

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 2 May 2018

Time: 14:00

Venue: Council Chamber, Clydebank Town Hall, Dumbarton Road, Clydebank

Contact: Nuala Quinn-Ross, Committee Officer
Tel: 01389 737210 Email: nuala.quinn-ross@west-dunbarton.gov.uk

Dear Member

ITEMS TO FOLLOW

I refer to the agenda for the above meeting which was issued on 19 April 2018 and enclose a copy of the undernoted reports which were not available for issue at that time.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the
Health & Social Care Partnership

Note referred to:-

5 FINANCIAL PERFORMANCE REPORT AS AT PERIOD 11 (28 FEBRUARY 2018) 147 - 158

Submit report by the Chief Financial Officer providing an update on the financial performance as at Period 11 to 28 February 2018.

6 2018/19 ANNUAL REVENUE BUDGET 159 - 237

Submit report by the Chief Financial Officer:-

- (a) providing details of the proposed 2018/19 budget allocations from our funding partners, NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council; and
- (b) providing details of the options for closing the funding gap taking cognisance of the responses from the public and staff to the 2018/19 HSCP Board's Budget Consultation Survey.

Distribution:-

Voting Members

Marie McNair (Chair)
Denis Agnew
Allan Macleod
John Mooney
Rona Sweeney
Audrey Thompson

Non-Voting Members

Barbara Barnes
Beth Culshaw
Kenneth Ferguson
Wilma Hepburn
Jackie Irvine
Chris Jones
John Kerr
Neil Mackay
Diana McCrone
Anne MacDougall
Kim McNabb
Janice Miller
Peter O'Neill
Selina Ross
Julie Slavin
Alison Wilding

Senior Management Team – Health & Social Care Partnership

Date of issue: 26 April 2018

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE
PARTNERSHIP BOARD: 2 MAY 2018

Subject: Financial Performance Report as at Period 11 (28 February 2018)

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 11 to 28 February 2018.

2. Recommendations

- 2.1** The HSCP Board is recommended to:

- Note the updated position in relation to budget movements on the 2017/18 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- Note that revenue position for the period 1 April 2017 to 28 February 2018 is reporting an overspend of £0.922m (-0.70%);
- Note the projected 2017/18 outturn position of £1.283m (-0.86%) and the potential impact on the projected outturn reserves position;

3. Background

- 3.1** As laid down within the Financial Regulations, each HSCP Board is presented with a financial revenue monitoring report based on the latest completed financial period, updated for any known material movements.

- 3.2** The 2017/18 financial year ended on 31 March 2018, however the timing of this May Board meeting coupled with the complexities of closing down the annual accounts for the HSCP and adhering to the year-end timetables of both WDC and NHSGGC means that Period 11 position (as at 28 February 2018) is the most complete period available.

- 3.3** The projected overspend contained within this report will be subject to change as the year end process progresses, however all efforts have been made to ensure that any movement will not be material. As agreed with external audit, any significant changes will be clearly presented as part of the report on the 2017/18 draft unaudited accounts.

3.4 Greater Glasgow and Clyde Health Board Allocation

- 3.5** The agreed NHSGGC 2017/18 roll forward budget allocation to the HSCP Board was £84.413m. The budget changes up to period 9, including Social Care Fund, resulted in an adjusted budget of £88.137m being reported to the February 2018 HSCP Board.

- 3.6 Since the February 2018 HSCP Board report the following budget adjustments have taken place from Period 10 to Period 11 revising the net expenditure budget to £87.907m.

	£000
Revised 2017/18 HSCP Budget at Period 9	88,137
Additional Allocations of:	
Scottish Government allocation of MSK Physio Trauma & Ortho	358
Deductions of:	
NHS Highland Income from A&B patient flow 2017/18 actual	-588
Revised 2017/18 HSCP Budget at Period 11	<u><u>87,907</u></u>

3.7 West Dunbartonshire Council Budget Allocation

- 3.8 At the meeting of West Dunbartonshire Council on 22 February 2017, Members agreed the revenue estimates for 2017/2018, including a total net West Dunbartonshire Health & Social Care Partnership budget of £60.673m.

- 3.9 Budget changes up to Period 9 revised the net budget to £60.614m. There have been a number of budget adjustments which will impact on year end budget allocation revising the total to £60.546m.

	£000
Revised 2017/18 HSCP Budget at Period 9	60,614
Additional Allocations of:	
Apprentice Levy	152
Deductions of:	
Contribution to Capital for Furniture & Fittings Crosslet House	-136
Previously approved procurement and structure savings	-84
Revised 2017/18 HSCP Budget at Period 11 (adjusted)	<u><u>60,546</u></u>

4. Main Issues

4.1 Summary Position

- 4.2 The WDHSCP revenue position for the period 1 April to 28 February 2018 is reporting an overspend of £0.922m (-0.70%).
- 4.3 The 2017/18 projected overspend of £1.283m (-0.86%) is based on figures presented as at 28 February 2018, extrapolated until 31 March 2018 and includes any material accruals completed at this stage of the year end accounts

closure process. This projected outturn amount has remained consistent with the previously reported year end forecast which was £1.277m (-0.86%), however as stated in sections 3.1 – 3.3 there is potential for movement, coupled with assumptions made around the potential additions to reserves. Final outturn figures and recommendations on reserves will be presented to the June HSCP Audit Committee within the draft 2017/18 unaudited accounts.

- 4.4** The summary position is reported within the following table and the significant variances affecting the overall current position reported above are highlighted within sections 4.5 - 4.18 of this report. Detailed breakdowns of costs at care group level are reported in Appendix 1 and impact on Reserves in Appendix 2.

Table 1: Summary Financial Information as at 28 February 2018

	Annual Budget	YTD Budget	YTD Actuals	Variance	Variance	Forecast	Full Year Variance	Variance
	£000's	£000's	£000's	£000's	%	Full Year	£000's	%
Health Care	93,120	85,540	85,720	(180)	-0.21%	93,300	(180)	-0.19%
Social Care	86,623	72,496	73,122	(626)	-0.86%	87,969	(1,346)	-1.55%
Expenditure	179,743	158,036	158,842	(806)	-0.51%	181,269	(1,526)	-0.85%
Health Care	(5,213)	(4,973)	(4,973)	0	0.00%	(5,213)	0	0.00%
Social Care	(26,077)	(22,004)	(21,888)	(116)	0.53%	(26,320)	243	-0.93%
Income	(31,290)	(26,977)	(26,861)	(116)	0.43%	(31,534)	243	-0.78%
Health Care	87,907	80,567	80,747	(180)	-0.22%	88,087	(180)	-0.20%
Social Care	60,546	50,492	51,234	(742)	-1.47%	61,649	(1,103)	-1.82%
Net Expenditure	148,453	131,059	131,981	(922)	-0.70%	149,736	(1,283)	-0.86%

Members should note that NHS Health financial convention of reporting overspends as negative variances (-) and underspends as positive variances (+) has been adopted for all financial tables within the report.

4.5 Significant Variances – Health Services

- 4.6** The overall net position at 28 February 2018 is £0.180m (-0.22%) overspent. It is anticipated that the outturn can also be held at this position, which is an improvement of £0.100m on the previously reported projected outturn.

- 4.7** As reported to the February Board there are financial challenges around meeting elements of the approved 2016/17 savings around Mental Health and School Nursing staff restructuring and the cost of carrying displaced staff. As part of the HSCP Board's financial strategy all efforts have been made to secure efficiencies in-year and unapplied discretionary non-recurring funding. However reserves may be required to smooth out the impact of unachieved savings programmes. The key areas are:

- **Adult Community Services** – is continuing to report an overspend of £0.250m due to nursing costs for a specialist care package, EQUIPU pressure for aids provided at hospital discharge and the HSCP's share of the redesign of complex continuing care services across NHSGGC. The 2018/19 budget construction exercise has taken cognisance of an element of these pressures.
- **Mental Health – Adult Community and Elderly Services** is reporting a combined reduced current overspend of £0.015m. The approved 2016/17 saving of £0.246m was to be achieved by a review of posts, skills mix and service delivery across all CMHTs. However the significant work ongoing on the 5 year Mental Health Strategy for Adult Mental Health Services within NHSGGC and the potential recommended outcomes has required that a prudent approach is taken regarding changes to our current community provision. Management action has delivered a significant level of non-recurring savings mainly through vacancy management which should deliver a close to breakeven position by year end.
- **Child Services – Specialist and Community** are reporting an overall current overspend of £0.200m, mainly due to unachieved staff savings as referred to in 4.7 above and the cost of covering maternity leave in SLT services.
- **Planning and Health Improvement** - is reporting an underspend of £0.170m mainly due to delay in application of discretionary funding commitments. Any unallocated funds with commitments rolling over into 2018/19 will be transferred to reserves.
- **Hosted Services – MSK Physiotherapy and Retinal Screening** – are reporting underspends of £0.080m and £0.040m respectively. These are due to staff vacancies and maternity leave but with drives on waiting times initiatives there has been some enhancement to staffing, however recruitment to temporary posts can be challenging. Any underlying underspends have been highlighted as potential savings options for 2018/19.

4.8 GP Prescribing for Partnerships in 2017/18

4.9 The Prescribing Efficiency Group and prescribing personnel throughout HSCPs' and NHSGGC have continued to deliver on the numerous work programmes aimed to help mitigate 2017/18 costs, future year's inflationary cost and demand pressures on drugs. However it is recognised at a national level that the additional costs of drugs on short supply and the level of off-patent savings has reached a level that cannot be fully managed by efficiency programmes. At a NHSGGC Board level, the final year end accrual position has been calculated using actual data to January 2018 and estimates for February and March projections resulting in a £6.5m prescribing budget deficit in 2017/18.

4.10 However as previously reported, the 2017/18 budget allocation from NHSGGC maintained GP Prescribing budgets at 2016/17 "cash levels" which

resulted in an additional £1m being held non-recurrently as a contingency. The application of this will reduce the final overall position to £5.5m and the “risk sharing agreement”, where the Board continues to manage the budget collectively on behalf of all partnerships, would continue until the end of the financial year. Therefore with risk sharing in place for 2017/18 the budget position for the 6 HSCPs’ is shown as breakeven.

4.11 For WDHSCP the underlying year end overspend it is £0.201m, after application of £0.093m share of contingency. The final analysis of the impact of short supply, off patent and demand pressures is being worked through at a NHSGGC Board level.

4.12 This current position will impact significantly on the cost of prescribing in 2018/19 and will be exacerbated by further inflationary pressure. The volatility of global market has led to significant swings in the 2018/19 planning assumptions ranging from a December 2017 prediction of 5% increase (or £11.5m across HSCPs) to an improved March 2018 prediction of 2.8% increase (or £6.6m across HSCPs).

4.13 With the ending of the risk sharing arrangement for partnerships, prescribing costs represent the greatest financial risk to the on-going success of the HSCPs and this is acknowledged by the Scottish Government.

4.14 Significant Variances – Social Care

4.15 The net overspend position at 28 February 2018 is £0.742m (-1.47%). However the impact of the significant work on finalising the year-end position is projecting the overspend could be £1.103m (-1.82%).

4.16 The previously reported pressure, mainly due to significant increase in demand within Children and Family Services for placements within fostering, kinship care and residential schools, is still the main contributory factor, with the position worsening in the last quarter.

4.17 To help mitigate some of the pressure management action to secure any reductions in planned expenditure across all services has been taken wherever possible. As stated in 4.3 there is potential to reduce the current projected overspend by reducing the potential additions to earmarked reserves and therefore reducing the amount to be drawn down from general reserves. The overall closing balance would remain unchanged, however in line with the Reserves Policy; the recommended position is to hold a general reserve at a level of at least 2% of controllable expenditure.

4.18 The current key variances are detailed below:

- **Residential Schools** – is reporting an overspend of £0.558m, an increase from the previous report due to an additional secure residential placement. This is an extremely volatile budget and the childcare managers review alternatives to high cost placements on a weekly basis with the desired

outcome being the transfer of the young person to appropriate and supportive services within the community.

- **Community Placements** – is reporting a current overspend £0.616m, again an increase on the previously position and mainly due to backdating of kinship payments for a small number of carers. The current kinship and foster care pressure has been reflected in 2018/19 budget considerations.
- **Residential Accommodation for Younger People** – is reporting an overspend of £0.179m related to additional staff costs in our children’s homes covering absence, auto-enrolment and vacancies. There are some long term sick absence cases, which are being sensitively managed and other short term cases that are under review by senior management.
- **Other Services Young People** – this group of services including “throughcare”, respite, self directed support and payments to other bodies is reporting an underspend of £0.067m. Some of these current efficiencies will continue into 2018/19.
- **Residential Accommodation for Older People** - is reporting a year to date overspend £0.576m, attributed to the delay in the opening of the new Dumbarton Care Home and the knock on impact of some double running and higher than anticipated staff absence cover costs. Significant work is being undertaken by the older people budget managers to minimise absence covered by the use of overtime and agency staff. Also the income anticipated from the sale or charge over the property of long term care home residents is less than anticipated. The cost of SLW has increased care home fees at a time when local house values have remained flat.
- **Homecare** - is reporting an overspend of £0.331m mainly due to payments to external providers, premium rate overtime, transport costs and a shortfall in income against budget. Internal Audit have recently completed a follow up review of overtime across WDC and have highlighted that Homecare must improve on scheduling efficiencies in the use of CM2000 by internal homecare workers.
- **Sheltered Housing** – is reporting an underspend of £0.099m due to previously reported level of vacancies.
- **Other Services (incl. Social Care Fund)** – are reporting cumulative underspends of £0.440m. This consists of a variety of in-year efficiencies secured to help mitigate front line service delivery pressure; e.g. support staff vacancies, less than anticipated standby contract costs, social care fund resources for SLW not fully applied as guidance on sleepovers from Scottish Government not as prescriptive as expected.
- **Additional Support Needs Client Packages** – across clients with mental health issues, learning and physical disabilities there is an accumulation of underspends totalling £0.911m. This includes additional savings from further

small reductions in the number of high tariff, complex mental health and learning disability clients in receipt of high cost care packages. However the additional costs in 2018/19 to enhance sleepovers to living wage levels and anticipated increase in demand in young people with additional support needs transition into adult services will impact on future commitments.

4.19 Housing Aids and Adaptations and Care of Gardens

4.20 Housing Aids and Adaptations and Care of Gardens services for social care are also part of the HSCP Board total resource for 2017/18.

4.21 The budgets are currently held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2017/18 budget based on existing resources for Care of Gardens is £0.500m and Aids and Adaptations is £0.250m.

4.22 The summary position for the period to 28 February 2018 is reported in the table below and reports an overall projected spend of £0.830m against the full year budget, resulting in an overspend of £0.080m, which will be reported as part of WDC's outturn position.

	Budget	Actual	Variance	Forecast
Care of Gardens	500,000	571,845	-71,845	580,000
Aids & Adaptations	250,000	154,987	95,013	250,000
Total	750,000	726,832	23,168	830,000

5. 2017/18 Capital Expenditure

5.1 The progress to date of the individual "live" schemes funded by WDC and NHSGGC for the Health Social Care Partnership is detailed below.

5.2 The Project Board of the 4 April 2018 was updated with the key milestones and the project interdependencies of the new Clydebank Health and Care Centre and the Clydebank Care Home; flagship builds integral to the Queen's Quay Masterplan.

5.3 The Planning Application for the Clydebank Health and Care Centre has now been submitted to WDC with anticipated approval by June 2018. Stage 2 design is progressing and this will inform the costs to be included in the Full Business Case (FBC) which is required to go through a number of approval processes before submission to the Scottish Government Capital Investment Group (CIG) in October 2018. Completion of the project is expected to be April 2020.

5.4 The latest financial assessment of costs has confirmed there is likely to be a gap of approximately £0.125m on the total £19.0m approved budget. The main reason is the increase in the building industry standard inflation indices applied to the design. These indices are recognised as being volatile and are

reviewed regularly. The responsibility of covering any shortfall sits with the HSCP Board, therefore all efforts will be made to negate any additional cost or the shortfall will require being built into the 2020/21 budget pressures.

- 5.5** The summary of the social care capital expenditure position is detailed in Appendix 3 and any significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.
- 5.6** Planning consent for the new Clydebank Care Home was agreed by WDC Planning Committee on 31st May 2017. As reported to the last HSCP Board, there were two tenders received which were subject to a rigorous Quality and Commercial Review by WDC Technical Services and Procurement Teams.
- 5.7** Throughout March and April there has been significant communication with both bidders regarding technical queries and quantification of risk tolerance build into the tenders. Until complete the tender prices remain commercially sensitive, however it was clear to the project board that the remaining capital budget of £11.88m would be insufficient to progress with the project. A request to increase this budget by the re-profiling of WDC Capital Plan was agreed on 5 March 2018 with an increase to the budget of £2.4 million.
- 5.8** It is anticipated that the contract will be awarded by mid May 2018 with the build commencing in the next couple of months. Based on a 78 week build time, the new care home should be complete by November 2019.

6. People Implications

- 6.1** None.

7. Financial Implications

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

8. Professional Implications

- 8.1** None.

9. Locality Implications

- 9.1** None.

10. Risk Analysis

- 10.1** The main financial risks to the ongoing financial position relate to currently unforeseen costs and issues arising between now and the financial year end.

11. Impact Assessments

11.1 None.

12. Consultation

12.1 This report has been provided to the Health Board Assistant Director of Finance and the Council's Head of Finance and Resources.

13. Strategic Assessment

13.1 Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

Julie Slavin – Chief Financial Officer

Date: 21 April 2018

Person to Contact: Julie Slavin – Chief Financial Officer, Hartfield Clinic,
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Appendices: Appendix 1 – 2017/18 Financial Update as at Period 11
Appendix 2 – Projected Reserves Position as at 31/03/18
Appendix 3 – WDC Capital Expenditure Update as at Per 11

West Dunbartonshire Health & Social Care Partnership					Appendix 1	
Financial Year 2017/18 period 11 covering 1 April to 28 February 2018						
	Annual Budget	Year to date Budget	Actual	Variance	Forecast	Variance
	£000's	£000's	£000's	£000's	Full Year	£000's
Health Care Expenditure						
Planning & Health Improvements	897	799	632	167	717	180
Children Services - community	2,483	2,363	2,481	(119)	2,608	(125)
Children Services - specialist	1,588	1,456	1,535	(79)	1,673	(85)
Adult Community Services	9,789	8,626	8,825	(199)	10,009	(220)
Community Learning Disabilities	547	502	508	(7)	547	0
Addictions	1,849	1,680	1,672	8	1,849	0
Men Health - Adult Inpatient	0	0	0	(0)	0	0
Mental Health - Adult Community	4,303	3,971	3,731	240	4,303	0
Mental Health - Elderly Inpatients	3,104	2,857	3,112	(254)	3,104	0
Family Health Services (FHS)	24,816	22,663	22,663	0	24,816	0
GP Prescribing	19,250	18,235	18,236	(1)	19,250	0
Other Services	2,353	1,761	1,850	(89)	2,403	(50)
Resource Transfer	15,161	14,259	14,259	0	15,161	0
Hosted Services	6,981	6,369	6,217	152	6,861	120
Expenditure	93,120	85,540	85,720	(180)	93,300	(180)
Income	(5,213)	(4,973)	(4,973)	0	(5,213)	0
Net Expenditure	87,907	80,567	80,747	(180)	88,087	(180)
	Annual Budget	Year to date Budget	YTD Budget	Variance	Forecast	Variance
	£000's	£000's	£000's	£000's	Full Year	£000's
Social Care Expenditure						
Strategy Planning and Health Improvement	1,069	972	882	90	965	104
Residential Accommodation for Young People	3,473	3,215	3,395	(180)	3,723	(250)
Children's Community Placements	3,472	3,138	3,822	(684)	4,240	(768)
Children's Residential Schools	827	827	1,385	(558)	1,564	(737)
Childcare Operations	3,928	3,435	3,506	(71)	4,035	(107)
Other Services - Young People	3,960	3,137	3,050	87	3,917	43
Residential Accommodation for Older People	7,546	6,619	7,037	(418)	8,052	(506)
External Residential Accommodation for Elderly	12,578	11,429	11,482	(53)	12,685	(107)
Homecare	13,940	11,748	11,937	(189)	14,203	(263)
Sheltered Housing	1,954	1,587	1,487	99	1,855	99
Day Centres Older People	1,217	1,043	1,069	(26)	1,272	(55)
Meals on Wheels	75	65	59	5	68	7
Community Alarms	347	306	324	(18)	414	(67)
Community Health Operations	2,652	2,397	2,382	15	2,669	(17)
Residential - Learning Disability	14,249	11,114	10,494	620	13,749	500
Day Centres - Learning Disability	1,954	1,683	1,669	14	1,936	18
Physical Disability	3,007	2,545	2,471	75	2,981	27
Addictions Services	1,826	1,613	1,588	25	1,788	38
Mental Health	3,897	3,100	2,926	174	3,652	245
Criminal Justice	1,979	1,543	1,530	13	1,970	9
HSCP - Corporate	2,673	980	627	353	2,232	442
Expenditure	86,623	72,496	73,122	(626)	87,969	(1,346)
Income	(26,077)	(22,004)	(21,888)	(116)	(26,320)	243
Net Expenditure	60,546	50,492	51,234	(742)	61,649	(1,103)
	Annual Budget	Year to date Budget	Actual	Variance	Forecast	Variance
	£000's	£000's	£000's	£000's	Full Year	£000's
Consolidated Expenditure						
Older People Residential, Health and Community Care	36,157	32,071	32,664	(593)	37,024	(867)
Homecare	13,940	11,748	11,937	(189)	14,203	(263)
Physical Disability	3,007	2,545	2,471	75	2,981	27
Children's Residential Care and Community Services (incl specialist)	19,731	17,570	19,175	(1,605)	21,760	(2,029)
Strategy Planning and Health Improvement	1,966	1,772	1,514	258	1,682	284
Mental Health Services - Adult & Elderly						
Community and Inpatients	11,304	9,928	9,768	160	11,059	245
Addictions	3,675	3,293	3,260	33	3,637	38
Learning Disabilities - Residential and Community Services	16,750	13,299	12,671	627	16,232	518
Family Health Services (FHS)	24,816	22,663	22,663	0	24,816	0
GP Prescribing	19,250	18,235	18,236	(1)	19,250	0
Hosted Services	6,981	6,369	6,217	152	6,861	120
Criminal Justice	1,979	1,543	1,530	13	1,970	9
Resource Transfer	15,161	14,259	14,259	0	15,161	0
HSCP Corporate and Other Services	5,026	2,741	2,476	265	4,635	392
Gross Expenditure	179,743	158,036	158,842	(806)	181,269	(1,526)
Income	(31,290)	(26,977)	(26,861)	(116)	(31,533)	243
Total Net Expenditure	148,453	131,059	131,981	(922)	149,736	(1,283)

RESERVES POLICY - 2% TARGET FOR UNEARMARKED RESERVES**£2.492m****PROJECTED RESERVES POSITION 31/03/18: UNEARMARKED RESERVES****£0.884m**

Earmarked Balance:	Opening Bal	Drawdown	Additions	Final Bal	Movement
Integrated Care Fund	555,324	-348,000	384,756	592,080	
Delayed Discharge	170,937	-170,937	103,331	103,331	
GIRFEC NHS	174,612	-45,056		129,556	
GIRFEC Council	14,836	-1,503		13,333	
Criminal Justice - transitional funds	60,300	-38,944	50,000	71,356	
DWP Conditions Management	184,153	-4,922		179,231	
TEC (Technology enabled care) project	117,648	-48,866	103,061	171,843	
Primary Care Transformation Fund (incl CQL)	25,500	0	239,689	265,189	
SMT Leadership development fundng	3,000	-3,000		0	
Social Care Fund -Living wage	832,516		390,000	1,222,516	
Social Care Fund - Service Redesign and Transformation	1,000,000	-168,978	975,000	1,806,022	
Social Care Fund - Carers Act Implementation	0		37,000	37,000	
Physio waiting times initiative	75,000		50,000	125,000	
CHCP 15-16 savings	274,000	-280,000		-6,000	
Retinal Screening Waiting List Grading Initiative	0		60,000	60,000	
GP Premises Improvement Funding	0		47,000	47,000	
MSK Ortho Project	0		358,502	358,502	
MSK Govan SHIP Project Funding	0		31,049	31,049	
	3,487,826	-1,110,206	2,829,388	5,207,008	1,719,182

Unearmarked Balance:	Opening Bal	Drawdown	Additions	Final Balance	Movement
General Reserves	2,080,797	-1,283,000	86,074	883,871	-1,196,926

Total Reserves:	Opening Bal	Drawdown	Additions	Final Balance	Movement
Earmarked & Unearmarked	5,568,623	-2,393,206	2,915,462	6,090,879	522,256

WEST DUNBARTONSHIRE COUNCIL
 GENERAL SERVICES CAPITAL PROGRAMME
 ANALYSIS OF PROJECTS AT RED AND GREEN ALERT STATUS

APPENDIX 3

MONTH END DATE 28 February 2018

PERIOD 11

Budget Details	Project Life Financials				
	Budget	Spend to Date		Forecast Spend	Forecast Variance
	£000	£000	%	£000	£000
Special Needs Adaptations & Equipment					
Project Life Financials	655	592	90%	655	0
Current Year Financials	655	592	90%	655	0
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients				
Project Lifecycle	Planned End Date	31-Mar-18	Forecast End Date	31-Mar-18	
Main Issues / Reason for Variance					
No issues to report at this time					
Mitigating Action					
None required at this time					
Anticipated Outcome					
Provision of adaptations and equipment to HSCP clients as anticipated					

Budget Details	Project Life Financials				
	Budget	Spend to Date		Forecast	Forecast Variance
	£000	£000	%	£000	£000
Replace Elderly Care Homes and Day Care Centres					
Project Life Financials	25,263	13,768	54%	27,463	(2,200)
Current Year Financials	6,981	338	5%	405	6,576
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas				
Dumbarton Care Home Opening Dates				Opening Date	07-Jul-17
Clydebank Care Home Opening Dates	Planned Opening Date	31-Jan-19	Forecast Opening Date	30-Sep-19	

Main Issues / Reason for Variance
 Dumbarton Care Home achieved practical completion on 28th April 2017 with retention due April 2018. All residents now in new home with provision of day care from 7th July. Transition of staff and residents now complete. HSCP completed reimbursement of spend to date on loose FF&E (£0.136m). WDC continue to work with Hub West and Morgan Sindall to agree statement of final account. In relation to Clydebank Care Home planning consent was granted on 31st May at Planning Committee with conditions which are subject to ongoing work to discharge. This project is currently tracking an overspend based on latest cost estimates, however this position will be reflected upon evaluation of tender returns received on 6 December. It is anticipated that work will commence on-site by end of April 2018, subject to the outcome of the tender process. Delay in achieving planning consent (linked to Masterplan Phase 1 which had to be determined first) and finalising more specific detail to tender (taking account of lessons learned from Dumbarton Care Home and site-specific matters and district heating) has subsequently changed the forecast end date. Budgets will be required to be re-profiled due to amended programme of build, resulting in budget moved to 18/19. At the WDC 2018/19 Budget Setting meeting on 5 March 2018, members agreed to the re-profiling of the council's 10 year capital plan, including an addition of £2.2m for this project to mitigate the likely outcome of the tender process and subsequent award of the contract.

Mitigating Action
 Due to the complexity of both the relationships and co-dependencies with other neighbouring projects being developed at the same time the ability to mitigate within the project scope of control is limited – corporately, mitigation rests with delivery of programmes for overall Queens Quay Masterplan and in particular District Heating System.

Anticipated Outcome
 New Care home provision in Clydebank has been delayed for the reasons given above, however all efforts will be made to appoint the successful contractor by the end of April 2018 and have a construction start date as soon as possible.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE
PARTNERSHIP BOARD: 2 MAY 2018

Subject: 2018/19 Annual Revenue Budget

1. Purpose

1.1 To provide the Health and Social Care Partnership Board (HSCP) with:

- The proposed 2018/19 budget allocations from our funding partners, NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council; and
- The options for closing the funding gap taking cognisance of the responses from the public and staff to the 2018/19 HSCP Board's Budget Consultation Survey.

2. Recommendations

2.1 The HSCP Board is recommended to:

- Approve the 2018/19 Social Care Revenue Estimates figure of £63.633m required to deliver the strategic priorities of the HSCP Board;
- Accept the 2018/19 West Dunbartonshire Council payment contribution of £63.422m, approved by Council on 5 March 2018;
- Consider the responses of the public consultation on savings options available to close the 2018/19 funding gap;
- Approve savings options in 2018/19 of £0.597m to close the current social care gap and allow for an element of financial sustainability in the coming years;
- Approve the 2018/19 Health Care Revenue Estimates figure of £88.637m required to deliver the strategic priorities of the HSCP Board;
- Accept the 2018/19 NHS Greater Glasgow and Clyde payment contribution of £88.085m, based on the principles approved by NHSGGC Health Board on 17 April 2018;
- Approve savings options in 2018/19 of £0.619m to close the current health care gap; and
- Note the indicative 2018/19 set aside budget.

3. Background

3.1 This report follows from and builds upon the series of budget update reports presented to the HSCP Board in December 2017 and February 2018, covering the funding implications of the Scottish Government 2018/19 budget allocations to Local Authorities and Health Boards and the potential impact on their subsequent budget contribution offers to the HSCP Board.

3.2 As in previous years, the Scottish Government budget settlement covered one year only and did not include any material details of spending plans beyond 2018/19. They have however published some high level figures for 2019/20 which indicate that the public sector will continue to face a challenging medium term financial outlook as the UK Government continues with its austerity plans. The key messages from the 14 December 2017 financial settlement offers were:

- For Health Boards: “...it will allow for progress to be made in delivering the commitment that more than half of frontline spending will be in community health services by the end of the parliament. The funding is designed to support a further shift in the share of the frontline NHS budget dedicated to mental health and to primary, community and social care”, and
- For Local Authorities: “an additional£66m to support additional expenditure on social care in recognition of a range of pressures that integration authorities are facing.” This included the implementation of the Carers (Scotland) Act 2016, Living Wage including sleepovers and preparation for the implementation of the extension of free personal and nursing care.

3.3 The Integration Scheme sets out services delegated to WDHSCP and the principles of the funding allocated by the two partner bodies. Under the terms of the scheme, partner organisations should make appropriate arrangements to fund pay awards, contractual uplifts, the impact of demographic change and determine efficiency targets as part of their respective budget setting processes.

3.4 West Dunbartonshire Council set its 2018/19 budget on 5 March 2018 and NHS Greater Glasgow and Clyde received approval for its 2018/19 Financial Plan on 17 April 2018.

3.5 The report to the HSCP Board on 14 February 2018 detailed for both social care and health care, the potential 2018/19 budget gap in relation to; 2017/18 current pressures, estimation of further demographic increases, inflationary pressure and reduced partner funding allocations. These will be updated throughout the report based on the most up to date cost pressure information and the approved funding offers from WDC and NHSGGC.

3.6 The HSCP Board also approved that the savings options identified to close the projected gap, be released for public consultation for the period of 4 weeks from 6 March 2018.

4. Main Issues

4.1 As detailed in previous budget reports, the Chief Financial Officer for the HSCP Board has a statutory duty (Sect.95 responsibility) to set a balanced budget.

- 4.2** At the 20 December 2017 Special Meeting, the HSCP Board was presented with progress on the 2018/19 budget setting exercise, including the projected budget gap based on a number of funding assumptions. A set of savings options for both social care and health care were also included for consideration and release for public consultation. The HSCP Board agreed to defer the decision on consultation until negotiations with our funding partners were further progressed.
- 4.3** The HSCP Board of 14 February 2018 was presented with an update on the 2018/19 budget setting assumptions, including confirmation on Scottish Government funding settlements to local authorities and health boards, which did not include any specific directions on funding allocation IJBs, a change from the 2017/18 funding settlement.
- 4.5** There was however confirmation of additional funding on £66m to support social care (sect 3.2 above) and £175m for investment to reform health services. There is however significant expectations around maintaining levels of spend within mental health and alcohol and drug partnerships before any additional funding will be released.
- 4.6** Given the additional funding was to be directed to new commitments and the potential budget gap to the HSCP in 2018/19 was averaging 4.26% (see table below), the Board agreed for the savings options to be released for public consultation on 6 March 2018 the day following West Dunbartonshire Council's full council meeting to set its 2018/19 budget.

Summary of 2018/19 Budget Gap and Savings Options to previous HSCP Board Meetings:

	2018/19 Pressures - 20 Dec 17 HSCP Board £000	2018/19 Pressures - 14 Feb 18 HSCP Board £000	% of Controllable Budget %
Health Care - reflects verbal update 14 Feb 18	1,316	1,146	3.95%
Social Care	2,201	2,671	4.40%
Total	3,517	3,817	4.26%
Part Year Effect of Savings Options (excl Men Health)		-2,437	-2.72%
Total - Revised Gap based on assessed pressures		1,380	
Projected available reserves at close of 2017/18		804	

4.7 Public Consultation

- 4.8** The HSCP undertook a process of budget consultation for the first time this year. The consultation opened on the HSCP website on Tuesday 6 March and closed on Wednesday 4 April, with prompts to staff and the wider community throughout this period. There was a request for one focus group

and there were individual comments sent directly to Heads of Service which were added into the final collation of responses.

- 4.9** The consultation objective was to inform residents and staff about the proposed range of budget savings options across the social care and health care services delegated to the HSCP Board, on the basis of projected funding allocations from both WDC and NHSGGC funding partners. There were offerings from the Chief Officer to all internal and external stakeholders of one to one meetings, discussions within groups as well as an on line survey which was publicised via social media, direct mailing to staff and partners as well as to external organisations.
- 4.10** Participants were provided with the range of budget savings options, including the value of the full year financial impact of each saving. For social care, in keeping with WDC's public consultation process, they were asked to comment on whether they agreed or disagreed with each option. For health care, although Health Boards are not required to publically consult on savings options, the HSCP Board agreed to include them in the consultation exercise for information only. Additionally participants were asked to offer suggestions for where they felt there were opportunities for other budgets reviews or alternatives.
- 4.11** A total of 335 people participated in the consultation process throughout this period and the full results, including comments are provided in Appendix 1:
- 172 residents of West Dunbartonshire (51.34%);
 - 68 members of staff working within the Health and Social Partnership Board who live in the local area (20.30%);
 - 47 members of staff working within the Health and Social Care Partnership Board who live in another area (14.03%);
 - 42 local residents and employees of the Council (12.54%);
 - 1 Councillor of West Dunbartonshire Council (0.30%) and
 - 5 none of the above (1.49%).
- 4.12** The responses on the agree/disagree question have been added to the original set of social care savings options, presented to the 20 December 2017 Special HSCP Board. These can be seen in Appendix 2, which also groups the value of the "Agree" percentage response in different bandings.
- 4.13** The initial estimation of the value of the savings options which could be achieved part year in 2018/19 was £1.750m. The public consultation gave a positive response of 60% and above for savings totalling £1.329m with the response below 60% totalling £0.421 million.
- 4.14** Whilst appreciating the time taken by those who completed the consultation survey, the numbers are very small in relation to the population of West Dunbartonshire.

4.15 HSCP Reserves

4.16 The Reserves Policy recommends that as part of the annual budget setting exercise the Chief Financial Officer should review the current level of reserves, estimate the year end position and assess their adequacy in light of the medium term financial outlook.

4.17 The current policy recommends a general reserve level of 2% of the net expenditure budget for health and social care. Based on the current 2017/18 net budget position of £148.453m less £23.828m for Family Health Services, this gives a general reserve target of £2.492m.

4.18 The opening reserves position for 2017/18 was £2.081m for unearmarked (general) reserves and £3.488m earmarked. The current Financial Performance Report as at 28 February 2018 (Item 5 on this agenda) provides an appendix of the projected drawdowns and additions to reserves by the end of the financial year, including the requirement to use £1.283m of general reserves to cover the projected overspend against 2017/18 available budget. An extract is provided in the table below:

RESERVES POLICY - 2% TARGET FOR UNEARMARKED RESERVES					£2.492m
PROJECTED RESERVES POSITION 31/03/18: UNEARMARKED RESERVES					£0.884m
Earmarked Balance:	Opening Bal	Drawdown	Additions	Final Bal	Movement
Total of all projects/commitments earmarked	3,487,826	-1,110,206	2,829,388	5,207,008	1,719,182
Unearmarked Balance:	Opening Bal	Drawdown	Additions	Final Balance	Movement
General Reserves	2,080,797	-1,283,000	86,074	883,871	-1,196,926
Total Reserves:	Opening Bal	Drawdown	Additions	Final Balance	Movement
Earmarked & Unearmarked	5,568,623	-2,393,206	2,915,462	6,090,879	522,256

4.19 The final position will be presented in the draft unaudited accounts in June 2018, however the potential reduction in the general reserves level to £0.884m has implications for the financial sustainability of the HSCP Board in the coming years, given the likelihood (see sect 3.2 above) that public sector funding settlements will continue to subject to financial reduction as the UK government's financial austerity policy remains in place.

4.20 The 2018/19 budget represents year 3 of the financial strategy, which requires to be refreshed in line with WDC's medium term financial strategy and NHSGGC's medium term financial plan. Pending the financial strategy refresh, it is the Chief Financial Officer's recommendation to leave the reserves target at 2% of net expenditure and considers escalation of savings options as a means of aiming to provide a financial cushion by the end of 2018/19 to replenish the general reserves balance and to provide alternative options to close future funding gaps.

5.0 2018/19 Annual Budget Funding Allocations

5.1 West Dunbartonshire Council – Social Care Revenue Budget

- 5.2** West Dunbartonshire Council approved its “General Services Revenue Estimates 2018/19 to 2020/21” on 5 March 2018. The Council’s s95 officer updated members on a number of changes in both funding levels and additional budget pressures since the previous reports in October and December 2017. These included an increase in the funding allocation from the Scottish Government of £0.467m through a settlement correction and £2.818m additional local government funding. The outcome was a swing in the overall funding gap in 2018/19 of £1.099m to a surplus of £0.671m. However the additional funding was only offered on a one year basis, therefore the projected gaps for 2019/20 and 2020/21 stand at £7.091m and £12.972m respectively. All of the reported gaps from 2018 to 2021 include a year on year savings target to the HSCP Board of £1.560m.
- 5.3** The council’s SNP Administration Group put forward its budget proposal recognising the improved position and the outcome of WDC’s own public consultation on savings options. In regards to the funding allocation to the HSCP Board, the original savings target of £1.560m was reversed for 2018/19 only.
- 5.4** The council also approved that its share of the additional £66m (see sect 3.2 above) to local authorities for social care pressures was added to the HSCP Board’s 2018/19 allocation, amounting to £1.180m. The new cost implications of the Scottish Living Wage and Carers Act was detailed in the 14 February finance report to the HSCP Board and was estimated to be £1.146 million.
- 5.5** The council produced its 2018/19 to 2020/21 budget book to members and funding partners after the approval of the budget at the 5 March council meeting. The budget contribution to the HSCP Board for 2018/19 is presented as £63.422m, with indicative budget estimate allocations of £63.283m and £63.166m for 2019/20 and 2020/21 respectively.
- 5.6** The public sector pay award for 2018/19 has yet to be agreed; however previous reports have set out the latest offer as 3% up to £36,500, 2% up to £80,000 and £1,600 for those earning over £80,000. The HSCP contribution for 2018/19 of £63.422m includes uplift for a 1% pay award (in line with the original pay cap), however the council is holding centrally the budget allocation required to fund the current proposal, which is estimated to be £0.695m for HSCP social care staff.
- 5.7** As shown in the table at 4.6 above the 2018/19 funding gap has been fluid reflecting a number of funding assumptions and anticipated pressures ranging from; current 2017/18 reported shortfalls, previously approved savings target linked to new care homes, new demographic burdens and new savings targets.

- 5.8** The reversal of the £1.560m social care savings target for 2018/19 reduced the budget gap to £1.111 million. However the 2018/19 HSCP requisition value of £63.422m as detailed in sect. 5.5 above has now been confirmed as including an additional £0.900m to be offset against the significant demographic and current demand pressures identified throughout the budget setting exercise and borne out in the 2017/18 projected overspend in social care of £1.103m (see Item 5 on this Agenda).
- 5.9** Attached at Appendix 3 is a detailed breakdown of the key components of the WDC funding allocation. This improved funding allocation has a significant impact on the previously anticipated budget gap (sect 5.8 above) reducing it to £0.211 million.
- 5.10** As stated above in sect. 4.1 above the HSCP Board has a statutory duty to set a balanced budget. Therefore consideration must be made to the available savings options publically consulted on. In the interests of financial sustainability in future years i.e. current estimated funding gaps of £0.921m and £1,242m in 2019/20 and 2020/21 respectively and in recognition of the significant projected reduction to the level of general reserves of £1.283m (sect 4.18 above), it is the recommendation of the Chief Financial Officer that the HSCP Board approve savings options that exceeds the revised gap.
- 5.11** The outcome and responses of the budget consultation were considered by the Chief Officer and the Chair of the HSCP Board. Given the more favourable funding allocation from WDC and the concern that the level of response could not be considered to be a representative sample of the population of West Dunbartonshire, the savings options were re-considered against the partnership's strategic priorities, including continuing to support older people in their own homes as long as possible. Also, the Senior Management Team (SMT) assessed if the financial value of each savings option required revision, given that they were compiled in November 2017 for expected implementation from the 1 April 2018.
- 5.12** Savings options to the value of £0.597m are recommended (Appendix 4) to the HSCP Board to close the £0.211m funding gap and to contribute £0.386m to the continued financial sustainability of the partnership in the short to medium term. Throughout the course of the year, we will revisit services for redesign and efficiency; and explore further opportunities to mitigate future financial challenges.
- 5.13** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to the IJB and should be considered as an addition to the HSCP's budget allocation of £63.422m for 2018/19.
- 5.14** These budgets are currently held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2018/19 budget was approved by Council on the 5 March 2018; for Aids and Adaptations it is £0.250m (unchanged) and for Care of Gardens £0.321m, a reduction of £0.179m on last year. This budget

reduction arises from the decision made at the Infrastructure, Regeneration and Economic Development Committee on 22 November 2017 to review the eligibility criteria on entitlement to receiving the service free of charge and introduce a nominal charge of £70 per annum for those who do not meet the criteria but wish to take advantage of the service.

5.15 The Scottish Government new model for Community Justice in Scotland which sees Community Planning Partnerships (CPPs) as central to these arrangements was effective from the 1 April 2017. The 2018/19 allocation letter received on 9 March 2018 informed the HSCP grant funding would be set at £1,972,510. This is included in the 2018/19 HSCP funding allocation of £63.422m as it nets off against budgeted expenditure of the same level.

5.16 Greater Glasgow & Clyde Health Board – Health Care Revenue Budget

5.17 As stated in 3.4 above NHSGGC Board formally approved the 2018/19 Financial Plan on 17 April 2018. While the HSCP Board has not yet received a confirmation letter on the final budget allocation, there has been significant dialogue between the Board's Chief Executive and Director of Finance with the Chief Officers and Chief Financial Officers from the 6 partnerships. The NHSGGC Board paper (Appendix 5) sets out the principles of the 2018/19 budget offer.

5.18 Attached at Appendix 6 is a detailed breakdown of the key components of the NHSGGC allocation. The 2018/19 recurring budget has been calculated as at the end of February 2018 and this has been increased by the 1.5% funding uplift provided by the Scottish Government to Health Boards. In addition Health Boards have been informed by the Scottish Government to expect additional pay award funding for those employees on the Agenda for Change (AFC). The actual amount is not known but it is expected to be in the region of £4.3m - £5.3m for HSCPs'.

5.19 The majority of the budget pressures were identified in the December and February budget update reports to the HSCP Board, however the level of the prescribing pressure (due to the removal of the risk sharing arrangement) presents the greatest risk. Given the volatility of GP prescribing demand and short supply the level of financial risk across all 6 HSCPs' has varied significantly. Early estimations in December 2017 set the pressure at approximately 3.5%, rising to 5% in January 2018 and now currently sits in the region of 2.8% as several drugs have come off of short supply.

5.20 Any agreed increase to prescribing above the 1.5% budget uplift will ultimately create a budget gap which can only be filled by savings to community health services or with a small non-recurrent allocation from reserves.

5.21 Given the projected reduction to the 2017/18 closing reserves balance (sect 4.18 above) this latter option would not be recommended, however to accept the most pessimistic position would add £0.946m of additional budget pressure to 2018/19. Therefore the recommendation would be to assume a 3% increase at this time, with agreement from the HSCP Board to revisit this

during 2018/19. This would be coupled with the continued work of the Prescribing Efficiency Group driving through a variety of cost containment programmes and proactively engaging with the Scottish Government at a national level to improve procurement negotiations.

- 5.22** In summary the position set out within Appendix 6 concludes that the 2018/19 NHSGGC expected budget allocation is £88.085m against a projected revenue budget of £88.637m taking into account a variety of funding pressures. This results in a budget gap of £0.552m, which is a significant improvement from the February 2018 gap of £1.146m (sect 4.6 above).
- 5.23** As with the social care savings options, the Senior Management Team (SMT) revisited the financial value of the options, given that they were compiled in November 2017 for expected implementation from the 1 April 2018.
- 5.24** The revised savings options for 2018/19 of £0.369m (Appendix 7) are recommended to the HSCP Board to contribute to closing the £0.552m funding gap. It is proposed that the remaining shortfall of £0.183m be negated by an increase to the turnover target, currently set at 2% for health care staff.
- 5.25** The recommendation would be to add a further 1% to the current turnover target which could contribute £0.250m, which would close the budget gap and provide a small surplus of £0.067m, providing an element of flexibility if prescribing costs exceeded the projected 3% increase. Turnover is a challenging savings target; however given that approximately 55% of the health care budget (excluding FHS & Prescribing) is salary costs from a workforce of approximately 620 whole time equivalents, turnover of staff is a natural occurrence.
- 5.26** In relation to the Set Aside budget the joint working group chaired by the Assistant Director of Finance for NHSGGC, which includes representatives from the Scottish Government and CFOs; continue to review the available actual activity data and costs to identify an agreed mechanism for the transfer of the resource. Once this work is concluded the set aside budget will be delegated to the HSCP Board, to incorporate into realistic commissioning intentions with the aim to shift the balance of care. The progress to date indicates that the current notional budget level of £17.1m will be unlikely to change by any significant margin.

6. People Implications

- 6.1** The staffing implications detailed within the savings options contained within appendices 4 and 7 will be subject to the consultation processes of WDC & NHSGGC, where appropriate. The reductions in whole time equivalents will be managed through natural turnover, planned retirement and staff requests to reduce hours, where achievable within service delivery parameters.

7. Financial Implications

7.1 Other than the budget allocations and associated pressures noted above, there are no further financial implications to report at this time.

8. Professional Implications

8.1 The Chief Financial Officer for the HSCP Board has a statutory duty (Sect.95 responsibility) to set a balanced budget.

8.2 The Chief Officer for the HSCP Board must ensure that the Strategic Plan meets the Best Value requirements for economy, efficiency and effectiveness.

9. Risk Analysis

9.1 There are a number of risks in relation to the current and future years, including:

- Continuing volatility in demand pressures across the range of community services;
- Approved savings options not delivering the projected value required to cover the funding gap;
- Continued reduction to the level of general reserves or the inability to replace the projected 2017/18 application;
- Delivery of targets and outcomes such as delayed discharge and waiting times;
- Managing demand and the impact of legislative changes e.g. Carers Act and Free Personal Care for under 65s;
- Implications from consumption of hosted services if current arrangements are revised;
- A repeat of the short supply prescribing pressures of 2017/18 and inability to deliver on efficiency programmes; and
- Changes to the GP contract and compliance with other Scottish Government directions to maintain levels of expenditure across specific services.

10. Impact Assessments

10.1 Equalities impact assessments were completed for all savings options.

11. Consultation

11.1 This report was prepared in conjunction with Health and Council colleagues.

12. Strategic Assessment

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

Julie Slavin
Chief Financial Officer
22 April 2018

Person to Contact: Julie Slavin – Chief Financial Officer, Hartfield, Dumbarton G82 2DS. Telephone: 01389 812350
E-mail julie.slavin@ggc.scot.nhs.uk

Appendices: Appendix 1 – WDHSCP Budget Consultation Responses

Appendix 2 – Original Social Care Savings Options updated by consultation responses

Appendix 3 – WDC 2018/19 Funding Allocation

Appendix 4 – Social Care Savings Options for HSCP Board Approval

Appendix 5 – Extract from NHSGGC Financial Plan – 2018/19 Budget Setting Process for HSCPs’.

Appendix 6 - NHSGGC 2018/19 Funding Allocation

Appendix 7 – Health Care Savings Options for HSCP Board Approval

Background Papers: HSCP Board Reports 20 December 2017 & 14 February 2018 – Annual Budget Setting Updates

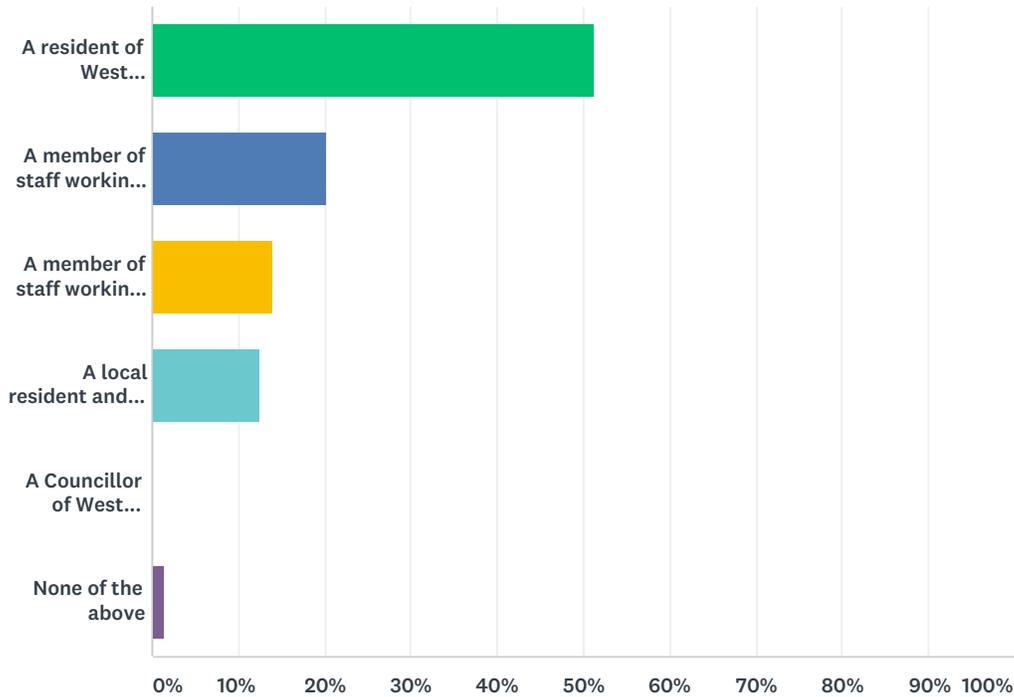
WDHSCP Integration Scheme

WDHSCP Reserves Policy

Wards Affected: All

Q1 About You

Answered: 335 Skipped: 1

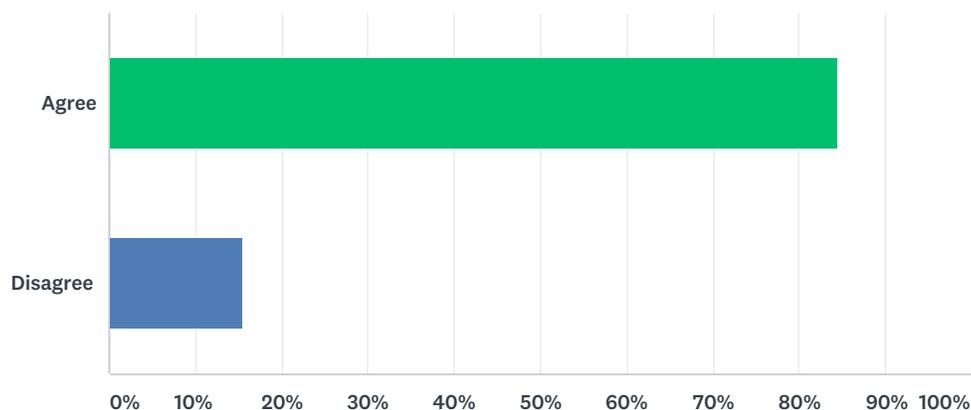


ANSWER CHOICES	RESPONSES	
A resident of West Dunbartonshire?	51.34%	172
A member of staff working within the Health and Social Partnership Board who lives in the local area?	20.30%	68
A member of staff working within the Health and Social Care Partnership Board who lives in another area?	14.03%	47
A local resident and employee of the Council?	12.54%	42
A Councillor of West Dunbartonshire Council?	0.30%	1
None of the above	1.49%	5
TOTAL		335

Q2 Redesign of HSCP Management Full Year Savings/Income Total £100,000
 We have worked hard to integrate all of our teams (operational and support services) to ensure service delivery is as seamless as possible. To deliver this saving we will continue to integrate arrangements wherever possible and will undertake organisational redesign to deliver effective and efficient models of working.

Answered: 194 Skipped: 142

West Dunbartonshire Health and Social Care Partnership Budget Consultation 2018/19



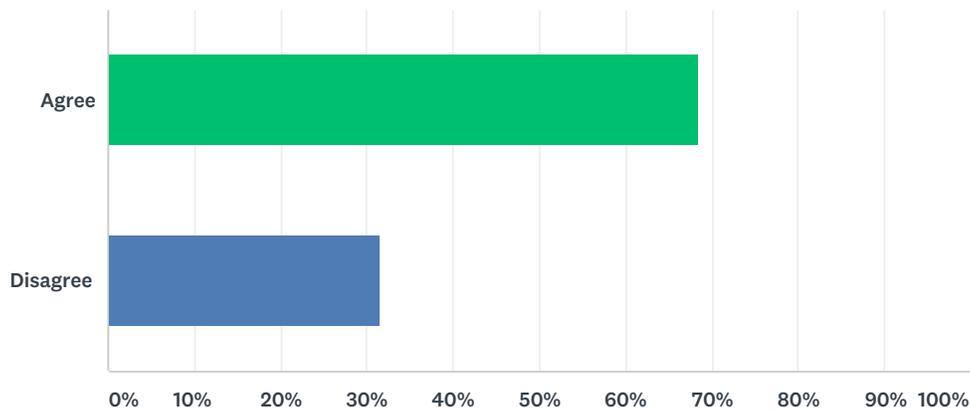
ANSWER CHOICES	RESPONSES	
Agree	84.54%	164
Disagree	15.46%	30
TOTAL		194

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	I feel very strongly about front line staff and the cuts being made increasing demands on service. I feel very strongly that cuts and changes require to be made at management and above level..	3/16/2018 12:56 PM
2	There is a requirement for the front line worker to be managed well and be given the correct support and training from their manger. If the management structure is integrated there will be less support and training for the front line workers as the manager will have more people to manage.	3/15/2018 1:32 PM
3	I am not a financial advisor, nor do I have a full understanding of council costing's so cannot provide alternative saving strategies. However, this option has too little detail. It is essential that proper management and accountability structures are in place to support the running of all services, with manager being able to focus on specific service areas. Without clearer information on impact of this option I could not agree with it.	3/15/2018 12:35 PM
4	Services are co-located and not integrated, staff have different salaries roles and workloads that do not reflect integration.	3/14/2018 12:49 PM
5	Making cuts to proactive frontline services to save money in the immediate term is short-sighted and will leave many vulnerable service users and their families without the assistance they require to meet their needs. Making some of the proposed cuts to services such as the multi award winning and best in practice Mentoring service will lead on to higher costs in the future and will leave service users vulnerable to exploitation.	3/12/2018 12:15 PM
6	Seamless delivery of service does not mean that residents of WDC are put at increasing risk of isolation and poverty. Removal of services within the Vale of Leven has and will continue to significantly increase this risk.	3/12/2018 12:01 PM
7	By organisational redesign do WDC mean less staff?	3/10/2018 9:43 AM
8	Having direct experience of this in the Glasgow HSCP, this works at senior management level (Grade 9 and above) but there are real issues when trying to get sw staff to carry out health tasks and vice versa. Would strongly advise that any service redesign is based on retaining the separate skills of each service and co-locating. Rather than trying to amalgamate the second/health role into one role.	3/10/2018 7:48 AM
9	Does this mean reduce the amount of managers. Cutting lower paid staff is not the option. Managers earn far more money and very few perform front line services.	3/9/2018 9:36 PM
10	Integrated care isn't working well	3/9/2018 7:50 PM
11	No cuts budget	3/9/2018 2:19 PM
12	Reserves.	3/9/2018 1:44 PM

13	You have to stop creating positions for people and paying them a working salary for a figurehead position.	3/8/2018 6:58 PM
14	Service delivery is far from seamless	3/8/2018 2:07 PM
15	Integration of departments or services never works. Try looking at the heads of these services not the working people carrying out the work.	3/8/2018 7:32 AM
16	Dont agree need more managers to support workforce	3/7/2018 10:36 PM
17	This could be tomthe detriment of social care	3/7/2018 10:35 PM
18	Managers within certain parts of hscp already paid inconsistent to what their job profile states.	3/7/2018 10:15 PM
19	More front-line staff are required to deliver services	3/7/2018 9:33 PM
20	Organisational redesign is just another name for yet another restructure. AS usual this will result on less front line workers carrying out more frontline tasks. Cut the number of managers.	3/7/2018 7:21 PM
21	Only if these employees are not let go with enhanced packages only for the posts to be back filled, this is a complete waste of public finances.	3/7/2018 1:37 PM
22	I believe we need good leadership and management to continue to meet the needs of all services.	3/7/2018 1:29 PM

Q3 Remodelling of sheltered housing service to retirement living at Church Place, Old Kilpatrick (Trust Housing Association) Full Year Savings/Income Total £15,250 The HSCP has had an arrangement with Trust Housing Association to support sheltered housing provision in Old Kilpatrick. The proposed saving would be generated as a result of a change to that arrangement, ceasing the provision of warden/housing support services and instead focusing on maintaining a core housing management service. Progressing this proposal would involve consultation with Trust Housing Association and the existing tenants.

Answered: 193 Skipped: 143



ANSWER CHOICES	RESPONSES	
Agree	68.39%	132
Disagree	31.61%	61
TOTAL		193

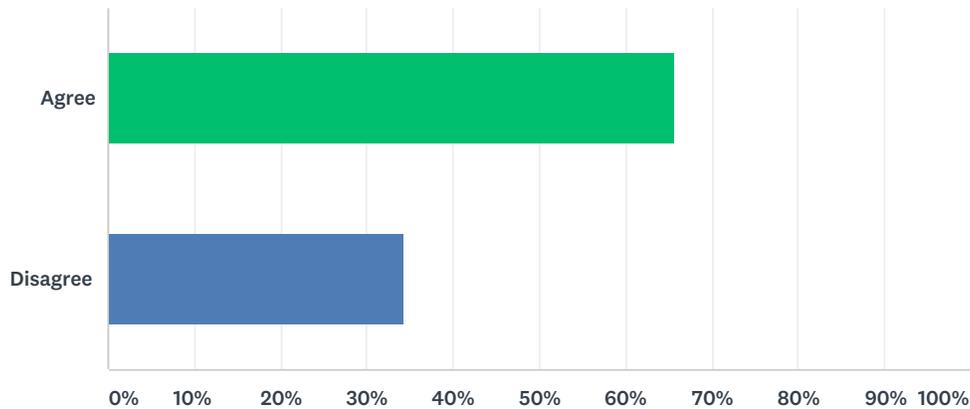
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#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	Warden service is essential for vulnerable residents	3/16/2018 9:15 AM
2	Sheltered housing provision is already difficult to access for some of our most vulnerable residents. When taken in conjunction with later proposed cuts to home care/day care services this will leave some of our most vulnerable residents less safe.	3/15/2018 12:35 PM
3	There are many vulnerable older adults that live in these complexes a warden on sight can make the difference between remaining in their own home and having to move to care home. Wardens on sight can recognise subtle changes in mental and physical health in residents whom they have come to know well. this can lead to quicker treatments and interventions again preventing possible admission to long term care or acute hospital beds.	3/15/2018 8:47 AM
4	I'm not going to tell you how to save money, stand up for the few services weve got	3/14/2018 12:10 PM
5	Sheltered Housing is a priority for older people and we will be needing more of this as the population ages. Saving on this will cause greater financial output as older people will need more support when crises occur.	3/14/2018 12:00 PM
6	Most of the people living within these complexes are very vulnerable and I believe it would be of benefit for a warden/housing support service to be on sight.	3/13/2018 9:38 AM
7	It is difficult to know what you mean by this? If there is a 24 hour warden and you intend to remove them, this will have implications for who you can place there. Glasgow are looking at a core model but retaining 24 hour presence. However the type of resident will change to those with higher care needs who would previously have been admitted to residential or even nursing at a much higher cost	3/10/2018 7:48 AM
8	Reduce management structure, more front line staff	3/9/2018 3:05 PM
9	No cuts budget	3/9/2018 2:19 PM
10	Reserves.	3/9/2018 1:44 PM
11	Do not cut services to people in the community. Stop punishing us for being poor.	3/8/2018 6:58 PM
12	Surely retirement living is different to sheltered housing	3/8/2018 6:56 PM
13	People are in sheltered housing for a reason and I don't think removing the warden would be the best thing to so. It would be putting residents at risk	3/8/2018 4:33 PM
14	Need to see the other proposals before I can give you an alternative	3/7/2018 10:54 PM
15	Cut cultural services budget	3/7/2018 10:36 PM
16	Taking away support for the elderly	3/7/2018 10:35 PM
17	Think there should be a warden on site who will cover all tasks and should not be able to refuse to do any task asked or allocated	3/7/2018 9:49 PM
18	Reduce the number of senior management or their salaries	3/7/2018 9:24 PM
19	More integration between staff in HSCP. This would save money on staff which could go towards housing support staff for the residents in sheltered housing who need 24/7 support care.	3/7/2018 8:32 PM
20	Residents move into sheltered housing to have the reassurance that someone is there if they need help or give them a daily check call.	3/7/2018 2:06 PM
21	Save money on the building and utilities bills	3/7/2018 1:36 PM

Q4 Redesign night shift cover in sheltered housing complexes Full Year Savings/Income Total £195,000 This proposal would see night shift cover provided from 5 of the West Dunbartonshire sheltered housing complexes. Check visits would then be carried out from these bases to those 3 sheltered housing complexes without overnight on-site provision. Continued support for all sheltered housing complexes would continue to

be available through the HSCP community alarm service. Progressing this proposal would involve consultation with existing tenants.

Answered: 192 Skipped: 144



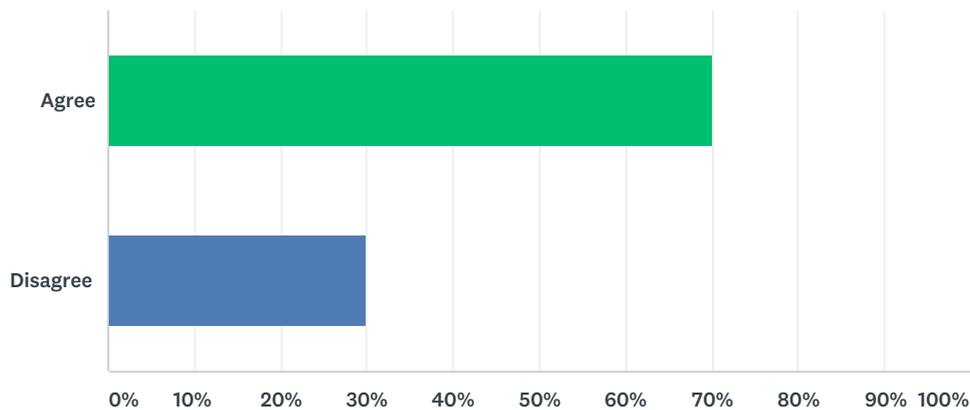
ANSWER CHOICES	RESPONSES	
Agree	65.63%	126
Disagree	34.38%	66
TOTAL		192

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	Unsafe and this service is required to maintain a safe environment	3/16/2018 12:56 PM
2	This will increase the response time for residents who require immediate support, increasing the chance of vulnerable clients being left for unacceptable times without help when needed.	3/15/2018 12:35 PM
3	reducing overnight cover could be extremely detrimental especially to residents who may attempt to leave the property overnight, without someone to respond quickly to this may lead to significant risk to the person	3/15/2018 8:47 AM
4	You are going to need more of this sort of provision not less, you have an older frailer population with decreasing hospital beds and less residential provision. this is unsafe	3/14/2018 12:10 PM
5	Most of the people living within these complexes are very vulnerable and I believe it would be of benefit for a warden/housing support service to be on sight.	3/13/2018 9:38 AM
6	This was carried out a number of years ago within sheltered housing and then re-instated again	3/10/2018 9:43 AM
7	See previous comment.	3/10/2018 7:48 AM
8	"This proposal would see night shift cover provided from 5 of the West Dunbartonshire sheltered housing complexes" - this doesn't make sense - does this mean a reduction in night shift staff? No reduction in front line provision - reduce management structure.	3/9/2018 3:05 PM
9	No cuts budget	3/9/2018 2:19 PM
10	Reserves.	3/9/2018 1:44 PM
11	Could you not have a Rota out in place for the 8 complexes ?	3/8/2018 9:44 PM
12	Do not punish people for being poor.	3/8/2018 6:58 PM
13	Again I don't see this as the best option. Residents are being put at risk	3/8/2018 4:33 PM
14	Who would cover the alert call outs when there are no wardens on?	3/8/2018 8:03 AM

15	Without having sight of all budgets it is impossible to suggest how budgets could be revised . The council also have the alternative of using reserves or requesting additional funding from Scotgov from the budget cuts they made to local councils in addition to Westminster budget cuts	3/7/2018 10:36 PM
16	This should be based on the level of need in each complex and re-assessment of the needs of those residents no longer having the night shift cover to ensure their needs continue to be met.	3/7/2018 9:33 PM
17	Without an understanding the sheltered housing complex alternatives and associated costings it's impossible to provide a realistic alternative.	3/7/2018 8:55 PM
18	This needs to be discussed properly with those it affects directly.	3/7/2018 8:48 PM
19	Agree, but with caution. These are very vulnerable citizens, and the community alarm system will need to be adequately resourced to allow for speedy call-outs where necessary.	3/7/2018 8:09 PM
20	Once again cuts to front line staff. Cut management roles	3/7/2018 7:21 PM
21	I have no proposal to counter this proposal , as the proposal itself is prosperous, this is some of the most vulnerable in our communities who have paid into a health system for longer than you and I and most likely never asked for much in return, you should be ashamed to put this proposal forward	3/7/2018 5:11 PM
22	People in this accommodation require 24 hour support, removing it would put the people at risk.	3/7/2018 2:16 PM
23	There is only 1 community alarm worker for the whole of west dunbartonshire, this proposal would be an increased burden on an already over stretched service.	3/7/2018 2:06 PM

Q5 Re-provision of care at home evening meal service Full Year Savings/Income Total £191,000 This proposal would provide evening meals from an external provider rather than being prepared as part of the Home Carer visit. The external provider would be engaged in accordance with the Scotland Excel Meals Provision framework - to supply and deliver hot meals. Clients with additional personal care needs would continue to be supported by HSCP Home Carers.

Answered: 190 Skipped: 146



ANSWER CHOICES	RESPONSES	
Agree	70.00%	133
Disagree	30.00%	57
TOTAL		190

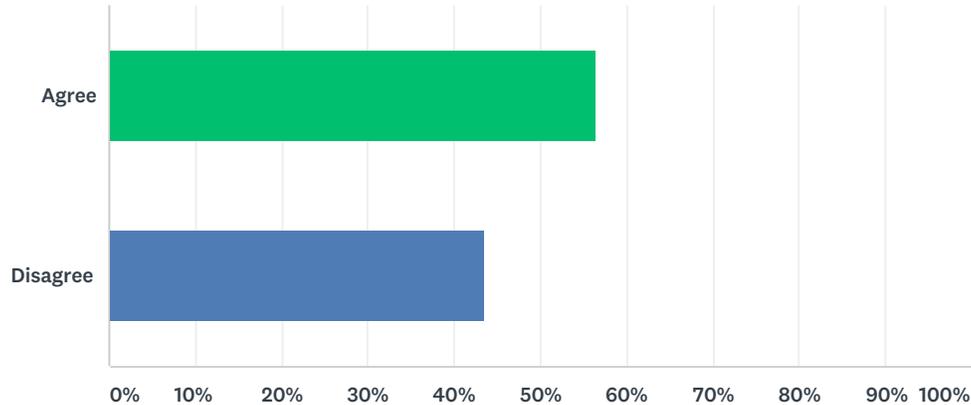
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#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	older adults can often be isolated with no visitors home carers play a significant part in providing people with personal contact even if this is just for 10 minutes. Again they often get to know residents well and can identify changes in physical and mental health and report to the appropriate.	3/15/2018 8:47 AM
2	What is the cost of the external provider	3/13/2018 1:32 AM
3	Reduce management structure, leave front facing customer service in place. Vulnerable citizens depend on the daily contact from their Home Carer, possibly the only contact with the outside world they have all day.	3/9/2018 3:05 PM
4	No cuts budget	3/9/2018 2:19 PM
5	Reserves.	3/9/2018 1:44 PM
6	Surely it's cheaper to keep In house with home care workers rather than get an outside agency	3/8/2018 8:03 AM
7	The standards are good at present and home cares know their clients	3/7/2018 10:38 PM
8	Only with clients consent and thorough assessment of personal needs	3/7/2018 10:36 PM
9	Social care being eroded	3/7/2018 10:35 PM
10	If this food is anything like hospital food it would be rubbish and not nutritional for elderly people	3/7/2018 10:10 PM
11	This depends on the person if they don't have dementia then yes then the carer could be elsewhere and the client would remain independent	3/7/2018 9:49 PM
12	However an assessment should be completed to ensure that such provision meets individual needs. Some people require the support of a home carer to encourage them to eat and not just a delivery. This can have a huge impact on an individual's health and well-being.	3/7/2018 9:33 PM
13	If an external provider can deliver a lower cost service, then so can the council if the service was reorganised, perhaps joining up with a neighbouring local authority to provide a more cost effective service.	3/7/2018 9:24 PM
14	Does this mean home carer spends less time with vulnerable individual or not at all??	3/7/2018 8:55 PM
15	Less time for clients from their Carer is detrimental inevitably costing the NHS more in the long run.	3/7/2018 8:48 PM
16	Agree, but with caution. The priority needs to remain service quality, not just cost. These are vulnerable citizens.	3/7/2018 8:09 PM
17	Elsewhere, external providers are currently used in Glasgow council and unless residents take the meals cordia provide then they will not visit residents and prepare what they want to eat. Existing home help arrangements are excellent.	3/7/2018 8:02 PM
18	I reluctantly agree to this as long as quality standards are monitored	3/7/2018 5:11 PM
19	its not just meal preparation but the verbal interaction/ 15 minutes company	3/7/2018 2:21 PM
20	I agree as long as the person does not have an increase in costs.	3/7/2018 2:16 PM
21	There would be a cost to clients to pay for theses meals	3/7/2018 2:06 PM

Q6 Cease direct provision of Young People's Mentoring Service by HSCPFull Year Savings/Income Total £130,968The Mentoring Service provides diversionary mentoring support to young people who are at risk of offending or other anti-social behaviour, with 50+ young people supported in the community at any one point. This proposal would cease this non-statutory provision. However, there is an opportunity to develop a new mentoring service with existing strategic partners, utilising external funding currently in place.

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Answered: 188 Skipped: 148



ANSWER CHOICES	RESPONSES
Agree	56.38% 106
Disagree	43.62% 82
TOTAL	188

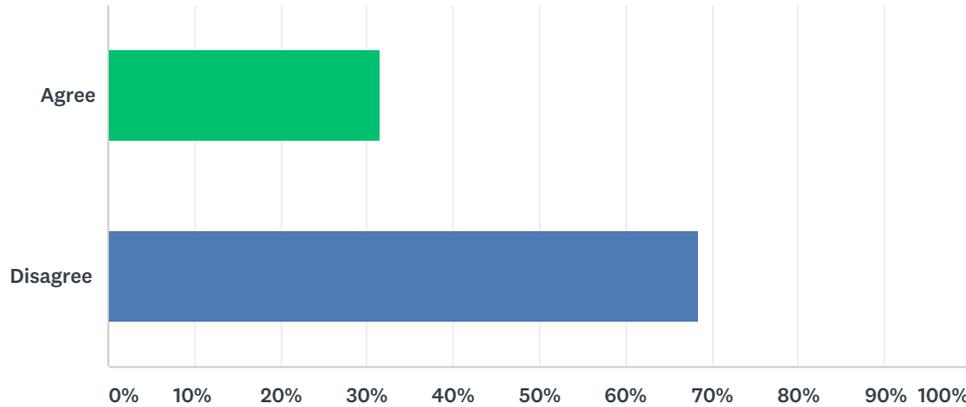
#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	i FEEL THAT THIS SERVICE IS NEEDED AS THERE ARE NOT ENOUGH SUPPORT SERVICES FOR DIS-ADVANTAGED YOUNG PEOPLE WITHIN THIS COMMUNITY	3/20/2018 2:05 PM
2	I believe that this is a vital service to help turn young people's lives around who may never have had any guidance or positive role models in their lives.	3/17/2018 1:06 PM
3	would increase crime levels	3/16/2018 12:56 PM
4	I work for the mentoring service and feel that if this service closed these young people have the potential to commit serious crimes, which would result in them costing the council more money in the long run. Most of the young people mentored have gone on to improve there lives rather than become a burden to society and the council	3/15/2018 1:32 PM
5	Cutting prevention services would lack foresight as it will lead to increased costs in relation to offending, court services etc in the long term. I would only agree with this proposal if the 'external funding' was guaranteed to provide the same level of service.	3/15/2018 12:35 PM
6	I would need to understand more about how they propose to develop a new mentoring service.	3/15/2018 8:47 AM
7	Don't know but I think it'll cost more in the future eg. crime costs if this is taken away.	3/14/2018 1:09 PM
8	Anti social behaviour is a widespread problem in west Dunbartonshire. There is already a lack of support services available to young people in this area and I strongly believe we should be utilising our funding to prioritise this issue.	3/13/2018 9:38 AM
9	Why would you want to scrap a multi national award winning service that has been endorsed by the deputy first minister and the Scottish governments chief psychologist .the long term savings is keeping these children from ending up in care that would be a bigger cost	3/13/2018 1:32 AM
10	This is an invaluable service. One I personally have been part of for over 10 years. The great outcomes for young people as well as family's is invaluable. This service must be strengthened not diluted.	3/12/2018 4:28 PM

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11	Making proposed cuts to services such as the multi award winning and best in practice Mentoring service will lead on to higher costs in the future and will leave service users vulnerable to exploitation. The mentoring service provided in depth and crucial assistance to some of the most vulnerable young people within West Dunbartonshire and their families. The young people mentored go on to achieving positive life goals and desist from offending while developing self confidence and emotional resilience. Many of the young people supported would be at risk from making negative life choices which could have adverse future consequences and costs to themselves and the local community such as being placed in looked after and accommodated care, engaging in criminality and going to prison, becoming homeless and abusing substances and not living a fulfilling life. The current service is recognised nationally as best in practice and replacing it with an ad hoc voluntary service with staff that are ill equipped to engage with the most vulnerable of young adults would be short sighted, more costly in the longer term and would be providing an inferior service unable to cope with the most vulnerable and at risk young people.	3/12/2018 12:15 PM
12	This is severing positive and all ready established positive relationships for vulnerable young people.	3/12/2018 12:01 PM
13	this is an award winning service whose good work has consistently been identified at national levels. it offers help/support to young people in WDC to stop them having at times to become involved with formal social work process	3/12/2018 12:00 PM
14	I'm unsure if taking away funding from The Mentoring Service which provides support to young people who are at risk of offending or other anti-social behaviour will be cost effective in the long run. If there is less support will these young people offend or use anti-social behaviour?	3/10/2018 9:43 AM
15	No cuts budget	3/9/2018 2:19 PM
16	Reserves.	3/9/2018 1:44 PM
17	Stop punishing the young people in our society	3/8/2018 6:58 PM
18	Would worry that new mentoring service doesn't get put in place	3/8/2018 4:33 PM
19	The young children who are in need of this service will suffer if it is stopped.... for some kids this is the only regular thing in their lives	3/8/2018 11:01 AM
20	Perhaps a small charge on the parents of the children	3/8/2018 7:32 AM
21	Cur top tier staff wages	3/8/2018 7:31 AM
22	Our young people need as much support as possible	3/8/2018 12:43 AM
23	Young people are most at risk in present day society . They need all the help and support they can get	3/7/2018 10:38 PM
24	No reduction in service to ch & yp	3/7/2018 10:36 PM
25	This service is vital for early intervention in many cases and reduces input from other services. Many of the young people have important and positive relationships with their mentors.	3/7/2018 10:13 PM
26	This is an award winning service and our young people in the area need more services like this to prevent anti-social behaviour and re-offending. Especially given the current climate and the incidents of anti-social behaviour in the retail park and on trains. Early intervention and more parenting work requires to be carried out. Young people require consistency and boundaries and parents are not always able to provide this through their own inabilities or poor parenting experiences of their own. This is an area which should be developed and it is a false economy to plough money into child protection, secure unit placements and criminal justice without thinking of how young people got to this position - poor parenting and poverty included.	3/7/2018 9:33 PM
27	I agree only if the alternative is provided	3/7/2018 9:24 PM
28	The saving here is in relation to the service provision only. Can we estimate how the cost to criminal justice services, police, schools, social work if this intervention does not take place? Only then can the true efficiency be estimated.	3/7/2018 8:55 PM
29	Provided that the replacement service is able to meet users needs this could be possible	3/7/2018 8:48 PM
30	I would only agree to this if the service could be guaranteed to be facilitated within other provision such as employability	3/7/2018 5:11 PM
31	As long as the young people will continue to receive some form of mentoring as this can be invaluable time for many of them and intervention at this point could prevent future issues occurring	3/7/2018 2:22 PM

Q7 Redesign of Community Mental Health Services Full Year Savings/Income Total £82,000 The role of the Community Mental Health Team is to support or treat people with mental illness or mental health difficulties in a community setting. A variety of services are offered by a range of multi-disciplinary professionals and are aimed at providing specific needs led support, care and treatment. The proposal would redesign and restructure how the service operates across West Dunbartonshire. To achieve savings we would review staffing numbers and workload, which may result in increased waiting times for assessment.

Answered: 190 Skipped: 146



ANSWER CHOICES	RESPONSES
Agree	31.58% 60
Disagree	68.42% 130
TOTAL	190

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	I agree this service requires to be re-designed. Curs again required to be made at management and above level. The CMHT already functioning at a bare minimal level and staff are under lots of stress. This service requires more doctors nurses. I FEEL VERY STRONGLY THAT THE CRISIS INTERVENTION TEAM REQUIRES TO BE RE-DESIGNED TO MAKE CUTS .. ste staff patient ratio requires to bee looked at, the CPN case loads are massive and currently unsafe and cuts cannot be made in this area require more staff.	3/16/2018 12:56 PM
2	Mental health services are already stretched to capacity. Further cuts would prove highly detrimental to safety and wellbeing	3/16/2018 9:15 AM
3	Staffing is too low at present within mental health teams. Elderly have been sheltered from effects of austerity so charges should be increased for pensioners,	3/15/2018 4:03 PM

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4	People with Mental health issues need to be seen sooner as the use of other services for example ambulance, Hospital, fire brigade and the police to name a few in the long run will cost the council more money. Mental Health services need more staff to provide a better quality if care for her.	3/15/2018 1:32 PM
5	Our community mental health teams are already stretched, with waiting times and referrals increasing. Reduced staff numbers and higher waiting times are dangerous. Longer waiting times often lead to increased complexity of patient presentation. Reducing the impact of earlier intervention by the services will increase the need for hospital admissions, and more complex care plans, leading to increased costs and reduced patient safety. Increasing workload upon staff has its own financial impact in terms of staff sickness and absence.	3/15/2018 12:35 PM
6	Staff have worked hard to try and reduce waiting list, and to provide timely and efficient care. Mental health can deteriorate quickly and waiting lists may lead to people in crisis as result of not getting the right treatments and interventions at the earliest possible opportunity this will end up in emergency admissions to hospital and long term care settings.	3/15/2018 8:47 AM
7	Staff numbers have been cut again and again and waiting lists exist for assessment and treatment. Maybe review management structure.	3/14/2018 1:09 PM
8	This service has already seen staff cuts of over 30% and an increase in referrals of 45%. Further cuts to this service will make it unsafe and lead to increased cost to other services moping up the debris caused by further cuts.	3/14/2018 12:49 PM
9	All you will achieve is decreased morale from your staff group and an increase in distress and high risks for your residents.	3/14/2018 12:10 PM
10	This service is already under pressure with waiting list in operation. Teams are already stretched and adding further pressure would not only result in higher sickness and stress levels but a worse service for clients. This service should be reinforced. not cut.	3/14/2018 12:00 PM
11	Do not believe it would be safe to leave people with mental health issues waiting for assessments for prolonged period of time.	3/13/2018 9:38 AM
12	The waiting times for mental health assessments are extremely long as it is at the moment and treatment waits can be even longer so this would be unacceptable	3/10/2018 8:49 PM
13	People with Mental Health already have a limited service with long waiting times.	3/10/2018 9:43 AM
14	I strongly disagree with this. As a mental health officer in Glasgow I have direct experience of how the cuts in mental health provision both in acute and community settings have significantly affected support to vulnerable adults and children. Any cuts in this area will cost the HSPC and wider council/police service more money in the longer term because these vulnerable people will continue to require support and will seek it via gp's/hospitals and sadly via the police.	3/10/2018 7:48 AM
15	Mental health services are already underfunded, increasing waiting times is not acceptable people need quicker access not increased wait times	3/9/2018 7:50 PM
16	No cuts budget	3/9/2018 2:19 PM
17	Reserves.	3/9/2018 1:44 PM
18	Sorry no idea how to make the saving but I feel to cut staff and increase waiting times for this service is wrong.	3/8/2018 9:44 PM
19	Mental health services are already underfunded and stretched too far	3/8/2018 6:58 PM
20	Service users will pay the price	3/8/2018 4:33 PM
21	The waitong times are alresdy horrendous never mind cutting this service and incrasin thr waitin times	3/8/2018 11:01 AM
22	Are you kidding??? Mentally ill people need all the support they can get. Cut top tier staff wages	3/8/2018 7:31 AM
23	People need support when they need it increasing waiting times would have an adverse effect on the most vulnerable people resulting in people with severe and enduring mental health difficulties not being able to cope , they could end up in hospital, most probably being boarded out or maybe ending up in a prison cell	3/8/2018 2:31 AM
24	This is a shocking proposal we don't have enough mental health services in this area	3/8/2018 12:43 AM
25	Mental health needs are at an all time high and very much in demand due to present day pressures / austerity / society . This is a much needed resource	3/7/2018 10:38 PM

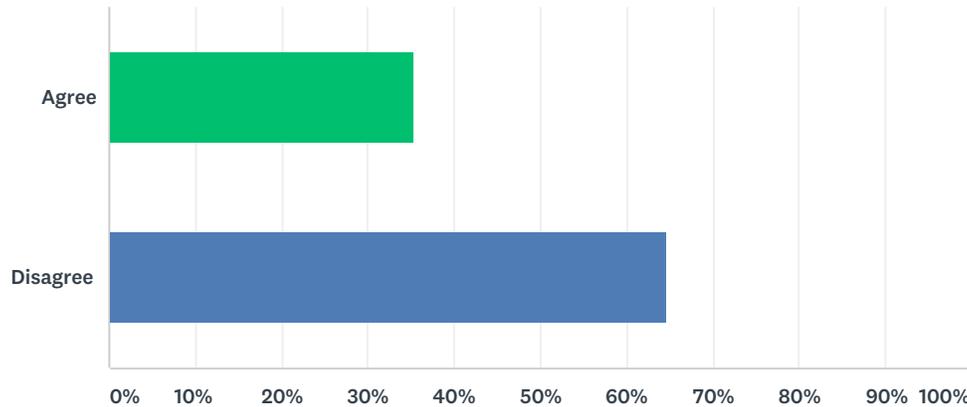
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26	Need more mental health facilities.	3/7/2018 10:36 PM
27	MH is an area of increasing need due to austerity and related issues therefore cuts in this service would be extremely detrimental	3/7/2018 10:36 PM
28	You could take a look at duplicate services offered throughout the council	3/7/2018 10:24 PM
29	This service is vital	3/7/2018 10:13 PM
30	We should be offering people quick access to mental health services to ensure their mental health is stabilised and supported by the appropriate professionals provided quickly. Again early intervention and good support for children and young people leads to healthy adults who are able to self-manage their conditions and only use such services in a crisis when necessary. Community support services are vital to this.	3/7/2018 9:33 PM
31	Reduce number of senior managers or their salaries.	3/7/2018 9:24 PM
32	Increased waiting times for assessment? Really? If this is implemented then hospital wards would swell. Granted this is then not the HSCP's problem however were community services not identified as being more cost effective than hospital care? Counterproductive.	3/7/2018 8:55 PM
33	Unfortunatly there are a lot of people who require to use this service and this would be detrimental to their health and wellbeing affecting them and others in the community badly.	3/7/2018 8:48 PM
34	Mental health is just as important as physical health. This just isn't good enough!	3/7/2018 8:35 PM
35	Supporting people with a mental health condition is a growing problem, and is exacerbated by lengthy waits for treatment. Cuts to staffing typically ends up with high caseloads, stress and long-term sickness in staff teams. The £82k saving may be lost to increased demand within primary care and acute health services, and a greater burden on general social work. This area needs investment, not cuts.	3/7/2018 8:09 PM
36	Redesign entire mental health provision	3/7/2018 7:57 PM
37	service provision already stretched. people lives at risk as it's already often crisis point before contacting services.	3/7/2018 7:53 PM
38	Waiting times are all ready a disgrace and for young people to have to wait until they self harm or worse before even being concored for a mental worker is abouloulty shocking	3/7/2018 7:32 PM
39	I thought the Scottish govt and others were championing mental health not looking to reduce mental health services.	3/7/2018 7:21 PM
40	X	3/7/2018 7:20 PM
41	Already not enough staff and long waiting times	3/7/2018 7:13 PM
42	What are WDC THINKING ABOUT, WHEN NATIONWIDE THERE IS A CALL FOR EXTENDED SERVICES IN MENTAL HEALTH YOU ARE PROPOSING A CUT. I AM EXPECTING A BUDGET INCREASE, NOT A CUT IN MENTAL HEALTH SERVICES	3/7/2018 5:11 PM
43	I don't have enough knowledge to say how I would make these savings but am aware of some of the difficulties that people with mental health issues can have and the chaos that can be created across the communities they live in if they don't receive the help they need and feel this is an area that funding, and especially support levels, should not be cut	3/7/2018 2:22 PM
44	Waiting times are already critical, however a revised service may mean that patients receive overall a better service.	3/7/2018 2:16 PM
45	You are putting vulnerable adults life's at risk if they need to wait for an assessment.	3/7/2018 2:06 PM
46	I would not make the saving detailed , this service is too important to go especially as mental health provision is very much in the spotlight.	3/7/2018 1:53 PM
47	Make savings from reorganising service structures in back office	3/7/2018 1:36 PM
48	Stop using outside agencies which would save money and provide employment to WDC workers.	3/7/2018 1:29 PM

Q8 Reduce Social Worker complement within Adult Care Team Full Year Savings/Income Total £23,250A reduction in budget would have to be achieved through reviewing staffing numbers and workload, potentially

increasing the waiting time for client assessment.

Answered: 187 Skipped: 149



ANSWER CHOICES	RESPONSES	
Agree	35.29%	66
Disagree	64.71%	121
TOTAL		187

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	Again social work redesign requires cuts at management level and above NOT direct social workers who work very hard and are very stressed.	3/16/2018 12:56 PM
2	Services for frontline essential social workers should not be cut	3/16/2018 9:15 AM
3	At the moment the waiting lists are long enough therefore to make them longer would have a negative impact on the people being supported/.	3/15/2018 1:32 PM
4	Reducing services available to the most vulnerable sections of our society is a regressive decision and could lead to increased longer term costs as adults needs increase prior to being seen at assessment. Adult protection is one of the key functions of adult social work teams, which could be impacted upon by clients requiring to wait longer before being seen.	3/15/2018 12:35 PM
5	as above, with the additional issue of creating stress for individual workers increasing sick time within the workplace	3/15/2018 8:47 AM
6	Your waiting times are already massive!! You have an older, frailer population with an increase in people with complex needs who need more social work input not less	3/14/2018 12:10 PM
7	Social workers are an essential part of the Adult Care team and must be preserved. Their specialist knowledge is essential to the proper support of clients.	3/14/2018 12:00 PM
8	Lot of our older adults in west Dunbartonshire are very vulnerable and require assessment sooner rather than later. This may impact on hospital discharge times etc	3/13/2018 9:38 AM
9	If you increase the waiting times for clients then you will also increase the social problems	3/13/2018 1:32 AM
10	Workload will remain the same with less staff to pick it up. Any savings made will be lost when staff are absent with stress.	3/10/2018 9:43 AM
11	Again as a SW/MHO in Glasgow I can only offer you my experience of what impact cutting an already stretched team will have. Staff morale will reduce and your teams will become less, not more effective. The move to make social work a reactive, statutory work only service will mean less preventive work in short term and more expensive hospital/care home admissions in the longer term.	3/10/2018 7:48 AM
12	Again this will have a direct impact on individuals and families which is not acceptable	3/9/2018 7:50 PM

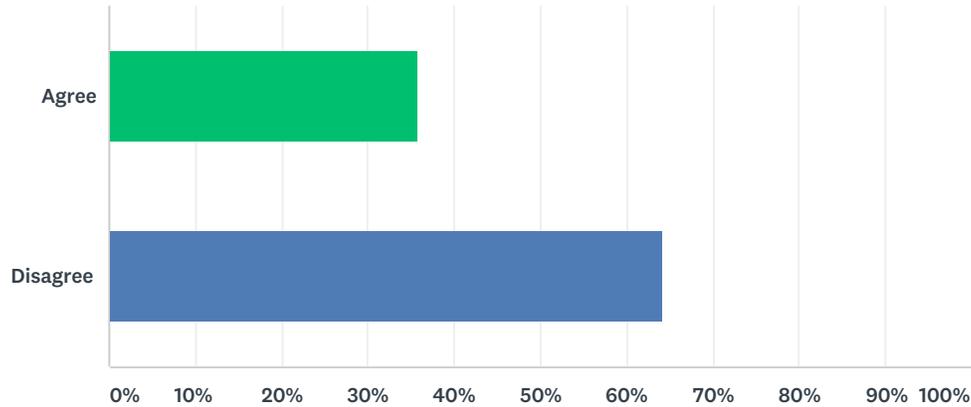
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13	No cuts budget	3/9/2018 2:19 PM
14	Reserves.	3/9/2018 1:44 PM
15	Sorry no idea how you would make the saving.	3/8/2018 9:44 PM
16	Stop punishing the poor	3/8/2018 6:58 PM
17	This will be detrimental to families and service users I'd they have to wait longer for assessment	3/8/2018 4:33 PM
18	The social work department at the moment is overworked, large case files. Try consolidating work premises where all aspects of social work are housed in one building	3/8/2018 7:32 AM
19	Find the money else where	3/8/2018 7:31 AM
20	There is already a long waiting list people need help sooner rather than ending up not being able to cope alltogether	3/8/2018 2:31 AM
21	Social work being eroded	3/7/2018 10:35 PM
22	But staffing needs to be flexible enough to respond to the needs of the community. If staff are well trained and can move between teams when demand requires it i.e not having specific "Adult" social workers but having Community Care social workers that are flexible enough to meet the needs of a wider range of client groups and can work in the area required as demands on the service allow.	3/7/2018 9:33 PM
23	Reduce number of senior managers of there salaries	3/7/2018 9:24 PM
24	Again cutting staff and reducing service provision is false economy in such a deprived area as WDC.	3/7/2018 8:48 PM
25	This seems to only be one staff salary don't think this would make much difference	3/7/2018 8:32 PM
26	This would seem to be the loss of one post - is the payoff worth it?	3/7/2018 8:09 PM
27	Personally there is not enough social workers. So how can cuts be made here.	3/7/2018 8:05 PM
28	shocking!	3/7/2018 7:53 PM
29	Social work in adult team are worse than in children team	3/7/2018 7:32 PM
30	Longer waiting timesfewer staff. Hmmm seems to be a theme.	3/7/2018 7:21 PM
31	X	3/7/2018 7:20 PM
32	THE SUM COULD BE SAVED IN MANY OTHER WAYS, MANAGING SICKNESS RATES, THE NEED FOR OVERTIME, STATIONARY, MORE FLEXIBLE WORKING, ENCOURAGING FLEXIBLE WORKING OPTIONS FOR STAFF, PART TIME, TERM TIME OPTIONS	3/7/2018 5:11 PM
33	If this is not causing the remaining staff to have a workload they are unable to cope with	3/7/2018 2:22 PM
34	Waiting times are already not satisfactory. Although a review of the service may be beneficial.	3/7/2018 2:16 PM

Q9 Reduce Social Work Assistant complement within Community Hospital Discharge Team Full Year Savings/Income Total £24,000
Rationalisation of budget would have to be achieved through staff turnover and workload reallocation, potentially increasing the waiting time for client assessment, and delaying hospital discharges.

Answered: 185 Skipped: 151

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ANSWER CHOICES	RESPONSES
Agree	35.68% 66
Disagree	64.32% 119
TOTAL	185

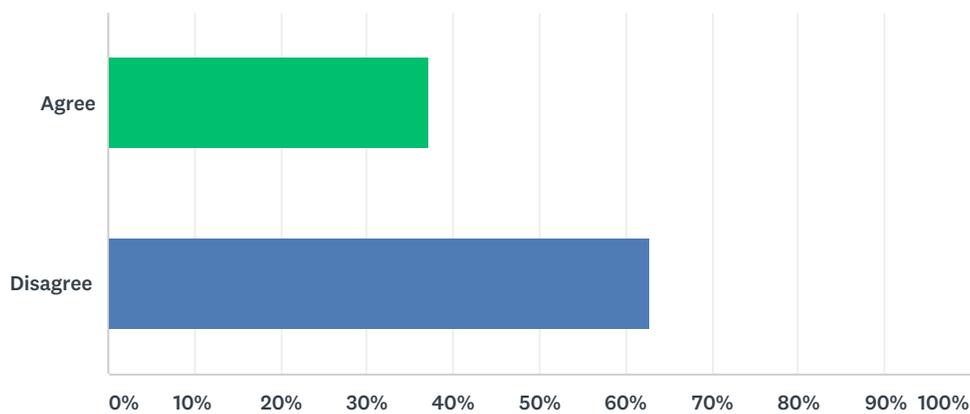
#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	unappeasable this service is required	3/16/2018 12:56 PM
2	With government targets around delayed hospital discharge I don't see how this would be feasible. Social Work Assistants play a vital role in ensuring successful care planning with social workers.	3/15/2018 12:35 PM
3	as above	3/15/2018 8:47 AM
4	Delaying discharges will cost you money and increase the stress on you social work teams	3/14/2018 12:10 PM
5	The smooth transfer of care from hospital to community is important and social work assistants are an integral part of this. They need to be retained.	3/14/2018 12:00 PM
6	Not acceptable to increase waiting times. Attempts should be made to decrease these where possible.	3/13/2018 9:38 AM
7	As previous answer	3/13/2018 1:32 AM
8	I have no idea where you will make the saving but I do know that this service is invaluable and must be kept as it is, the result of cuts here is people bed blocking in hospitals because there is no services arrange for them at home due to staff cuts!	3/12/2018 9:57 AM
9	Staff turnover? workload reallocation? The savings will be lost by the potentially increased waiting time for client assessment, and delayed hospital discharges.	3/10/2018 9:43 AM
10	See previous answer. Reducing the social work direct front line work force is not going to save you money in the longer term.	3/10/2018 7:48 AM
11	Is whole purpose of the HSCP not to deliver community services and reduce waiting times ?	3/9/2018 9:36 PM
12	This delay would have a direct impact on people remaining in beds impacting on the NHS budget	3/9/2018 7:50 PM
13	No cuts budget	3/9/2018 2:19 PM
14	Reserves.	3/9/2018 1:44 PM
15	Don't know what the answer to this would be, the council make the saving then the cost would be passed onto the health board as you would be blocking beds.	3/8/2018 9:44 PM
16	If you reduce delayed discharges in hospitals, surely the saving comes from acute care & the saving in the HSCP set aside budget would replace this saving	3/8/2018 6:56 PM
17	The nhs hospital beds are already full to bursting point. Recovery is better for the patient if they get help and support at home to get them back to independently in their own home	3/8/2018 2:31 AM

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18	With hospital waiting times and reductions in available beds in hospitals then a quicker / seamless discharge would be of benefit to patients , NHS and families	3/7/2018 10:38 PM
19	Should be increased not decreased	3/7/2018 10:36 PM
20	Social work bein eroded	3/7/2018 10:35 PM
21	You can't bed block. No idea how you would save this money but bed blocking is a false economy	3/7/2018 10:10 PM
22	But as before, look at staff across the services that are flexible to met the needs of all residents. Successful hospital discharge planning is vital to reduce re-admission and duplication of assessment and should not be about getting people out of hospital as quickly as possible, as is the situation at present.	3/7/2018 9:33 PM
23	More pressures on NHS to which not viable	3/7/2018 9:31 PM
24	This is the most stupid proposal I have seen from you yet, the cost to the NHS would be HUGH compared to your small savings. Whoever came up with this idea should be made redundant.	3/7/2018 9:24 PM
25	At least patients will be safe.	3/7/2018 8:55 PM
26	Essential information being passed between medical professionals must be done timeously in the interests of all parties	3/7/2018 8:48 PM
27	Delayed discharges don't just impact negatively on secondary/acute healthcare services - they have a real-life impact on patients and families.	3/7/2018 8:09 PM
28	No idea but this would cost money not save	3/7/2018 7:57 PM
29	Delay hospital discharges....goes against the Scottish Govt and NHS guidelines.	3/7/2018 7:21 PM
30	X	3/7/2018 7:20 PM
31	Delaying hospital discharge, more commonly known as bedblocking is a major problem do you wishing to add to it? seems incredible if you do, this amount cold be saved with staff hour reduction and distribution of duties	3/7/2018 5:11 PM
32	Delaying hospital discharges is a shortsighted and will have knock-on costs	3/7/2018 3:15 PM
33	Hospital discharges are already delayed so patients may not notice impact.	3/7/2018 2:16 PM

Q10 Redesign of Community Older People's Team Full Year Savings/Income Total £112,500 Budget saving would have to be achieved through reviewing staff numbers and workload, potentially increasing the waiting time for client assessment.

Answered: 185 Skipped: 151



ANSWER CHOICES

RESPONSES

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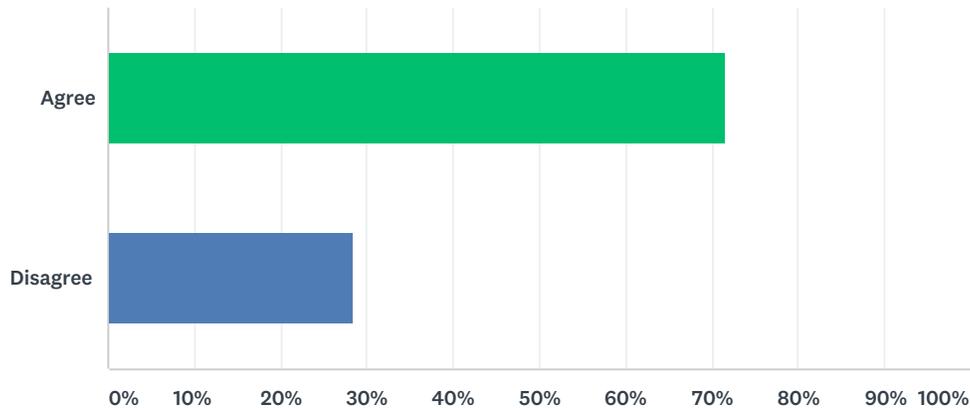
Agree	37.30%	69
Disagree	62.70%	116
TOTAL		185

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	I feel the Adult and Elderly services require to be looked at the number on caseloads and the work being provided. I feel strongly that the work load as a adult CPN is much more demanding than a Older People CPN and that they should not be on the same pay scale. The responsibility on a Adult CPN is immense and does not match there pay grade at a band 5 level. This requires to change in order to maintain continuity of care for patients as staff do not want to stay in this areas under this pressure for the money paid.	3/16/2018 12:56 PM
2	Cutting front line services for the vulnerable elderly population could be dangerous for service users. Increasing waiting times can lead to people's problems becoming more complex and requiring further, more costly intervention. Increasing staff workload can lead to both workforce stress, associated illness, and also lead to staff having inadequate time to complete good assessments of care/risk.	3/15/2018 12:35 PM
3	as above	3/15/2018 8:47 AM
4	this will increase risk to older people and there carers. You shouldn't be cutting any services - you should be standing up for your citizens - I cant belive the counsellors are going to vote for this	3/14/2018 12:10 PM
5	As the population increases the older adult team need to be reinforced, not reduced.	3/14/2018 12:00 PM
6	Not acceptable to increase waiting times. Attempts should be made to decrease these where possible.	3/13/2018 9:38 AM
7	This service is pushed to the limits at the moment and cutting staff from it will only mean that people will die before they ever receive the assessment they need and the services. All staff in this team are very much needed and to be honest the team would benefit from more workers at patient level rather than managers	3/12/2018 9:57 AM
8	See previous answers. I realise savings have to be made but cutting patient/service user facing staff is short sighted in terms of budget saving. Especially so in older people's services where demand will continue to grow.	3/10/2018 7:48 AM
9	Again having a direct impact on individuals and families not acceptable	3/9/2018 7:50 PM
10	Re-design management structures to achieve saving.	3/9/2018 3:05 PM
11	No cuts budget	3/9/2018 2:19 PM
12	Reserves.	3/9/2018 1:44 PM
13	Sorry again don't know how to make the saving but is this service means tested?	3/8/2018 9:44 PM
14	Increase the cost of blue badges from £3.16 to £20.00. The loss made on each badge at present is unacceptable	3/8/2018 10:42 AM
15	Elderly people deserve a good quality of life. Putting extra waiting time could be so detremantal to an elderly person	3/8/2018 2:31 AM
16	Older people are vumnerable and to prevent hospital admissions I cannot agree with this	3/7/2018 10:38 PM
17	Need more workers in these services	3/7/2018 10:36 PM
18	Would result in more emergency admissions and require greater increases in residential budget	3/7/2018 10:36 PM
19	Social care and services being erided	3/7/2018 10:35 PM
20	If all clients across the board old and new clients had reviews then there would probably be clients that no longer require the service but have become reliant on carers	3/7/2018 9:49 PM

21	This would inevitably involve the reduction of staff members and the demands of the growing elderly population just does not allow for this. If we wish to care for our elderly people in a caring and compassionate way this means spending money on staff that are able to do this. Older people do not have time to wait on assessments and require care immediately. Those with no families or whom are placing themselves at risk require quick responses and care and aging people at risk 'waiting' is putting them at further risk. Older people with dementia living alone and isolated in the community are on the increase. Adult support and protection referrals are high within this group and more community support is required. Better joined up working with community groups, day care units and district nurses could help this.	3/7/2018 9:33 PM
22	See above	3/7/2018 9:24 PM
23	As people who have worked hard and paid their dues why should any of the services in place to help as you age be targeted by cost cutters	3/7/2018 8:48 PM
24	Is this redundancies?	3/7/2018 7:21 PM
25	As Q7	3/7/2018 2:22 PM
26	Waiting times are unsatisfactory at the moment, however, a review of the service may results in a better service for patients.	3/7/2018 2:16 PM

Q11 Redesign of overnight Care at Home cover Full Year Savings/Income Total £8,033 This saving will be achieved by bringing teams working overnight together to work at peak teams when clients need us; i.e. evening service.

Answered: 183 Skipped: 153



ANSWER CHOICES	RESPONSES	
Agree	71.58%	131
Disagree	28.42%	52
TOTAL		183

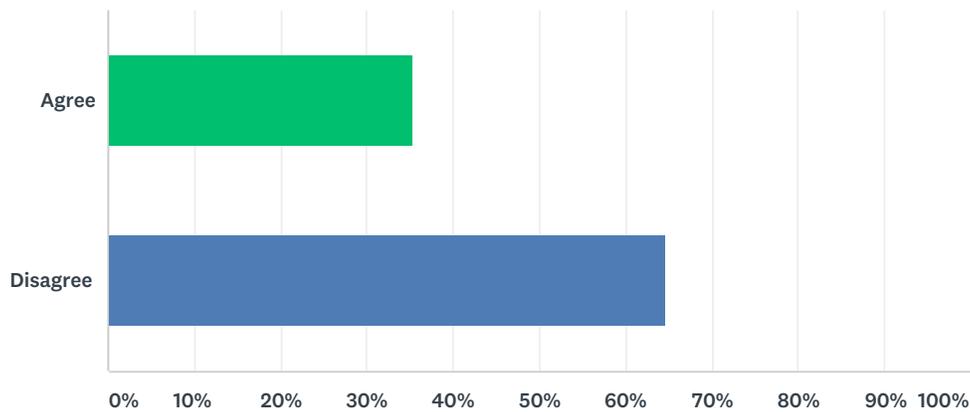
#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	unsafe	3/16/2018 12:56 PM
2	This is vague and does not indicate what 'bringing teams together' means? However, when trying to support more and more vulnerable people to remain in their homes, cuts to care at home would appear to be unfeasible.	3/15/2018 12:35 PM
3	do not feel I know enough about this service to comment	3/15/2018 8:47 AM

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4	It sounds like a cut	3/14/2018 12:10 PM
5	No cuts budget	3/9/2018 2:19 PM
6	Reserves.	3/9/2018 1:44 PM
7	If a person needs support through the night they should get it or they could end up in a care home or hospital	3/8/2018 2:31 AM
8	Can't possibly answer this - what does it actually mean?	3/7/2018 11:23 PM
9	Social care being eroded	3/7/2018 10:35 PM
10	Really? Dementia patients all need care at the same time? Nonsense. All research points to person centered care - this does not conform to a meal time/ peak time service	3/7/2018 8:55 PM
11	Those who require this service require it for good reason	3/7/2018 8:48 PM
12	Unsure of what this proposal is actually indicating. Patients must not suffer, if they require 24 hours care then 24 hour care must be provided.	3/7/2018 2:16 PM

Q12 Reduce number of Day Care Assistants Full Year Savings/Income Total £60,000 This would equate to a reduction of day service placements for 12 clients per day (60 placements per week). Capacity would reduce from 50 to 38 client places per day, Monday to Friday.

Answered: 181 Skipped: 155



ANSWER CHOICES	RESPONSES	
Agree	35.36%	64
Disagree	64.64%	117
TOTAL		181

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	THERE HAS TO BE ENOUGH STAFF IN PLACE TO KEEP THE CLIENTS MOTIVATED.	3/20/2018 2:05 PM
2	this service is required	3/16/2018 12:56 PM
3	When supporting adults to remain in their own home it is vital that we have access to adequate social provision. Isolation is one of the key risk factors for vulnerable populations, increasing problems such as depression.	3/15/2018 12:35 PM

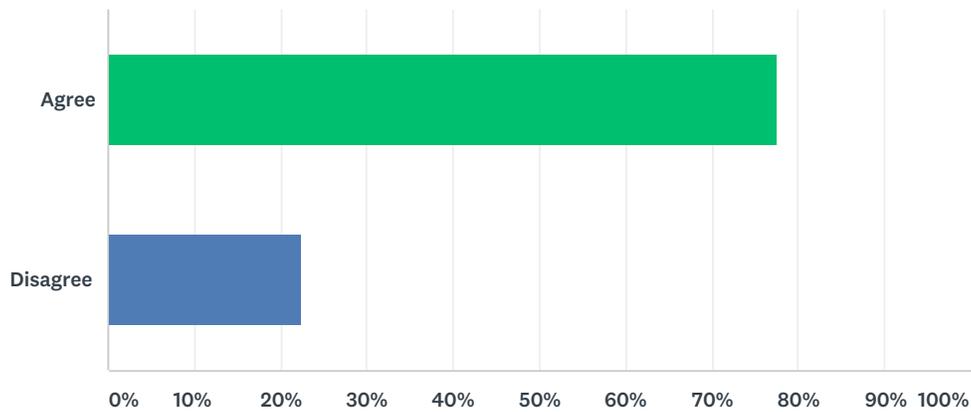
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4	there already a strain on day care services, and waiting lists, social isolation is a huge issue for older people, this effects their mental health and physical health. reducing day care places will increase the health risks for elderly	3/15/2018 8:47 AM
5	Awful suggestion	3/14/2018 12:10 PM
6	These services are a vital lifeline to many older adults. They need to be retained.	3/14/2018 12:00 PM
7	Day Services can be the only support/contact the people of west Dunbartonshire use.	3/13/2018 9:38 AM
8	This option would leave our most vulnerable people in our community more socially isolated	3/12/2018 9:57 AM
9	By reducing capacity from 50 to 38 the 12 clients waiting for a placement will decline in health and potentially cost more in health care	3/10/2018 9:43 AM
10	See previous answers. These types of community based services are cheaper to run and reach more people than a care home admission. With less resources to access, risk of harm will increase and expensiv hospital/care admission then more likely	3/10/2018 7:48 AM
11	Where would the people in need go if placements were reduced	3/9/2018 9:36 PM
12	Again this will have a direct impact on individuals and families which is not acceptable	3/9/2018 7:50 PM
13	Re-design the top 2 tiers of the management structure. Leave front line, highly essential staff in place to provide this valuable service to the citizens and carers who depend on this service.	3/9/2018 3:05 PM
14	No cuts budget	3/9/2018 2:19 PM
15	Reserves.	3/9/2018 1:44 PM
16	Don't understand what this means day care assistants in care homes or in the publics homes? Elderly, young people, disabled ?	3/8/2018 9:44 PM
17	Day care can be the only lifeline some families have to get a bit of respite.	3/8/2018 4:33 PM
18	Why should the elderly miss their daycare this could be their only chance of interaction all week and by reducing the staff that means less places for them	3/8/2018 8:03 AM
19	At the moment clients do not receive sufficient time so to cut it is terrible.	3/8/2018 7:32 AM
20	There needs to be more Day care assistants not less	3/8/2018 2:31 AM
21	Day care for whom?	3/7/2018 11:23 PM
22	I agree with this only if families put more of an input into caring for their relatives	3/7/2018 10:38 PM
23	See above comments re budgets	3/7/2018 10:36 PM
24	Social car3 being eroded	3/7/2018 10:35 PM
25	As per previous comments - day care is a vital community resource which is actually keeping people at home in the community- without this there would be more admissions to hospital and 24hr care.	3/7/2018 9:33 PM
26	See above	3/7/2018 9:24 PM
27	With the elderly population increasing, and services with waiting lists this is simply wrong.	3/7/2018 8:55 PM
28	Again likewise the number of staff in place currently is requisite to the number of clients who require this service provision	3/7/2018 8:48 PM
29	Focus on service quality and productivity within existing team. Lots of slack currently.	3/7/2018 8:09 PM
30	already a large wait time for service. i have first hand experience of this as have been waiting months on a space for my gran.	3/7/2018 7:53 PM
31	Redundancies at client levelmanagers being redeployed would bring a much larger saving.	3/7/2018 7:21 PM
32	X	3/7/2018 7:20 PM
33	due to an aging population these services are already stretched enough, with not enough places available at present for those that need them	3/7/2018 2:22 PM
34	If anything, with an ageing population this provision should be increased to help keep people at home.	3/7/2018 2:16 PM

35	Day Care is a limited resource, it should be increased as we have an aging population who are living and cared for in the community	3/7/2018 2:06 PM
36	Our community needs this service to increase not decrease .	3/7/2018 1:29 PM

Q13 Reduce administrative support within Children and Families Team
Full Year Savings/Income Total £82,000
 We are bringing together all of our Children and Families social work teams into one location for the purposes of providing improved management cover and oversight. This will allow for greater efficiencies in respect of administrative functions and therefore it is anticipated that we can review current administrative support to release savings when vacancies arise.

Answered: 183 Skipped: 153



ANSWER CHOICES	RESPONSES	
Agree	77.60%	142
Disagree	22.40%	41
TOTAL		183

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	seems pheasable	3/16/2018 12:56 PM
2	Good Admin support is absolutely essential in services such as children and families, where the protection of our most vulnerable children is paramount. Although moving to one base there will still be the same amount of letters, reports, meetings etc, which will require admin to complete. reducing admin cover often leads to front line workers spending time completing admin tasks (a poor use of resource) which takes away from time available to complete good reflective practice.	3/15/2018 12:35 PM
3	I see this resulting in increased admin roles for clinical staff who are already under pressure from clinical duties and the admin duties they have to cover.	3/15/2018 8:47 AM
4	Admin provide a vital role to coordinating services and allow workers to get on with their jobs. They are always the first to be cut. The result is workers spend more time on admin task doing them badly and less time on client contact and assessment. its inefficient and dangerous	3/14/2018 12:10 PM
5	No cuts budget	3/9/2018 2:19 PM
6	Reserves.	3/9/2018 1:44 PM

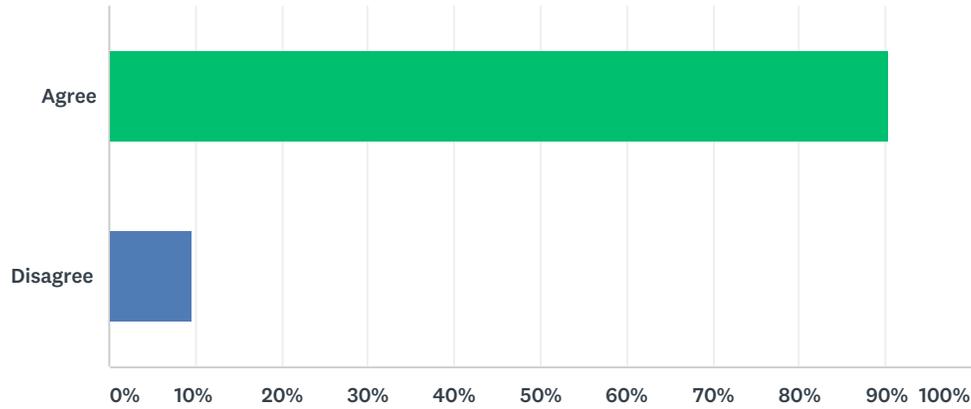
7	Again would like to know more,. Where are all the staff going to be based? I do think it's a good idea to cross cover in admin and work as a team. Would like all the staff to get the training they would need to learn each others jobs. Send managers on courses to learn how to delegate work more fairly.	3/8/2018 9:44 PM
8	Managers undervalue the work admin support do. This would just put more admin tasks onto an already stretched and stressed social work team	3/8/2018 4:33 PM
9	Need these people to ensure admin is xone and meetings no longer go wirh out being ocifically recorded. Cut top tiee staff wages	3/8/2018 7:31 AM
10	But Social Workers having to completed minutes, etc is a false economy and can actually take them longer and away from frontline social work duties. The admin support is still required and should not be forgotten as a vital support role that enables frontline staff to be out working with children and families and not completing more and more paperwork.	3/7/2018 9:33 PM
11	C&F/ criminal justice legislative provision requires minute taking and strict adherence to recording of individuals care. Admin are critical in this process. Counterproductive because then paying social workers wages to clmppl lete admin tasks!!!	3/7/2018 8:55 PM
12	Admin staff are essential to the service being run efficiently less staff means more work for everyone which leads to inefficiency which is detrimental to children and families leaving them vulnerable	3/7/2018 8:48 PM
13	Is there an opportunity to upskill existing admin support to free up social worker time?	3/7/2018 7:52 PM

Q14 Increase Blue Badge Charges Full Year Savings/Income Total £29,315
 The Blue Badge scheme allows eligible disabled people – travelling either as drivers or passengers across the UK – to park in certain restricted areas. The actual cost to Councils of providing blue badges is £29.50 per badge for a 3 year period. This is more than the maximum allowable amount that Councils are allowed to charge for a blue badge, which is £20 for 3 years (which is less than £7 a year).

However, the current charging regime for blue badges in West Dunbartonshire is even lower than this, at £3.16 for a 3 year period (so just over £1 per year). Updating the charge for a blue badge to £20 for 3 years would bring West Dunbartonshire in line with the charges levied in neighbouring authority areas. We would also help service users and families by supporting them through the income maximisation process.

Answered: 188 Skipped: 148

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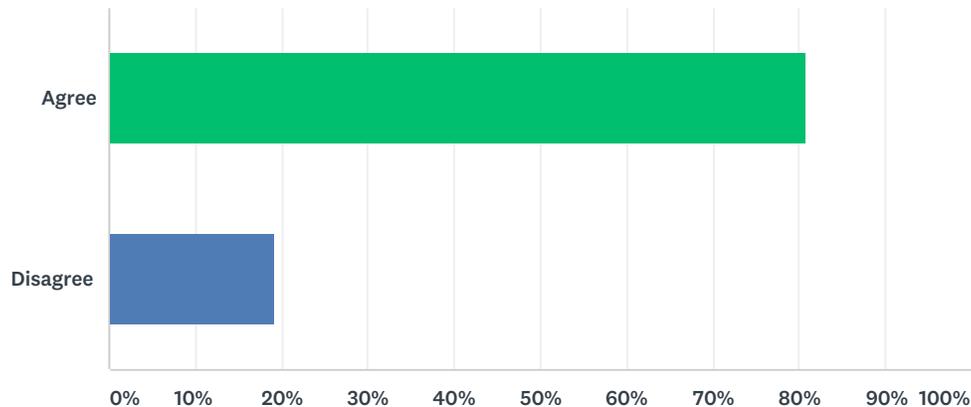
ANSWER CHOICES	RESPONSES	
Agree	90.43%	170
Disagree	9.57%	18
TOTAL		188

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	pheasable	3/16/2018 12:56 PM
2	I do not believe families would have a major issue with this.	3/15/2018 8:47 AM
3	Increase should be means tested	3/13/2018 1:32 AM
4	Blue badge costs to the public have been far too cheap for years so bringing them into line with all other local authorities is very acceptable	3/12/2018 9:57 AM
5	Service users should be advised to use their DLA/AA/PIP benefits to pay for this.	3/10/2018 7:48 AM
6	No cuts budget	3/9/2018 2:19 PM
7	I dont think many people wpuld mid too much to do this	3/8/2018 11:01 AM
8	I am a blue badge holder and would be happy to pay the sum advised	3/8/2018 7:32 AM
9	Limiting who gets a blue badge.	3/7/2018 9:46 PM
10	This is ridiculous. £7 a year for a blue badge is more then reasonable.	3/7/2018 9:33 PM
11	Far to expensive, that's nearly half of a Carers Carers allowance!!	3/7/2018 9:00 PM
12	There shoulb be a universally agreed charge however local authorities should be able to look at this on a case by case basis waiving or reducing the fee if appropriate.	3/7/2018 8:48 PM
13	Hitting the poor and most vulnerable in our community.....seems to be a theme here.	3/7/2018 7:21 PM

Q15 Standardise alarm charge across sheltered housing and mainstream housing
 Full Year Savings/Income Total £60,000
 Clients in sheltered housing do not currently pay for their community alarm, and are therefore at an advantage in comparison to clients living in mainstream housing. The introduction of a £5 per week charge for the same community alarm package would address that anomaly. Progressing this would involve engagement with sheltered housing tenants who are currently in receipt of a community alarm. This would be accompanied by clients and families

being supported through the income maximisation process, identifying any underlying potential entitlement to benefits.

Answered: 187 Skipped: 149

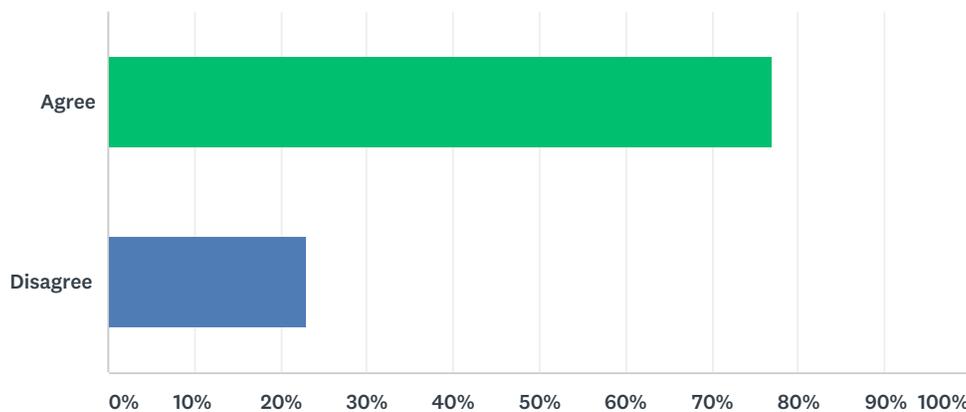


ANSWER CHOICES	RESPONSES	
Agree	80.75%	151
Disagree	19.25%	36
TOTAL		187

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	pheasable	3/16/2018 12:56 PM
2	this is a service again people would be willing to pay for.	3/15/2018 8:47 AM
3	This will discriminate against those on lower incomes.	3/14/2018 12:00 PM
4	Again means tested	3/13/2018 1:32 AM
5	sheltered housing clients should not be exempt to these charges it is unfair of everyone else who has to pay so I feel it is only fair to charge them the same for this service after all they do use it.	3/12/2018 9:57 AM
6	£5 per week is a large increase for someone who has not been previously charged. A lower amount of £1 or £2 would be more acceptable	3/10/2018 8:49 PM
7	See previous answer. Residents should be reminded to use their AA/DLA to pay for this as long as benefits have been maximised.	3/10/2018 7:48 AM
8	Reduce the upper management tiers within HSCP.	3/9/2018 3:05 PM
9	No cuts budget	3/9/2018 2:19 PM
10	Reserves.	3/9/2018 1:44 PM
11	They should be the sane as every one else	3/8/2018 11:01 AM
12	£5 a week would be to much £5 extra a month is more feasible	3/8/2018 8:03 AM
13	Need another mobile attendant. Only 1 covering the whole of wdc area is a nightmare just now. Most times people wait a good hour/2 hours as the attendant is in clydebank then needs to head to Alexandria or Dumbarton while there another call comes in to go back to clydebank.	3/7/2018 9:26 PM
14	? Means tested	3/7/2018 8:48 PM
15	I agree with this but can this charge be Integrated with other costs to prevent vulnerable people choosing to foregonthis type of support?	3/7/2018 7:52 PM
16	Should be means tested	3/7/2018 1:36 PM

Q16 Increase Community Alarm Charge Full Year Savings/Income Total £208,250 This would involve increasing the set community alarm charge from £2.55 to £5 per week. It should be noted that there would be no additional charge for any telecare equipment installed based on client need; and that community alarm clients in West Dunbartonshire would continue to benefit from a responder service by mobile attendants (which is a service not commonly provided in other authority areas). We would also help service users and families by supporting them through the income maximisation process.

Answered: 187 Skipped: 149



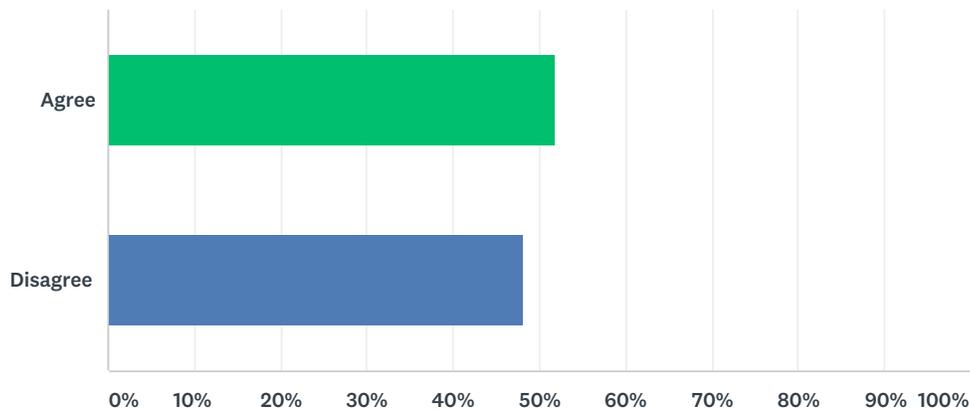
ANSWER CHOICES	RESPONSES	
Agree	77.01%	144
Disagree	22.99%	43
TOTAL		187

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	as above	3/15/2018 8:47 AM
2	Increase the charges but perhaps base the charges on means testing so our elderly don't have to choose between food, keeping the heating on or a community alarm	3/12/2018 9:57 AM
3	Again a large increase. Why not only slightly increase to £3 or £4 rather than doubling the cost	3/10/2018 8:49 PM
4	This is saving is based on the up take of current users - what if they can't afford £5? Combined with the proposed additional £5 from the previous question, would this mean a £10 a week increase in charges for some of our most vulnerable citizens? I think not. Reduce top heavy management structures.	3/9/2018 3:05 PM
5	No cuts budget	3/9/2018 2:19 PM
6	Increase to £3 per week. Balance from reserves.	3/9/2018 1:44 PM
7	Too big an increase	3/7/2018 10:54 PM
8	I think this would have to be means tested . £20 per month is a lot for a pensioner less well off	3/7/2018 10:38 PM
9	Reduce management complement	3/7/2018 10:18 PM

10	£20 per month is a lot of money considering some people use it once or twice a year.	3/7/2018 10:10 PM
11	This is far too great a rise and may result in people refusing to have them, therefore, vulnerable people having no way to call for help. This could also lead to more ambulances being called and people lying overnight if they fall causing further hospital admission than necessary.	3/7/2018 9:33 PM
12	Half the time it's sheltered housing wardens that get the call outs to attend the alarms as they are to busy. 1 it's not fair on the warden getting taken out of her complex to deal with some1 in the community!	3/7/2018 9:26 PM
13	Again means tested	3/7/2018 8:48 PM
14	Doubling the charge seems overly punitive - perhaps a figure in-between would be fairer? The LA shouldn't disincentivise this important service for clients by making it too expensive.	3/7/2018 8:09 PM
15	Hitting the most vulnerable in our societyagain.	3/7/2018 7:21 PM
16	As long as financial assistance is given to those that need it	3/7/2018 2:22 PM

Q17 Increase charge for Day Care Opportunities Older People Full Year Savings/Income Total £55,000 This would involve increasing the set charge for transport and meals from £5.66 to £10.00 per visit. Progressing this would involve engagement with existing day care clients. This would be accompanied by clients and families being supported through the income maximisation process.

Answered: 187 Skipped: 149



ANSWER CHOICES	RESPONSES
Agree	51.87% 97
Disagree	48.13% 90
TOTAL	187

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	I agree that the charge could be increased this seems like a large increase as many of those attending day care would perhaps then be paying more again for community alarms etc. perhaps this could be means tested, with a discount for those on a low income	3/15/2018 8:47 AM
2	Older people may have limited income. this this should be based on the outcome of a financial assessment and individualised depending on income.	3/13/2018 9:38 AM

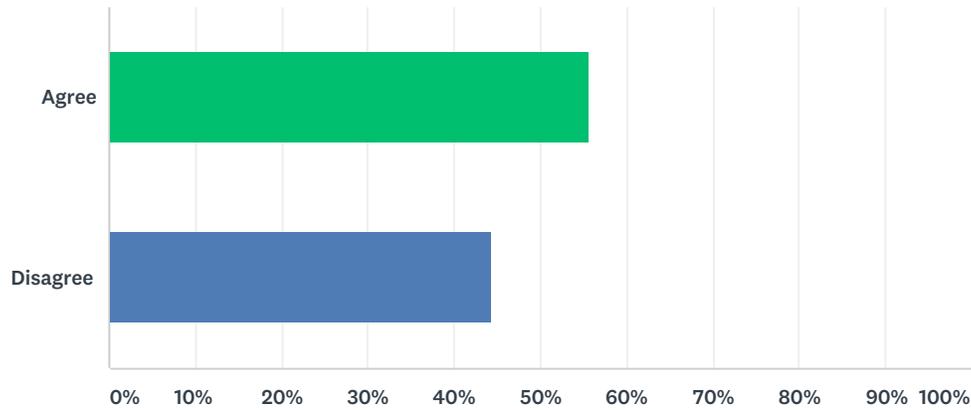
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3	Only charge those who can afford it	3/13/2018 1:32 AM
4	again I agree with this but please do it by means testing so people don't have to make a choice in what matters more to them.	3/12/2018 9:57 AM
5	I don't know how you would make saving but it seems a bit steep of a jump	3/11/2018 9:00 AM
6	Again this is a large increase. Why not raise it only slightly to £7 or £8 rather than doubling the cost.	3/10/2018 8:49 PM
7	How can these vulnerable people pay for this	3/9/2018 9:36 PM
8	Savings are based on current client usage? What if clients can't afford this - what will happen to them? Reduce management top tiers	3/9/2018 3:05 PM
9	No cuts budget	3/9/2018 2:19 PM
10	Increase to £6. Balance from reserves.	3/9/2018 1:44 PM
11	How are families on low incomes to afford this increase	3/8/2018 4:33 PM
12	Some older folk may not think they can afford this and therefore won't go to the centre.... and this may be the only point of contact they may have all week	3/8/2018 11:01 AM
13	I feel the increase in the charge is far too high, to almost double the charge when people are already financially struggling. I would think perhaps a 3% rise would be more than enough.	3/8/2018 7:32 AM
14	Too much increase. Cut top tier wages	3/8/2018 7:31 AM
15	Perhaps families could contribute if they were in a position to	3/7/2018 10:38 PM
16	Don't take services from poor people	3/7/2018 10:36 PM
17	Erosion of care	3/7/2018 10:35 PM
18	Maybe still increase but maybe make it £8	3/7/2018 10:24 PM
19	As before, day care is a vital community support with some people being able to continue to live at home because of day care. £10 is far too expensive especially if someone attends 3 days a week or more. Could voluntary drivers take some of the clients to and from day care, therefore reducing the need for as many buses? This is done for people attending hospital appointments and I'm sure this could be done for able bodied clients attending day care. If people were grouped by day according to the locality they lived in this would also help.	3/7/2018 9:33 PM
20	Honestly why penalise older residents. Beware you are also likely to live longer and require many of the services you wish to reduce or remove # common sense	3/7/2018 8:48 PM
21	Why should the older people need pay this money maybe this is the only way they can get out their home and socialise	3/7/2018 7:32 PM
22	Just no.	3/7/2018 7:21 PM
23	Again unable to say how I would fund this but feel it's very large increase. Not all people would be eligible for help and to almost double the cost is quite excessive.	3/7/2018 2:22 PM
24	This is nearly double the original cost which may be too much of an increase to our vulnerable clients.	3/7/2018 2:16 PM
25	Restructure service	3/7/2018 1:36 PM

Q18 Increase charge for Day Care Opportunities Learning Disability Full Year Savings/Income Total £31,000 This would involve increasing the set charge for transport and meals from £5.66 to £10.00 per visit. Progressing this would involve engagement with existing day care clients. This would be accompanied by clients and families being supported through the income maximisation process.

Answered: 187 Skipped: 149

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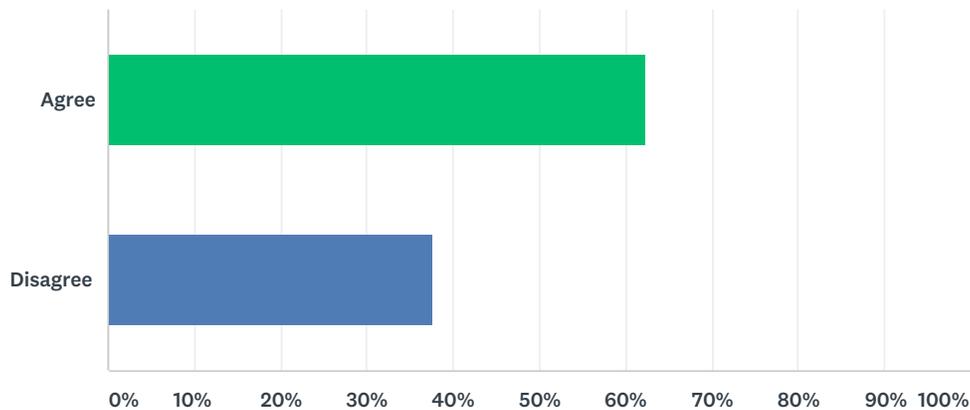
ANSWER CHOICES	RESPONSES	
Agree	55.61%	104
Disagree	44.39%	83
TOTAL		187

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	I think this is more suitable to this client group as there benefits are more than elderly patients.	3/16/2018 12:56 PM
2	Charges for LD services and cuts to benefits have had too great an effect on standard of living of disabled. Elderly have been sheltered from effects of austerity so charges should be increased for pensioners,	3/15/2018 4:03 PM
3	as above	3/15/2018 8:47 AM
4	this this should be based on the outcome of a financial assessment and individualised depending on income.	3/13/2018 9:38 AM
5	As previous answer	3/13/2018 1:32 AM
6	the costs incurred by service users here is minimal yet the income they receive is large so it is about time that they paid their own way in the community same as everyone else does.	3/12/2018 9:57 AM
7	Again this is a large increase. Why not raise it only slightly to £7 or £8 rather than doubling the cost.	3/10/2018 8:49 PM
8	However bear in mind that you will need SW staff and WRO's to do the income max!!	3/10/2018 7:48 AM
9	Similar increases were applied a few years ago and caused great upset to service users, don't go down that road again. Reduce top tier management roles.	3/9/2018 3:05 PM
10	No cuts budget	3/9/2018 2:19 PM
11	Increase to £6. Balance from reserves.	3/9/2018 1:44 PM
12	How are families going to afford this increase	3/8/2018 4:33 PM
13	Rise far too high for families already struggling. A 3% rise is the most.	3/8/2018 7:32 AM
14	Cut top tier staff wages	3/8/2018 7:31 AM
15	These people already get benefits that should pay for care and meals	3/8/2018 2:31 AM
16	Dont take money from here as people and carers rely on these services	3/7/2018 10:36 PM
17	Service erosion	3/7/2018 10:35 PM
18	Maybe still increase but not by as much as £10	3/7/2018 10:24 PM
19	For same reasons as stated before for day care for the elderly. More vulnerable people in the community with less services is not good planning and will only incase the number of adult support and protection referrals.	3/7/2018 9:33 PM

20	Question 17 is exactly the same as question 16 was that a trick question?	3/7/2018 9:24 PM
21	Vulnerable people should not be targeted	3/7/2018 8:48 PM
22	AS above.	3/7/2018 7:21 PM
23	in the main elderly don't have the money to afford £5.66 per day never mind £10 so they will leave and isolate them selves, which will save the Authority money, and effect the client neeggatively.	3/7/2018 2:42 PM
24	As above	3/7/2018 2:22 PM
25	This is nearly double the original cost which may be too much of an increase to our vulnerable clients.	3/7/2018 2:16 PM
26	All service-users are in receipt of DLA - scrap the council bus provision altogether and allow day centres to hire mini buses to access activities.	3/7/2018 1:53 PM

Q19 Reduce provision of external residential Care Home beds Full Year Savings/Income Total £750,000
 A key strategic priority for the HSCP is to support all adults to live as independently as possible and safely within a homely setting for as long as possible. The proposal would see a greater number of older people to continue living at home for longer with assistance of specialist support teams. This would involve a reduction in 30 beds currently provided by the independent sector (equating to 5% of current numbers) at average cost of £25,000 per year.

Answered: 181 Skipped: 155



ANSWER CHOICES	RESPONSES	
Agree	62.43%	113
Disagree	37.57%	68
TOTAL		181

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	this is required!!!!	3/16/2018 12:56 PM
2	It is already difficult to find appropriate care placements within the area, when required. This leads to people being moved to care placements outwith the area, making it difficult to maintain family ties. Taken in conjunction with proposals to cut community/ care at home services, this will lead to some of the most vulnerable clients having inadequate provision of care.	3/15/2018 12:35 PM

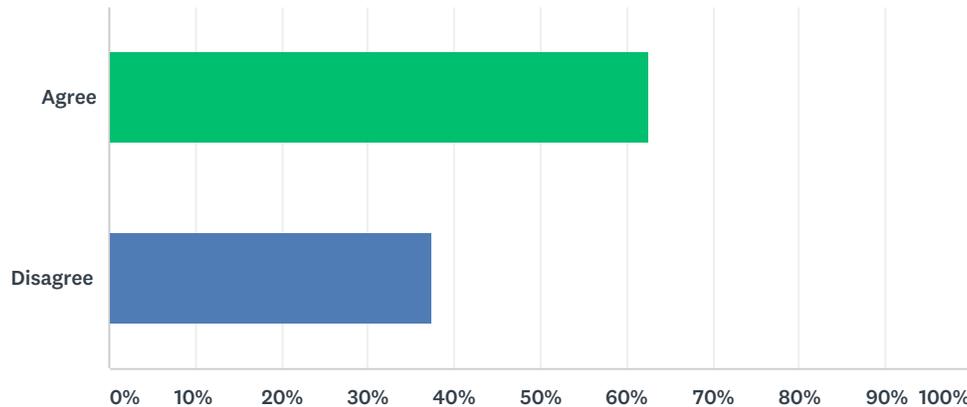
3	if the above proposals from previous questions are carried through I struggle to see how that people could continue to live independently	3/15/2018 8:47 AM
4	Your homecare service isn't adequate to cover these beds at the moment	3/14/2018 12:10 PM
5	Surveys carried out by independent health specialties tell older people cared for at home or living at home stay healthier	3/13/2018 1:32 AM
6	We have had to do this in Glasgow - in the area I work this has reduced from 30 funded places per month five years ago, to 22 per month. However we now rely heavily on are own residential homes and community services hence why I disagree with earlier proposals to cut community service	3/10/2018 7:48 AM
7	People really do want to stay in there own home where possible. However the number of options in this survey suggest HSCP will not be able to provide the specialist support teams to ensure the safe independent living. Look at other ways of raising revenue - reduce management top tiers.	3/9/2018 3:05 PM
8	No cuts budget	3/9/2018 2:19 PM
9	Reserves.	3/9/2018 1:44 PM
10	Would that not put lives at risk?	3/8/2018 9:44 PM
11	How can you maintain people in the community if you're cutting day care places and home care provision	3/8/2018 4:33 PM
12	As long as they were supported this could work	3/7/2018 10:38 PM
13	Can't happen if you put in place the above cuts	3/7/2018 10:35 PM
14	Not sure	3/7/2018 10:24 PM
15	As some clients live with partners the need for respite is being more and more noticeable to relieve stress on family members	3/7/2018 9:49 PM
16	There are not enough care home beds as it is - people are having to wait on vacancies to the detriment of their own health and their carers health. More people will have to move outwith the area away from friends and family. You cannot cut day care places, reduce home care cover and reduce staff in the community older peoples team/ hospital discharge and not expect a knock on effect on the number of care home beds required - the need will increase for beds if this is done.	3/7/2018 9:33 PM
17	Your carers would refuse to provide care. Our jobs are hard enough as it is right now. Bending down to a low bed is back breaking. You need to work at waist tight. Safer for the staff and the client	3/7/2018 9:26 PM
18	I agree as long as you provide adequate support	3/7/2018 9:24 PM
19	Not all individuals can live independently simlly because we want them to and because its cheaper.	3/7/2018 8:55 PM
20	Agree, but with caution. Community services must be adequately resourced to ensure full support at home for the most vulnerable clients.	3/7/2018 8:09 PM
21	I was under the impression we are already struggling with the amount of beds available within the authority	3/7/2018 2:22 PM
22	But only if care at home can be accommodated, I do not see how you can reduce beds and also reduce care at home packages as detailed in this overall proposal.	3/7/2018 2:16 PM
23	There is not enough funding and resources at present to allow people to live in the community. Considering reducing care home beds would place a massive burden on an over stretched and under funded service. Increase	3/7/2018 2:06 PM

Q20 Reduce external community based support to children, young people and families.Full Year Savings/Income Total £300,000We currently have

a contract with Includem – a 3rd sector organisation - who provide 180 hours of support a week to children and young people in the community.

This proposed saving is to cease the contract of £400,000 and retain £100,000 in order to supplement direct social work support to children and young people.

Answered: 179 Skipped: 157



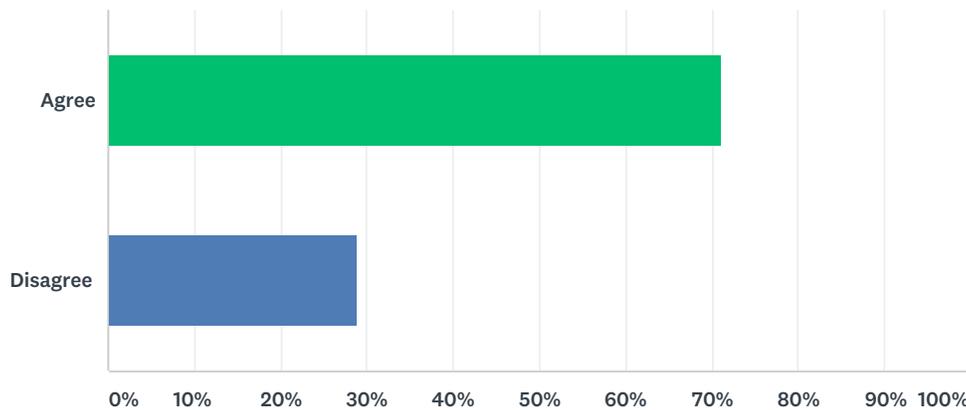
ANSWER CHOICES	RESPONSES
Agree	62.57% 112
Disagree	37.43% 67
TOTAL	179

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	This is vital any early intervention for children is essential.	3/16/2018 12:56 PM
2	I think the council should end this contract and use the mentoring service within west Dunbartonshire to mange this contract.	3/15/2018 1:32 PM
3	Any cuts too preventative early intervention for children and young people are regressive and could lead to longer term costs due to higher level interventions being required at a later date. Direct social work support of children requires to focus on those in most crisis/risk, the INcludem service assists to ensure others do not enter these highest risk categories.	3/15/2018 12:35 PM
4	do not feel I can answer this question,	3/15/2018 8:47 AM
5	The money should be redirected to the mentoring programme and this would also allow and increase in children to be mentored	3/13/2018 1:32 AM
6	See previous- I appreciate savings must be made but cutting direct service provision will cost the council/health board more in the longer term	3/10/2018 7:48 AM
7	No cuts budget	3/9/2018 2:19 PM
8	Reserves.	3/9/2018 1:44 PM
9	The £100,000 left from this budget would be better invested in current ATC model and increase staff at this resource. You could approx. employ 3 fulltime staff members for under this budget which would provide 111 hours of support per week thus giving you just a 30% reduction in hours for 75% of the budget.	3/9/2018 12:31 AM
10	What 3rd sector support? Would need to know more about it.	3/8/2018 9:44 PM
11	Not full reduction could cut some not all as peoposed	3/8/2018 7:31 AM

12	If mentoring services continue and more services are provided by the excellent staff already employed in Child Care services. There used to be a group work team that provided a service like this but this is no longer the case. Let the Social Workers do the statutory work and those not qualified as social workers provide group work and support to children, young people and their families.	3/7/2018 9:33 PM
13	This would be a false saving - Includem do invaluable time consuming work	3/7/2018 3:15 PM

Q21 Restructure support for addictions and youth justice clients externally provided
Full Year Savings/Income Total £41,730
 We currently have a contract with Alternatives – a 3rd sector provider - to the value of £83,460. This service provides support to a range of young people with addiction issues, including diversionary work where substance use is a contributory factor in youth offending. The proposal is to reduce this contract by 50%. Initial discussions with the provider have indicated that they would be able to “provide similar support more efficiently with support from the HSCP in terms of accommodation and administrative support”.

Answered: 187 Skipped: 149



ANSWER CHOICES	RESPONSES	
Agree	71.12%	133
Disagree	28.88%	54
TOTAL		187

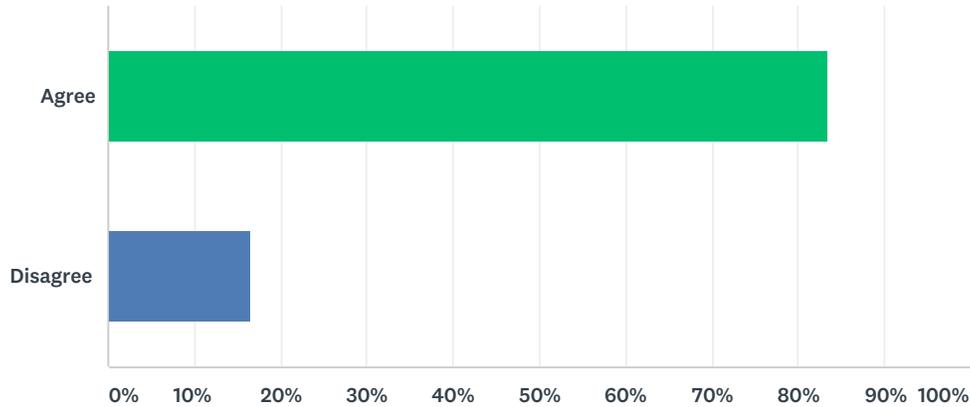
#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	This would only be viable if good accommodation and admin support from HSCP allowed Alternatives to continue to provide an equal level of service. Early intervention and diversion are key to reducing monies spent longer term on addictions and offending.	3/15/2018 12:35 PM
2	as above	3/15/2018 8:47 AM
3	Again this should be delivered in House	3/13/2018 1:32 AM
4	Surely the staff already employed by local authority and nhs can cover this	3/9/2018 9:36 PM

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5	No cuts budget	3/9/2018 2:19 PM
6	Reserves.	3/9/2018 1:44 PM
7	What support services within the HSCP would be getting the extra workload and would they have the same skills and knowledge of the staff at Alternatives? And Adim staff is that the staff the that's getting relocated to the one building?	3/8/2018 9:44 PM
8	This is disgraceful. We need these kids helped especially in this climate. Get your savings wise where.	3/8/2018 7:31 AM
9	Not sure	3/7/2018 10:24 PM
10	Pull the money from children and families, youth justice, addictions and provide more community support for young people in general like the current mentoring service on a grander scale. Community work in nurseries/schools and with parents is required from a young age in areas of deprivation and poverty. Get the social workers back to community bases to actually work with people - early intervention in local communities! Long term investment in this area is required and not fire fighting as is done now.	3/7/2018 9:33 PM
11	Estimate true cost to other services when this service is removed	3/7/2018 8:55 PM
12	In house	3/7/2018 8:48 PM
13	It's the year of the young people yet you propose a reduction of 50%, this service is vital to the community!	3/7/2018 7:25 PM
14	Now a large number of my clients 16- 21, have no addiction support due to the cuts. This was an excellent resource, Catch them when they are young before the drugs are ingrained has got to be a sensible decision.	3/7/2018 2:42 PM
15	Only if similar support can be given as this is an ever increasing problem	3/7/2018 2:22 PM

Q22 Revise additional support for learning disability transitions currently provided by Neighbourhood Network Scotland Full Year Savings/Income Total £35,000 This is an external resource for Learning Disability clients who are transitioning from children to adult services. Since the Transitions Network was established in 2014 we have seen a gradual reduction in the number of referrals to the service. We have also experienced a higher number of more complex care service users coming into our service and this model is not suited due to the level of their needs. As the current service is underutilised we would propose that we continue to build individual care packages for young people specifically around their level of need and use our existing resource for supporting children transitioning to adult learning disability services.

Answered: 182 Skipped: 154

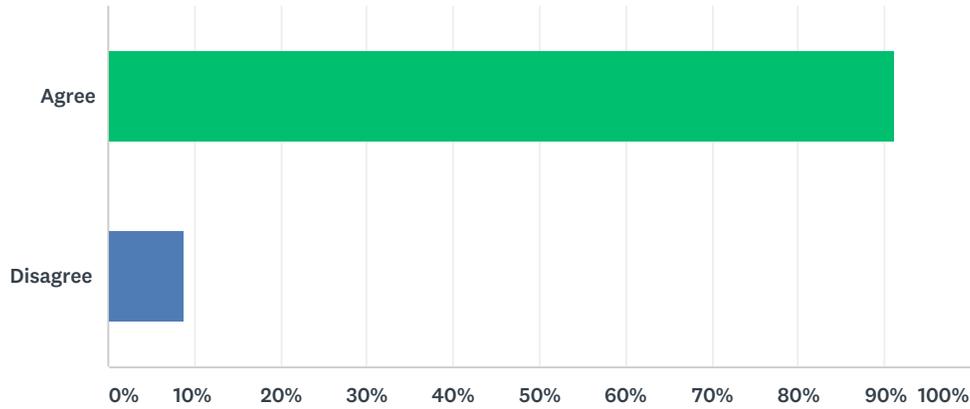


ANSWER CHOICES	RESPONSES	
Agree	83.52%	152
Disagree	16.48%	30
TOTAL		182

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	Charges for LD services and cuts to benefits have had too great an effect on standard of living of disabled and carers. Elderly have been sheltered from effects of austerity so charges should be increased for pensioners,	3/15/2018 4:03 PM
2	Although there are a higher level of complex cases noted Neighbourhood Networks is a valuable resource to support people who do have lower level needs. Without services such as this then the number of people developing more complex needs could be higher due to the added impact of isolation. It is essential that services focus upon support and prevention are maintained.	3/15/2018 12:35 PM
3	LD services receive a large budget and in years gone by when every other budget was cut the LD one was ring fenced so there's plenty of scope here for cuts	3/12/2018 9:57 AM
4	No cuts budget	3/9/2018 2:19 PM
5	Would need to know more about this as what sort of care packages support do the young people receive? Is this the Acorn Centre, School Nursing and Social work?	3/8/2018 9:44 PM

Q23 Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients Phase 1 - refurbishment of West Dunbartonshire Council existing housing stock Full Year Savings/Income Total £60,000 We would like to offer more affordable, quality housing for residents of West Dunbartonshire who have a learning disability. If we are successful in securing a capital bid of £20,000 from the West Dunbartonshire Council's Capital Budget we propose to refurbish flats in Clydebank. This will enable us to offer a core and cluster model of housing that will provide a more economical and effective housing support environment for a number of West Dunbartonshire clients who have a learning disability.

Answered: 183 Skipped: 153



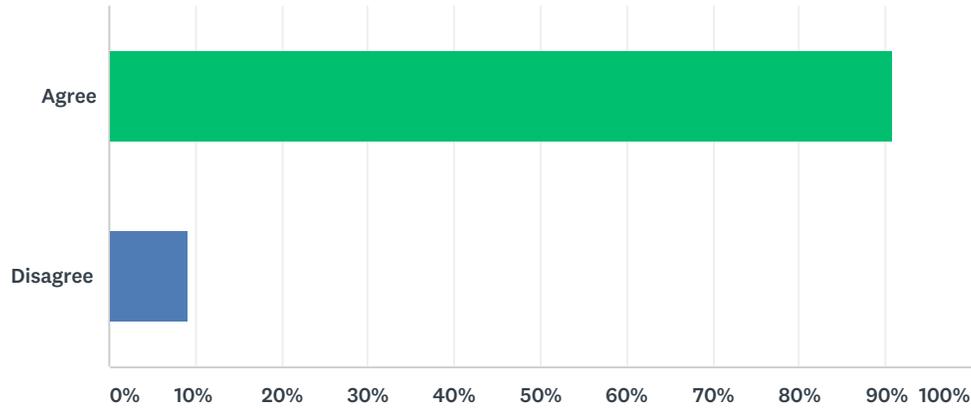
ANSWER CHOICES	RESPONSES
Agree	91.26% 167
Disagree	8.74% 16
TOTAL	183

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	do not feel qualified to answer this	3/15/2018 8:47 AM
2	No cuts budget	3/9/2018 2:19 PM
3	Reserves.	3/9/2018 1:44 PM
4	Move clients from where their own homes to these new flats? Would they still get the support they need? New housing that would meet the needs of these vulnerable clients what be great but what's the catch!	3/8/2018 9:44 PM
5	This should be happening with all vulnerable groups who require care.	3/7/2018 9:33 PM
6	This is moving backwards in society.	3/7/2018 1:29 PM

Q24 Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients Phase 2 - New Build Bungalow Full Year Savings/Income Total £180,000 This is the 2nd phase of a core and cluster housing development programme to support people with more complex needs such as learning disability and autism who are currently being supported in residential care outwith their home area of West Dunbartonshire. Subject to receiving £171,000 from the West Dunbartonshire Council Capital Budget we will work with housing colleagues to develop a specially adapted bungalow as part of the St Andrew's Housing Support Project. This will provide a fully adapted and equipped housing service that is a more economical and effective housing option and will enable us to bring service users with more complex needs back to live in their home area of West Dunbartonshire.

Answered: 184 Skipped: 152

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ANSWER CHOICES	RESPONSES
Agree	90.76% 167
Disagree	9.24% 17
TOTAL	184

#	IF YOU DISAGREE WITH THIS SAVING OPTION TELL US HOW YOU WOULD MAKE THE FULL YEARS SAVING DETAILED	DATE
1	as above	3/15/2018 8:47 AM
2	the cost of this then staffing does not make sense, leave it as it is and move people back to the local community as vacancies in Baxter House etc become available	3/12/2018 9:57 AM
3	No cuts budget	3/9/2018 2:19 PM

Q25 Please provide any further comments below

Answered: 33 Skipped: 303

#	RESPONSES	DATE
1	I strongly suggest that the people proposing these cuts, are ensuring they are having direct contact with people working within these areas and are aware of the demands on the service. Cuts can no longer be made at the front line of services and it is time that this is identified and cuts are proposed at management and above. I am well aware of people in management being paid lots of money for doing very little, This needs to be looked at and re-structured and the front line staff should be left alone. After all there the ones doing very hard jobs fro very little pay.	3/16/2018 12:59 PM
2	The council should look at providing the outsourced services. this would provide jobs in the local arrears are allow for the provisions to continue.	3/15/2018 1:35 PM
3	Overall, cuts to front line services for the most vulnerable may save money in the short term but increase the risk to vulnerable residents and longer term can increase costs of health care/crisis intervention. Although I have no training in financial management , perhaps More of a response to demand increased funding could be essential. Sale of land for housing developments, Leisure facilities outsourced?	3/15/2018 12:39 PM
4	i have worked in older adult care for 20 years. we currently provide free home care and free small aids and adaptions which I believe we could begin to charge for. Most older adults are in receipt of attendance allowance and this is what that benefit was intended for.	3/15/2018 8:49 AM
5	It might be worthwhile reviewing and reducing senior management post or reviewing these salaries as they are often overinflated and poor value for money. Cuts do not always need to come from frontline services as you guys seem to prefer.	3/14/2018 12:52 PM

West Dunbartonshire Health and Social Care Partnership Budget Consultation 2018/19

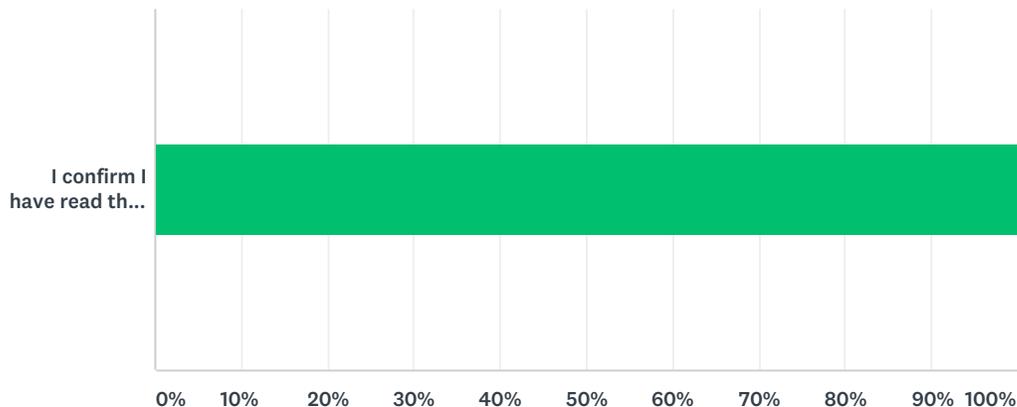
6	For the services that are earmarked for ending (mentoring project) what happens to the mentors. Why has there been no direct consultation or industrial relations with the mentors who are to lose their jobs.	3/13/2018 1:35 AM
7	Most proposals are targeted at vulnerable groups I appreciate savings have to be made,in my opinion we should start with the non producers who sit in offices making up the workloads for the people who are at breaking point by being overworked and underpaid ,elderly and vulnerable groups should not be used as cash cows.	3/12/2018 7:12 PM
8	I understand cuts have to be made however cutting staff and services does not help. Charge those who need the service the proper amount of money, they receive benefits for these supports so why do they get to save money? For what? Make them spend it.	3/10/2018 9:47 AM
9	Please look at your absence management process in relation to NHS staff. These seem particularly lax in terms of addressing repeat absences. I have direct experience of this and it seems like SW staff face much higher scrutiny in relation to absences than their health colleagues do. With more staff at work, services are more efficient. Your front line staff are your most valuable resource. Cutting front line staff is not a saving in the longer term ... as a team leader in social work I have direct experience of this.	3/10/2018 7:53 AM
10	Maybe the money can be saved by a reduction in the highly paid staff, ie managers, line managers, supervisors, how many managers does each department really need. Front line community staff are essential not numerous managers.	3/9/2018 9:40 PM
11	These are very detailed question and are looking for uninformed decisions to be taken by the general public. Our services are already not providing the care we deserve and I believe there should be a no cuts option for this budget.	3/9/2018 4:14 PM
12	No cuts budget	3/9/2018 2:20 PM
13	Make representations to the Government insisting funding is increased to meet the needs of the clients using H&SCP services.	3/9/2018 1:46 PM
14	Please could this survey be sent to all staff that are going to be affected by these budget cuts as they might have ideas how to save money in the service they work in.	3/8/2018 9:46 PM
15	The ideas suggested don't appear to reflect the SG aim of shifting care & resources from hospital to community. Where's the savings from the set aside budget?	3/8/2018 6:58 PM
16	I think WDC could save money by reviewing managers posts within HSCP. There are several who are receiving grand salaries to jobs that are not essential nor productive.	3/8/2018 4:35 PM
17	It is impossible to make alternative suggestions, when you don't know the services to be cut. This consultation is a bit of sham, without having other options compared the the council rates funding consultation	3/8/2018 2:11 PM
18	Reduces wages if management	3/8/2018 12:44 AM
19	As with previous surveys this give scant information on the actual services provided and the full implications of these cuts or alternative services available. This is essentially playing at public consultation	3/7/2018 10:39 PM
20	Dont take from essential services.	3/7/2018 10:37 PM
21	This is supposed to be Health & Social care. All reductions and cuts are aimed at social work/care. No mention of health cuts or budget reductions	3/7/2018 10:36 PM
22	Too many different departments doing different things when joined up working within social work itself would be a start. Departments and sections need to talk to each other to ensure that duplication is avoided and workforce can be shared. More frontline workers needed and less strategic pen-pushers.	3/7/2018 9:38 PM
23	Targeting the services provided to these groups is intolerable	3/7/2018 8:49 PM
24	I am particularly surprised that the option to cut the councils award winning mentoring service is being proposed. Even more surprising is a suggestion to cut Includem on top of that?? And to cut funding to Alternatives by 50% for their work with young people too?? When we have such issues with youth crime and addiction in West Dunbartonshire?	3/7/2018 8:35 PM

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25	The partnership should develop services to meet the greatest needs of the population, rather than looking at existing services and trying to trim here and there. WD is a very disadvantaged area and so experiences a disproportionate level of health damaging behaviours - these should be prioritised, along with mental health services. Our older population, particularly the growing population with dementia, should be fully supported, and the reliance on informal care should be balanced to ensure that carers are not overly burdened.	3/7/2018 8:12 PM
26	Elsewhere	3/7/2018 8:02 PM
27	There are a number of supper services for young people in crisis that we currently pay for that overlap and can on occasion work against each other. Often these services such as mentoring could be provided by volunteers, which I understand still has a cost attached but would be more effective. I would like assurances that any savings from reducing or eliminating these contracts can be redeployed effectively into social work resources. So not a true saving but a redeployment of funds.	3/7/2018 7:55 PM
28	Social work dept are already stretched as it is - reducing young peoples services will only have a negative and detrimental impact to the local community! This will then have a further impact on adult services in the future	3/7/2018 7:27 PM
29	None.	3/7/2018 7:21 PM
30	Cut some of the management and focus on people delivering the frontline services	3/7/2018 5:12 PM
31	It has not escaped my attention at the terrible state of some of our young people's homes, which in this day and age are an absolute disgrace. This cannot be conducive to having a caring environment for our young people, often with complex support needs. Like older people's establishments, work should be done urgently to rationalise the estate, and build more fit for purpose facilities appropriate for their support needs & requirements. This would have the added benefit of enabling savings to be made, through the capital receipt of selling off the old dilapidated children or young people's homes in West Dunbartonshire, e.g. Craigellachie Childrens House in Clydebank.	3/7/2018 1:57 PM
32	Vacancies to be internally advertised only with back filled jobs reviewed.	3/7/2018 1:38 PM
33	Stop using outside agencies ie Richmond Fellowship when WDC have staff and resources available to meet the demand.	3/7/2018 1:30 PM

Q26 Redesign of HSCP Management Full Year Savings/Income Total £100,000
 We have worked hard to integrate all of our teams (operational and support services) to ensure service delivery is as seamless as possible. To deliver this saving we will continue to integrate arrangements wherever possible and will undertake organisational redesign to deliver effective and efficient models of working.

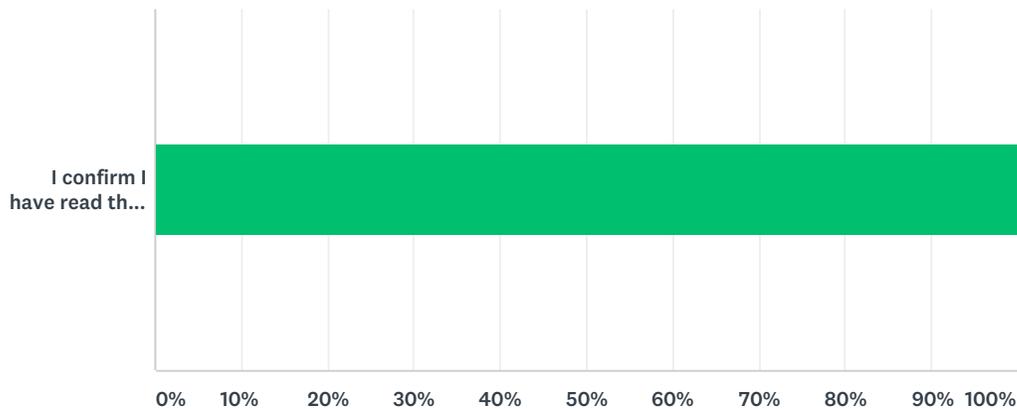
Answered: 156 Skipped: 180



ANSWER CHOICES	RESPONSES	
I confirm I have read this statement	100.00%	156
Total Respondents: 156		

Q27 Review MSK Physiotherapy staffing complement Full Year Savings/Income Total £302,000 West Dunbartonshire Health and Social Care Partnership manage the delivery of MSK Physiotherapy services across Greater Glasgow and Clyde area and receive approximately 17,000 to 20,000 referrals every quarter. Whilst there are challenges presented with respect to national waiting times target, the service requires to contribute to the funding gap by careful management of staff turnover, adoption of new ways of working and reduction of non-pays expenditure levels.

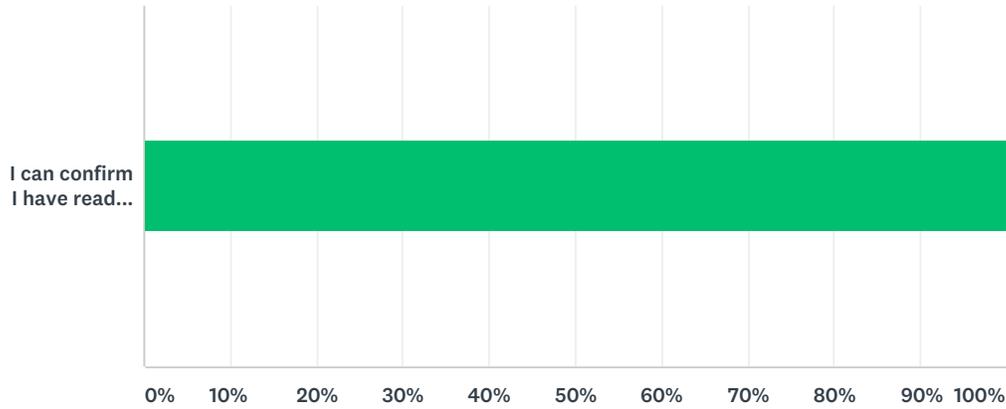
Answered: 153 Skipped: 183



ANSWER CHOICES	RESPONSES	
I confirm I have read this statement	100.00%	153
Total Respondents: 153		

Q28 Review community children's services support Full Year Savings/Income Total £150,000 Budget savings could be achieved through a combination of management of staff turnover opportunities, adoption of new ways of working and reduction of non-pays expenditure levels. This will be undertaken in conjunction with NHS GGC review of Health Visiting Service; and in accordance with organisational change policies if necessary. Final change proposals would be subject to a separate report to HSCP Board and its subsequent approval.

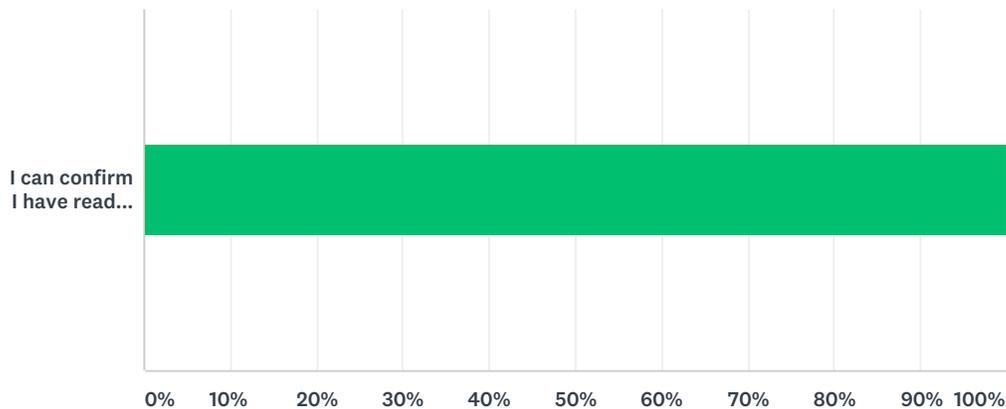
Answered: 153 Skipped: 183



ANSWER CHOICES	RESPONSES
I can confirm I have read this statement	100.00% 153
Total Respondents: 153	

Q29 Review Team Lead arrangements within Community Addictions Team Full Year Savings/Income Total £62,000
 The current staffing model for the Community Addictions Team would consider the revision of supervision and working arrangements on a West Dunbartonshire basis. The saving can be facilitated through planned staff changes and adoption of new ways of working flexibly.

Answered: 153 Skipped: 183

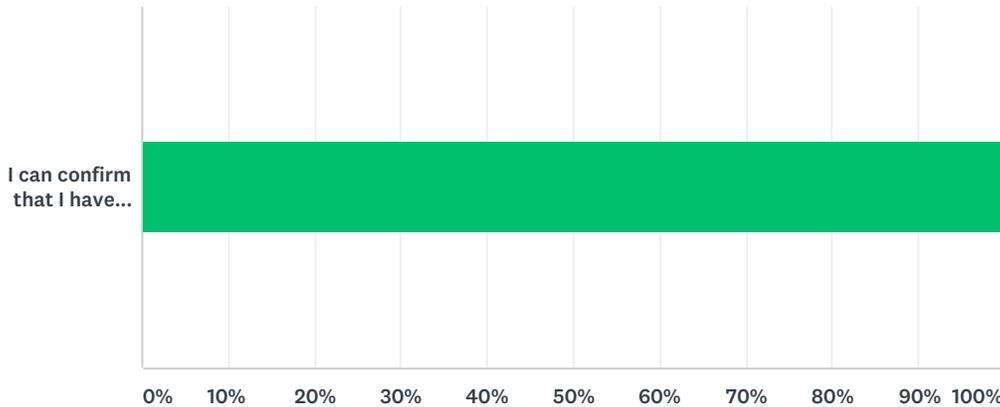


ANSWER CHOICES	RESPONSES
I can confirm I have read this statement	100.00% 153
Total Respondents: 153	

Q30 Redesign of Hospital Discharge Team and Community Older People's Team Full Years Savings/Income Total £56,433
 This saving would have to be facilitated by anticipated staff changes, adoption of new

ways of working flexibly and revision of skill mix within the teams.

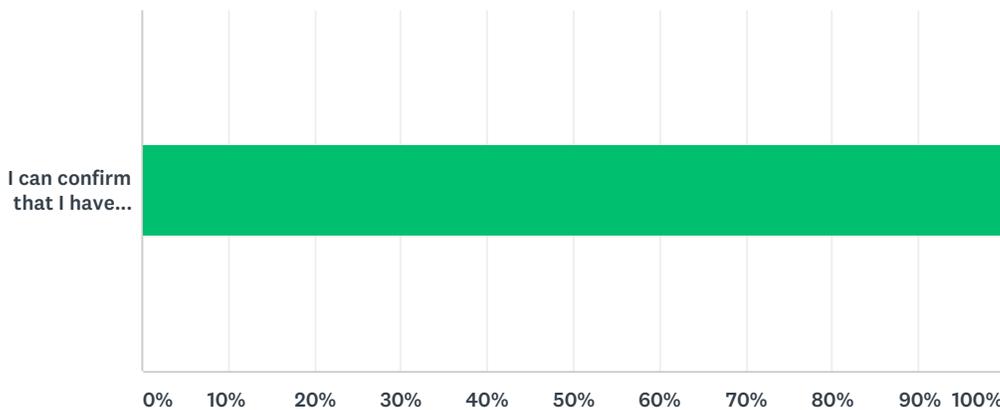
Answered: 152 Skipped: 184



ANSWER CHOICES	RESPONSES
I can confirm that I have read this statement	100.00% 152
Total Respondents: 152	

Q31 Re-organisation of health centre support services Full Year Saving/Income Total £34,772 Introduce arrangements consistent with other health centres across NHSGGC area. This saving can be facilitated through planned staff changes, requests for flexible working hours and adoption of new ways of working.

Answered: 152 Skipped: 184

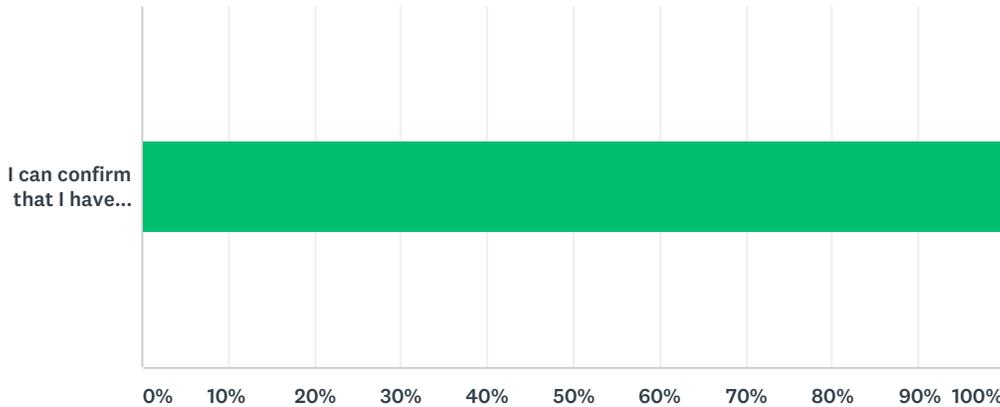


ANSWER CHOICES	RESPONSES
I can confirm that I have read this statement	100.00% 152
Total Respondents: 152	

Q32 Review of Specialist Children's Services staffing Full Year Savings/Income Total £33,800 Budget savings could be achieved through

a combination of management of staff turnover opportunities and workload reallocation.

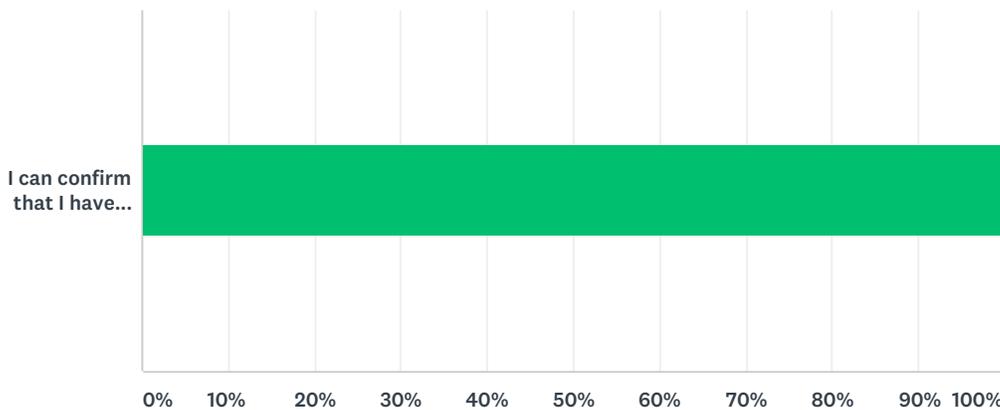
Answered: 151 Skipped: 185



ANSWER CHOICES	RESPONSES
I can confirm that I have read this statement	100.00% 151
Total Respondents: 151	

Q33 Review of Health Improvement Team staffing Full Year Savings/Income Total £25,000 This saving would be facilitated through reprioritisation of workload, adoption of new ways of working and planned staff turnover.

Answered: 149 Skipped: 187

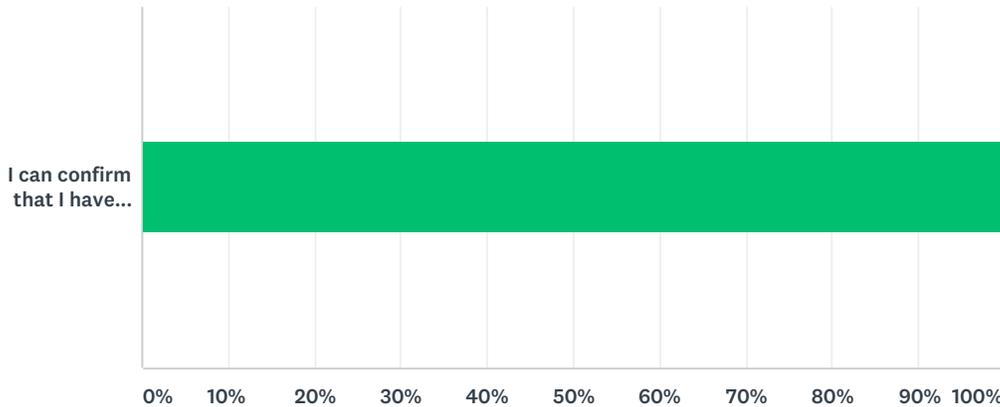


ANSWER CHOICES	RESPONSES
I can confirm that I have read this statement	100.00% 149
Total Respondents: 149	

Q34 Prescribing Support Full Year Savings/Income Total £3,500 This can be achieved without any detriment to existing staffing levels as this is

arisen through a saving on a historic pay preservation commitment.

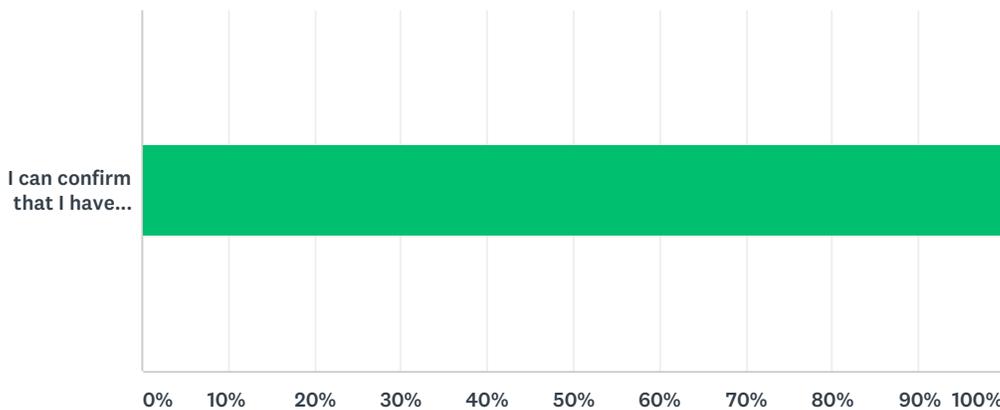
Answered: 151 Skipped: 185



ANSWER CHOICES	RESPONSES
I can confirm that I have read this statement	100.00% 151
Total Respondents: 151	

Q35 Mainstreaming of Integrated Care Fund Initiatives Full Year Savings/Income Total £81,000
 Evaluations of experience of Integrated Care Fund work streams, and learning and new ways of working initiated through them are being incorporated into the core activities of both HSCP services and external partners (e.g. Power of Attorney awareness).

Answered: 151 Skipped: 185

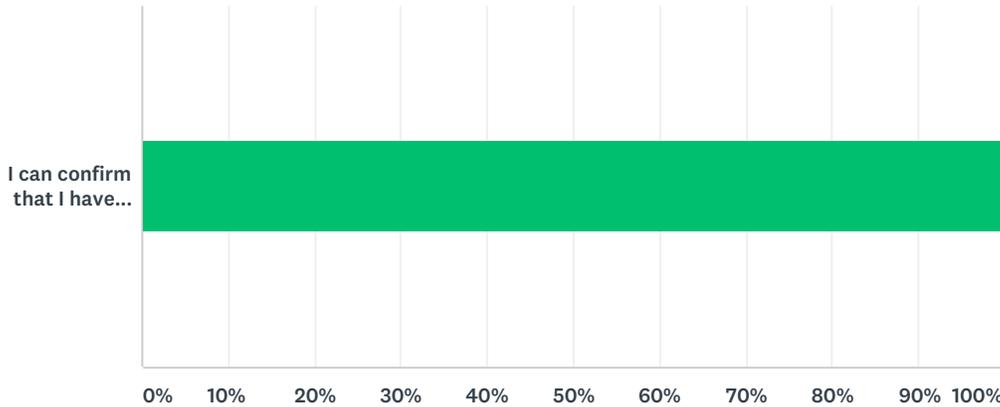


ANSWER CHOICES	RESPONSES
I can confirm that I have read this statement	100.00% 151
Total Respondents: 151	

Q36 Review Diabetic Retinal Screening Contract Full Year

Savings/Income Total £43,000 The introduction of new equipment and updated internal processes has meant that external provision of ancillary services is no longer required. This saving can now be achieved due to the scheduled end of the contractual arrangements.

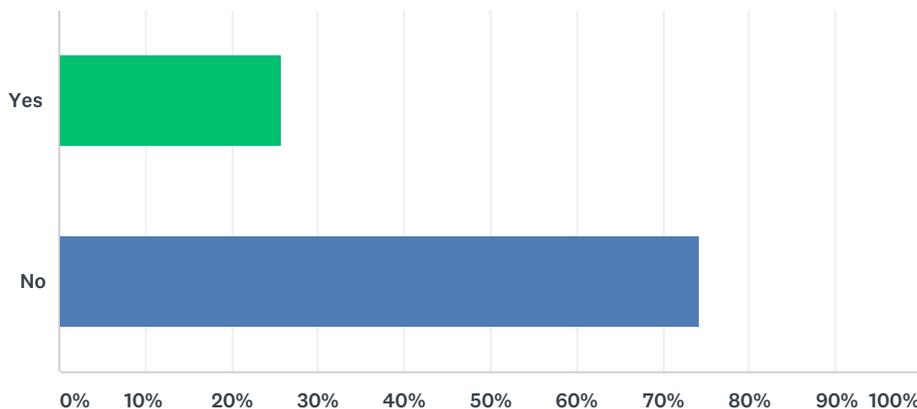
Answered: 152 Skipped: 184



ANSWER CHOICES	RESPONSES
I can confirm that I have read this statement	100.00% 152
Total Respondents: 152	

Q37 Are you happy to be contacted via e-mail about future Health & Social Care Partnership Board consultations? If yes, please provide an email address below

Answered: 148 Skipped: 188



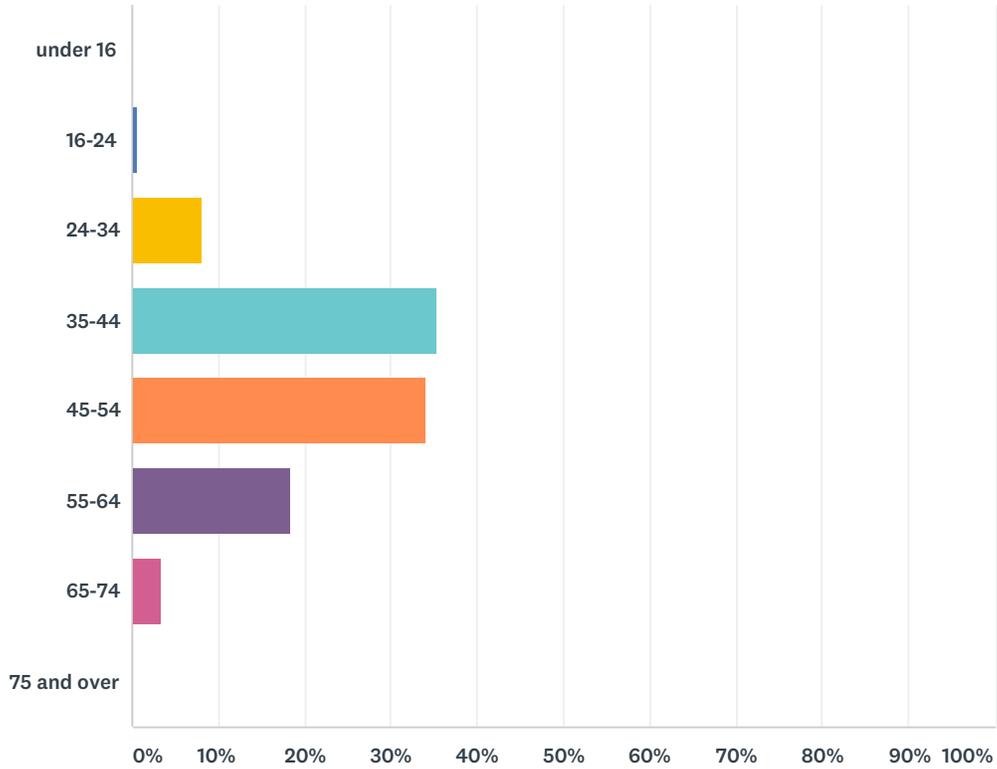
ANSWER CHOICES	RESPONSES
Yes	25.68% 38
No	74.32% 110
TOTAL	148

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#	IF "YES" PLEASE ENTER YOUR EMAIL ADDRESS BELOW	DATE
1	mlorna21@yahoo.com	3/15/2018 1:37 PM
2	catherine.carey@ggc.scot.nhs.uk	3/15/2018 12:40 PM
3	kelly.connor@ggc.scot.nhs.uk	3/15/2018 8:53 AM
4	deputychogg@hotmail.com	3/14/2018 1:14 PM
5	clairebelly@live.com	3/14/2018 12:12 PM
6	Machri@sky.com	3/13/2018 8:57 PM
7	Michaelkeenan@hotmail.com	3/13/2018 1:38 AM
8	Brannan@blueyonder.co.uk	3/12/2018 7:14 PM
9	Recarruth@hotmail.com	3/12/2018 4:30 PM
10	chrishodgon@hotmail.co.uk	3/12/2018 12:17 PM
11	Louwalker1984@hotmail.com	3/12/2018 12:03 PM
12	margaretm.mcquade@blueyonder.co.uk	3/10/2018 9:50 AM
13	annalouiserobinson@hotmail.com	3/10/2018 7:55 AM
14	louiserobertson66 @gmail.com	3/9/2018 4:16 PM
15	dmaceoghainn@gmail.com	3/9/2018 2:22 PM
16	bollan2748@gmail.com	3/9/2018 1:52 PM
17	Julie sinc37@gmail.con	3/8/2018 9:52 PM
18	Morv72@hotmail.co.uk	3/8/2018 7:00 PM
19	ea_duffy@yahoo.com	3/8/2018 3:52 PM
20	alexwrens@blueyonder.co.uk	3/8/2018 11:47 AM
21	lizhowie@outlook.com	3/8/2018 2:34 AM
22	flgray88@gmail.com	3/8/2018 12:58 AM
23	gioiasichi@hotmail.com	3/8/2018 12:46 AM
24	ma-byrne@hotmail.co.uk	3/7/2018 10:56 PM
25	annmarietait@outlook.com	3/7/2018 10:45 PM
26	Sinatjac@gmail.com	3/7/2018 10:42 PM
27	Naomibrown@hotmail.co.uk	3/7/2018 9:41 PM
28	duntocher@hotmail.com	3/7/2018 9:30 PM
29	clareflally@hotmail.com	3/7/2018 9:02 PM
30	Elizabethanngilmour@hotmail.co.uk	3/7/2018 8:04 PM
31	Charlesjcroft@hotmail.co.uk	3/7/2018 7:59 PM
32	jennifermulholland18@yahoo.co.uk	3/7/2018 7:48 PM
33	Barrienixon@hotmail.com	3/7/2018 7:45 PM
34	Louisecfc@gmail.com	3/7/2018 7:38 PM
35	rangersmum@hotmail.co.uk	3/7/2018 7:36 PM
36	g.drummond2@hotmail.co.uk	3/7/2018 7:10 PM
37	bearsden2@live.co.uk	3/7/2018 5:15 PM
38	karenmcy@hotmail.com	3/7/2018 1:32 PM

Q38 Your age

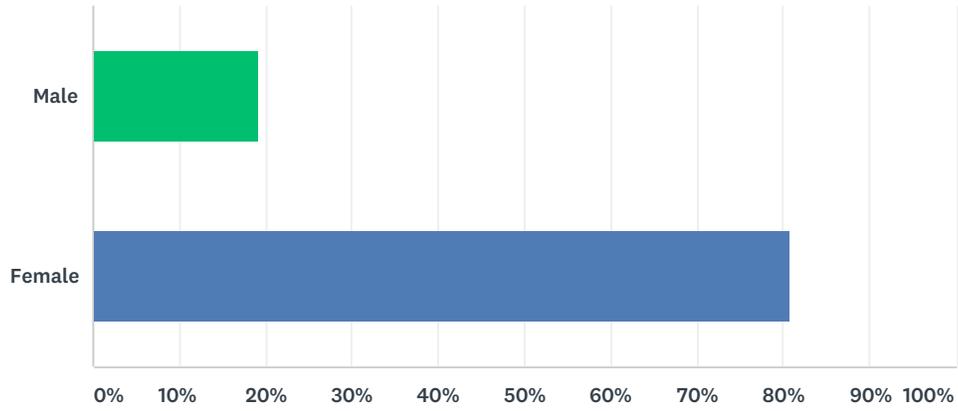
Answered: 147 Skipped: 189



ANSWER CHOICES	RESPONSES	
under 16	0.00%	0
16-24	0.68%	1
24-34	8.16%	12
35-44	35.37%	52
45-54	34.01%	50
55-64	18.37%	27
65-74	3.40%	5
75 and over	0.00%	0
TOTAL		147

Q39 Your gender

Answered: 146 Skipped: 190

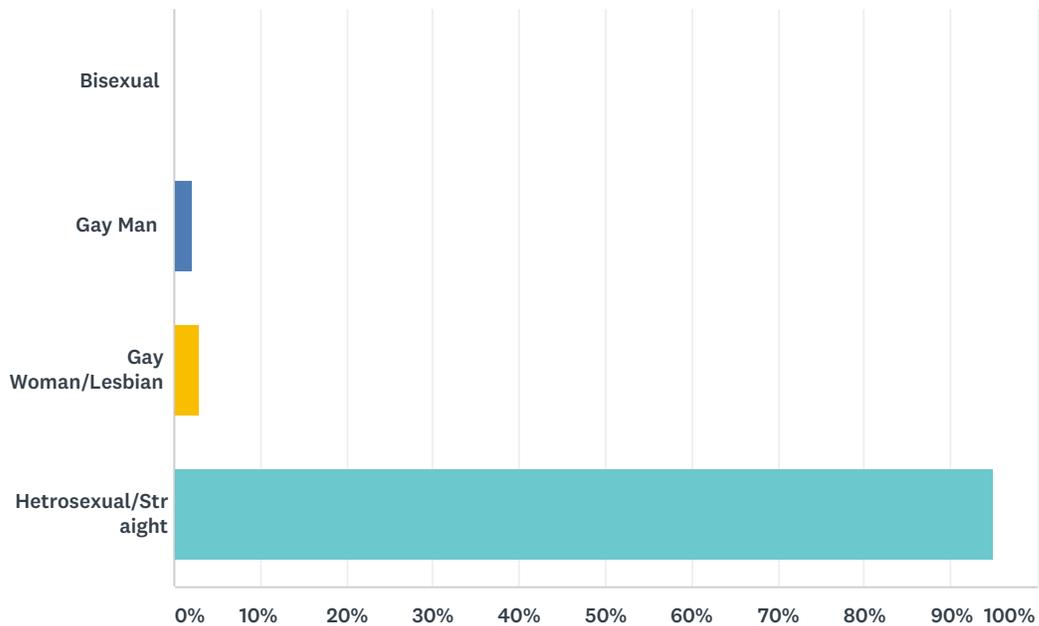


ANSWER CHOICES	RESPONSES	
Male	19.18%	28
Female	80.82%	118
TOTAL		146

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q40 Your sexual orientation

Answered: 138 Skipped: 198



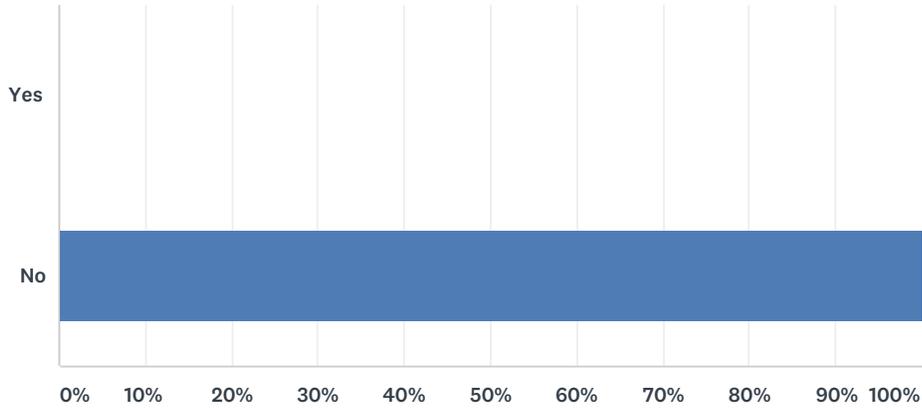
ANSWER CHOICES	RESPONSES	
Bisexual	0.00%	0
Gay Man	2.17%	3
Gay Woman/Lesbian	2.90%	4

Hetrosexual/Straight	94.93%	131
TOTAL		138

#	OTHER (PLEASE SPECIFY)	DATE
1	What has that question got to do with anything!	3/7/2018 10:14 PM

Q41 Have you ever identified as transgender?

Answered: 138 Skipped: 198

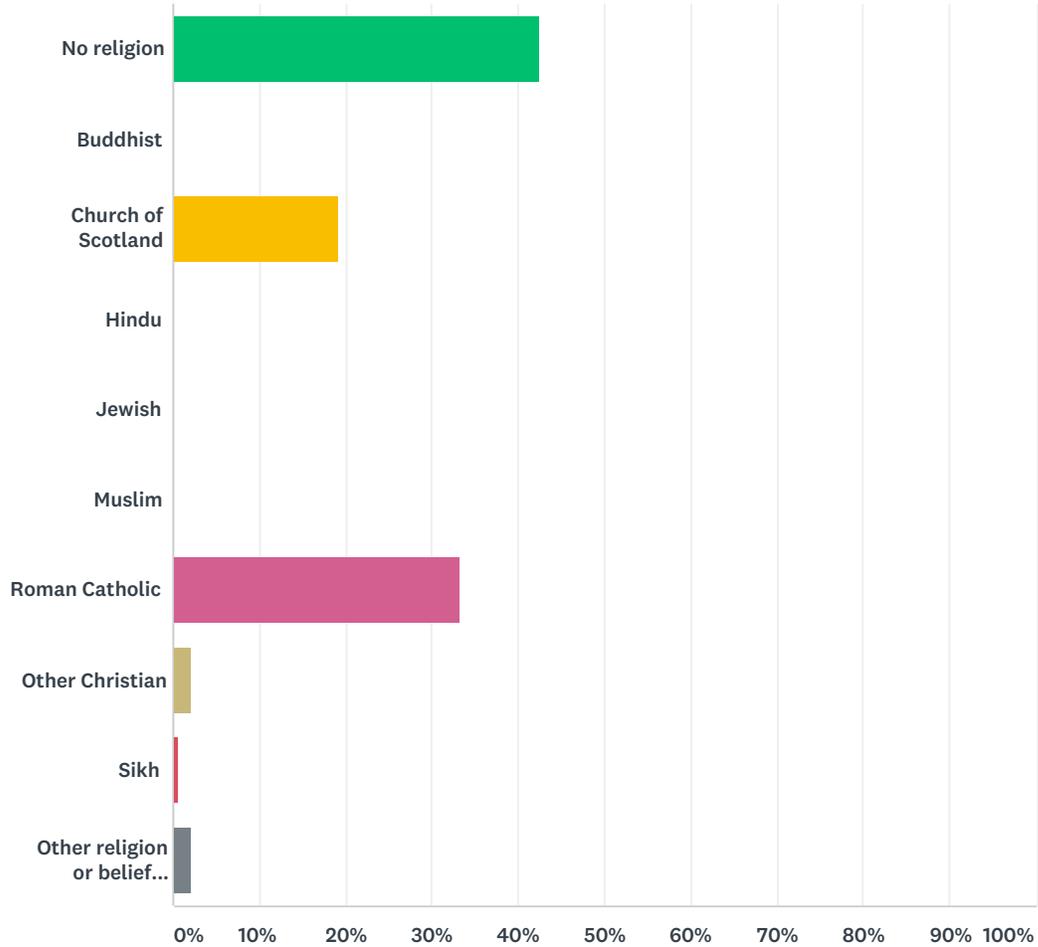


ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	138
TOTAL		138

Q42 Your religion or belief

Answered: 141 Skipped: 195

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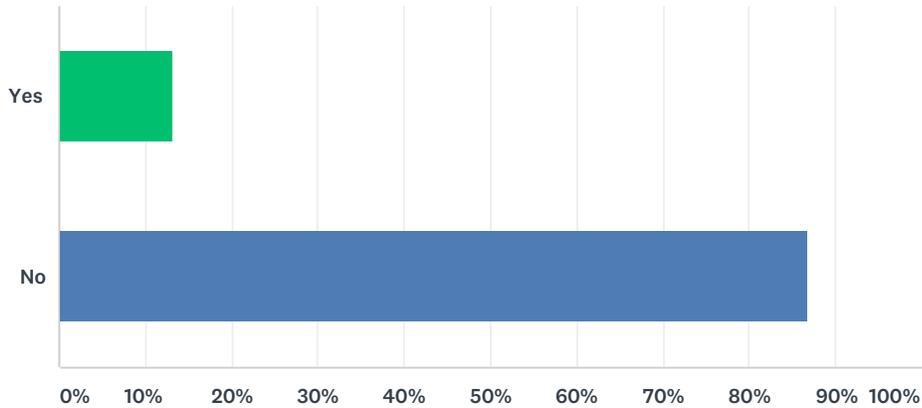


ANSWER CHOICES	RESPONSES	
No religion	42.55%	60
Buddhist	0.00%	0
Church of Scotland	19.15%	27
Hindu	0.00%	0
Jewish	0.00%	0
Muslim	0.00%	0
Roman Catholic	33.33%	47
Other Christian	2.13%	3
Sikh	0.71%	1
Other religion or belief (please specify)	2.13%	3
TOTAL		141

#	OTHER RELIGION OR BELIEF (PLEASE SPECIFY)	DATE
1	Pagan	3/9/2018 4:17 PM
2	Church of Scotland is not a religion. You're either Christian or not.....	3/8/2018 5:05 PM
3	N	3/7/2018 10:00 PM

Q43 Do you consider yourself to have a disability according to the terms given in the Equality Act 2010

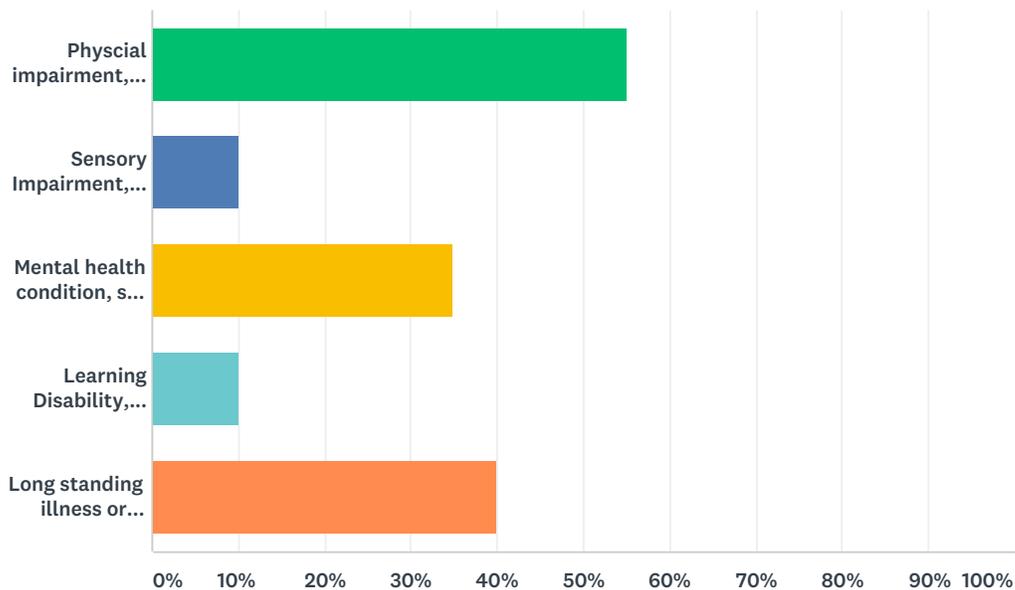
Answered: 145 Skipped: 191

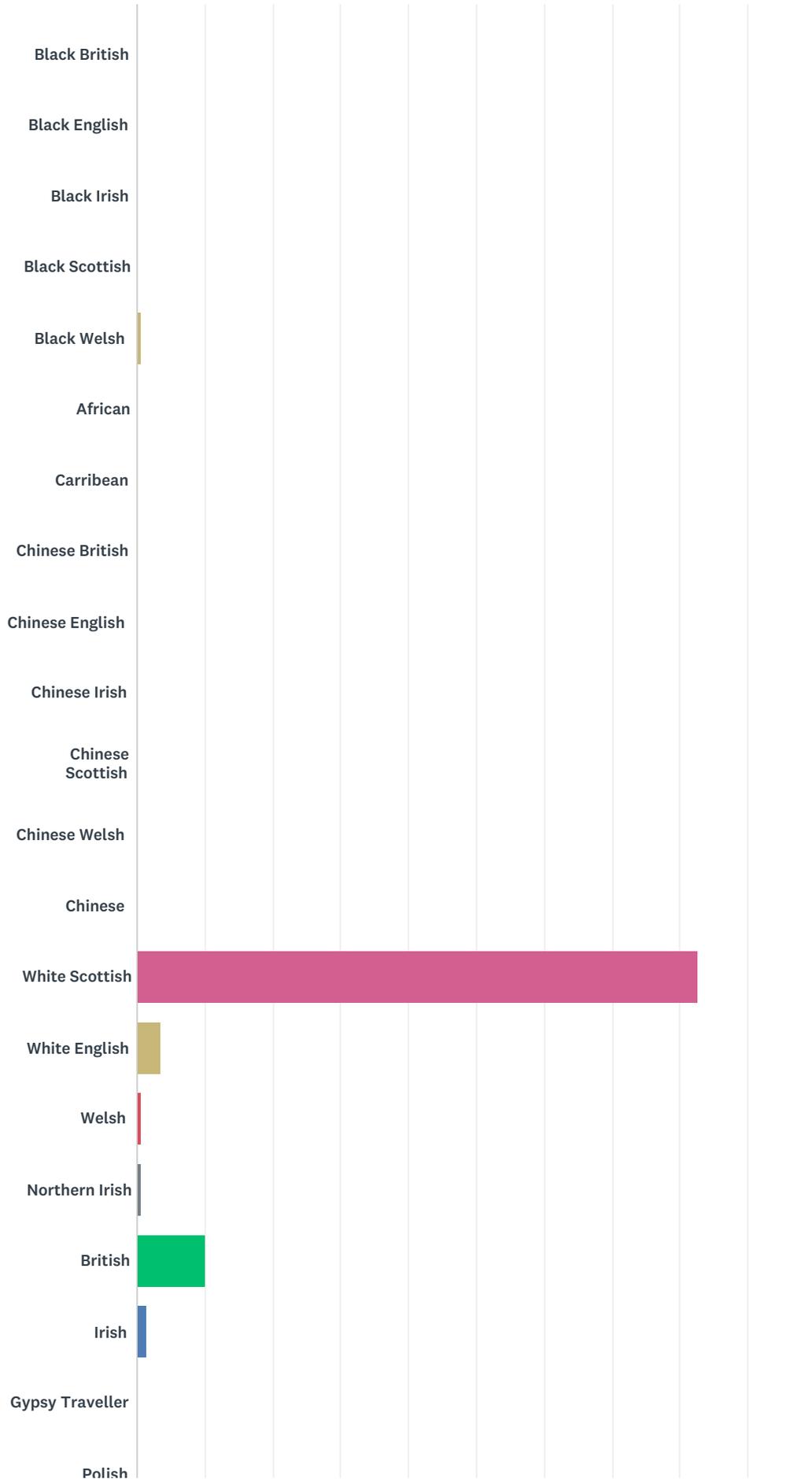


ANSWER CHOICES	RESPONSES	
Yes	13.10%	19
No	86.90%	126
TOTAL		145

Q44 If you answered yes above, please indicate the type of impairment which applies to you. People may experience more than one type of impairment, in which case tick all types that apply. If your impairment does not fit any of these, please click other and detail.

Answered: 20 Skipped: 316





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ANSWER CHOICES	RESPONSES	
Arab British	0.00%	0
Arab English	0.00%	0
Arab Irish	0.00%	0
Arab Scottish	0.00%	0
Arab Welsh	0.00%	0
Asian British	0.00%	0
Asian English	0.00%	0
Asian Irish	0.00%	0
Asian Scottish	0.00%	0
Asian Welsh	0.00%	0
Bangladeshi	0.00%	0
Indian	0.00%	0
Pakistani	0.00%	0
Black British	0.00%	0
Black English	0.00%	0
Black Irish	0.00%	0
Black Scottish	0.00%	0
Black Welsh	0.72%	1
African	0.00%	0
Caribbean	0.00%	0
Chinese British	0.00%	0
Chinese English	0.00%	0
Chinese Irish	0.00%	0
Chinese Scottish	0.00%	0
Chinese Welsh	0.00%	0
Chinese	0.00%	0
White Scottish	82.73%	115
White English	3.60%	5
Welsh	0.72%	1
Northern Irish	0.72%	1
British	10.07%	14

West Dunbartonshire Health and Social Care Partnership Budget Consultation 2018/19

Irish	1.44%	2
Gypsy Traveller	0.00%	0
Polish	0.00%	0
TOTAL		139

#	ANY OTHER ETHNIC BACKGROUND (PLEASE SPECIFY)	DATE
1	Irish scots	3/9/2018 2:24 PM
2	White British	3/8/2018 2:11 PM
3	White BRITISH	3/7/2018 9:04 PM

**WEST DUNBARTONSHIRE HSCP
SAVINGS PROPOSALS 2018/19 ONWARDS**

APPENDIX 2

SERVICE	SOCIAL CARE
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Public Consultation Agree %	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)
84.54%	Redesign of HSCP Management	100,000	50,000	100,000	100,000
68.39%	Shift from supporting sheltered housing to retirement living Church Place, Old Kilpatrick (Trust Housing Association)	15,250	15,250	15,250	15,250
65.63%	Cease night shift cover in three WDC sheltered housing complexes	195,000	97,500	195,000	195,000
70.00%	Reprovision of evening meal service -	191,000	143,250	191,000	191,000
56.38%	Cease direct provision of Young People's Mentoring Service by HSCP	130,968	130,968	130,968	130,968
31.58%	Redesign of Community Mental Health Services.	82,000	54,500	82,000	82,000

APPENDIX 2

Public Consultation Agree %	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)
35.29%	Rationalise Social Worker complement within Adult Care Team (Physical Disability)	23,250	11,625	23,250	23,250
35.68%	Rationalise Social Work Assistant complement within Community Hospital Discharge Team	24,000	12,000	24,000	24,000
37.30%	Redesign of Community Older People's Team	112,500	65,500	112,500	112,500
71.58%	Redesign of overnight care at home cover	8,033	8,033	8,033	8,033
35.36%	Rationalise Day Care Assistant complement	60,000	60,000	60,000	60,000
77.60%	Rationalise administrative support within Children and Families Team	82,000	41,000	82,000	82,000
90.43%	Increase Blue Badge Charges	29,315	29,315	29,315	29,315

Public Consultation Agree %	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)
80.75%	Equalise alarm charge across Sheltered Housing and mainstream Housing.	60,000	60,000	60,000	60,000
77.01%	Increase Community Alarm charge	208,250	208,250	208,250	208,250
51.87%	Increase charge for Day Care (transport and meals)	55,000	55,000	55,000	55,000
55.61%	Equalise Charging Policy amongst learning disability clients for transport and day opportunities	31,000	31,000	31,000	31,000
62.43%	Reduce provision of external residential beds	750,000	250,000	500,000	750,000
62.57%	Revise community based support provided externally by Includem.	300,000	300,000	300,000	300,000
71.12%	Reconfigure diversionary activities for addictions and youth justice clients externally provided by Alternatives.	41,730	41,730	41,730	41,730

Public Consultation Agree %	Proposal	Full Year Effect value (£)	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)
83.52%	Revise and reprovide additional support for learning disability transitions currently contracted from Neighbourhood Network Scotland	35,000	35,000	35,000	35,000
91.26%	Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 1 - refurbishment of WDC flats	60,000	50,000	60,000	60,000
90.76%	Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 2 - New Build Bungalow	180,000	0	40,000	180,000
	TOTAL VALUE	2,774,296	1,749,921	2,384,296	2,774,296

0.00% - 20.00%	0	0	0	0
21.00% - 40.00%	301,750	203,625	301,750	301,750
41.00% - 50.00%	0	0	0	0
51.00% - 60.00%	216,968	216,968	216,968	216,968
	518,718	420,593	518,718	518,718
61.00% - 70.00%	1,451,250	806,000	1,201,250	1,451,250
71.00% - 80.00%	340,013	299,013	340,013	340,013
81.00% - 90.00%	195,000	145,000	195,000	195,000
91.00% - 100.00%	269,315	79,315	129,315	269,315
	2,255,578	1,329,328	1,865,578	2,255,578

West Dunbartonshire Council	
Proposed Budget Contribution 2018/19	
Incorporating previously approved 3 year budget allocations and recent council decisions	
	£000
Original Budget Allocation 2017/18	60,665
Original uplift for 2018/19 (based on previous year's budget book)	792
Starting position 2018/19 (squares to budget book)	61,457
Adjustments/Budget transfers:	
Procurement savings through WDC - printers and training	(31)
Transfer of property costs for Bridge Street	(226)
2017/18 Pay award additional	206
New Burdens (incl care home saving, demographics, current costs)	1,800
Savings target - based on 2017/18 Scot Govt directions	(1,560)
New Burdens to be managed by the HSCP	(900)
Revised 2018/19 Allocation	60,746
Updated for additional Scot Govt funding and council decisions	
Share of additional £66m - SLW & Carers Act	1,180
Other new funding - Choose Life	28
Reversal of 2017/18 Savings Target	1,560
Previously agreed FOM savings (staff structure)	(55)
Transfer of property costs for Church Street	(37)
2018/19 HSCP Requisition Value as per Budget Book	63,422
* 2018/19 HSCP Budget required based on previously reported pressures	63,633
Budget Gap	(211)

* includes the cost of SLW (incl sleepovers) and estimation of Carers Act = £1.180m
but excludes £0.695m for potential additional cost of pay award - held corporately

WEST DUNBARTONSHIRE HSCP

SAVINGS PROPOSALS 2018/19 REVISED FOR PUBLIC CONSULTATION AND REVIEW

SERVICE	SUMMARY SOCIAL CARE
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Public Consultation Agree %	Proposal	Full Year Effect value (£)	Revised Full Year Effect value (£) given point in year and additional info	Savings achieved in 2018/19 (£)	Savings achieved in 2019/20 (£)	Savings achieved in 2020/21 (£)	Staffing Impact (Whole Time Equivalents)
84.54%	Redesign of HSCP Management	100,000	100,000	50,000	100,000	100,000	2.00
65.63%	Cease night shift cover in three WDC sheltered housing complexes	195,000	130,000	65,000	130,000	130,000	3.50
35.29%	Rationalise Social Worker complement within Adult Care Team (Physical Disability)	23,250	23,250	11,625	23,250	23,250	0.50
71.58%	Redesign of overnight care at home cover	8,033	8,033	8,033	8,033	8,033	0.34
77.60%	Rationalise administrative support within Children and Families Team	82,000	82,000	41,000	82,000	82,000	4.00
90.43%	Increase Blue Badge Charges	29,315	29,315	29,315	29,315	29,315	n/a
62.43%	Reduce provision of external residential beds	750,000	750,000	150,000	400,000	750,000	n/a
62.57%	Revise community based support provided externally by Includem.	300,000	150,000	150,000	150,000	150,000	n/a
71.12%	Reconfigure diversionary activities for addictions and youth justice clients externally provided by Alternatives.	41,730	41,730	41,730	41,730	41,730	n/a
91.26%	Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 1 - refurbishment of WDC flats	60,000	60,000	50,000	60,000	60,000	n/a
90.76%	Move to Core and Cluster Model of Housing Support for Adult Learning Disability clients. Phase 2 - New Build Bungalow	180,000	180,000	0	40,000	180,000	n/a
	TOTAL VALUE	1,769,328	1,554,328	596,703	1,064,328	1,554,328	10.34

***NHSGGC – 2018/19 Financial Plan
(Initial Draft)
Board Meeting
April 2018 (Paper 18/23)***



2018/19 – HSCP Budget Process



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This section of the report outlines the process for the 2018/19 budget settlement with HSCPs

The 2018/19 “Indicative Allocation” letter from the Scottish Government re-iterates the commitment “that more than half of frontline spending will be in community health services by the end of this parliament. The funding in 2018-19 is designed to support a further shift in the share of the frontline NHS budget dedicated to mental health and to primary, community and social care.”

The letter also outlines the requirement for Boards to agree a budget settlement with IJBs by the 31st March 2018. As such, this is a major area of focus for the Board.

The Board has worked extensively with our HSCP colleagues to agree a proposed delegated budgetary settlement for 2018/19. As such, the F&P Committee is asked to approve the proposition for the 2018/19 HSCP budget settlement ahead of formal ratification at each IJB and the NHSGGC Board on the 17th April 2018.

Full details of the proposed delegated budgetary settlement are included at **Appendix 1**.



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Proposition on 2018/19 Devolved Budget Allocation to Health & Social Care Partnership

2018/19 Devolved Budget Allocation to Health & Social Care Partnerships

The Scottish Government expects NHS Boards to determine the budgets to be delegated / set aside for their Integration Joint Boards by the 31st March 2018. As you will be aware, we have been working with the six HSCPs across NHSGGC on this issue for a number of months.

Please find attached a briefing note for NHSGGC Board Members regarding the progress and position with the 2018/19 devolved budget allocation to our six HSCPs.

Please note this remains an indicative allocation pending formal approval by the Board through NHSGGC's formal governance process. (The indicative allocation was discussed and endorsed at the Finance and Planning Committee on 3rd April 2018 and will be recommended for approval at the Board meeting on 17th April 2018). In the meantime, each HSCP is presenting details of the latest version of the indicative allocation at their respective IJBs.

The proposition, which has been agreed in principle with Chief Officers, has been drafted around the following key areas:

Legacy Unachieved Savings

The budget allocation is made on the basis that each HSCP will deliver recurrently its agreed share of the unachieved HSCP savings from 2015/16.

Annual Uplift

The budget allocation includes a 1.5% uplift on 2017/18 base budgets and any proportionate full year effect additional pay, mental health and alcohol and drug funding uplifts from Scottish Government for 2018/19.



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Proposition on 2018/19 Devolved Budget Allocation to Health & Social Care Partnership (Cont'd)

Prescribing

As previously agreed in 2017/18, the prescribing risk sharing arrangement will terminate with effect from 1st April 2018. The HSCPs have worked on this basis in planning for 2018/19 and the prescribing budgets will be allocated on the existing basis to HSCPs.

The Board will work together with Chief Officers to mitigate this, and more widely reduce the costs of drugs, through a series of actions including collaborating with other HSCPs across Scotland to proactively engage with the Scottish Government with the clear aim of establishing plans to reduce overall drug costs in 2018/19. This will include a clear focus on testing how improved national procurement can generate a cost advantage in year; and consideration of drug availability in 2018/19 in Scotland / locally with the joint aim that patient need is met, patient safety assured, effectiveness and evidence are prioritised but costs are reduced.

Joint Working

Shifting the balance of care remains a key commitment of the Board and the Integration Joint Boards. As such, Chief Officers will continue to work with the Board's Executive and Senior Management teams to identify any plans for delivery in 2018/19 that will appropriately accelerate service redesign and change as part of the emerging Moving Forward Together Health and Social Care Transformation Programme.

This programme is centred on ensuring a balanced and effective future system of health and social care services. These changes must sensibly and pragmatically connect the policy intentions set out in the Scottish Governments National Clinical Strategy, Health and Social Care Delivery Plan, link to the emerging West of Scotland Regional Plan, to the emerging NHSGGC whole system Mental Health Strategy, to the implementation of the new GP contract and the local HSCP Primary Care Improvement Plans and to the NHSGGC Unscheduled Care Action Plan.

Appendix 1



Delivering better health

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Proposition on 2018/19 Devolved Budget Allocation to Health & Social Care Partnership (Cont'd)

The focus in 2018/19 is to deliver early gains in reducing unscheduled bed-days in hospital care by up to 10% to enable that shift in the balance of care and services, consequently shift resources into community based services, actively promote a more appropriate use of services, prevention and self care, and appropriately reduce demand on services and demand for prescribed drugs.

The Board will continue the current work to assist the Chief Officers in aligning their recent HSCP MSG returns with the Board's Corporate Objectives.

Set-aside Budgets

We will continue to work with Chief Finance Officers (CFOs) on the determination and management of set-aside budgets in line with the principles set out in the Integration Scheme. The current programme of work includes identifying both cost and activity of the in scope services within the set-aside budgets.

Mark White
NHSGGC Board Director of Finance
4th April 2018

NHS Greater Glasgow and Clyde		
Proposed Budget Contribution 2018/19		
Based on Recurring roll over budget as at 22 February 2018		
All uplifts are per NHSGGC 2018/19 Financial Plan approved by NHSGGC Board 17 April 2018		
Budget Description		£000
Family Health Services (FHS)		24,310
Prescribing		19,019
Drugs - Community Teams & Hospital Care		423
Pay - AFC		23,510
Pay - Senior Managers & Med & Dental		1,483
Non Pay		3,872
Purchase of Health Care		3,664
Resource Transfer		8,005
Social Care Fund		7,015
Savings		(319)
Total Expenditure		90,982
FHS Income		(988)
Other Health Charges		(2,790)
Other Operating Income		(430)
Total Income		(4,208)
Total Net Budget	(1)	86,774
Budget Eligible for Uplift (excl FHS)		63,452
Uplifts to be confirmed by NHSGGC Letter		
Scottish Government 18/19 HB Uplift	1.50%	952
AFC Pay Uplifts - share of £4.3m	1.53%	360
Total Expected Uplift	(2)	1,311
Pressures - as per previous HSCP Reports updated		
Prescribing - has ranged from 2.6% - 5%	3.00%	571
Drugs - Community Teams & Hospital Care	3.00%	13
Pay - AFC - calculated corporately	2.76%	649
Pay - Senior Managers & Med & Dental	1.90%	28
Other current pressures as per Dec and Feb reports		545
Impact of WDC change to SLT Contract - 6 months		58
Total Pressures	(3)	1,863
Budget Gap	(4)	(552)
Reconciliation:		
Proposed NHSGGC 2018/19 Budget Allocation (1) + (2)		88,085
2018/19 HSCP Budget required based on pressures (1) + (3)		88,637
Budget Gap (4)		(552)

**WEST DUNBARTONSHIRE HSCP
SAVINGS PROPOSALS 2018/19 ONWARDS**

Appendix 7

SERVICE	SUMMARY HEALTH CARE
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Proposal	Full Year Effect value requires further analysis £	Revised level of Savings to be achieved 2018/19 £	Savings achieved in 2019/20 £	Savings achieved in 2020/21 £	Staffing Impact (Whole Time Equivalents)	Comments
Rationalisation of HSCP Senior Management Team support including non pay budgets	100,000	100,000	100,000	100,000	2.50	
Rationalise community children's services support	150,000	17,000	150,000	150,000	0.30	Can be achieved through savings in preservation and flexible working requests.
Rationalisation of staffing complement within Hospital Discharge Team and Community Older People's Team	56,433	46,000	46,000	46,000	1.00	Can be achieved by lower graded post
Re-organisation of health centre clerical and caretaker support.	34,772	34,772	34,772	34,772	1.47	Can be achieved by retiral and request for reduced hours
Rationalise Specialist Children's Services staffing complement	33,800	18,800	33,800	33,800	n/a	Can be achieved through savings in preservation
Rationalisation of Health Improvement Team staffing complement	25,000	25,000	25,000	25,000	1.00	Post currently vacant
Rationalise Prescribing Support	3,500	3,500	3,500	3,500	n/a	Can be achieved through savings in preservation
Mainstreaming of Integrated Care Fund initiatives	81,000	81,000	81,000	81,000	n/a	Initiatives now mainstream funded
Diabetic Retinal Screening - external contract management saving.	43,000	43,000	43,000	43,000	n/a	Contract has already ended
TOTAL	527,505	369,072	517,072	517,072	6.27	
Increase current 2% turnover target by 1%		250,000				
TOTAL SAVINGS 2018/19		619,072				