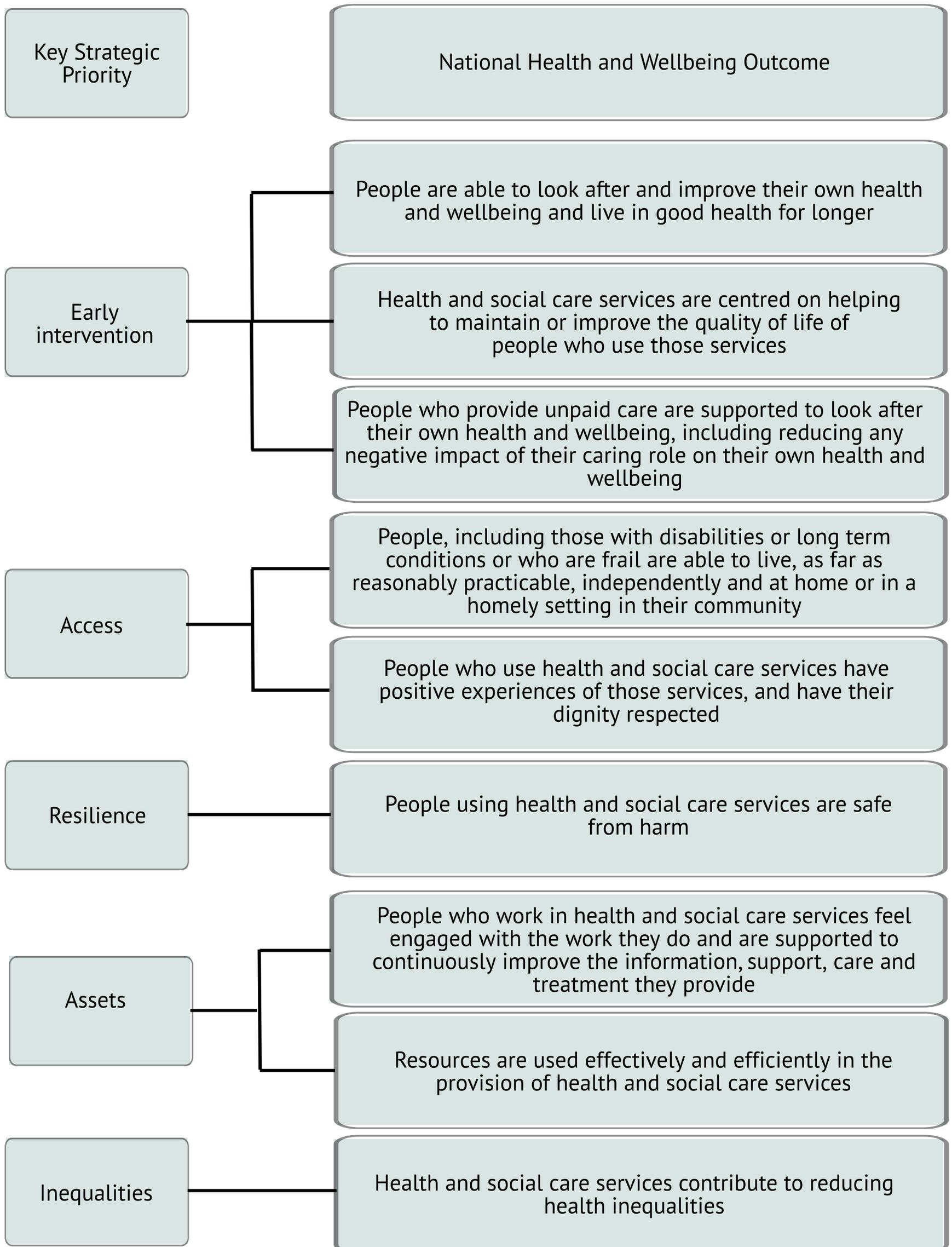
These key strategic priorities reflect the Scottish Government's National Health and Wellbeing Outcomes Framework which states that:

'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.

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.



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.

Since April 2020, in response to the impact of the Coronavirus (COVID-19) pandemic and subsequent lockdowns, the Scottish Government have been closely monitoring activity in relation to Public Protection with weekly returns covering vulnerable adults and children and their contact with statutory services being submitted.

A key focus has been vulnerable children with multi-agency involvement, experience of care and those registered on the Child Protection Register who were not being seen on a daily basis in our schools. Work has been ongoing across the HSCP and Education Services to keep in touch with these children and young people during this difficult period. A specific area of concern is a potential increase in domestic abuse.

During 2020/21, the HSCP Board approved funding to support the creation of two distinct lead officer posts: one for Adult Protection and one for Child Protection. This followed recognition that the previous arrangement of one combined post presented challenges in terms of the span of responsibility. The Child Protection Lead Officer was appointed in January 2021 and recruitment for the Adult Protection post carried over into 2021/22.

Public Protection priorities during 2020/21 have been:

Child Protection - ensuring clear pathways for new referrals from agencies and continuing to see and support children at greatest risk, including those on the child protection register.

Adult Support and Protection, - ensuring clear pathways for referrals and methodology to progress investigations and provide robust decision-making.

Justice Social Work - prioritising supervision of those deemed to require a higher level of supervision and support. Developing new opportunities to address the suspension of unpaid work as well as the impact of periods of closure of Dumbarton Sheriff Court for routine business.

West Dunbartonshire's Adult Protection Committee (APC) continues to meet on a quarterly basis, with an independent chair. Members include Police Scotland, Trading Standards, Care Inspectorate, Adult HSCP Social Work and Health Services, Community Health, Advocacy Services, Scottish Care, Scottish Ambulance Service and the Scottish Fire and Rescue Service. The Care Inspectorate provided notice in early 2020 that West Dunbartonshire Adult Support and Protection services would be inspected within a joint model of inspection with Her Majesty's Inspectorate of Constabulary and Healthcare Improvement Scotland, however this activity was suspended as a result of the pandemic. This inspection activity will, however, recommence during 2021/22.

West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, Police Scotland, NHS Greater Glasgow & Clyde, NHS Highland and the Scottish Prison Service which are all deemed 'responsible authorities'. A dedicated MAPPA Co-ordinator provides professional advice and guidance within a small MAPPA Unit which supports responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.

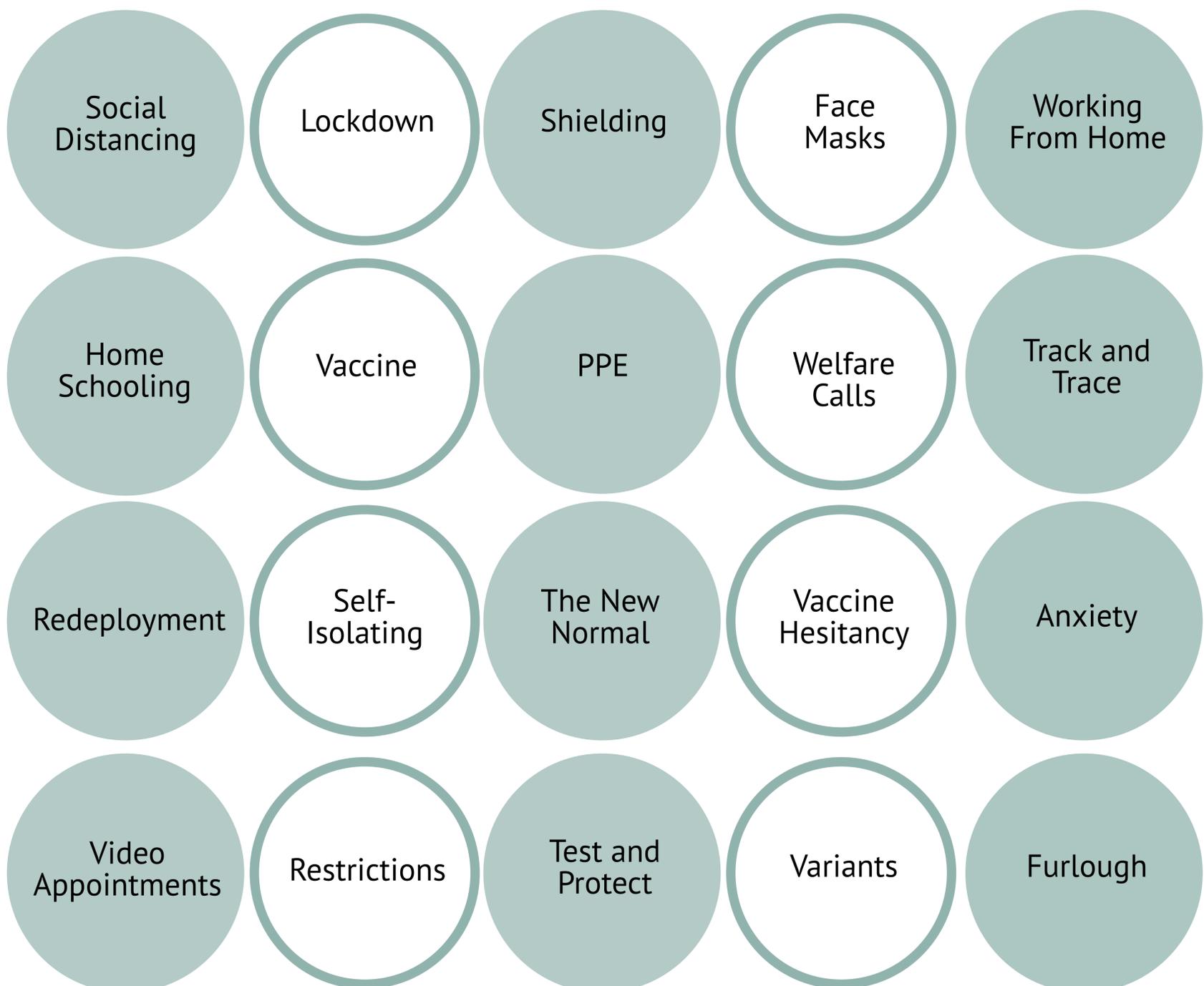
The local service achieved 100% compliance with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliant with all national key performance indicators related to MAPPA meetings being convened and notifications submitted to the MAPPA Unit within fixed timescales; no exceptions were reported during 2020/21.

Coronavirus (Covid-19) Pandemic

As at the time of writing of this report, National Records of Scotland show that 250 people living in West Dunbartonshire tragically lost their lives 28 days after testing positive for Covid-19. Sadly some of these people were being cared for within our own care homes for older people and independent sector care homes within the local authority area. The HSCP will play a full part in any and all inquiries into the circumstances around these tragic deaths and extend our deepest sympathy to all who have lost a loved one in this dreadful pandemic.

Almost 8,000 people living in West Dunbartonshire have thus far tested positive for Covid-19 and the implications for their longer term physical and mental health and wellbeing is yet to be discovered. For those who have not contracted the virus, fear, anxiety and the stress of adapting to an ever-changing landscape of guidance and restrictions have also had an impact on people's wellbeing.

The Coronavirus (Covid-19) Pandemic has touched every aspect of people's lives and the words below capture some of the new experiences and terminologies we have all been confronted with on a daily basis.



At its meeting on 25 March 2020, the HSCP Board approved the suspension of normal governance arrangements during the Covid-19 pandemic and accepted alternative Board meeting arrangements. The Board approved delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, to be enacted “if required”, to meet immediate operational demand on decisions normally requiring Board approval. The Chief Officer and the Chief Financial Officer have continued to meet weekly with the Chair and Vice Chair of the HSCP Board to provide an opportunity for scrutiny of the delegated responsibilities. The frequency of Board meetings also increased to provide appropriate oversight of key issues and allocation of additional Scottish Government funds to support changes to service provision.

It will become clear through this report that there are recurring themes across services as they have adapted to face the challenges presented by the pandemic. The initial focus was in providing a quick response to an escalating threat: prioritising the care of those most vulnerable; redeploying less essential services to support critical services; gaining access to the necessary volume of personal protective equipment (PPE) in line with Government requirements and the effective distribution of this equipment; providing the technology for staff to mobilise services from home; and continuing to provide vital services while dealing with the impact of staff absences due to Covid-19 and staff being required to shield from the pandemic.

As the scale and impact of the Covid-19 pandemic unfolded on a daily basis from March 2020, services moved rapidly to reflect guidance from Public Health Scotland and legislative changes within the Coronavirus (Scotland) Act 2020. Actions were focused on ensuring provision of essential services, within the context of protecting staff, service users and our wider communities.

Sections 16 and 17 of the Coronavirus (Scotland) Act 2020 allowed local authorities to dispense with specific social care assessment duties for children, adults and carers to enable a response to urgent care needs without undue delay. Locally, HSCP services did not require to use these powers and this is reflected in continued survey responses to Scottish Government to monitor the extent to which these powers have been used.

Throughout the past year the key focus for service planning and delivery has remained on those individuals and families at risk and this model of prioritisation continues to be kept under ongoing review by operational managers. HSCP services moved quickly to a largely remote model of working, with some core work continuing in premises primarily focused on duty services for child protection, justice and adult services, where a joint hub for all adult services was implemented. This model reflected the moves of the Council and NHS Greater Glasgow and Clyde to protect staff by supporting home working wherever possible and to limit the need for staff to travel to work or enter buildings where alternative, home-based working allowed. Alongside this, a significant move to virtual and digital working included meetings taking place by teleconference and using a range of online meeting platforms including Microsoft Teams and Zoom.

The following summarises a number of key developments over the past year, many of which are explored in greater detail later in the report. This is by no means exhaustive but highlights the wide-ranging activity within the HSCP, as well as with key partners, in ensuring services continued to be provided for vulnerable people within West Dunbartonshire.

- Joint work between social work, education and health teams to maintain contact with the most vulnerable children and families
- Local rollout of a successful Coronavirus vaccination programme in partnership with NHS Greater Glasgow and Clyde and West Dunbartonshire Council
- The provision of a personal protective equipment (PPE) store for HSCP, Council and third sector organisations
- A combined duty team for all adult services, ensuring consistent overview of concern referrals, including adult support and protection
- Comprehensive local guidance written and implemented across teams and regularly reviewed and updated as national guidance, including from Scottish Government and Public Health Scotland, was issued and amended
- Daily care home meetings to review access to PPE, infection rates, Covid-19 testing, clinical and care requirements of residents and staffing needs
- Redeployment of a number of social care and administrative staff from HSCP teams to the Council’s Humanitarian Assistance Centre to support children and adults who were shielding, vulnerable or at risk
- Daily reports on staffing capacity, absence and PPE needs across HSCP services to assist service planning and redeployment as required
- Weekly contact and ‘eyes on’ children whose names were on the child protection register
- A comprehensive resource tracker across all services to direct budgets and supplies to areas of increased demand or vulnerability

- Business continuity plans and service prioritisation models, particularly in the early weeks and months of the pandemic, to plan for the impact of staff absence and other critical events
- Working with key partners to support their reduced operating models including the Scottish Court Service and the Scottish Children’s Reporter Administration including virtual and blended children’s hearings combining in-person and online attendance
- Workforce models for children’s houses and residential care homes for adults
- Managers’ database for high risk offenders including an agreed communications protocol with partners
- Planning with the Scottish Prison Service for early release from prison of eligible individuals to manage the impact of Covid-19 in custodial settings
- Weekly data returns to the national Covid-19 dataset to monitor and manage public protection activity and continued service provision across children, adult and justice services
- Weekly monitoring of service delivery and demand across HSCP services
- Monitoring of Covid-19 case numbers, hotspots, testing and vaccination rates with West Dunbartonshire
- Additional support and remote assistance to care-experienced young people including the provision of digital devices to address social isolation, digital exclusion and support access to education
- Continued planning for Brexit including the impact on staff, children and young people from the European Union
- Recovery plans developed as services adapted to the pandemic and prepared for services to move towards pre-pandemic provision and scaling these back as infection rates entered a second and third wave

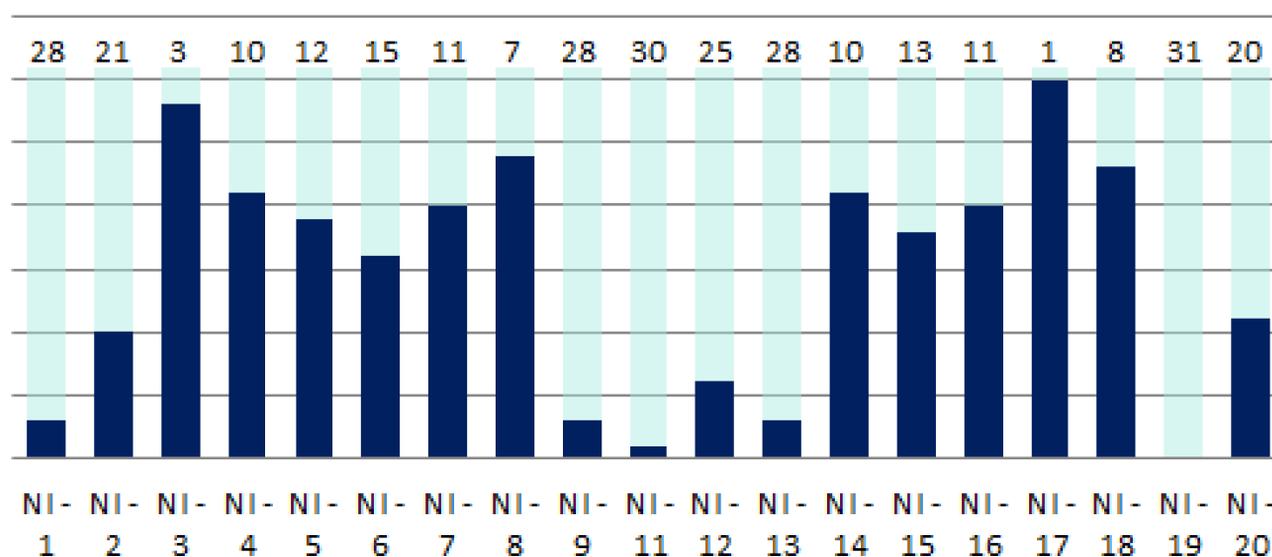
National Performance Measurement

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, 4 are not currently being reported nationally.

The chart below shows West Dunbartonshire's position in comparison with the other 30 HSCPs in Scotland and Appendix 1 provides comparison with West Dunbartonshire and the national figure.

**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 latest data is from the 2019/20 survey which was sent out to respondents in October 2019, therefore prior to the onset of the pandemic.

West Dunbartonshire residents had the 3rd lowest response in Scotland to feeling able to look after their health very well or quite well and in relation to feeling safe. The latter was a significant drop from the 2017/18 survey where 88.5% felt safe, the 2nd highest in Scotland. By contrast, 82.9% of West Dunbartonshire residents supported at home agreed that they had a say in how their help, care or support was provided: the 3rd highest figure in Scotland.

The remaining indicators are collated from real time hospital and service activity data and these will reflect the impact of the pandemic.

In 2020 West Dunbartonshire had the 2nd highest premature mortality rate in Scotland, that is the rate of deaths per 100,00 for people aged under 75 years. We had the 7th highest emergency admission rate and the 4th highest bed day usage for emergency admissions although these were significantly reduced on previous years. These combine to reflect not only the impact of the pandemic but the complex health needs of our population. Delayed hospital discharge was also a significant challenge for the HSCP during 2020/21 and the rate of bed days for people aged 75 and over whose discharge was delayed was the highest in Scotland.

WDHSCP services were the best performing in Scotland for the proportion of Care Inspectorate Inspections graded at 4 (Good) or above during 2020/21. However advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading Covid-19 in Scotland's care homes. Therefore, to limit the spread of Covid-19, and with agreement from Scottish Government, the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic. Crosslet House care home was graded 5 (Very Good) on the Quality Theme of 'How good is our care and support during the COVID-19 pandemic?' on 28th October 2020.

Delivering support to people at home continues to be a strongly performing area for WDHSCP. In 2020 the percentage of adults with intensive needs being supported at home was the 8th highest in Scotland and the highest across Greater Glasgow and Clyde at just over 70%: the Scotland figure was 63%. The proportion of people spending their last 6 months of life at home or in a community setting was also the highest across the 6 partnerships within Greater Glasgow and Clyde at 90.7%.

Ministerial Steering Group

The Ministerial Steering Group (MSG) for Health and Community Care is closely monitoring the progress of HSCPs across Scotland in delivering reductions in: delays in hospital discharge; unnecessary hospital admissions; 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.

Unlike previous years, no national targets for these measures were agreed for 2020/21, possibly in recognition of the fact that the pandemic was likely to mean a very different year in terms of hospital and community activity. Instead local targets were agreed on the basis of the potential impact of a number of workstreams which will be explored further in the Unscheduled Care section of this report. All of these local targets, except those for delayed discharges, were met.

Compared with the previous year, in 2020/21 there was: a 13% decrease in emergency admissions to hospital for people aged 18 and over; an 8% decrease in the number of unplanned acute hospital bed days used by people aged 18 and over; and a 30% decrease in attendances at A&E. When looking at these on a monthly basis the impact of Covid-19 and national restrictions can clearly be seen with increases in all activity during March 2021. A similar pattern can be seen across all of the HSCPs within NHS Greater Glasgow and Clyde.

Charts detailing monthly trends for the MSG indicators over the previous 4 years can be found at Appendix 2.

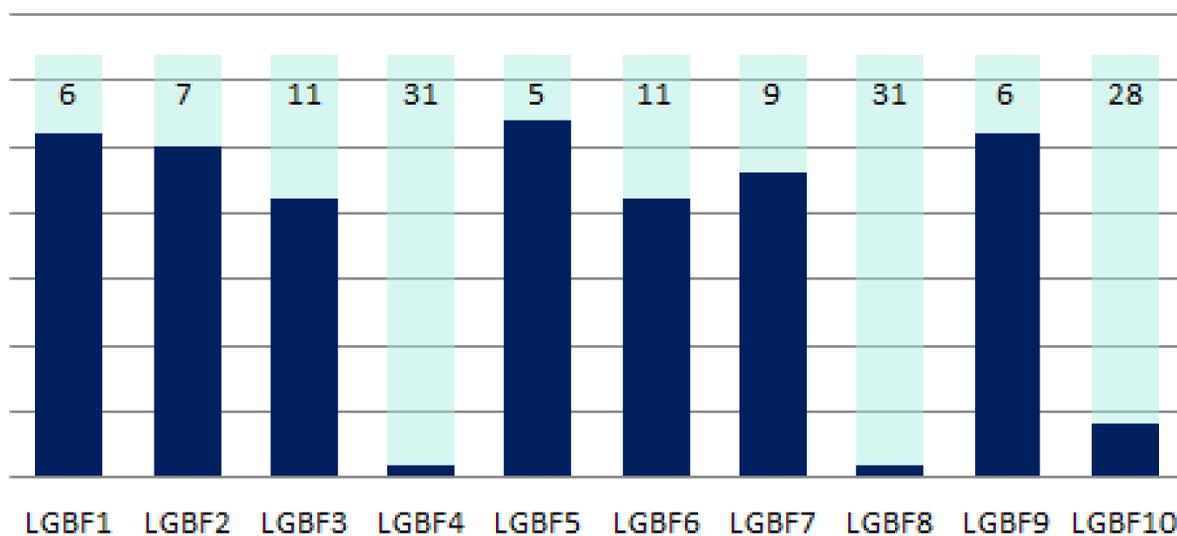
Local Government Benchmarking Framework

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.

The chart below shows West Dunbartonshire's position in 2019/20 in comparison with the other 31 Local Authorities in Scotland for those indicators the HSCP has responsibility for and Appendix 3 provides 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 will not be included in this section or in Appendix 3.

West Dunbartonshire Ranking Local Government Benchmarking Framework



Of the remaining 10 indicators, the HSCP performed better than the Scottish national figure in 6 of the indicators during 2019/20. West Dunbartonshire had the 6th lowest weekly cost for children looked after in a residential setting and the 7th lowest cost for children looked after in the community. We also had the 5th lowest percentage of Child Protection re-registrations within 18 months with 2.3% of children being re-registered within that timeframe compared with 6.92% nationally. The proportion of people aged 65 and over receiving personal care at home was the 6th highest in Scotland and the cost of delivering home care per hour was the 9th lowest in Scotland at £21.57.

The HSCP's worst performing indicators were: expenditure on Direct Payments or Personalised Budgets, as a proportion of overall Social Work spend with the 2nd lowest figure in Scotland; and the percentage of children reaching their developmental milestones. 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 was the 4th highest in Scotland in 2019/20, however this reflects the significant investment locally in our care homes and support through the transition period.

Performance against Strategic Priorities

This section of our report will describe our performance against our 5 strategic priorities during 2020/21 with specific regard to the areas outlined below. Performance against our Strategic Plan indicators can be found at Appendix 4.

Priority 1: Early Intervention

- Unscheduled Care
- Delayed Discharge
- Addiction Services
- Child Protection and Looked After Children
- Case Study: Collaborative Working

Priority 2: Access

- New Care Home and Health and Care Centre, Clydebank
- Supporting People to Die at Home
- MSK Physiotherapy
- Access to Information

Priority 3: Resilience

- Child and Adolescent Mental Health Services
- Psychological Therapies
- Young People in Mind
- Learning Disability Services

Priority 4: Assets

- Partnership Working: Supporting Our Shielding Citizens
- HSCP Staff Health and Wellbeing
- West Dunbartonshire Champions Board

Priority 5: Inequalities

- Tackling Health Inequalities
- Criminal Justice Social Work Services
- Throughcare and Aftercare
- My Life Assessment

Priority 1: Early Intervention

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 a HSCP Unscheduled Care Commissioning Plan focusing 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.

While unscheduled care was significantly reduced across NHS GGC during 2020/21 as a direct result of the pandemic, when compared with the other 5 HSCPs within Greater Glasgow and Clyde, West Dunbartonshire's use of unscheduled care showed less of a reduction.

2020/21 Performance Compared with 2019/20

Health and Social Care Partnership	Emergency Admissions	Unplanned Bed Days
West Dunbartonshire	-13%	-8%
East Dunbartonshire	-14%	-11%
East Renfrewshire	-14%	-8%
Glasgow City	-14%	-13%
Inverclyde	-20%	-16%
Renfrewshire	-21%	-13%

Extensive work has been undertaken within the HSCP to understand our unscheduled care demands and to address any gaps in service provision which may be contributing to this demand. This includes:

- Analysis of bed usage by people with conditions which account for the highest levels of unscheduled care.
- Roll out of Rockwood Frailty Scoring as an integral part of all assessments.
- Increased use of Anticipatory Care Plans and Electronic Key Information Summaries (eKIS) for patients to allow for more effective sharing of information vital in providing the correct and chosen care. At the onset of the pandemic District Nursing and GPs increased the number of eKIS recorded from 5,930 to 19,861 to help protect and care for the most vulnerable people in our community.
- Full roll out of the Focused Intervention Team (FIT) across West Dunbartonshire, providing rapid, multi-disciplinary and intensive care at home, where conditions escalate and where hospital attendance may become likely.
- Agreement reached with the Scottish Ambulance Service that referrals will be redirected to FIT as an alternative pathway to conveying residents of West Dunbartonshire to acute when presenting with a fall or breathing difficulties. A joint HSCP and Scottish Ambulance Service programme of training and awareness raising with paramedic crews undertaken to highlight this new pathway.

- Work with the Vale of Leven Hospital to ensure best use of day hospital and clinic capacity for people who are suffering from frailty and who would benefit from hospital services.
- Detailed regular analysis of those frequently attending A&E, and proactive contact with these individuals to develop more appropriate supports.
- A proactive approach to ensuring high vaccination rates for influenza for both staff and vulnerable patient groups.
- Very proactive in-reach work within hospitals using an electronic dashboard to monitor all emergency admissions by residents of West Dunbartonshire, ensuring early contact with the patient, and the ward, to start planning for an effective and timely discharge.
- Better communication and networks across all parts of our local unscheduled care system.

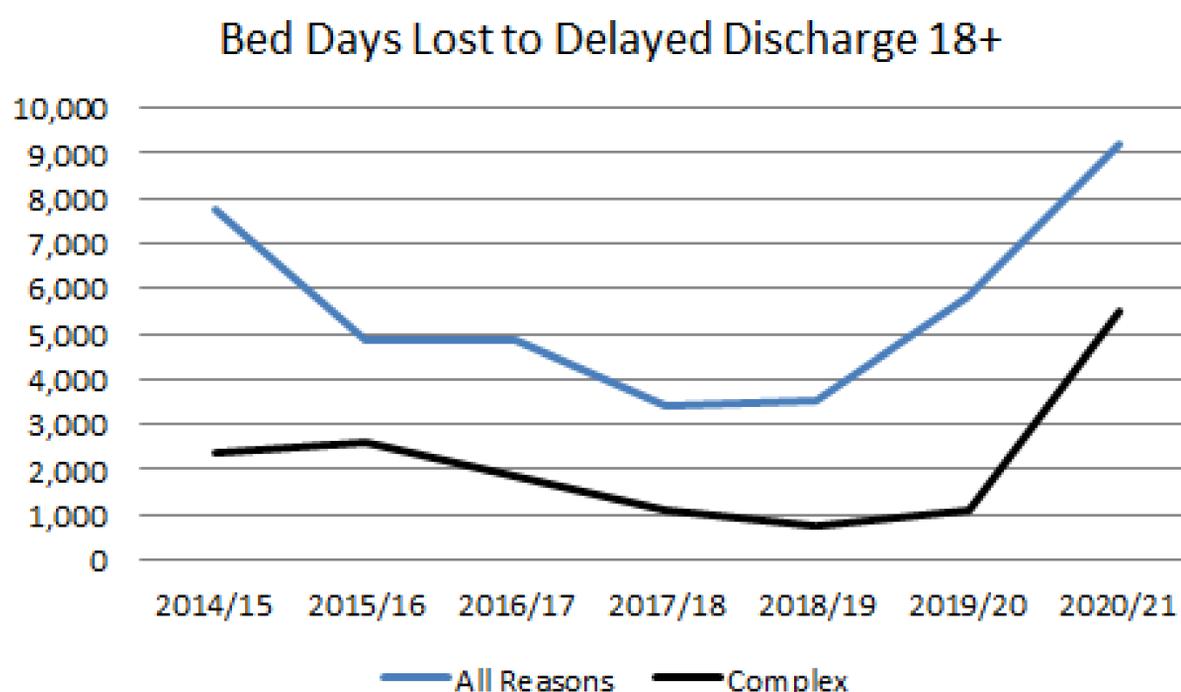
The anticipated impact of these various workstreams was used to develop local 2020/21 Ministerial Steering Group (MSG) targets for unscheduled care using 2019/20 performance, that closest to the onset of the pandemic, as a baseline. While targets for emergency admissions, unplanned bed days and A&E attendances were met, changes in ways of working and people's behaviour due to the pandemic is more likely to have contributed towards this success.

However, those positive changes in practice which we are uncovering as we evaluate the lessons learned during this extraordinary period can be harnessed to further improve our response to unscheduled care: ensuring we have the capacity going forward to meet the needs of the people of West Dunbartonshire.

Delayed Discharge

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 bed days lost in 2020/21 increased to the 4th highest in Scotland when converted to rate per population.



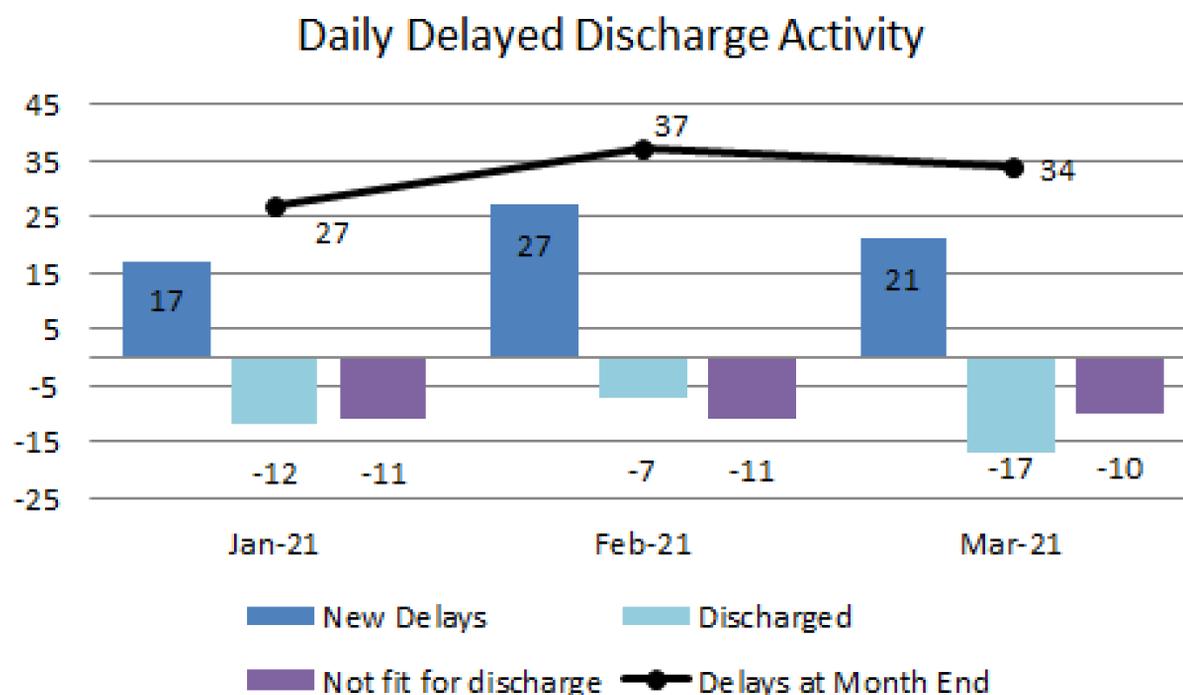
Closure of the Scottish Courts in March 2020 in response to the pandemic clearly had an impact on the ability to discharge people home where AWI legislation applied, however West Dunbartonshire was not unique in this respect. West Dunbartonshire had the 3rd highest proportion of delayed discharge bed days lost to complex cases involving AWI legislation at just under 60%. However those other HSCPs with higher proportions of complex cases than West Dunbartonshire did not see this converted into higher rates of bed days per population. In relation to a lack of services within the community there have been no delayed discharges due to an inability to provide homecare services and homecare is provided by no later than the day after discharge has taken place.

Significant work has been undertaken to identify the root causes of our increased numbers and address any gaps or blockages in our processes including:

- Peer review with Glasgow City HSCP to identify any inconsistencies and seek opportunities for improvement.
- Review of the internal AWI process and the setting of agreed timescales for each part of the process within our control.
- Additional Mental Health Officer and Agency Social Worker capacity.
- Weekly meetings established across the Hospital Discharge team, Mental Health and the Council's Legal Services to progress AWI discharges.
- Weekly meetings with NHS Greater Glasgow and Clyde discharge co-ordinators to review all delays.
- Weekly meetings with Vale of Leven Hospital to review delays.
- Additional capacity to improve daily reporting.

Further work in 2021/22 will involve the development of detailed chronologies for AWI discharges to identify any patterns or potential solutions and the design of a West Dunbartonshire awareness campaign in relation to Power of Attorney and Guardianship.

Despite the difficulties presented by Covid, Hospital Discharge staff continue to deliver a hospital in-reach role, identifying patients, through hospital dashboards, who have been in hospital for 10 days or more. These patients are proactively engaged with to gain an understanding of their needs and wishes and are tracked by staff through any ward or hospital transfers with a view to supporting discharge as soon as they are medically fit.



The number of people with a delayed discharge peaked mid-February 2021 and the above demonstrates the volume of new delays and discharges being managed by the Hospital Discharge Team. Where a person becomes medically unwell again they are removed from the delayed discharge dashboard as 'not fit for discharge' but often a great deal of planning and communication with families will have taken place with a view to discharge before the person has reached this stage.

Addiction Services

West Dunbartonshire Alcohol and Drug Partnership continue to deliver services across the local authority area in line with the Scottish Government's Rights, Respect and Recovery Strategy. The four priorities of which are:

- Education, prevention and early intervention on alcohol and drugs
- A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths
- A whole family approach on alcohol and drugs
- A public health approach to justice for alcohol and drugs

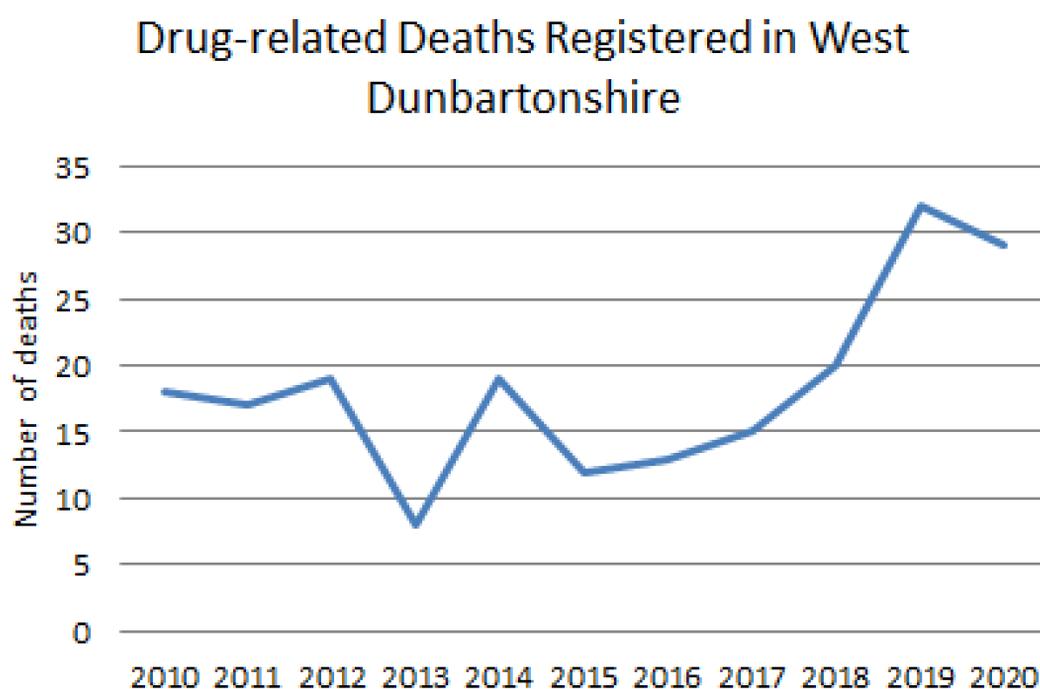
During 2020/21 there were 851 referrals to addiction services including WDHSCP community addiction teams and our third sector partners Alternatives West Dunbartonshire and Dumbarton Area Council on Alcohol (DACA).

The Scottish Government standard is that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. Within West Dunbartonshire performance has exceeded 95% throughout the year with a final annual figure of 96.6% receiving treatment within the timescale.

The pandemic and associated restrictions saw the team quickly adapt to new ways of service delivery. The assertive outreach service continued to be delivered by a team of health and social care staff to the most vulnerable and high risk adults with chaotic and complex drug and alcohol use, often with co-existing mental health issues, to support their engagement with services. This was a mixture of face to face, telephone and Attend Anywhere appointments. The team also continued to support the Special Needs in Pregnancy (SNIPS) multi-professional model of care to vulnerable women throughout their pregnancy and post-birth. This intensive support is offered by a dedicated Addictions SNIPS worker.

The number of drug-related deaths in Scotland was published in July 2021 and has risen dramatically from 485 in 2010 to 1,339 in 2020: an increase of 176%. Public Health Scotland have recognised the challenges of tackling drug deaths during the pandemic and have also highlighted that the pandemic has brought many of the factors contributing to drug deaths more sharply into focus: deprivation, isolation, financial uncertainty and digital exclusion. Almost 73% of 2020 drug deaths were of males and the average age of those who died was 42.6 years.

Drug deaths within West Dunbartonshire are roughly in line with the national pattern and when average figures for 2016-2020 are converted to a rate per 100,000 population, West Dunbartonshire has the 7th highest rate of drug-related deaths in Scotland. A local drug death prevention group has been formed to tackle drug deaths within the area. It will utilise data and local intelligence to inform service provision going forward.



During 2020/21 the Scottish Government announced additional funding to tackle drug deaths and West Dunbartonshire have been allocated just under £80,000 for the following:

- Just under £46,000 for residential rehabilitation placements offering different rehabilitation treatment options
- Further development of the Navigator Project initially funded by the Drug Deaths Taskforce providing rights-based advocacy training to staff to ensure they can advocate on behalf of people who may have multiple and complex needs and will target people with an unplanned discharge from services to ensure they can access services if required.
- The development of a mobile harm reduction unit providing access to wound care, increased access to Blood Borne Virus testing and increased access to Naloxone which can be used to counteract opioid overdose. The mobile unit will be leased over a 4 year period and will be located within communities where drug harms and drug deaths are occurring.
- £7,500 further investment into non-fatal overdose pathways within the Greater Glasgow and Clyde and local area to support localised responses to the NHS Greater Glasgow and Clyde pilot located within Glasgow.

As part of our commitment to a Whole Family Approach, joint work was undertaken with Children's Services colleagues to develop and co-produce a Parental Capacity, Strengths and Support Assessment. This assessment integrates wellbeing indicators and focuses on the adult service user's strengths and achievements as well as pressures and areas for improvement in relation to their child's wellbeing. This will be embedded fully into current practice of all health and social care staff in July 2021.

The Scottish Government's public health approach to justice aims to ensure equivalence of support in criminal justice settings. A further development during 2020/21 was the co-production of an Arrest Referral Scheme. Funding for this project was secured through additional Scottish Government funding. West Dunbartonshire Council, incorporating WDHSCP have commissioned Alternatives West Dunbartonshire Community Drug Services and Dumbarton Area Council on Alcohol (both jointly identified as "the Providers") to deliver a Drug Deaths Task Force-funded arrest referral service for adults in West Dunbartonshire whose life is adversely affected by substance misuse.

The arrest referral service will support adults in West Dunbartonshire who find themselves in police custody and/or the justice system as a result of offending behaviour associated with, or influenced by, substance use including alcohol. The service will facilitate the engagement, informing and enabling of people in custody to secure timely, managed access to specialist addictions support services within West Dunbartonshire and in doing so, will help reduce the risk of harm for people whose lives are adversely affected by their substance misuse.

Child Protection and Looked After Children

To help protect our most vulnerable and at risk children and young people, 2020/21 saw the development of a local Child Protection (CP) dataset in line with the format of the national CP minimum dataset created by the Centre for Excellence for Children's Care and Protection (CELCIS). These indicators were developed and agreed with CELCIS following extensive consultation with CP Committees and national partners that include the Scottish Government, Care Inspectorate, Scottish Children's Reporter Administration (SCRA), Police Scotland and NHS/ISD Scotland. The dataset aims to provide CP Committees with intelligence about our vulnerable children and young people and the workings of our local child protection system. Going forward it should support improvement activities as the data helps to highlight local issues and priorities. The data will also monitor the impact of new approaches and improvement activities and increase the opportunities to benchmark and learn from other CP Committees.

The dataset was implemented in a highly unusual year where children and young people have been adhering to strict Government restrictions, home-schooling and generally spending more time at home with their families or carers and without the same levels of oversight as previously. To that end weekly monitoring of CP registrations and face-to-face contacts with Social Work, Health or Education professionals has been gathered from each local authority since mid-April 2020. A particular concern was registrations where domestic abuse was a factor, acknowledging the pressures on vulnerable families during lockdown.

There were 38 children registered on the CP Register at March 2020. This increased significantly in the first phase of the pandemic, peaking at 66 mid-July to mid-August and gradually dropping down to 40 at March 2021. The most noted concern reported for children at the time of child protection registration was domestic abuse: 53% of all factors noted in registrations. Parental mental health was the next most reported concern and represented 41% of all factors noted at registration. Both of those showed an increase on the previously reported academic years of August 2018 - July 2019 and August 2019 - July 2020. Lockdown pressures are widely perceived to have had an impact on perpetrator behaviours and mental health problems in children, young people and their parents. The impact of school closures and restrictions on interacting with others outwith the family home will have also impacted on the mental and emotional wellbeing of children, young people and their families.

Despite the challenges experienced since March 2020, services have continue to work together to reduce the risk to children and young people. This has been achieved by convening additional CP Committee meetings to monitor Covid-19 related issues.

Due to the impact of the pandemic, there was reduced capacity to develop and deliver training and learning sessions as well as additional complexities around the virtual nature of training which limited methods of interaction. To address this, the training subgroup of the CP Committee is taking forward a range of activities to support the multi-agency workforce. This includes the development of a training strategy, completing a training/learning needs analysis and sharing learning resources between multi-agency partners.

The Scottish Children's Reporter Administration moved children's hearings from face-to-face to virtual hearings as a response to the pandemic. Despite some challenges with technology, meeting the needs of those most vulnerable and at risk children has been achieved and all orders have been reviewed and emergency transfers, along with Child Protection Orders, have been ratified at children's hearings. Plans are in place to deliver virtual hearings on a new, more stable IT platform in 2021/22 along with the gradual return to face to face hearings as lockdown eases.

Partners have worked well together to improve access to digital means of communication, for example by providing iPads to vulnerable families to ensure they could engage in children's learning. This also assisted families in continuing to receive contact from agencies, whether by virtual support or attending meetings such as CP case conferences where meeting the 21 day timescale was particularly challenging in 2020/21.

The most vulnerable children in West Dunbartonshire have continued to receive robust support from our partners and young people with emotional wellbeing issues have been prioritised. Our Specialist Children's Services focused on a quick response for those young people with mental health problems who were most at risk. In addition, visits were also made to families to ensure they had the resources they needed prior to lockdown, to minimise the negative impact lockdown would cause.

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 HSCP supports children and families through effective early intervention, prevention and providing families with the support they need, when they need it. We strive to increase the proportion of looked after children and young people who are looked after in the community, to help them maintain relationships and community links, which may result in better outcomes.

There were 502 looked after children in West Dunbartonshire at March 2020. This number steadily increased as the pandemic progressed peaking at 515 late September 2020. As with CP registrations, this number dropped over the ensuing months and stood at 491 in March 2021. The HSCP's local target is that at least 90% of looked after children are looked after in the community. This target had been exceeded since September 2017 however as overall numbers fell this proportion slipped below 90% during February and March 2021. This was due to the fact that the majority of children and young people whose orders were removed were those living in the community while there was a small increase in residential placements.

In line with our equalities monitoring, we also monitor the proportion of children from Black and Minority Ethnic (BAME) communities who are looked after in the community. Although there is a slight variance against the overall figure, 73.3% at the end of March 2021 against 89.2% for all looked after children, the numbers of

BAME children are very low therefore small changes in numbers will see percentages fluctuate more significantly. Looked at overall, 3% of looked after children are from BAME communities and 2.5% of all children looked after in the community are BAME. This 0.5% difference while slight will continue to be monitored.

Our looked after children and young people have continued to receive high levels of care and support during the pandemic, with services adapting and taking innovative approaches to minimise the impact of Covid-19 restrictions. Within our three children's houses, staff continued to provide reassurance and the best possible care to children and young people within a homely, loving environment.

Staffing levels were impacted by the occasional need for individuals to isolate however close working with Public Health Scotland was invaluable in the early months to provide guidance and reassurance that all measures to manage the impact of Covid-19 to reduce transmission were being implemented successfully. In addition to necessary physical changes, it has been particularly important to provide emotional support and continuity for our children and young people.

Staff continued to maintain strong links with families, social work teams, Young People in Mind (for mental health and wellbeing support), the Children's Reporter and other key services. They have also supported our children and young people with online learning and with the impact of loss of routine due to Covid-19 restrictions.

Although no formal inspections took place, regular contact continued with Care Inspectorate colleagues, during which no issues were identified which would have impacted on the inspection grades previously achieved.

Despite the challenges of the past year, there have been a number of achievements, including:

- Supporting young people to return home and maintaining links with staff and other young people
- Review of staff supervision arrangements
- Activities to support young people's wellbeing and learning
- Eco garden project
- Equine supported learning project
- Cycling proficiency certificates awarded to young people
- Cultural awareness days
- A number of young people secured places on or completed college courses and secured employment

To assist children moving into our children's houses and other care settings, the service worked with the Scottish Throughcare and Aftercare Forum (STAF) to introduce wellbeing boxes for every child who moves to a care setting. This included research-based, well considered items to help a child or young person feel more secure in those early days. Initial feedback has been positive and, as part of the commitment to The Promise, training is being rolled out across residential staff, social workers and foster carers. The team will continue, with children and young people, to review and improve the initial experience of moving into care settings.

The Promise Scotland is responsible for driving the work of change demanded by the findings of the Independent Care Review. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can **#KeepThePromise** it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, able to realise their full potential.

During 2020/21, the HSCP's Family Placement service, continued to assess people wishing to be foster carers, adoptive parents and supported carers. The service has also provided support and training to existing carers and, despite the pandemic, there has been a steady, positive interest in both fostering and adoption across West Dunbartonshire.

Staff have developed alternative ways to work with carers and prospective adopters such as regular online support meetings and informal drop-in sessions to enable carers to come together for peer support and to share views around a variety of issues, including those arising from Covid-19. All foster carer reviews took place within timescales and the team has used this learning to schedule all reviews for the year ahead, ensuring support, evaluation and oversight of fostering placements.

Our carers have always been a significant support to our children and over the past year their dedication in difficult, unprecedented circumstances has been outstanding. They have coped well with additional demands which arose from periods of isolation, home schooling and unpredictable developments within some children's care plans. Carers have navigated these with limited face-to-face contact with professional supports and have worked tirelessly to ensure that children's experiences have been positive and that their wellbeing and interests continue to be met.

Activity to engage new carers and adoptive parents has continued using virtual training and engagement sessions including home study assessments for new carers/adopters. Staff have worked imaginatively with children and carers to enable them to make connections with new 'forever families' through adoption. Despite the challenges, this led to positive outcomes and these new ways of working will be consolidated into custom and practice for the future. This will reflect the principles of The Promise, recognising the need for children being able to remain in their local area.

The adoption service has continued to work co-operatively with other local authorities and approved voluntary sector agencies to identify families for children. During 2020-21, a number of permanent family destinations have been found, with more children in pre-adoptive placements awaiting legal support to move to adoptive homes.

Case Study: Collaborative Working



West Dunbartonshire Covid Assessment Centre

West Dunbartonshire was the first HSCP within NHS Greater Glasgow and Clyde to open a Covid Assessment Centre to help combat Covid-19 by providing a local service to assess people presenting with symptoms. West Dunbartonshire hosts two of the four Covid Assessment Centres currently in operation across Greater Glasgow and Clyde.

West Dunbartonshire's Covid Assessment Centres in Clydebank and Renton have been a success story of collaborative working between the employees of West Dunbartonshire's HSCP Community Treatment and Care Service and local GP practices, who came together to ensure the residents of West Dunbartonshire's health needs continued to be met over the course of the pandemic.

This appointment only hub ensures that Covid-19 symptomatic people and those self-isolating due to close contact can be assessed and treated within the local community. The Covid Assessment Centre is supported by patient transport services to ensure all residents who have mobility issues are still able to access this service. In addition to this, close links have been developed with Acute Services' Specialist Assessment and Treatment Area, in order to expedite patients who require further investigation following their Covid Assessment Centre assessment.

This interpersonal working relationship benefited over 1,000 residents of West Dunbartonshire during 2020/21 and continues to date. It has assisted in ensuring hospital capacity is used for those with the most serious illnesses and helped reduce the exposure of patients at GP surgeries. It also allows GPs to focus on providing care to patients with other complex health issues.

Priority 2: Access

New Care Home and Health and Care Centre

Queens Quay, the HSCP's new care home for older people in Clydebank, welcomed its new residents in December 2020. Work had been paused at the site due to the Covid-19 pandemic in March 2020 however was able to resume in May 2020. Queens Quay provides residents, their relatives and staff with a modern living and working environment which enables better person-centred care within more eco-friendly facilities. Although all HSCP day care services were paused in 2020/21 due to the pandemic, the care home also incorporates a range of health and care services including therapeutic and rehabilitative facilities as well as social and recreational activities for the use of residents and day care users.

Another feature of the exciting new developments at the Queens Quay site is the new Health and Care Centre. The new three storey healthcare facility will bring together six local GP practices to serve 40,000 members of the local population. In addition to GP services the new centre will accommodate district nurses, health visitors and social work, and dental and podiatry departments to provide a full range of enhanced healthcare on site. Again work was paused temporarily during the pandemic but since returning to the site progress has been excellent and the contractor has indicated that the HSCP will receive the building mid-November 2021. Once completed this will begin the 8-10 week commissioning period where the building will be fitted out with furniture, fittings and IT systems to be able to welcome GP practices, HSCP staff and patients into our new modern facility at the heart of the new Queens Quay development towards the beginning of February 2022.



Supporting People to Die at Home

The HSCP's integrated palliative care services care for the increasing number of people with complex long term conditions and palliative care needs: giving people the choice of being supported in the place most appropriate to them when it comes to the end of their life. District Nursing services work closely with Care at Home staff to provide a sensitive and responsive model of care to support people to remain at home with their families where possible and where this is their wish. This has been particularly important during a global pandemic where people requiring palliative care and their families have been concerned about the risk of infection and admission to hospital where strict visiting restrictions have been in place.

All palliative and end of life care patients have an Anticipatory Care Plan and an electronic palliative care summary which is shared with hospital acute services and the Scottish Ambulance Service and additional support is provided from specialist nursing e.g. Diabetic Specialist Nurses, COPD Nurses and Pharmacy teams as requested.

During 2020/21, 72% of all people being supported by palliative care services were cared for and supported to die at home. While we strive to ensure people die in their chosen place of care, and most choose to die at home, this plan needs to be adaptable, and for some people the safest place of care to ensure prompt symptom management can be within a hospital setting. We also need to care for carers, and occasionally admissions can happen due to the sense they may have of being overwhelmed by their role at such an emotional time, particularly if the symptoms their loved one is experiencing are significant.

Case Study

Patient A was referred to the District Nursing team for palliative care. On initial assessment by the District Nurse (DN), Patient A's main concerns were identified as loss of mobility and the risk of Covid-19 infection. The DN in conjunction with Patient A and his family members constructed a plan of care to address these concerns.

Loss of Mobility

Due to his condition, Patient A had become bedbound. The DN identified that he would benefit from a hospital bed with a pressure relieving mattress in order to maintain skin integrity, allow him to mobilise from a lying to sitting position with ease and to assist nurses, carers and family when carrying out moving and handling procedures. In order to transfer Patient A from his current bed to a hospital bed a hoist would be required to carry this out safely. Unfortunately the layout of Patient A's room meant that it would not support all of the equipment in the room at the same time. The DN consulted with Occupational Therapy who agreed with this stance. Patient A was then concerned that in order to be cared for safely a long term care facility may be more suitable. Patient A's stated wish was to remain at home.

In order to accommodate Patient A's wishes the DN at this time consulted with Patient A and his family, Home Care Services and Equipu, who provide Occupational Therapy equipment to the HSCP, to ascertain if there was an alternative solution. Equipu suggested that any hoist provided to enable the transfer from one bed to another would need to be dismantled before entering the room, reassembled in the room, used for the purpose of transfer, then dismantled again and removed from the premises. All services agreed at this time to move forward with this plan and dates and times were agreed across all services taking into consideration the current restrictions imposed by the Covid19 pandemic to carry this out. Patient A was moved safely without issue due to this collaborative approach.

Risk of Infection Covid19

Patient A and his family had identified a main concern at this time was the increased risk of Covid19 being brought into the home environment by District Nursing and Home Care staff who visited on a daily basis. Both of these services were crucial in allowing Patient A to remain at home. Home Care were visiting 4 times daily for personal care and positional changes, District Nursing Service visited at least once daily for symptom management and support. The DN coordinating Patient A's care liaised with the Home Care Organiser to ensure that services visited at predetermined times and where possible the same staff would carry out visits in order to reduce footfall in the house.

The DN explained and reassured Patient A and his family that control measures were being put in place to reduce the risk of being infected by Covid19. This included the Personal Protective Equipment (PPE) that would be utilised at each visit by both services; infection control measures of hand washing/sanitising and wiping of equipment before and after use with recommended 70% alcohol wipes; social distancing of 2 metres where possible; and safe disposal of PPE and any other items that were required to be discarded after each visit. The DN encouraged Patient A's family to be involved with preventative measures and they were happy to engage with this by providing a designated bin, equipment storage area and designated work space.

Patient A's preference to remain at home safely and comfortably till the time of his death was achieved due to the collaboration of multiple services. Family members of Patient A provided positive feedback with regards to the successful management and delivery of his care.

Musculoskeletal Physiotherapy Service



Musculoskeletal (MSK) conditions affect bones, joints, muscles and tendons and interfere with people's ability to carry out their normal activities. They range from those conditions that arise suddenly and are short lived, such as fractures and sprains; to lifelong conditions associated with ongoing pain and disability.

MSK conditions can significantly limit mobility and dexterity, leading to early retirement from work, reduced accumulated wealth and reduced ability to participate in social roles. These conditions are the second largest contributor to disability worldwide with low back pain being the single leading cause of disability globally.

MSK Physiotherapists have expertise in the assessment, treatment and prevention of muscle and joint conditions. They employ advanced clinical assessment and diagnosis methods and have been trained in a broad range of treatment techniques to help patients recover and return to normal activities. They also have a vital role in preventing ill health, maintaining mobility and encouraging older patients to remain active, thus contributing to falls prevention.

MSK Physiotherapists are highly skilled in assessing and treating people with physical problems caused by accidents, ageing, disease or disability. They aim to:

- Totally relieve or reduce pain
- Provide strategies to manage injuries or conditions
- Help patients recover quicker and return to normal activities
- Help prevent future injuries
- Assist patients to achieve their goals
- Improve flexibility, muscle strength and quality of movement

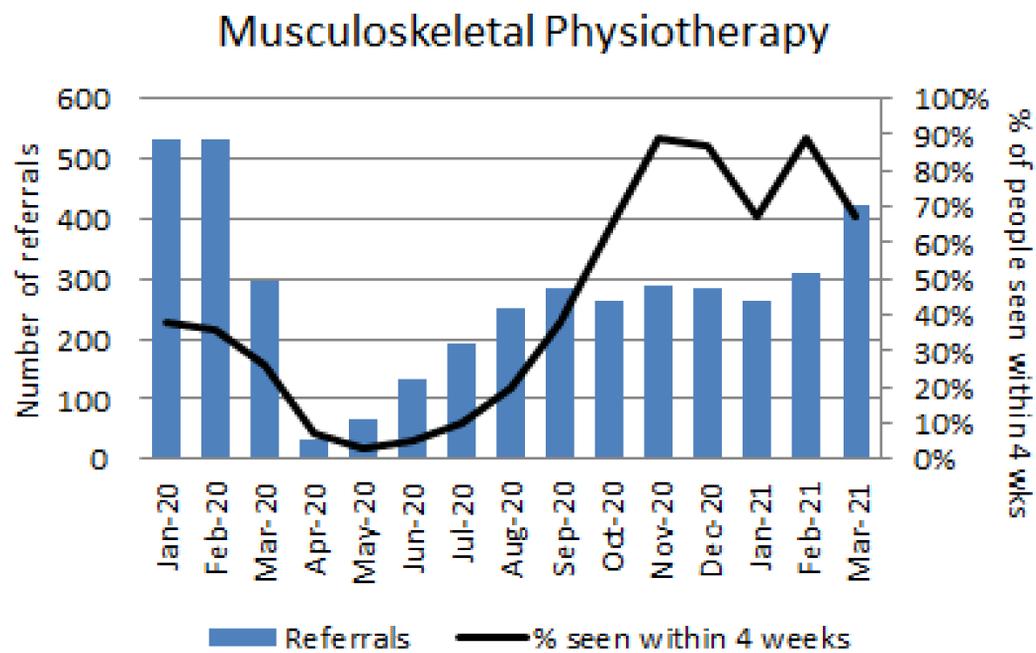
The NHSGGC MSK Physiotherapy Service is hosted by West Dunbartonshire HSCP on behalf of all HSCPs within Greater Glasgow and Clyde and the Acute Service Division of NHS GGC. The MSK Physiotherapy Service Manager reports to the Chief Officer of West Dunbartonshire HSCP and the service is included within the HSCP's development plans and governance structures.

In March 2020, 26% of people were seen by the MSK service within the target time of 4 weeks. The national target is for 90% of people to be seen within the 4 week timescale. From April 2020 onwards 80% of MSK staff were redeployed to support the pandemic effort. Redeployment was to various locations, primarily to support Acute colleagues, but also to support Community Assessment Centres; the Covid vaccination programme (including inpatient vaccination, prisons and mass vaccination clinics); and to a lesser extent Community Rehabilitation teams.

In reaction to the pandemic, referrals to the service reduced significantly and while accepting all referrals, initially only those patients deemed to have a life altering condition were assessed and treated. All urgent referrals were seen within the 4 week target time, predominately by Virtual Patient Management in the first instance to minimise face to face contacts.

By July 2020 remobilisation plans were underway and the service recommenced routine appointments and some face to face provision based on clinical decision making and clinical need. Due to the ongoing infection control and social distancing requirements, face to face capacity in Physiotherapy sites across Greater Glasgow and Clyde was around 30% of normal service provision mid-year. Capacity for face to face consultation was increased when the service began to provide clinics within the NHS Louisa Jordan Hospital which was temporarily set up in the Scottish Event Centre (SEC) in Glasgow to assist with the pandemic response. This boosted face to face capacity to just over 50% and typically 1,000 patients a month from across Greater Glasgow and Clyde were seen at the Louisa Jordan Hospital which was closed in March 2021. The service was also able to provide student placements within the Louisa Jordan which meant that Physiotherapy students had no delay in graduation as a result of the pandemic.

Although referral numbers initially plummeted in Spring 2020, they increased steadily over the year roughly in reaction to Covid case numbers and restriction levels. While receiving around half of pre-Covid levels of referral and with depleted staff numbers, the service managed to effectively tackle the challenge of waiting times, significantly increasing the proportion of people waiting less than 4 weeks. The service was able to meet the Allied Health Professionals waiting times target of 90% patients being seen within a 4 week period.



During March 2021 referrals were back up to almost pre-pandemic levels. The majority of staff had returned from redeployment meaning an increase in new patient appointment capacity. However, 18 staff were still redeployed to support Acute at this point with return to the service forecast for May 2021.

First assessment for the majority of patients remains by Virtual Patient Management (i.e. telephone). Thereafter patients are escalated to “near me” or face to face appointments based on clinical need. The service is still limited to just over 30% face to face capacity due to ongoing social distancing requirements. This will only be addressed when there is a shift in Scottish Government requirements.



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.

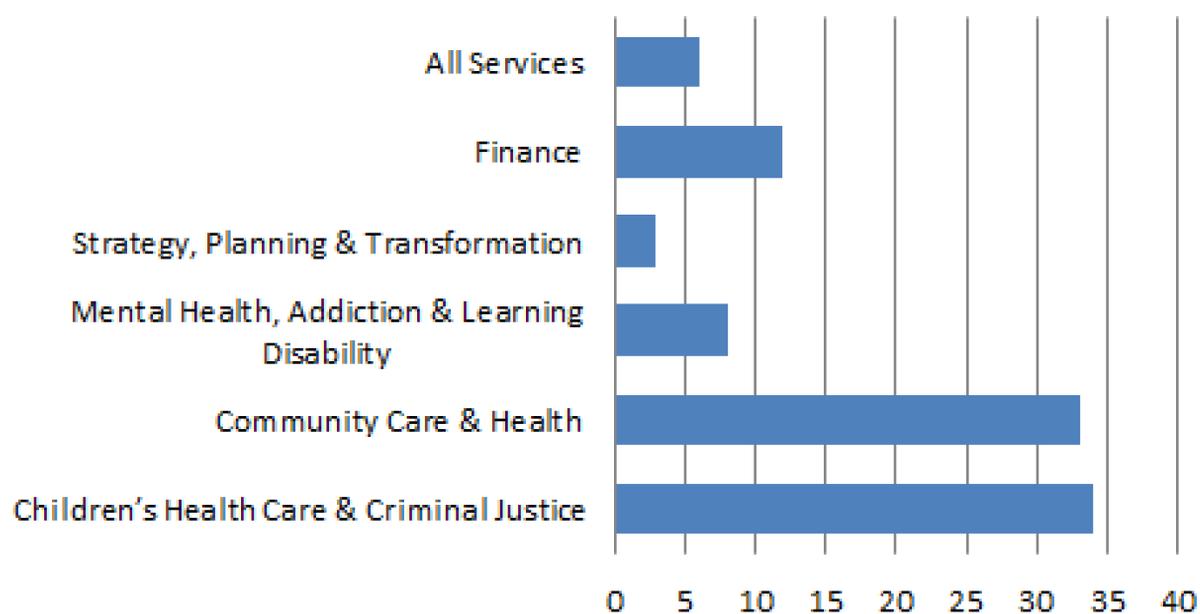
Through television, newspapers and social media, people's right to request information under FOISA and the power of national or locally aggregated information can have, has become widely known. Public authorities can refuse to provide information under very strict exemptions contained within the Act 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 96 Freedom of Information requests relating to HSCP services received in 2020/21, a drop of 50 on the previous year. This decrease may have been a result of the pandemic although there were a number of requests which were either directly or indirectly related to Covid-19.

The Coronavirus (Scotland) Act 2020 (the Coronavirus Act) made temporary amendments to a range of legislation, including FOISA. The Coronavirus Act initially increased the maximum timescales within which Scottish public authorities must respond to FOI requests, including requests for information and requests for review, from 20 to 60 working days effective from 7th April 2020. However, this change was later removed by the subsequent Coronavirus (Scotland) (No.2) Act 2020 on 26th May 2020 and the 20 working day timescale reinstated.

Of the 96 requests, 74% were responded to within the timescale when measured against 20 working days with most delays involving complex information, information being requested from services under pressure due to the pandemic, or information 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 information.

Freedom of Information Requests 2020/21



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 2020/21 the HSCP received 79 SARs, slightly lower than the 95 received in the previous year. 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 2020/21.



Priority 3: Resilience

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) in West Dunbartonshire are a multi-disciplinary team consisting of Psychiatrists, Clinical Psychologists, Nurse Therapists, Allied Health Professionals and other disciplines, for example Family Therapist and Business support. The team offers assessment and intervention for children and young people 0–18 years who are experiencing moderate to severe mental health difficulties. CAMHS provides the following services:-

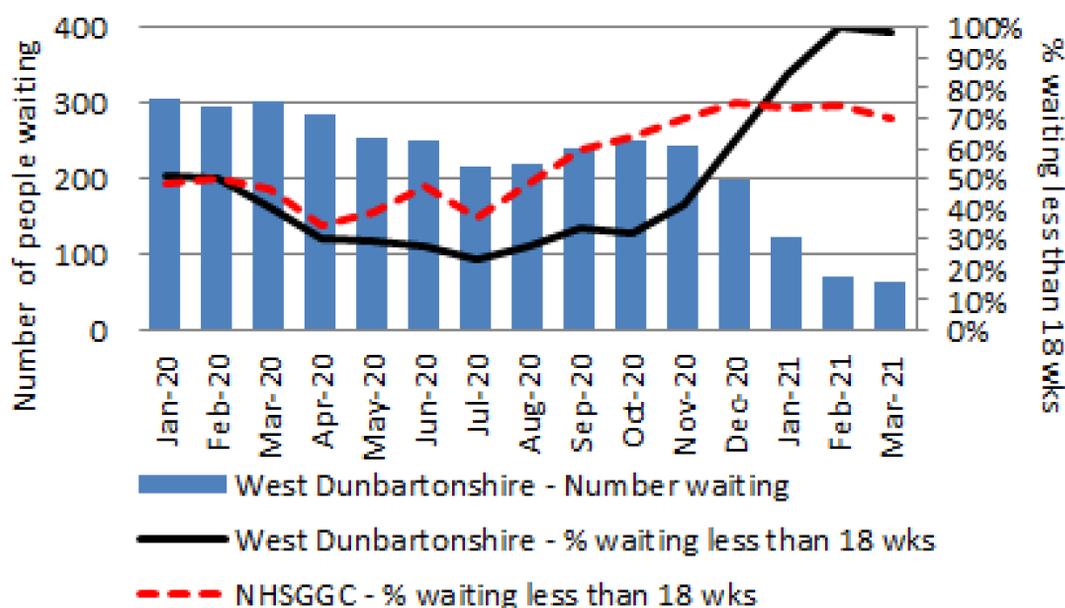
- The assessment and treatment of psychiatric disorders and moderate-severe psychological difficulties in childhood and adolescence which may be evidenced in challenging behaviour. This may be delivered directly to children and young people with the support of parents/carers or staff working directly with the young person.
- Consultation and liaison with health professionals and with other agencies working with young people and their families.
- The provision of teaching and training for medical undergraduates, psychiatric trainees, and other professionals involved in working with children and young people.
- The provision of a medico-legal and forensic service such as providing reports to the children’s panel and to the courts whilst children and young people are part of the CAMHS service.
- Participation in audit, service review, and research activities.

CAMHS aim to see 90% of all young people for treatment within 18 weeks of referral. In March 2020 there were almost 300 young people waiting for treatment and 54% of them had been waiting longer than 18 weeks: the average wait for treatment was 21 weeks.

With the onset of the pandemic CAMHS, in common with other HSCP services, moved to telephone and video appointments and consultations. NHS Near Me (Attend Anywhere) had been implemented across Greater Glasgow and Clyde CAMHS services during 2019/20 which facilitated this transition.

Referrals to the West Dunbartonshire service averaged 40 per month during 2019/20. In April 2020 to August 2020 monthly referrals dropped to an average of 22. From September 2020 however average monthly referrals rose to 47, peaking at 81 in March 2021, the highest number of monthly referrals since reporting began in 2011/12. This was towards the end of a protracted period of Level 4 restrictions within West Dunbartonshire stretching back to 20th November 2020 with only one week’s relaxation during the festive period.

Child and Adolescent Mental Health Services



2020/21

524 First Appointments
2,825 Return Appointments

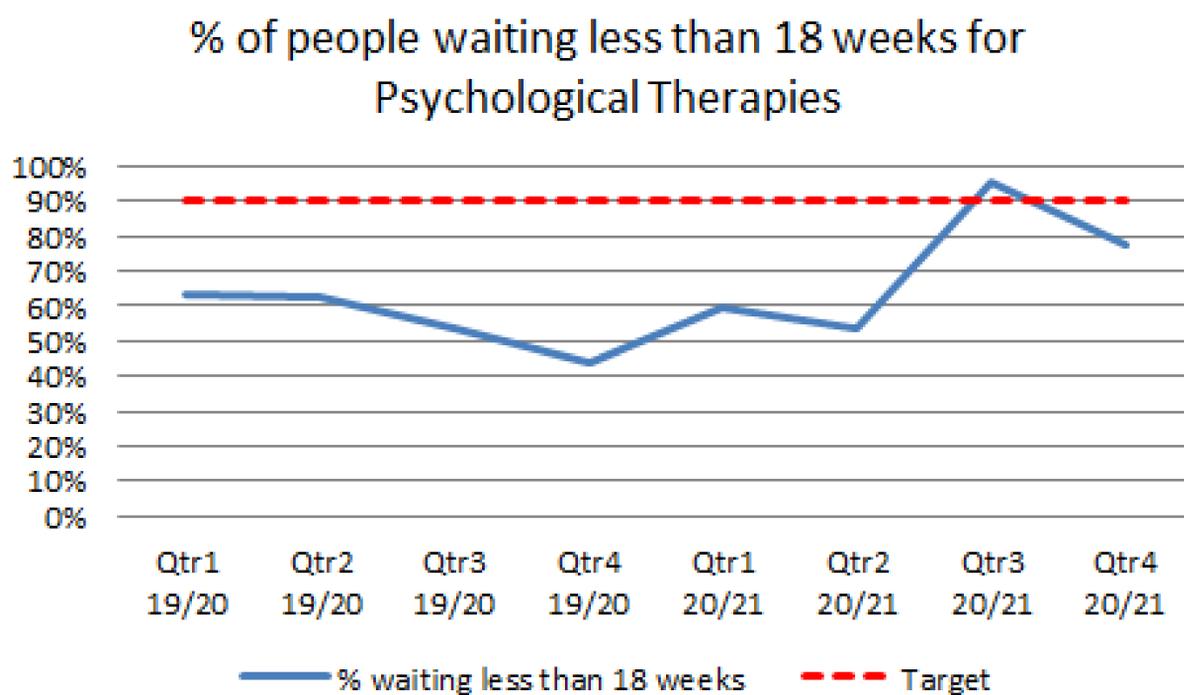
West Dunbartonshire Health and Social Care Partnership

Waiting times peaked April to September 2020 with an average wait of 27 weeks during this period. In November 2020 a Waiting List Initiative was commenced to reduce waiting times for young people to be seen within the target. This initiative saw the proportion of young people waiting less than 18 weeks increase from its lowest point in July 2020 of 24% to 100% in February 2021 exceeding NHS GGC wide performance which stood at 74% at the same point.

Substantive staffing capacity stabilised and additional staffing was funded during the year which included an additional experienced Band 7 nurse who was pivotal in leading the improvements around the Waiting List Initiative. The Scottish Government has confirmed additional funding to support CAMHS and a workforce plan is underway to sustain progress and enable continuous improvement.

Psychological Therapies

The Primary Care Mental Health Team have continued to focus on meeting the Psychological Therapies target of delivering treatment within 18 weeks of referral. Staff capacity and increasing demand on Mental Health services have meant targets have proved challenging longer term.



The percentage of completed waits within the 18 week timescale hit a low of 43.6% in January to March 2020. However 2020/21 saw the majority of psychological work being delivered by telephone or Attend Anywhere which increased service capacity to meet the growing demand for assessments, particularly in the Primary Care Mental Health Team. The national target of 90% was exceeded in October to December 2020.

An internet enabled Cognitive Behavioural Therapy service was made available across NHS Greater Glasgow and Clyde early 2021 and additional staff from NHS Greater Glasgow and Clyde's OPTIMAL Psychology Team commenced two sessions per week from February 2021 to assist with waits within Older People's Mental Health services. Recruitment to a vacant Clinical Psychology post should also reduce waits moving forward.

Throughout 2020/21 we have continued to review the configuration of psychological therapies in West Dunbartonshire, including ongoing negotiations to develop a new Consultant Psychologist post to cover the Primary Care Mental Health Team and Helensburgh, to increase capacity and improve access to therapies in these teams.

Mental Health services adapted and transformed in response to the Covid-19 pandemic from March 2020 onwards, introducing remote team working and enhanced digital technology including remote service user video conferencing.

During 2020/21, there were 4,838 referrals to Mental Health services, an increase of 4.9% on the previous year. This rise is less than in previous years and may be a result of lockdown. Latterly referrals during March 2021 began to increase, compared to the same period in the previous year.

Despite Covid restrictions, 53,378 service user appointments were offered, an increase of 26.1% on the previous 12 months. Different methods of contact were adopted, including telephone and video contact via the NHS Near Me model and the service continued to provide an immediate same-day response service to known service users. The team were also responsible for providing isolation and support welfare calls to people who received a positive Covid-19 test result.

The HSCP supported the development of Mental Health Assessment Units, where all emergency mental health referrals from Police, the Scottish Ambulance Service and GPs will be routed instead of attending Emergency Departments. This service will operate 24 hours, 365 days a year and has an in-reach capability, with unscheduled care staff being able to attend homes or community sites as necessary. The service will have direct medical supervision and is an enhanced service from previous unscheduled care provision.

During 2020/21, the peer support worker role, commissioned from a third sector partner, enabled individuals to make better links with community assets. This development will be monitored going forward to measure the impact on discharge from statutory services and supporting self-recovery.

Mental Health Services also commenced a non-medical therapist service that provides mentalisation-based therapy for people with a borderline Personality Disorder in 2020/21. Two additional staff are delivering this enhanced service provision.

Learning from the pandemic is reflected in the service's recovery plan which includes extensive review of systems following staff consultation and process mapping. An example of this is how new requests and existing clients' needs are reviewed by an Area Resource Group to support social care needs within the model of Self Directed Support. This enhanced governance process for social care packages has supported the team to meet demand alongside the introduction of a revised policy and new eligibility criteria in addition to the newly developed assessment tool 'My Life Assessment'.

The Covid-19 pandemic had a very significant impact on statutory activity related to interventions under the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2003. In terms of the Adults with Incapacity (Scotland) Act 2000, there was a suspension of all but the most urgent Sheriff Court business during the initial lockdown period, April to August 2020. A small number of applications were processed and orders granted on the basis that the welfare of individuals was considered to be significantly compromised should statutory measures not be in place. The consequence of this suspension in activity was a considerable backlog of applications and renewal applications which had to be addressed once court restrictions started to ease. This inevitably impacted upon the MHO service resource, where prioritisation of cases was based on those individuals in need of immediate attention, notably where a Guardianship Order was required to facilitate the discharge of a person from hospital.

Some provision was made within temporary amendments to legislation to process, among other things, statutory interventions, as outlined in sections 16 and 17 of the Coronavirus (Scotland) Act 2020. The team ensured adherence to all relevant legislation and good practice guidance and continued to liaise closely with key partners, particularly colleagues in the Council's Legal Services team.

Interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 decreased markedly during the initial lockdown period. Subsequent to the easing of restrictions, there was a significant increase in activity, albeit not unexpected and is likely to be due in part to the impact of the pandemic on people with existing mental health conditions and those who were unknown to services but found the circumstances of the pandemic to be challenging.

One impact of the pandemic was the decrease in community support provision which impacted on care packages. Reduced home support services, closure of day centre provision, and respite services are likely to have contributed to the wider impact on people's mental health and wellbeing needs and increased reliance on carers and informal support networks.

Vacancies in the MHO team were successfully filled during 2020/21 and the service is once again at full complement. In addition, a social worker from another team successfully completed the MHO training programme and will be eligible to practice.

Young People in Mind

The aim of the Young People in Mind (YPIM) service is to promote the mental health and wellbeing of West Dunbartonshire's children and young people who are looked after/accommodated (LAAC). The service assists foster carers, residential house staff, and other key link professionals to gain awareness, understanding and essential skills in supporting these children and young people. In recent years the service has been extended to support young people in the geographical area who are vulnerable to homelessness. This includes young people who are homeless, living in supported accommodation, or at risk of becoming homeless.

New referrals that meet the basic criteria for referral i.e. West Dunbartonshire child who is LAAC, post Adoption, or open cases to Alternatives To Care are initially offered a professional and carers consultation only. This is used as an information gathering session and to allow clinicians to determine the most appropriate course of action. In addition to this there is ongoing work and intervention with young people who are vulnerable to homelessness and who need support in accessing mental health services or other services suitable to their needs.

Although the aim of YPIM is primarily training and consultation to the networks around our looked after and accommodated young people, there will inevitably be a proportion of young people who will require direct psychological support. YPIM offer one to one psychological assessment and intervention to children and young people on an individual basis including (but not exclusive to) low mood, anxiety, self-harm, emotional regulation, and attachment/trauma.

The team play their part in fulfilling West Dunbartonshire Council's role as corporate parents and over the years have demonstrated this by supporting children and young people to develop trust: patiently working with them to build relationships that might enable future intervention from the team or other services such as Child and Adolescent Mental Health Services (CAMHS) and perhaps other adult mental health services.

While most of our looked after and accommodated children and young people are placed within the local authority area, some are placed with foster carers who live outwith West Dunbartonshire. The team have an understanding of the particular difficulties these young people face and endeavour to offer the same level of service that children and young people accommodated in the local area can expect. This is especially important for young people who do not necessarily meet the criteria for mental health services in the geographical area in which they have been placed.

Traditionally we have supported children placed in these areas by visiting them at home, however Covid-19 travel restrictions meant only the few considered the most vulnerable having face to face appointments in outside spaces. On-line video appointments have been widely used during 2020/21 and are available for foster parents, children and young people.

YPIM have developed good working relationships with foster parents and many will contact the service directly to request support. Providing a space for foster parents to discuss their thoughts and feelings on a whole range of parenting challenges can and does often assist these foster carers' understanding of the child's journey and how they might be communicating their feelings. Foster parents employed by external providers should have access to support and training from their own agency but often benefit from additional support from YPIM.

Towards the end of 2019/20 the service introduced Attend Anywhere, a web-based video conferencing tool which is used to provide video consultations to patients and service users through virtual clinics. Attend Anywhere was designed to offer patients and social service users an opportunity to attend appointments online, freeing up time taken in booking processes and travel that can contribute to waiting times and additional travel costs as well as the logistics of balancing family life.

At that point it was envisaged that this system would be useful to extend to drop in consultations for West Dunbartonshire foster carers and in addition to this we thought it would increase the availability of access to appointments for young people in foster placements outside the local authority area. As the system was being introduced the Covid-19 pandemic took hold and this accelerated use of the technology which has become the key method of appointments and consultations, something which will be of benefit beyond the life of the pandemic. In 2021/22 the service proposes to extend drop in consultations to the 3 Children's Houses and offer these to individual workers, teams and managers. This approach should enhance the consultation model and make it easier to access psychological supports and advice that support the children and young people of West Dunbartonshire.

Foster Carer

The service I have received from YPIM is great, I have had to use the services a lot over the period of the first lockdown and being able to use the NHS attend anywhere service has made this easier for me as I'm a non driver.

All the staff I have had encounters with from arriving at the service to the professionals have been nothing but professional and informative with the information I have been given, I have spoken to the same person regularly and its great as the follow up is with the same person and don't need to repeat things as staff know the case.

Young Person

I have liked going to see A before the lockdown and i was worried about not seeing her for a while. But she phones me every 2 weeks now and it has really helped me. I like telling her my worries so that i dont worry my gran too much. She tells me how to cope with stuff that worries me about covid and how to go to a safe spot when things are bad and my head doesnt hurt as much after i tell A things. she sent gran things online that has helped me with my worries and i know if gran is worried she will phone A too.it is nice to talk to somone else rather than my family and sometimes we just talk about nice stuff. I hope A will still phone me until i can go back and see her once things go back to normal. thank you xxxx :)

Residential Worker

After working directly with YPIM over several years I am delighted to refer to them as the most excellent and beneficial service. Anytime I have contacted them directly when I have a YP in crisis they have offered support and advice immediately and followed this through over the following weeks with both advise for myself as a worker dealing with the crisis but more importantly with the YP offering strategies within the house and sessions for the young people to attend within the acorn centre. I have personally benefitted from the consultations B and her team have offered when dealing with a YP who is not willing to engage with them but their needs are requiring professional input. They offer help via phone calls, input into safety plans and direction tools for us to use when dealing with the young people day to day care.

This is an invaluable service that continues to be our go to agency for advice when dealing with our young people and their trauma.

YPIM also provide support to young people who are homeless or at risk of homelessness. Direct therapeutic work is provided to help vulnerable young adults, who often struggle in engaging with services, to develop improved mental health. Mental health issues that young people have presented with include anxiety, low mood, depression, complex trauma, drug and/or alcohol misuse, bereavement and attachment disorder. Additional factors that impact on service users' mental health and resiliencies can include learning difficulties, sleep disturbance, social isolation and criminality.

Young people who access the service are typically lacking a secure base from which they can access emotional support and guidance with decision making, with the risk of repeated cycles of homelessness being reflective of internal confusion, difficulties with problem solving and goal planning. Lack of practical skills such as budgeting on a low income can impact on self-esteem, often with low expectations of future outcomes. Interventions are tailored to individual needs in order to improve resilience and mental health, with a high level of inter-agency working being essential in creating a secure base.

Young people can be signposted to Child and Adolescent Mental Health Services or Adult Mental Health Service when their presentation suggests that medication, crisis intervention or a multi-disciplinary approach may be required. They may also be signposted to voluntary agencies such as Stepping Stones, Working 4U or Employability Scotland.

During the Covid 19 pandemic direct contact only stopped at the periods when the risk of contagion was at its highest, and fully resumed with the introduction of lateral flow testing. During the high risk periods telephone consultations were offered twice weekly in order to reduce the risk of young people experiencing a deterioration of their mental health due to social isolation.

Learning Disability Services

In 2020/21 Learning Disability Services continued to implement the key recommendations from the national strategy, The Keys to Life and have embedded its four strategic outcomes, Independence, Choice and Control, Healthy Life and Active Citizen, in support planning and care review processes.

The Keys to Life: Launched in 2013, is a joint commitment with COSLA and builds on the success of 'The same as you?' the previous strategy which was published in 2000 following a review of services for people with learning disabilities. The Keys to Life strategy recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by a vision shaped by the Scottish Government's ambition for all citizens.

Everyone – including people with learning disabilities - should be able to contribute to a fairer Scotland where we tackle inequalities and people are supported to flourish and succeed.

People with learning disabilities should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.

The HSCP's integrated approach to service delivery across community health and care, as well as third sector providers, has supported the delivery of effective and targeted specialist services, prioritised around the key aims of people with a learning disability using an outcome-focused approach to promote person-centred assessment and planning. This has been achieved at a time of immense challenge due to the pandemic, which required significant adjustment to service provision to meet client and carer need.

During 2020/21 there were 527 people with a learning disability living in West Dunbartonshire who were known to the HSCP's Learning Disability Services. Support for these individuals ranges from a variety of day opportunities and activities within the community or within Dumbarton Centre; housing support within their own homes; to more complex supports with daily living. As well as HSCP Learning Disability staff, the HSCP commission services from a number of third sector providers such as Key Housing, Cornerstone Community Care, Share Scotland and Enable.

Risk assessments at the onset of the pandemic helped to ensure the most vulnerable people continued to receive support during restrictions and lockdown. This was particularly important when day care provision ceased, albeit the service operated an emergency support for clients in critical need. Some day care support roles moved to enhance this community support whilst frontline services such as housing support, supported living and care at home continued to offer face-to-face contact.

Carers in particular have had to meet the challenge of reduced day care services and the service sought to support them during this time, whilst also recognising their resilience and capacity to navigate the challenges of lockdown and restrictions over the past year. Meanwhile, the Work Connect service supported the wider community through the Council's resilience group, including welfare calls and food parcel distribution to vulnerable residents.

Other developments included review of the Transition Group that supports joint working with key partners including education, children's services and other adult services who contributed to improvements in the transition of young people with additional support needs, including learning disability, into adult services. More young people had their adult service needs identified up to two years in advance, in recognition of the importance of this significant transition for young people to support their care in a person-centred, compassionate approach.

Joint work with colleagues in housing services and housing developers also progressed during 2020/21 to identify future housing stock that can best support people within a 'core and cluster' model of support. A number of people moved to new build accommodation within the Dumbarton harbour area and the service will continue to work in partnership to expand on further housing provision during this year.

Priority 4: Assets

Partnership Working: Supporting our Shielding Citizens

At the onset of the Coronavirus (Covid-19) pandemic, Public Health Scotland, NHS and GP Practices began to compile lists of people with specific health conditions or who were receiving specific medical treatments that were felt would make them more at risk of serious illness or possible death if they contracted Covid-19. This was known as the Shielding List.

These lists were sent to Local Authorities to allow them to target support towards people who were being advised to shield. As the medical community gained greater understanding of the potential impact of Covid-19 on specific groups, these lists grew and evolved over time.

The HSCP worked with West Dunbartonshire Council colleagues across service areas to offer support to people on our Shielding List. The Scottish Parliament sent out a number of letters to people on the list from April 2020 onwards to offer specific guidance for shielding individuals and to make them aware of national helplines to arrange food parcels and to gain information on how to access priority slots for home deliveries from supermarket chains and signposting to their local councils for local resources.

West Dunbartonshire Council had quickly set up a Crisis Support Team available to take telephone and online referrals for assistance with deliveries of essential groceries and medicines as well as advice and onward referrals on financial and benefit issues which may have arisen from the requirement to shield. A bank of HSCP staff made telephone calls to people on the Shielding List in West Dunbartonshire. These calls were made to check on people's welfare, inform them of supports available and offer to make an online referral to the Crisis Support Team on their behalf while on the call.

A number of key local Third and Community Sector organisations offered a range of supports, both independently and in partnership with the HSCP. As the Third Sector Interface, West Dunbartonshire Community and Volunteering Services (WDCVS) established a community helpline service, linking members of the community with local services and offering a targeted programme of welfare calls, shopping collections, exercise prompts and food and prescription deliveries to vulnerable residents, shielding either by instruction or choice. The WDCVS volunteer-led welfare call check-in service was available to anyone contacting the helpline for advice and support, and also extended, in partnership with Care at Home services, to those in receipt of the HSCP's Community Alarm Service, in particular those people who did not receive any other services and therefore were not being regularly visited by HSCP staff.

WDCVS also assisted by picking up people on the formal shielding list who the HSCP had been unable to make contact with by telephone, making new calls and taking forward doorstep visits to check on their welfare and offer support. Doorstep visits were also carried out by West Dunbartonshire Council Housing staff for those who had proved very hard to reach. By the end of July 2020, approximately 3,500 people on the Shielding List had been contacted by HSCP, WDCVS or Housing colleagues.

Carers of West Dunbartonshire were also contacting carers to offer support at a time where services such as respite or short breaks for the carer had been paused due to the risk of Covid-19 infection, increasing the pressure of caring responsibilities and social isolation. The HSCP's Mental Health services have also been responsible for providing isolation and support welfare calls to people who have received a positive Covid-19 test result and been required to self-isolate.

HSCP Staff Health and Wellbeing

Our staff are our most valuable asset and the HSCP is committed to providing ongoing support and training to all staff to ensure they are working effectively and are well prepared to deliver services in a complex system.

Both employing organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, have continuous development as well as supervision and management programmes for staff at all levels. Frontline practitioners continue to have the opportunity to access a range of training and learning resources as well as access to professional forums for all disciplines for reflective practice, case review and learning, peer support and professional discussions.

Along with continuous development, the health and wellbeing of our staff is paramount and the HSCP works closely with both employing organisations and our Trade Unions to develop effective and innovative programmes of work to support our staff. This has possibly never been as important as it is moving from the onset of the pandemic late 2019/20 into the 'new normal' of 2020/21.

Through West Dunbartonshire Council and NHS Greater Glasgow and Clyde's staff intranet sites, employees are able to access supports, electronic learning modules and signposting information on a wide range of health and wellbeing areas including mental wellbeing, physical activity, nutrition, smoking cessation, financial wellbeing, employee and bereavement counselling.

A range of supports were promoted to staff within staff briefings, team meetings and Trade Union meetings including the National Wellbeing Helpline and the National Wellbeing Hub. Coaching for Wellbeing was a further support online option for staff including support in building resilience, improving wellbeing and, where appropriate, how to lead and support others who may be struggling.

In addition, all HSCP staff were encouraged to take part in mental health check-ins, provided by NHS Greater Glasgow and Clyde, which took place in August 2020 and February 2021 and which will be repeated.

West Dunbartonshire Council provided a series of wellbeing webinars which were available to all HSCP staff, covering a number of topics including supporting a remote workforce and Mindfulness. Furthermore, staff were encouraged to use their annual leave allowance and managers encouraged staff to fully utilise their leave to maintain a healthy work/life balance.

Many services continue to work in response mode as the pandemic continues. Many staff having been working from home since March 2020 and all employees have had to adapt their normal working practices. As part of restart planning and scaling up direct service provision, it will be essential to continue to support the wellbeing of all employees.

During 2020/21, HR colleagues, operational managers and trade unions have worked together to highlight, respond to and support frontline HSCP staff in particular, who have continued to work during the pandemic despite the very real impact on their roles and personal lives. Meetings of the Joint Staff Forum were held weekly to ensure that trade unions and staff were able to raise any concerns relating to, or support required for, employees in a timely manner.

Recruitment and retention of staff proved to be challenging in certain service areas as the pandemic appears to have, understandably, impacted on the number of people seeking new job opportunities. Nevertheless, as part of the Learning Network West consortium, a number of social work student placements are being developed across the HSCP for 2021/22, enabling future social workers to gain diverse, challenging and supportive experience prior to qualification.

The return to the workplace for staff will primarily be dependent on Scottish Government guidance and Public Health advice, however in all instances this will be based on the requirements of the role being carried out and will also take into account any personal circumstances of individuals. Going forward we will continue to develop innovative supports and training opportunities to care for the health and wellbeing of our staff and will continue to recognise the huge and invaluable contribution our staff make to improve the lives of people of West Dunbartonshire particularly during the most challenging of times.

West Dunbartonshire Champions Board

As with many other services within almost all local authorities across Scotland, our Champions Board has had a challenging year due to the Covid-19 global pandemic. The aim of the Champions Board is to create a platform for all care experienced young people across West Dunbartonshire, to build strong positive and long lasting relationships with some of their many Corporate Parents. Key to this being effective, is the ability for our young people to meet with their Corporate Parents and take part in activities and events which promote positive relationships.

Since March 2020, when the global pandemic struck, interactions between young people and their Corporate Parents have been restricted to digital and online methods. This has been particularly frustrating as many positive relationships had been built up since our Champions Board was established in November 2017. Our young people have been particularly understanding and have also been very grateful for the efforts made in continuing to have the opportunity to keep in touch with Champions Board staff, and indeed some of their Corporate Parents.

Online events and activities during the pandemic period have included cooking classes, treasure hunts, one to one meetings, drop in sessions and many others. The Champions Board Social Media platforms, such as Facebook, Instagram and TikTok, have also provided invaluable opportunities for us to engage with our young people, often providing information and online links to help and support in relation to Covid-19.

Groups of our young people have also taken part in online meetings and working groups, including; 'Creating a Gold Standard practice for Accessing Care Records' and 'Better Hearings' (Children's Hearings Scotland). Our care experienced young people have also been part of interview panels for new Children's Hearings Scotland panel members and have taken part in various research working alongside Research Scotland. Regular National Networking online meetings with other Champions Boards have also allowed for the sharing of best practice during these challenging times. West Dunbartonshire Champions Board has also played a pivotal part in creating a National group across many Scottish local authorities in looking at the impact, challenges and opportunities of the introduction of 'The Promise' – a Scottish Government led document, responsible for driving the work of change demanded by the findings of the Independent Care Review.

Other positive news has been the confirmation of our Champions Board securing a new premises to work from, as soon as Government restrictions and guidelines allow. These new premises are more central to the local community, and will create a fantastic opportunity for young people, their families, Corporate Parents and many other professionals to have the chance to meet within the building on a regular basis.

As restrictions start to lift, the Champions Board have plans in place to ensure the re-engagement of young people and their Corporate Parents in a physical way, as this is an essential way of promoting positive relationships. Whilst we are almost certain that things will never go back to exactly the way they were prior to the pandemic, the Champions Board is confident in adapting to the 'new way of working' which is likely to be a mixture of online/digital methods and physical interaction.

Following publication of the Independent Care Review in February 2020, The Promise Scotland was established to enable Scotland to 'keep the Promise' to care experienced children and young people, in the broad context of changes to policy, culture and practice to enable children and young people to grow up 'loved, safe, respected and able to realise their full potential'.

The local commitment to The Promise principles is reflected in many of our staff, children and young people who contributed to the findings of the Independent Care Review and are already committed to ensuring the change required is met positively. Since the creation of The Promise, teams across the HSCP and key partners within the West Dunbartonshire Community Planning Partnership's Nurtured Delivery and Improvement Group have met with the national Promise team to consider how existing practice can be built on to continue our local improvement journey for children and young people.

During the last quarter of 2020/21, funding from the Promise Partnership Fund was secured to enable a fixed term dedicated lead officer post. Supported by match funding from the HSCP Board to develop the post for two years, the post will support corporate parents and other stakeholders to understand and develop changes to practice and other developments that uphold The Promise at a local level and support staff, partners, children and young people, to assist with the developments around the first Promise Plan for 2021-2024.

Priority 5: Inequalities

Tackling Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

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.

In West Dunbartonshire, life expectancy is lower for both males (75.1) and females (79.2) compared to the rest of Scotland. Healthy Life expectancy, the years a person can expect to live in good health, are similarly lower in West Dunbartonshire: with males expecting to spend 59.1 years in good health and females 60.6 years. This compares to 61.7 and 61.9 for males and females, respectively in Scotland.

West Dunbartonshire has an ageing population and in 2019/20 around 21% of people were living with one or more long term health conditions. GP Practice data from December 2017 shows that rates per 1,000 population for a number of these chronic health conditions are higher within West Dunbartonshire than the national picture.

Long Term Condition	West Dunbartonshire	Scotland	Variance
Hypertension	148.6	138.1	+10.5
Depression	82.9	73.0	+9.9
Chronic Obstructive Pulmonary Disease	29.6	23.8	+5.8
Coronary Heart Disease	45.1	39.8	+5.3
Diabetes	56.0	50.9	+5.1
Peripheral Arterial Disease	11.6	8.5	+3.1
Atrial Fibrillation	20.9	18.1	+2.8
Heart Failure	11.1	8.4	+2.7
Stroke	25.0	22.4	+2.6
Cancer	26.8	25.7	+1.1

In 2020/21 emergency admissions to hospital and unplanned hospital bed days in West Dunbartonshire were among the highest across Greater Glasgow and Clyde when looked at as a rate per population. Rates of hospital episodes and bed days between April 2020 and December 2020 were also highest in the health board area for five of the six conditions which have high levels of bed usage: Chronic Obstructive Pulmonary Disease, Urinary Tract Infections, Lower Respiratory Infections, Heart Failure and Cerebral Infarction.

Poor physical health and deprivation can both impact on mental health and in 2019/20 just over 23% of the population in West Dunbartonshire was prescribed drugs treating anxiety, depression or psychosis.

West Dunbartonshire Health and Social Care Partnership

Tackling inequalities begins with child and maternal health and wellbeing: giving each child the best possible start in life. As part of the NHS Child Health Programme, the HSCP has implemented the Universal Health Visiting Pathway. Early years have a significant impact on an individual's future experience of health and wellbeing. Health professionals, particularly Health Visitors, have a vital role to play in supporting children and families in the first few years of a child's life.

The Universal Health Visiting Pathway provides a home visiting programme which is offered by Health Visitors to all families as a minimum standard. One of the crucial contacts is at 27-30 months of age. At this stage there are a number of topics for discussion including parenting, immunisation, financial inclusion, oral health and, if the opportunity presents, a routine enquiry relating to domestic violence within the family home.

During 2019/20, there were 694 reviews carried out at 27-30 months of age for children in West Dunbartonshire. As part of these reviews, 20.6% of children were identified as having a developmental concern in at least one area of child development. This early identification of concerns allows for prompt referral to Specialist Children's Services such as Speech and Language Therapy and Community Paediatrics.

Children in Scotland are protected through immunisation against many serious infectious diseases. Immunisation policy and vaccination programmes are set by the Scottish Government and aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing infection and provide children and teenagers with the best possible protection against disease. Discussions relating to the immunisation of children take place at every contact in the Health Visiting programme.

	Immunisations at 24 months				Immunisations at 5 years		
	West Dunbartonshire		Scotland		West Dunbartonshire		Scotland
	2019/20	2020/21	2020/21		2019/20	2020/21	2020/21
6 in 1	97.3%	98.2%	97.3%	6 in 1	98.9%	98.8%	97.9%
MMR1	92.3%	94.6%	94.9%	MMR1	97.6%	98.1%	96.6%
Hib/Men C	93.7%	95.4%	95.0%	Hib/Men C	97.8%	98.3%	96.0%
Men B	93.3%	95.1%	94.5%	4 in 1	92.3%	94.1%	92.8%
PCV B	94.1%	95.3%	95.1%	MMR2	92.0%	93.1%	92.3%

Immunisation rates in West Dunbartonshire were higher in almost all cases in 2020/21 than in 2019/20 and in many cases were significantly higher than the Scotland figure. Proactive work by Health Visitors and NHS Greater Glasgow and Clyde's immunisation team may have contributed to this along with the parental worry that children not vaccinated would be at greater risk of Covid.

All services across the HSCP attempt to tackle health inequalities in West Dunbartonshire. The HSCP's Health Improvement Team has a specific focus on health inequality and works across services on a range of workstreams such as:

- West Dunbartonshire Adverse Childhood Experience (ACEs) Programme
- Community Planning Nurtured Delivery and Improvement Group
- Substance Use Prevention
- Suicide Prevention

The West Dunbartonshire Adverse Childhood Experiences (ACEs) Programme continues to address childhood adversity and trauma across the lifecourse. In 2020/21, tACEs workforce development activities moved online. Since the relaunch of West Dunbartonshire's ACEs Hub as a strength-based 'Resilience' Hub in Feb 2020, the membership has remained at around 400. The Hub, which is a community of practice, includes staff working across the Council, HSCP and third sector. The first virtual Resilience Hub meeting was held in March 2021 with 70 local staff attending. The theme was Bereavement and Loss and had inputs from WDC Educational Psychology and Stepping Stones.

West Dunbartonshire Health and Social Care Partnership

The ACEs documentary film, 'Resilience: The Biology of Stress and the Science of Hope' continues to be a key resource to increase ACEs awareness among the local workforce. The film was shown online in December 2020 with 60 people attending and participating in the post-film panel discussion. Since 2018 a total of 1,060 people have seen the film.

Planning is underway to look at implementing the national Trauma Training Plan locally, supplemented by the range of national training material. This is being co-ordinated by the local Trauma Champion alongside local Scottish Trauma Informed Leaders in agencies including Justice, Education and Human Resources. Collectively, they are working to implement the six elements of the Improvement Service and Scottish Government's Trauma-Informed Approach to Scotland's COVID-19 Recovery, Renewal and Transformation through a reformed ACEs/Trauma Reference Network.

National Policy and investment to support measures to improve mental health services for children, young people and adults remains a priority. Locally within West Dunbartonshire Community Planning's Nurtured Delivery and Improvement Group, a working group for children and young people's mental health and wellbeing community supports and services was established in June 2020. The working group works in line with the national framework. The framework promotes a 'whole system' approach and sets out the kind of support children and young people, aged 5 to 24 years, or 26 years if care experienced, should be able to access for their mental health and emotional wellbeing within their community. Activity this year includes:

- Glasgow University were commissioned by the HSCP on behalf of wider Community Planning partners to undertake a comprehensive review and analysis of children and young people's community mental health and wellbeing services and supports. The review sought to understand the prevalence of collaboration and explored how sectors worked together to support children and young people's mental health and emotional wellbeing.
- The working group developed an 'animation' outlining the purpose of the group. This was co-produced with our lead young person from the Champions Board who co-wrote and provided the voiceover. The animation aims to convey the key work of the group to the wider community, in particular children and young people.
- A number of short-term projects were delivered to support children and young people with emotional wellbeing, isolation and loneliness, access to physical activity opportunities and support for parents and carers of children with complex needs.
- The planning and development of a new distress brief intervention associate programme. This new service will provide time limited support to young people experiencing distress who are aged 16 to 24 years or 26 years if care experienced.

The HSCP continues to contribute to a number of substance use prevention programmes as a key partner in West Dunbartonshire's Alcohol and Drug Partnership with a range of partners including Education, Greenspace and Working4U. This includes:

- Developing the Icelandic Prevention Model a community-based approach aiming to delay young people's substance use through reducing risk factors and increasing protective factors as part of the Scottish pilot of this approach.
- A Smokefree playparks programme with new signage being manufactured for playparks after a successful schools' poster competition.
- A test of change to assess the impact of positive alternative activities for young people as part of the summer programme to inform future substance use prevention activity.

Work is ongoing to update the Community Planning West Dunbartonshire Suicide Prevention Action Plan 2021–2023 based on the COSLA Covid recovery recommendation. This action plan will be delivered by a range of both statutory and third sector partners. It has also been agreed that three specific subgroups will be formed to delivery on key suicide prevention action plan outcomes. These subgroups will cover: self-harm, suicide audits/reviews and locations of concerns.

Suicide prevention and self-harm training has continued to be provided over the Covid recovery period to a wide range of frontline staff and our new Bereavement and Loss Service which was established in December 2020 has had a high uptake with agencies from both statutory and third sector referring into this third sector commissioned service.

Justice Social Work

Justice Services have continued to provide support, interventions and monitoring to individuals subject to statutory orders and licences. Despite the impact of Covid-19 on service delivery, the team has continued to take forward a range of improvement actions during 2020/21 in relation to public protection and reducing reoffending. These included an audit of training needs by staff and managers to inform workforce development and updated Level of Service Case Management Inventory (LSCMI) risk assessment guidance.

As the pandemic began late 2019/20, all work-related risk assessments were reviewed to include the risk associated with Covid-19 to enable staff to maintain office working safely, albeit on a reduced basis. As the unpaid work service re-started in July 2020 it was introduced incrementally in each locality across the local authority area: work squad capacity was reduced to maintain social distancing and all control measures were implemented to help the sustainability of the service.

During 2020/21, Justice Social Work services experienced some notable decreases in demand compared to the previous year. This is fully reflective of the impact of the global pandemic which saw the closure of Scottish courts, the cessation of temporary release of prisoners and requests for statutory reports.

Within recovery planning, service modelling anticipated a growth in community-based sentencing, including the need to address a backlog of cases. Additional funding as part of the Scottish Government response in December 2020 supported Justice Services to start to address the backlog of unpaid work hours by commissioning third sector partners to provide online workshops with service users. Services were also commissioned to provide digital support and learning to service users to mitigate digital poverty and develop access to Justice Services on a virtual platform.

Community-based services were suspended twice during 2020/21 on the advice of the Chief Medical Officer, for approximately seven months in total. During the first period of suspension, staff moved to primarily working from home, continuing to support individuals by telephone and digital contact, with prioritisation of direct contact focused on those who presented the highest risk of re-offending and harm. A number of staff were reassigned to assist with the Council's Humanitarian Response Centre, including calls to individuals who were shielding.

In January 2021 the service built on learning from the first suspension of services and, with the support and guidance of the national Unpaid Work Forum, home learning packs were introduced to provide educational support to individuals subject to a Community Payback Order (CPO) whilst encouraging learning at home. Targeted learning packs about drugs/alcohol and relationships were also used whilst unpaid work squads were deployed as national guidance and restrictions permitted. This included ongoing collaborative work with the Council's Greenspace project where individuals worked to restore memorial benches across West Dunbartonshire.

Third sector partners, Street Cones, were commissioned to deliver creative workshops using online platforms, designed around lived experiences. This work will continue in addition to unpaid work squads during 2021/22.

Having secured a new workspace for unpaid work orders in the previous year, work is ongoing to configure these premises to enable delivery of a wider range of supports and learning for the recovery phase of the service onwards. The team continues to maintain face-to-face contact with service users in line with assessed risk levels and these continue to increase incrementally in line with public health guidance.

During 2020/21, the Diversion from Prosecution service provided Diversion services to 21 people (a decrease of 9 on the previous year) who had not been convicted of an offence. Here, individuals were supported to address the underlying causes of their behaviour such as addiction support, mental health and emotional wellbeing, housing, income maximisation and employability.

The Drug Treatment and Testing Orders (DTTO) service is provided by an integrated care team hosted by West Dunbartonshire and working across East Dunbartonshire, 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.

2020/21 required new and diverse ways of working to continue to support individuals. The easing of restrictions will enable more direct contact alongside the use of mobile technology. Testing has also been reintroduced and is being continually reviewed to ensure best practice for service users and stakeholders within a safe, robust community-based model.

The provision of services to individuals prior to their release from custody and into the community, Community Throughcare, continues to support successful reintegration. All temporary home leaves were suspended during 2020/21 in line with Government pandemic guidance and it is expected that these will restart early in 2021/22. Meanwhile, staff completed further training in the assessment and management of high risk offenders during Autumn 2020.

Community Justice activity during the year focused on three pathways: Point of Arrest; Custody to Community and Community Sentences, reflecting key components of the community justice continuum. A Justice Settings sub-group of the Alcohol and Drug Partnership facilitated good progress with aligning and developing activity to these community justice pathways and outcomes.

Other key developments included:

- Arrest Referral Scheme (Point of Arrest): Third sector partners submitted a successful bid to the Drug Deaths Taskforce Fund which has enabled a 2 year pilot in Clydebank Custody Suite to be implemented in partnership with Police Scotland.
- Prison Custody and Liberation data (Custody to Community): The Council's Homeless Service Lead Officer offered a housing options service to the majority of individuals being released from custody to the local area, minimising pandemic-related barriers and, through existing relationships, maximising the use of technology to assist.
- Strengthening Partnership Working (Community Sentences): Justice Social Work and Police Scotland colleagues worked together at strategic and operational levels, including through the Alcohol and Drug Partnership Justice Settings sub-group, to develop and implement short, medium and long-term improvements for people in the justice system affected by addiction.

Throughcare and Aftercare

During 2020/21, the Throughcare and Aftercare team supported over 90 young people as they prepared to move towards independent living, as well as offering support, advice and guidance to young people taking up aftercare support up to the age of 26.

The team has two services registered with the Care Inspectorate: Adult Placement and Housing Support, however no inspections took place during 2020/21 due to the pandemic. Nevertheless, regular contact has been maintained with the Care Inspectorate representative and there has been positive feedback received on the work of the service during the last year.

Contact with young people receiving support from the service was also monitored and reported weekly to the Scottish Government as part of the Public Protection initiatives established in April 2020 to protect our vulnerable children, young people and vulnerable/at risk adults.

Throughout 2020/21 the team has continued to build on close working relationships with housing colleagues. Through the development of the local Care Leavers Housing Protocol, young people have been able to access quality housing as a priority. Full rent abatement has been implemented for young people in full time education and this initiative continues to be further refined. The team promote, and are the check point for, care experienced young people applying for council tax exemption.

Multi-agency work continued through 2020/21 to ensure our continuing care guidance aligns with the requirements of the Children and Young People (Scotland) Act 2014. These supports, along with the Care Experienced Bursary have supported young care leavers into full time education: 15 young people were supported via these initiatives to attend further education in 2020/21.

With the impact of Covid-19, working remotely meant adopting new ways of service delivery, particularly around communication with young people, utilising a range of digital platforms. Home working has impacted on how services have continued to be provided, however a model of remote and office based activity will shape the service into the future. In addition, a further social worker post was developed in the team to strengthen the skill mix of support to young people.

The team worked to ensure provision of mobile phones and devices to enable young people to access electronic transfer of allowances and links to the Department for Work and Pensions have been strengthened to support young people to make electronic claims. Furthermore, the team gained a 'Connecting Scotland' award for 48 devices and data packages which were distributed to young people who were digitally excluded.

In recognition of the impact of Covid-19 on young people's mental health, the team applied for funding to support physical activity amongst care leavers. Our Active Care leavers grant allowed the provision of sports equipment such as bikes, weights and online classes which all promoted physical activity.

Further support from the Scottish Government Winter Support Fund enabled the service to provide or replace household items for supported carers during the pandemic. These additional funding opportunities were important, positive developments during a time of significant challenge.

Finally, the manager of the service has been working with partners in the public and third sector to develop a joint Asylum, Migration and Integration Fund (AMIF) bid for two support workers to provide dedicated support to unaccompanied asylum seeking young people and to help them to engage in their local communities.

My Life Assessment

In September 2020, the HSCP Board approved the implementation of a new eligibility criteria to support the HSCP priority of early intervention by ensuring those who require HSCP support receive it while, at the same time, ensuring those who require less specialist interventions are supported to access these. As part of the implementation a new assessment tool, My Life Assessment (MLA), was developed and piloted across services.

Development of the MLA involved stakeholders from across HSCP services, the third sector and people with lived experience and their input directly shaped the design of the assessment.

The MLA will assist the HSCP with tackling inequalities by ensuring people are assessed and supported based on need, risks and strengths. Data will be assessed in relation to Protected Characteristics and socioeconomic status which can inform any future decision making regarding practice and how to better tackle inequalities. Training for staff on taking a strengths based approach, how to have strengths based conversations, how strengths can mitigate risks and how to build upon strengths will be developed.

The MLA tool will go live on 1st April 2021 and its implementation will be monitored and reported on a six monthly basis.

Through the successful implementation of the eligibility criteria and MLA, it is intended that the resilience of both the HSCP and people who use services will increase. Supporting people to access the right support, from the right place, at the right time and for the right length of time will lead to more sustainable situations for people accessing services as well as help develop a more sustainable position for the HSCP.

Best Value and Financial Performance

The HSCP Board is required to make arrangements for the proper administration of its financial affairs and to ensure that the proper officer of the board has responsibility for the administration of those affairs (s95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer (CFO). 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 global health emergency brought about by the rapid spread of Coronavirus (Covid-19) across the world from early January 2020 impacted on all aspects of daily life and work. As Scotland went into lockdown on the 23 March 2020 with the clear message to stay at home, health and social care services mobilised and re-organised to protect life and care for the most vulnerable in our society.

During 2020/21 West Dunbartonshire HSCP has responded to this unparalleled challenge as our staff throughout the HSCP, our commissioned services and our local carers displayed extraordinary commitment, resilience and resourcefulness in keeping critical services operational.

There have been many setbacks in the national road to recovery as the virus altered and infection rates varied, however the success of the Vaccination Programme together with strong public compliance with public health restrictions has seen a significant easing of restrictions in June 2021 and recovery will gather pace.

Going forward over the next year and beyond, the HSCP Board together with its partners and stakeholders will move through this crisis into recovery and renewal phases with the overarching strategic intent of delivering better services with the residents of West Dunbartonshire, improving health and reducing inequalities.

The HSCP Board approved the 2020/21 revenue budget on 25 March 2020. The report set out the funding offers from our partners WDC and NHSGGC as well as specific funding streams from the Scottish Government including Primary Care, Mental Health Action 15, Alcohol and Drug Partnership, Carers, Scottish Living Wage and Investment in Integration.

While there were budget gaps identified, the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, the release of funds from previously agreed savings programmes and additional resource transfer funds. All financial performance reports are available on the HSCP website: <http://www.wdhscp.org.uk/>

Budget Performance 2020/21

The 2020/21 budget available for delivering directly managed services was £186.167m, which included £13.038m to address the Covid-19 pandemic, and is detailed in the table below along with comparative data from the inception of the West Dunbartonshire HSCP Board on 1st July 2015.

West Dunbartonshire Health and Social Care Partnership

BUDGET PERFORMANCE 2020/21

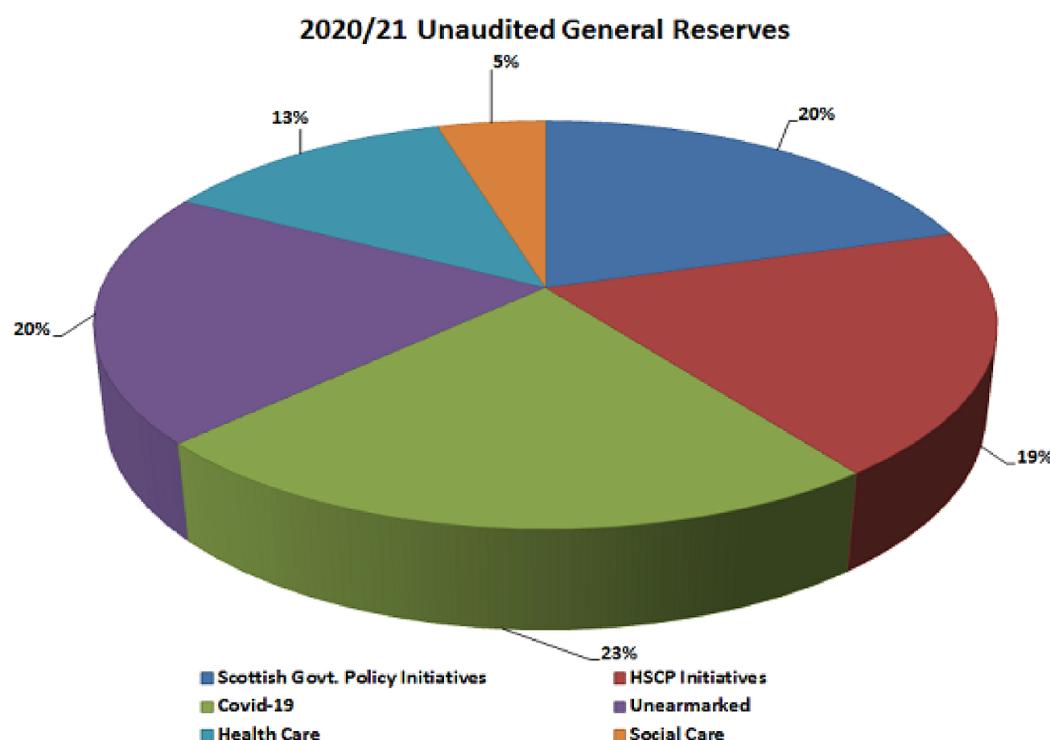
2015/16 * Net Expenditure £000	2016/17 Net Expenditure £000	2017/18 Net Expenditure £000	2018/19 Net Expenditure £000	2019/20 Net Expenditure £000	West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2020/21 Annual Budget £000	2020/21 Net Expenditure £000	2020/21 Underspend/ (Overspend) £000
28,244	39,046	44,110	45,008	44,207	Older People, Health and Community Care	47,983	45,717	2,266
1,808	2,509	2,782	3,007	2,748	Physical Disability	3,278	3,214	64
13,481	19,113	20,901	22,511	24,898	Children and Families	25,255	25,500	(245)
7,360	9,580	9,034	8,949	9,317	Mental Health Services	11,342	10,244	1,098
2,353	2,859	2,921	2,568	2,859	Addictions	3,520	2,933	587
10,941	15,163	15,740	16,655	16,258	Learning Disabilities	17,511	16,868	643
1,485	1,878	1,597	1,351	1,301	Strategy, Planning and Health Improvement	1,862	1,392	470
15,591	23,418	23,962	25,738	27,427	Family Health Services (FHS)	29,959	29,955	4
14,010	19,294	19,887	19,383	19,432	GP Prescribing	19,432	19,003	429
4,556	6,064	5,777	6,254	6,370	Hosted Services - MSK Physio	6,703	6,247	456
572	745	741	755	824	Hosted Services - Retinal Screening	840	719	121
0	16	0	0	0	Criminal Justice - Grant funding	198	(6)	204
1,568	772	993	1,892	6,100	HSCP Corporate and Other Services	7,145	4,468	2,677
244	0	283	270	281	Covid-19	10,810	5,840	4,970
					IJB Operational Costs	329	329	0
102,213	140,457	148,728	154,341	162,022	Cost of Services Directly Managed by West Dunbartonshire HSCP	186,167	172,423	13,744
13,040	17,066	17,086	29,522	28,389	Set aside for delegated services provided in large hospitals	32,276	32,276	0
0	702	927	577	661	Assisted garden maintenance and Aids and Adaptions	505	505	0
0	11,775	11,997	11,289	11,021	Services hosted by other IJBs within Greater Glasgow and Clyde	11,429	0	11,429
0	(6,263)	(6,337)	(6,128)	(6,655)	Services hosted by West Dunbartonshire IJB for other IJBs	(6,390)	0	(6,390)
115,253	163,737	172,381	189,601	195,438	Total Cost of Services to West Dunbartonshire HSCP	223,987	205,204	18,783

* West Dunbartonshire HSCP Board was established on 1st July 2015 and integrated delivery of health and social care services commenced on this date. Consequently the figures for 2015/16 are for the 9 months to 31 March 2016.

The total cost of delivering services amounted to £205.204m against funding contributions £218.948m, both amounts including notional spend and funding agreed for Set Aside of £32.276m. and spend and funding managed by West Dunbartonshire Council for Assisted Garden Maintenance and Aids and Adaptations of £0.505m. This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £13.744m..

This surplus in funding is retained by the HSCP Board in reserve and is carried forward for use by the HSCP Board in later years. The 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 (as detailed in table above), Covid Recovery and Service Redesign and Transformation. Further explanation is provided under “Key Messages”
- Unearmarked or general 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 (available on the website) which strives to hold 2% of total budget or approximately £2.8m in general reserve.



The main areas of under and overspends reported in 2020/21 are:

- Older People, Health and Community Care reports an underspend of £2.266m mainly related to the timing of the opening of the new Queens Quay Care Home, reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the pandemic on both care home resident numbers and the cost of care at home services.
- Mental Health Services reports an underspend of £1.098m mainly due to additional Action 15 funding, staffing vacancies and recruitment delays and additional income due from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.
- HSCP Corporate and Other Services reports an underspend of £2.677m mainly due to additional primary care funding and non recurring underspends from Scottish Government funding initiatives..
- Covid-19 reports an underspend of £4.970m mainly due to reduced spend on Community Assessment Centres and providers sustainability along with additional funding received in advance of need from the Scottish Government. This underspend has been transferred to an earmarked reserve for the ongoing response to the pandemic in 2021/22.
- The movement in earmarked reserves is an overall increase of £12.186m, bringing the closing balance to £17.440m. There were a number of drawdowns and additions amounting to £0.104m and £12.290m respectively.
- The movement in unearmarked, general reserves is an overall increase of £1.558m, bringing the closing balance to £4.367m which is in excess of the 2% target as set out in the Reserves Policy.

Since mid-March the HSCP has been detailing its response to the COVID-19 pandemic in the Local Mobilisation Plan (LMP) and associated costs through the financial tracker returns to the Scottish Government. The final submission for 2020/21 was submitted in late April and detailed full year costs for the HSCP of £8.068m as detailed below.

2020/21 Covid-19 Spend against Funding

Covid-19	2020/21 £000's
Delayed Discharge Reduction- Additional Care at Home Packages	675
Personal Protection Equipment	384
Additional Staff Costs	1,486
Social Care Provider Sustainability	2,164
Mental Health Services	206
GP Support	423
Community Hubs	211
Hospice Support	2,228
Other	291
Total Spend	8068
Social Care Funding	-5,880
Health Care Funding	-1,754
Hospice Funding	-2,228
GP Funding	-423
Funding received in advance	-2,753
Total Income	-13038
Excess funding transferred to Earmarked Reserves	-4970

Financial Outlook and Best Value

Financial risk has been identified as 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 and the Senior Management Team.

The HSCP Board approved its Risk Management Strategy and Policy at its August 2015 meeting, however as part of the HSCP Board's 2020/21 Internal Audit Plan an audit was undertaken in tandem with the review and revision of the 2015 version. The outcome of the audit and the supporting revised Risk Management Strategy and Policy documents were presented to the 24 June 2021 HSCP Audit and Performance Committee for their approval.

The key risks are summarised below and the full Risk Register Report details scoring and mitigating actions:

- Financial Sustainability/Resource Allocation and Savings Targets;
- Procurement and Commissioning;
- Performance Management Information;
- Information Communication;
- Outcome of external scrutiny: Inspection recommendations
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times;
- Brexit;
- Pandemic – COVID-19 Variations; and
- Public Protection

Financial Outlook and Medium Term Financial Plan

The first medium term financial plan was approved by the Board on 25 March 2020 covering the period 2020/21 to 2024/25.

The 2021/22 revenue budget was approved on 25 March 2021 while the HSCP continued to react to, and look to recover from, the Covid-19 pandemic. The identified budget gaps and actions taken to close these gaps, to present a balanced budget, took into account current levels of service, however it was recognised that the longer term impact of the pandemic are unquantifiable at this time.

The HSCP Board revenue budget for 2021/22 to deliver our strategic priorities is £200.948m, including £30.851m relating to set aside (notional budget allocation). The budget identified a potential funding gap of £0.941m which will be addressed through an application of earmarked reserves totalling £0.323m and a number of approved savings programmes equating to £0.618m, mainly relating to service redesign projects currently underway.

In 2021/22 the HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and its Project Management Office (PMO). As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and its senior officers will monitor such developments and will take appropriate action as required.

Agreeing a mechanism to transfer actual funding from the notional set aside resource must be progressed, but there is a risk that it will come with a savings target attached. The six partnerships within NHSGGC continue to further develop the Unscheduled Care Commissioning Plan which will strive to mitigate this risk.

The longer term impact of Britain's exit from the European Union is still a threat, however it has been overshadowed by the ongoing reaction to and recovery from the Covid-19 pandemic and its devastating impact on families, jobs, business, education and health and social care services including disruption to the medicines supply chain and global markets. All current predictions on economic growth, plans for taxation both in a national context and devolved tax raising powers of the Scottish Government will require significant revision.

The risk of financial sustainability has long been identified as a key strategic risk of the HSCP Board and the ongoing reaction to and recovery from the pandemic adds a further layer of risk to its stability going forward. The indicative budget gaps for 2022/23 and 2023/24 are detailed below and illustrate the scale of the risk.

Indicative Budget Gaps for 2021/22 to 2023/24

Indicative Budget Gaps	2021/22	2022/23	2023/24
	£000	£000	£000
Indicative Revenue Budget	170,604	174,756	178,313
Indicative Funding (including application of earmarked reserves)	170,604	171,211	174,110
Indicative Budget Gaps	- 0	3,544	4,203

Due to uncertainties surrounding the legacy impact of the Covid-19 pandemic the update of the Medium Term Financial Plan has been delayed and the refresh is anticipated to be reported to the Board in November 2021.

It is also anticipated that this refresh will incorporate any quantifiable impact of the Scottish Government progressing with the recommendations of the Independent Review of Adult Social Care published on 3 February 2021.

The review had been commissioned by the Scottish Government in September 2020 as part of their Programme for Government. The review's principal aim was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.

The overriding approach to the review has been one of social care support as right and a measure of Scotland's commitment to equalities and human rights.

The report makes 53 recommendations which can be summarised into 3 key themes:

- Shifting the Paradigm – change the old way of thinking about social care as a burden instead consider it an investment;
- Strengthening the Foundations – bridging the gap between policy intent and lived experience; and
- Redesigning the System – a new delivery system through the creation of a National Care Service.

It is acknowledged within the report that Integration Authorities are still new organisations with complicated governance arrangements and funding constraints, however the review heard evidence:

“that those Integration Joint Boards, which have gone beyond the statutory delegation minimum of all adult social care, and that have all children's services and criminal justice social work also delegated, have performed well in relation to those services.”

Many of the recommendations have a financial consequence and the report estimates those to be £0.660 billion per annum, which is equivalent to a 20% increase in real terms over the 2018/19 investment in social care. Given the projected required level of investment it is likely that any reform would be implemented in stages and could include reforms to current Integration legislation.

Good Governance

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. It also has a statutory duty to make arrangements to secure Best Value under the Local Government in Scotland Act 2003.

To 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. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

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.

Impact of Covid-19 Response on Governance Arrangements

From mid-March 2020 in response to the Covid-19 pandemic, those charged with the delivery of public services, especially health and social care services, had to mobilise rapidly to support vital frontline services to meet the challenge of the pandemic and adapt, as appropriate, current governance frameworks.

The HSCP Board reacted quickly, with the support of WDC Committee Services, to move to virtual meetings. For the first virtual meeting on 25 March 2020 the members considered an urgent item - Temporary Decision Making Arrangements which recommended:

- Approve the suspension of normal governance arrangements during the Covid-19 pandemic and accept the alternative Board meeting arrangements; and
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted "if required", to meet immediate operational demand on decisions normally requiring Board approval.

Only one meeting of each of the Audit and Performance Committee (1 April 2020) and of the HSCP Board (27 May 2020) were cancelled with any relevant reports, decisions log/approval tracker and action sheets published on the HSCP Website. From June 2020 the meeting schedule resumed on a virtual platform (accessible by press and public on request), with agendas streamlined to cover required statutory and strategic reports requiring board noting and/or approval. These arrangements continue to remain in place with all board reports and minutes available on the HSCP website.

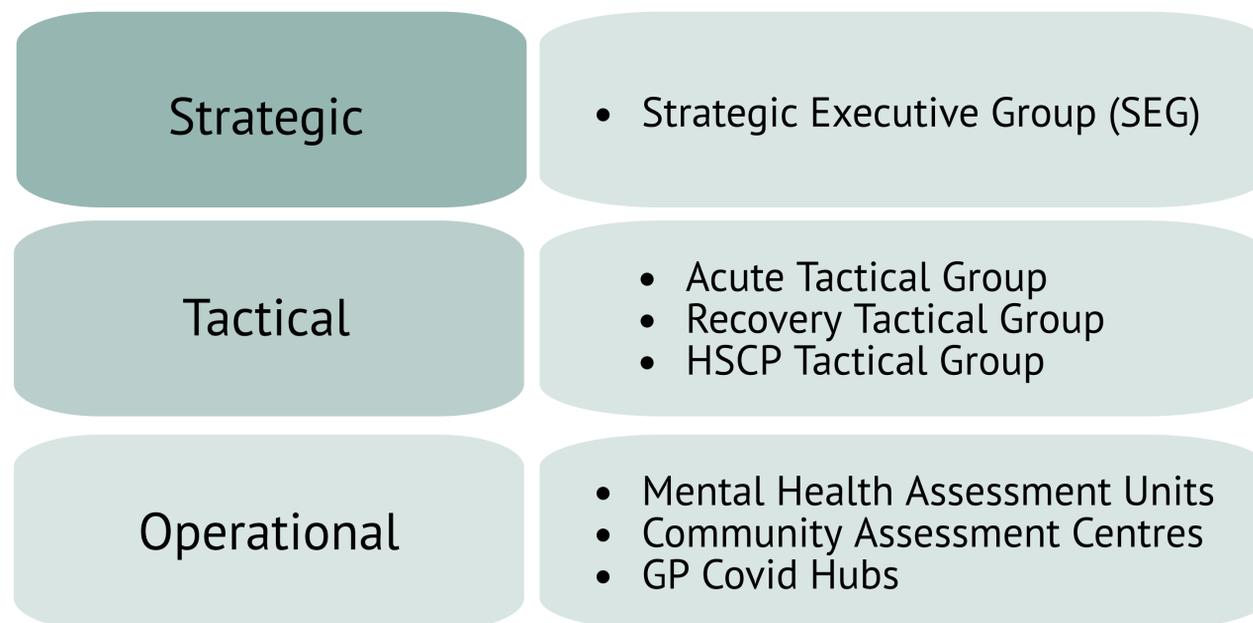
There has also been a schedule of weekly meetings with the Chief Officer, Chief Financial Officer, Chair and Vice Chair of the HSCP Board to cover a variety of local issues including infection rates, impact of local and national restrictions, vaccination programme, mobilisation and re-mobilisation plans. The Chief Officer issued briefings to all board members (weekly in the early months of the pandemic and then monthly) which updated on key service impacts of Covid-19 and the interpretation of national guidance on local services. The HSCP Senior Management Team also contributed to the comprehensive WDC "Covid-19 Update Reports" presented monthly at full council.

The Civil Contingencies Act 2004 requires both Local Authorities and NHS Bodies to prepare for adverse events and incidents as Category One Responders. The Chief Officer and the HSCP Senior Management Team, through their roles as senior operational leaders within WDC and NHSGGC formally contributed to the pandemic response and recovery plans by being key participants in Covid-19/Business Continuity response, tactical and strategic resilience groups. The Health and Sport Committee recognised the contribution made by HSCPs and questioned why Integrated Joint Boards (IJBs), responsible for the strategic delivery of health and social care services since 2015, did not have the same legal status as Local Authorities and Health Boards. After a period of Scottish Government consultation from 12 October to 22 November 2020 the Civil Contingencies Act 2004 has been amended to include IJBs as Category One Responders, effective from the 16 March 2021.

A comprehensive Covid-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, carer illness and increased demand for emergency support for various vulnerable individuals and families. To help mitigate some of these risks there were daily Situation Reports (Sit Reps) and absence reports aligned to a newly developed "Resource Requirements" spreadsheet. These captured the composition of all teams across the HSCP, their minimum staffing requirements to deliver on statutory responsibilities and staff potentially available for redeployment: e.g. the transfer of Day Centre support workers to Care Homes and Care at Home to reduce the risk of absence on service delivery.

The Scottish Government required that NHSGGC and each of the six HSCPs within Glasgow's boundary prepared a Local Mobilisation Plan. The Local Mobilisation Plan (LMP) and associated Financial Cost Tracker set out the impact of the pandemic on services and their response as well as considering new service areas that required to be established to support health and care services. New services included the opening of two Covid-19 Hubs (Clydebank and Dumbarton) to distribute the necessary Personal Protective Equipment (PPE), two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential Covid-19 symptoms, a Mental Health Assessment Unit, as an alternative to presentation at Emergency Department and the creation of vaccination teams to support the delivery of the ongoing vaccination programme.

The performance of these new services was captured daily and their effectiveness reviewed by HSCP Chief Officers and other senior health officials through revised governance arrangements, an extract of which is shown below:



The financial costs aligned to the LMP were submitted at least monthly to the Scottish Government and formed the basis of all funding received. The HSCP Board, through the regular financial performance reports, considered the impacts of this on the overall projected position including the impact on savings programmes, demand for services and financial support to social care providers for commissioned services including care homes and support delivered to individuals and their carers.

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice. This has never been more apparent as the HSCP Board, its partner organisations and numerous stakeholders have had to adapt to respond to the impact of the Covid-19 pandemic.

The system of internal control is based on an ongoing process designed to identify, prioritise and manage the risks facing the organisation. It enables the HSCP Board to monitor and evaluate the achievements of the strategic objectives laid out within its Strategic Plan and consider whether these have been delivered in an appropriate and cost effective manner.

The HSCP Board adopted governance arrangements are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework “Delivering Good Governance in Local Government”. Based on the framework’s seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board’s commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. The Code was revised and approved in May and June 2021 respectively to take account of minor amendments required to the introductory paragraphs to reflect the 2019 – 2022 Strategic Plan priorities.

The main features of the HSCP Board’s governance framework and system of internal control is reflected in its Local Code, with the key features for 2020/21 summarised below:

- The HSCP Board is the key decision making body, comprising of a Chair, five other voting members and a number of professional and stakeholder non-voting members;
- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- The HSCP Board has two governance sub-committees; Audit and Performance Committee and the Strategic Planning Group;
- In line with statutory guidance the Directions Policy was approved on 23 September 2020;
- Reports considered by the HSCP Board and the Audit and Performance Committee are published on the HSCP website;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2019 – 2022, terms of reference, code of conduct, standing orders and financial regulations (reviewed by HSCP Board on 5 August 2020), records management and complaints handling;
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee, enhanced by a programme of development sessions, enabling members to interrogate performance and policy in greater detail. This includes the weekly Chief Officer reports considered by the SMT and used as the basis for reporting at an executive level to our partners at corporate management teams and formal Organisational Performance Reviews (OPRs);
- Establishment of the Programme Management Office (PMO) – to support, oversee and implement the strategic work programme and projects to the delivery of key objectives at a local level. The PMO meets monthly to consider project updates and critical issues and possible steps for resolution;
- Clinical and Care Governance Group – provide oversight and scrutiny of all aspects of clinical and care risk and effectiveness as well as how patient centred care is delivered;
- The Risk Management Strategy, including the risk management policy and strategic risk register (underpinned by operational and Covid-19 related risk registers), are scrutinised at least annually by the Audit and Performance Committee (25 February 2021) with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board. The current policy and strategy was reviewed at the 24 June 2021 meeting;

- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

The governance framework described, operates within the system of internal financial controls, including management and financial information, financial regulations, administration (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Council and the Health Board as part of the operational delivery arrangements of the HSCP.

Compliance with Best Practice

The HSCP Board's financial management arrangements conform to the governance requirements of the CIPFA statement "The Role of the Chief Financial Officer in Local Government (2010)". To deliver these responsibilities the Chief Financial Officer must be professionally qualified and suitably experienced and lead and direct a finance function that is resourced and fit for purpose.

The HSCP Board complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2010". The HSCP Board's appointed Chief Internal Auditor has responsibility for the internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. The Internal Audit service generally operates in accordance with the CIPFA "Public Sector Internal Audit Standards 2013".

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's "Audit Committee Principles in Local Authorities in Scotland" and "Audit Committees: Practical Guidance for Local Authorities (2018)". In September 2020, the Committee considered Audit Scotland's – "Covid-19 Guide for Audit and Risk Committees" and agreed that the Chair and Vice Chair, supported by the Chief Internal Auditor consider the key issues posed. The Chief Internal Auditor has initially worked with the HSCP SMT throughout February to complete the template covering:

- Internal Controls and Assurance;
- Financial Management and Reporting;
- Governance; and
- Risk Management

The responses have been considered by the Chief Internal Auditor and the Chief Financial Officer and no significant issues were identified by the review. The Chair and Vice Chair have been briefed on the conclusion of the review and reassured that the committee has had effective arrangements in place throughout 2020/21 to support the HSCP Board decision making throughout the pandemic.

Review of Adequacy and Effectiveness

The HSCP Board is committed to continuous improvement and is responsible for conducting at least annually, a review of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and the Senior Management Team who has the responsibility for the development and maintenance of the governance environment and the work of internal and external audit and other review agencies including the Care Inspectorate.

As stated above the HSCP Board adopted “The Code of Practice for Local Authority Accounting”, recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2021 review the 24 June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

There were a number of improvement actions identified in 2018/19 and 2019/20 and an update on these is provided below under “Update of Previous Governance Issues”. This year’s review has recognised that as the HSCP responded to the global health emergency to safeguard the delivery of essential services, some of the improvement actions remain ongoing. The priority for 2021/22 will be to progress these actions to further strengthen the governance framework.

Also supporting the review of the HSCP Board’s governance framework are the processes of internal controls of West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.

Within WDC Chief Officers complete a Local Code of Governance Checklist which is a self-assessment against each aspect of council’s local code. These are considered by the Chief Internal Auditor and inform each Chief Officer’s Certificate of Assurance as well as the Council’s Governance Statement.

Within NHSGGC a similar process is in operation which required the Chief Officer to complete a “Self Assessment Checklist” covering all the key areas of the internal control framework.

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation’s own Audit Committee and recommendations on improvements agreed. The HSCP Board are updated on any control issues that would impact on HSCP service performance through regular performance and financial updates reports.

There were no new social care audits undertaken in 2020/21; however two audits completed in 2019/20 had their recommendations and action plans finalised.

- Social Care – Attendance Management; and
- Social Work – Case Management

These audits and associated actions were reported in the 2019/20 Annual Governance Statement. Each audit identified control risks and recommendations agreed by management used to populate action plans to be delivered within appropriate timescales. Progress of actions is reviewed regularly by the HSCP Chief Officer, the WDC Performance Management Review Group (PMRG) and the WDC Audit Committee. The HSCP service response to the Covid-19 pandemic did impact on the target dates for implementation for some actions, however in consultation with the Chief Internal Auditor, and approvals by the PMRG, dates were reviewed and progress regularly reviewed.

There were no health care based audits carried out by the internal auditors of NHSGGC that directly impacted on HSCP service priorities.

In 2020/21 in relation to the HSCP Board’s, the appointed Chief Internal Auditor undertook review work to assess aspects of the HSCP Governance Framework which were:

- Review of the Adequacy and Effectiveness of the Risk Management Process;
- Assess the new Directions Policy to ensure compliance with statutory guidance; and
- Monitor the progress of the implementation of the agreed internal audit action plans by HSCP management.

Update on Previous Governance Issues

The 2019/20 Annual Governance Statement set out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. These are updated below:

- Develop a robust Commissioning Plan – this is ongoing and will be considered as part of the development of the new Strategic Plan for 2022 and includes the production of Joint Strategic Needs Assessments (JSNAs). The JSNAs will assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities;
- Increase the % of spend on commissioned social care services being compliant with financial and procurement regulations – significant progress continues to be made and compliance maintained. Since 2019/20 the % of compliant commissioned spend of £48.3m has increased from 79.2% to 97.1% as reported within WDC’s Annual Procurement Report;
- Improve Children and Families case recording and assessment – all actions have been completed and will be maintained through ongoing case sampling, activity reports and a programme of quality assurance being developed by the Lead Officer for Child Protection;
- Improve sickness absence rates – this is ongoing with targeted interventions for areas with higher absence levels to support line managers and ensure individual absences are being managed in an appropriate manner to support return to work;
- Ministerial Strategic Group Review on the Progress of Integration Action Plan – progress continues to be made including the implementation of the Directions Policy. The strong partnership approach (Local Government, Health Boards and HSCPs) in responding to the pandemic including streamlining processes, sharing data and intelligence and supporting Chief Officers supports a number of the improvement actions;
- Strengthen budget setting arrangements with WDC and NHSGGC and produce a robust Medium Term Financial Plan (MTFP) – the 25 March 2020 HSCP Board agreed the MTFP 2020/21 – 2024/25 which was developed based on pre-Covid activity levels and demand assumptions. At the 25 March 2021 meeting the Board accepted the funding offer from WDC and the indicative funding offer from NHSGGC subject to confirmation of all recurring budgets. The MTFP anticipated budget gaps for 2022/23 to 2023/24 were updated with the commitment to revisit them as the HSCP progress through their “Recovery and Renewal Plan”; and
- Review and revise the format of reports to reflect the guidance on Statutory Directions – this is complete. As stated above the new Directions Policy was agreed by the Board on 23 September 2020 and all HSCP Board reports consider the requirement to issue directions.

Governance Issues 2020/21

The 2020/21 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board’s internal control framework. The Council’s Internal Audit Annual Report has concluded that the Council’s control procedures in key areas are operating as expected during 2020/21.

As stated above under “Review of Adequacy and Effectiveness” the Chief Officer of the HSCP completes a self-assessment of the HSCP’s operational performance against the WDC local code. The council’s Chief Internal Auditor has considered this and has identified some areas for improvement which form part of the WDC Annual Governance Statement and progress will be monitored through the Performance Management Review Group (PMRG) and the WDC Audit Committee. These include:

- Further team development and maintenance of strong supervision practices;
- Continue to undertake targeted interventions in high absence areas;
- Stronger process for tracking audit action plans and meeting agreed deadlines; and
- Progress with service reviews within Learning Disability Services, Children and Families and Care at Home to ensure services are fit for the future, post pandemic.

The Health Board's Internal Audit Annual Report has concluded that NHSGGC has a framework of governance and internal control that provides reasonable assurance regarding the effective and efficient achievement of objectives, except in relation to:

- Risk Management; and
- Records Management.

Recovery and Renewal

While there have been fluctuating local infection rates the progress on the lifting of restrictions has been variable. However in recent months with the success of the ongoing Covid-19 Vaccination Programme many services have now fully re-mobilised and others continue to make steady progress. The 23 September HSCP Board considered the "Covid-19 Recovery and Renewal Plan – Keep Building Better, A Journey of Continuous Improvement" (Item 10). A copy of the plan is available [here](#) (Appendix 1, 14) on the HSCP website.

This plan defined: the strategic recovery objectives; an overview of how these objectives would be delivered; the impact of the pandemic on our services and communities; the capacity and financial implications and the governance arrangements. In the months since the HSCP Board has continued to be updated and the 24 June meeting will consider the significant strengths identified in the "Covid-19 Reflection and Learning Strategic Analysis Report", based on the self –assessment online survey undertaken in February, and the identified improvement actions.

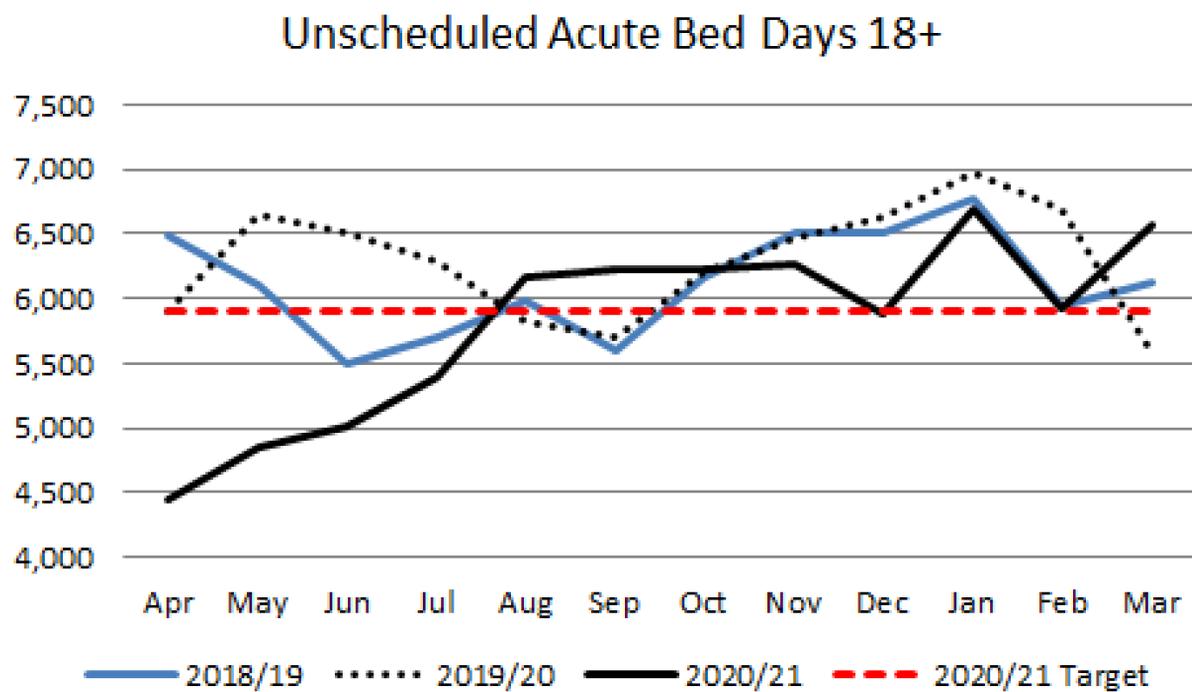
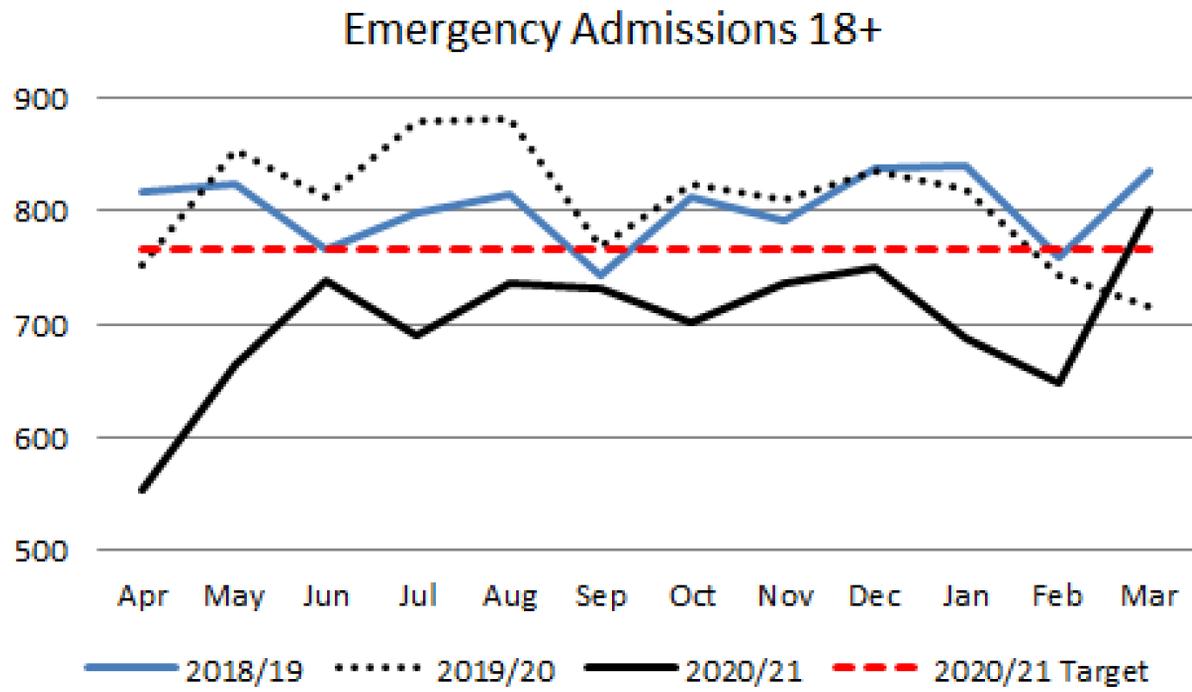
The "new normal" will have an impact on service demand and the financial consequences of this will have to be clearly laid out within the current performance reporting framework.

Appendix 1: Core Integration Indicators

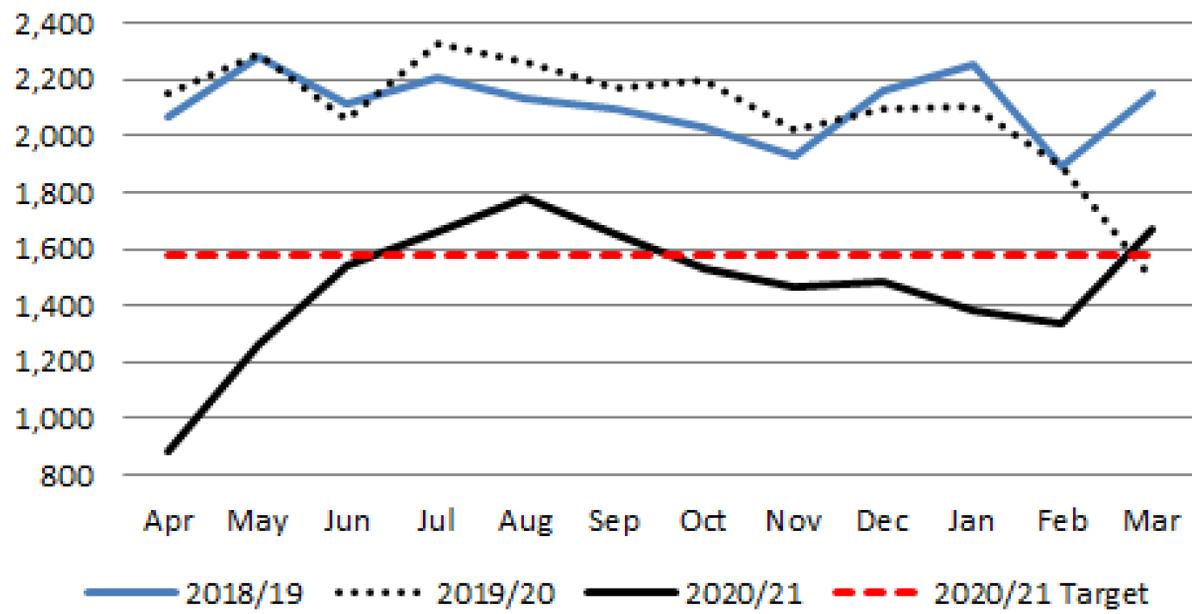
Code	Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
NI-1	Percentage of adults able to look after their health very well or quite well	2019/20	90.70%	92.90%	28	
NI-2	% of adults supported at home who agree that they are supported to live as independently as possible*	2019/20	79.70%	80.80%	21	
NI-3	% of adults supported at home who agree that they had a say in how their help, care or support was provided*	2019/20	82.90%	75.40%	3	
NI-4	Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	2019/20	76.50%	73.50%	10	
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	2019/20	82.80%	80.20%	12	
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2019/20	80.60%	78.70%	15	
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*	2019/20	82.10%	80.00%	11	
NI-8	% of carers who feel supported to continue in their caring role*	2019/20	36.80%	34.30%	7	
NI-9	Percentage of adults supported at home who agree that they felt safe	2019/20	78.90%	82.80%	28	
NI-11	Premature mortality rate per 100,000 persons	2020	608	457	30	
NI-12	Rate of emergency admissions per 100,000 population for adults	2020	12,613	11,100	25	
NI-13	Rate of emergency bed days per 100,000 population for adults	2020	121,300	101,852	28	
NI-14	Rate of readmission to hospital within 28 days per 1,000 discharges*	2020	102	114	10	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2020	90.70%	90.10%	13	
NI-16	Falls rate per 1,000 population aged 65+	2020	19.7	21.7	11	
NI-17	% Proportion of care services graded "good" or better in Care Inspectorate inspections*	2020/21	93.20%	82.50%	1	
NI-18	Percentage of adults (18+) with intensive care needs receiving care at home	2020	70.30%	62.90%	8	
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population*	2020/21	904	488	31	
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2020	21.40%	21.00%	20	

* Also a Local Government Benchmarking Framework Indicator
Please note that NI-10, NI-21 and NI-23 are not currently being reported nationally

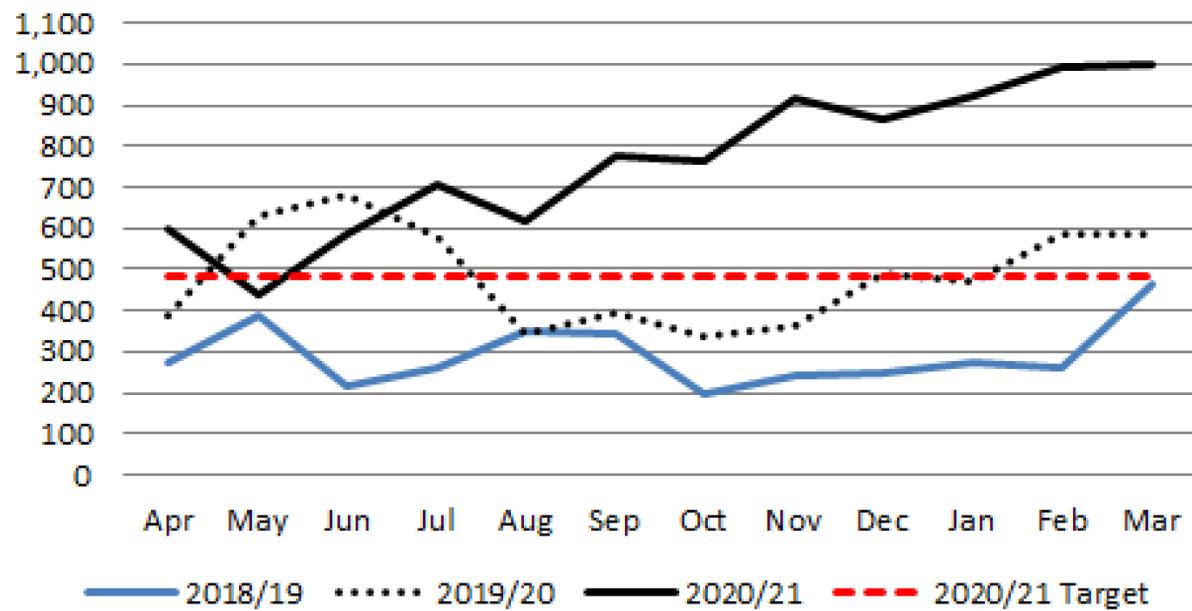
Appendix 2: Ministerial Steering Group Performance



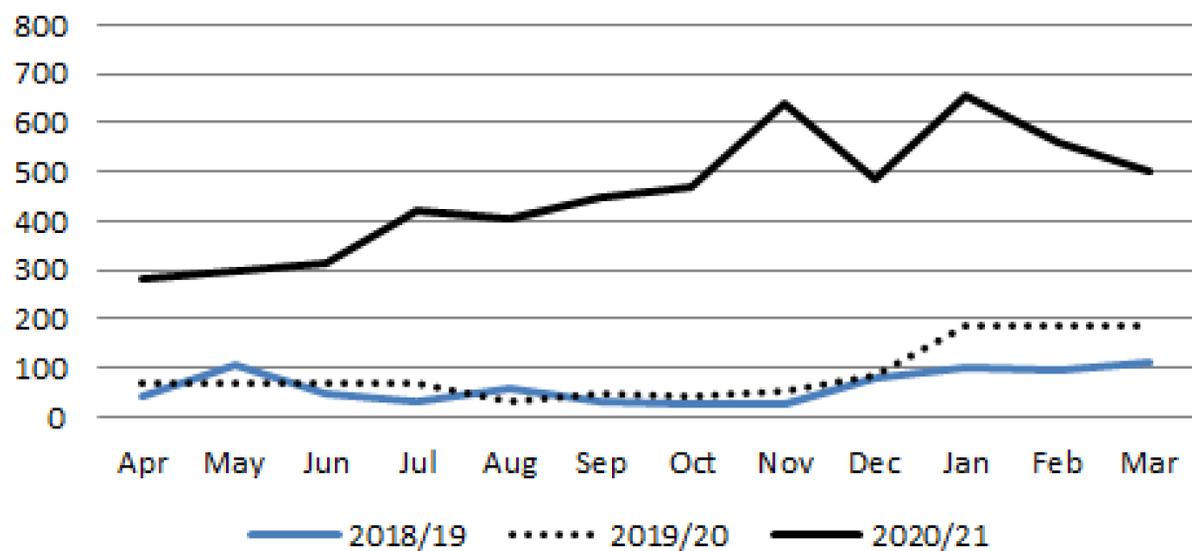
A&E Attendances 18+



Delayed Discharge Bed Days - All Reasons 18+



Delayed Discharge Bed Days - Complex Codes 18+

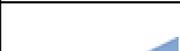
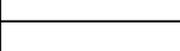


Appendix 3: Local Government Benchmarking Framework

Performance Indicator	Year	WDHSCP	Scotland	WD Ranking	5 Year Trend
The gross cost of "children looked after" in residential based services per child per week £	2019/20	£2,937	£3,853	6	
The gross cost of "children looked after" in a community setting per child per week £	2019/20	£246.62	£349.72	7	
Balance of Care for looked after children: % of children being looked after in the Community	2019/20	91.11%	90.07%	11	
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	2019/20	79.39%	85.70%	31	
% Child Protection Re-Registrations within 18 months	2019/20	2.30%	6.92%	5	
% Looked After Children with more than one placement within the last year	2019/20	17.59%	16.68%	11	
Home care costs for people aged 65 or over per hour £	2019/20	£21.57	£25.99	9	
Self directed support spend for people aged over 18 as a % of total social work spend on adults	2019/20	2.44%	7.77%	31	
% of people aged 65 and over with long-term care needs who receiving personal care at home	2019/20	68.50%	61.65%	6	
Net Residential Costs Per Capita per Week for Older Adults (65+)	2019/20	£525.00	£401.00	28	

Appendix 4: Strategic Plan Key Performance Indicators

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

Priority 1: Early Intervention					
Performance Indicator	2019/20	2020/21		Status	5 Year Trend
	Value	Value	Target		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	92.3%	94.6%	95%		
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.6%	98.1%	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	84.5%	72.8%	95%		
Number of referrals to the Scottish Children's Reporter on care and welfare grounds*	259	370	N/A		
Number of referrals to the Scottish Children's Reporter on offence grounds*	171	120	N/A		
Number of delayed discharges over 3 days (72 hours) non-complex cases	11	14	0		
Number of bed days lost to delayed discharge 18+ All reasons	5,839	9,177	5,839		
Number of bed days lost to delayed discharge 18+ Complex Codes	1,088	5,481	N/A		
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	4,417	6,885	4,417		
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	597	3,538	N/A		
Number of emergency admissions 18+	9,699	8,434	9,180		
Number of emergency admissions aged 65+	4,785	4,114	4,537		
Emergency admissions aged 65+ as a rate per 1,000 population	286	245.9	271		
Number of unscheduled bed days 18+	75,401	69,627	70,940		
Unplanned acute bed days (aged 65+)	51,641	49,511	48,626		
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	3,086.5	2,959.2	2,906		
Number of Attendances at Accident and Emergency 18+	25,061	17,654	18,880		
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25%	25.6%	24%		

Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Number of clients receiving Home Care Pharmacy Team support	1,022	1,379	1,030		
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	26%	67%	90%		
Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	97%	94.8%	95%		
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95.4%	96.6%	90%		
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%		
Number of people receiving Telecare/Community Alarm service – All ages	2,110	1,986	2,200		
Number of patients with an eKIS record	19,861	21,101	N/A		

Priority 2: Access					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Number of people receiving homecare – All ages	1,247	1,340	N/A		
Number of weekly hours of homecare – All ages	9,141	10,309	N/A		
Total number of homecare hours provided as a rate per 1,000 population aged 65+	461.3	515	570		
Percentage of people aged 65 and over who receive 20 or more interventions per week	33.1%	38.5%	35%		
Percentage of homecare clients aged 65+ receiving personal care	96.5%	98.3%	95%		
Number of people aged 75+ in receipt of Telecare – Crude rate per 100,000 population	20,000	19,220	20,945		
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	25.3%	14.5%	30%		
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	32.7%	37.1%	32%		
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	81%	74%	98%		
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	68%	65%	80%		
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	59%	7%	80%		

Priority 3: Resilience					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	40.5%	98.4%	90%		
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	21	7	18		
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	56.2%	58.3%	90%		

Priority 4: Assets					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Prescribing cost per weighted patient	£165.07	£158.51	Average across NHS GGC	Not yet available	
Compliance with Formulary Preferred List	78.64%	78.22%	78%		

Priority 5: Inequalities					
Performance Indicator	2019/20	2020/21			5 Year Trend
	Value	Value	Target	Status	
Balance of Care for looked after children: % of children being looked after in the Community	91.11%	89.20%	90%		
Percentage of looked after children being looked after in the community who are from BME communities	73.68%	73.3%	N/A		
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	71.4%	100%	75%		

*Provisional figures pending the publication of Scottish Children's Reporter Administration Statistic on 30th September 2021.