

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 5 August 2020

Time: 14:00

Venue: Video Conference

Contact: Nuala Borthwick, Committee Officer
Nuala.borthwick2@west-dunbarton.gov.uk

Dear Member

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

The Convener has directed that the meeting will be held by way of videoconference and Members will therefore attend the meeting remotely.

The business is shown on the attached agenda.

Yours faithfully

BETH CULSHAW

Chief Officer of the Health
& Social Care Partnership

Distribution:-**Voting Members**

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

Non-Voting Members

Barbara Barnes
Beth Culshaw
Jonathan Hinds
Chris Jones
John Kerr
Helen Little
Diana McCrone
Anne MacDougall
Kim McNab
Peter O'Neill
Selina Ross
Julie Slavin
Val Tierney

Senior Management Team – Health & Social Care Partnership

Date of issue: 28 July 2020

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 5 AUGUST 2020

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the undernoted items of business on this agenda and, if so, state the reasons for such declarations.

3 MINUTES OF PREVIOUS MEETING

5 – 12

- (a) Submit, for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 25 June 2020; and
- (b) Submit for information, list of outstanding actions (matters arising from minutes).

4 VERBAL UPDATE FROM CHIEF OFFICER

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

5 COVID-19 UPDATE PRESENTATION

The Chief Officer and Heads of Service will provide an overview on the work of the Partnership in response to the COVID-19 pandemic.

6 DEMENTIA, ALZHEIMER AND AUTISM STRATEGIES

To follow

Submit report by the Head of Strategy & Transformation in relation to the above.

7 REVIEW OF FINANCIAL REGULATIONS

13 - 30

Submit report by the Chief Financial Officer presenting for review amendments to the current Financial Regulations of the West Dunbartonshire Health & Social Care Partnership Board.

8 FINANCIAL PERFORMANCE AND UPDATE REPORT - 31 – 66
PERIOD 3 (30 JUNE 2020)

Submit report by the Chief Financial Officer providing an update on the financial performance as at period 3 to 30 June 2020 and a projected outturn position to the 31 March 2021.

9 PARTNERSHIP BOARD MEETING SCHEDULE 67 – 72

Submit report by the Head of Strategy & Transformation seeking approval of a meeting schedule for the period June 2020 – June 2022.

10 MINUTES OF MEETINGS FOR NOTING 73 – 92

Submit for information, the undernoted Minutes of Meetings:-

- (a) Minutes of Meetings of the Joint Staff Forum held on 18 June 2020;
 - (b) Minutes of Meeting of the Joint Staff Forum held on 25 June 2020; and
 - (c) Minutes of Meetings of the Clinical and Care Governance Forum held on 3 June 2020.
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held via Video Conference on Thursday, 25 June 2020 at 10.00 a.m.

Present: Bailie Denis Agnew and Councillor Marie McNair, West Dunbartonshire Council; and Allan MacLeod and Audrey Thompson, NHS Greater Glasgow and Clyde Health Board.

Non-Voting Members: Beth Culshaw, Chief Officer; Barbara Barnes, Co-Chair of the WD HSCP Public Engagement Network for the Alexandria & Dumbarton area; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice/Chief Social Work Officer; John Kerr, Housing Development and Homelessness Manager; Diana McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; Kim McNabb, Service Manager, Carers of West Dunbartonshire; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer – WD CVS; Julie Slavin, Chief Financial Officer; and Val Tierney, Chief Nurse.

Attending: Margaret Jane Cardno, Head of Strategy and Transformation; Jo Gibson, Head of Health and Community Care; Audrey Slater, Head of People and Change; Jennifer Ogilvie, HSCP Finance Manager; Marie Rooney, SDS Lead Officer, West Dunbartonshire HSCP; Andi Priestman, Shared Service Manager, Audit & Fraud; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer.

Also Attending: Richard Smith, Senior Audit Manager and Marie McFadden, Trainee Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Councillor John Mooney and Rona Sweeney.

Mr Allan MacLeod in the Chair

CHAIR'S REMARKS

Mr Allan MacLeod, Chair, welcomed everyone to the June meeting of the Partnership Board which was being held remotely.

Accordingly, the Chair advised that a procedure had been developed for the meeting (a copy of which had previously been circulated to Members). Thereafter, the Committee agreed to note the procedure in place for the conduct of the meeting and the meeting then commenced by video conferencing.

DECLARATIONS OF INTEREST

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

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Health & Social Care Partnership Board held on 25 March 2020 were submitted and approved as a correct record.

Having heard the Chief Officer in relation to the undertaking that a written update would be provided to the Board on the development of a Dementia, Alzheimer and Autism Strategy, it was noted that a progress report providing a project plan would be provided to the meeting of the Partnership Board on 5 August 2020.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on the work of the Partnership in response to the COVID-19 pandemic and on plans going forward in relation to the recovery from the pandemic.

In particular, the Chief Officer acknowledged the exceptional efforts and approach taken by all staff within the Partnership advising that there was no doubt that staff had faced significant challenges on a daily basis and reacted to them and that the Senior Management Team continued to be hugely impressed with all of the work undertaken by staff in some of the most dangerous situations arising across the Partnership. It was noted that this exceptional work had been acknowledged at the meeting of West Dunbartonshire Council on 24 June 2020 and had also been acknowledged across the Health Board.

Thereafter, the Partnership Board noted the position in relation to the undernoted points:-

- that whilst the Partnership was now seeing a reduction in infection of the virus and a reduction in demand in some services, whilst planning for recovery, the Partnership was still responding on a daily basis to new guidance and new issues as they emerged.

- that it was very important for the Partnership, as it moved towards recovery, to ensure that it worked with its partners in both the Council and the Health Board to develop plans that dovetailed with the proposals being developed elsewhere.
- that throughout the response stage of the pandemic, the role of Chief Officer and the Senior Management Team (SMT) had principally been around communicating and reacting to a very rapidly changing situation. On reflection the number of daily and weekly meetings had been significant: (i) the SMT had met daily throughout the pandemic; (ii) the Chief Officer and the Chief Financial Officer had met weekly with the Chair and Vice Chair of the Partnership to provide an opportunity for scrutiny of the delegated responsibilities given to the Partnership Board; (iii) some members of the Partnership Board had joined with management at meetings of the local Resilience Management Team; (iv) the Joint Staff Forum continued to meet weekly at present although the frequency of meetings may require to change as the balance from response to recover changes slightly; (v) within the local authority there have been meetings of the Strategic Resilience Group and on the Health Board side there have been meetings of the Strategic Executive Group; and (vi) for many weeks the Chief Officer had held daily meetings with the Council Chief Executive and the Health Board Chief Executive (as part of the Strategic Executive Group).
- that the verbal communications had been complimented by a range of written communication to staff and to Partnership Board members in order to keep both updated on the many ranges of activities underway within the Partnership. This weekly communication would now change to a fortnightly basis to reflect the move to a different stage of the response.
- that the core of the response over the last 3 months had been to focus on the people of West Dunbartonshire, both staff and citizens, and on working with people to understand their concerns and anxieties and hopefully to address and resolve them.
- that there was an anticipated increased demand around areas of public protections such as child protection, adult protect and addiction services as lockdown had eased and that these areas were being monitored closely.
- that a meeting of the Alcohol and Drug Partnership was being held on 26 June 2020 and would give another opportunity to look at issues being faced by the Partnership Board with a range of partners from across West Dunbartonshire
- that as 'Test and Protect' commenced, the Partnership may continue to see challenges in relation to significant absence amongst staff and that this was an area that would be monitored on an ongoing basis.
- to note the huge challenges that had been faced by staff in relation to the range of guidance received as a Partnership throughout the pandemic which continued to be the case and that the team had become absolutely adept at monitoring and implementing new changes required due to guidance (e.g. in relation to the latest guidance on Personal Protective Equipment and how that should be applied).
- that going forward, the Chief Officer was keen to return to a sense of normality with scheduled meetings and therefore a report proposing future meeting dates would be presented, for consideration, to the meeting of the Partnership Board on 5 August 2020.

Having heard the Chair and Vice Chair in response and following discussion, the Partnership Board agreed:-

- (1) to acknowledge the particular contributions of the Chief Officer, the Senior Management Team and all their staff and to thank them for their professionalism, leadership and personal commitment during the ongoing pandemic;
- (2) to offer heartfelt thanks to all staff of the Health & Social Care Partnership, to parents and carers who have stepped up to take on caring roles, to those redeployed from other areas of Council to help with the work of the HSCP and all those within the communities of West Dunbartonshire who have put their service before themselves during the ongoing pandemic; and
- (3) that relevant stakeholders of the Partnership Board would be invited to participate in the Health & Social Care Scotland 'Lessons Learned' sessions being organised with partners across Scotland.

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018-19

A report was submitted by the Head of Children's Health, Care and Criminal Justice presenting the Chief Social Work Officer (CSWO) Annual Report for 2018-19 which details statutory work undertaken, including a summary of performance and partnership working.

After discussion and having heard the Head of Children's Health, Care and Criminal Justice/Chief Social Work Officer in further explanation of the report and in answer to Members' questions, the Partnership Board agreed to note the content of the Chief Social Work Officer Annual Report 2018-2019.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP QUARTERLY PERFORMANCE REPORT QUARTERS 3 AND 4 2019-20

A report was submitted by the Head of Strategy & Transformation presenting performance information reported against the strategic priorities for the periods October to December 2019 (Quarter 3) and January to March 2020 (Quarter 4).

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Committee agreed:-

- (1) to note the content of the HSCP Quarterly Performance Report Quarters 3 and 4 for 2019-20 and performance against the Strategic Plan 2019 - 2022 by Exception (Appendices 1, 2 and 3);
- (2) to note that due to timing issues and service priorities during the current COVID-19, the report presented partial Quarter 4 data ahead of the 2019/20 Annual Performance Report;
- (3) to delay the publication date for the annual performance report until 30 September 2020 in exercise of the powers granted to public authorities under the Coronavirus (Scotland) Act 2020;

- (4) to confirm that the Partnership Board would prefer a compromise to receive 41 Quarterly Performance Indicators earlier and thereafter receive 2 indicators retrospectively rather than wait additional time to receive all 43 measures together at a much later date; and
- (5) that the Head of Health and Community Care would work with the Service Manager - Carers of West Dunbartonshire to promote SCI Gateway to GPs as a referral tool for carers support.

INTERNAL AUDIT ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2020

A report was submitted by the Chief Internal Auditor presenting the Annual Report for 2019/20 based on the internal audit work carried out for the year ended 31 March 2020, which contains an independent opinion on the adequacy and effectiveness of West Dunbartonshire's Health and Social Care Partnership Board's internal control environment that can be used to inform its Annual Governance Statement.

Following discussion and having heard the Chief Internal Auditor in further explanation of the report, the Committee agreed to note the contents of the report.

LOCAL CODE OF GOOD GOVERNANCE REVIEW AND ANNUAL GOVERNANCE STATEMENT

A report was submitted by the Chief Financial Officer presenting:-

- (a) the outcome of the self-evaluation undertaken of the Health and Social Care Partnership's compliance with its Code of Good Governance; and
- (b) the Annual Governance Statement for inclusion in the HSCP Board's Unaudited Annual Accounts.

After discussion and having heard the Chief Financial Officer in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to approve the Annual Governance Statement;
- (2) to note the outcomes of the annual self-evaluation, the issues identified and improvement actions; and
- (3) to note the explanation given that within the Improvement Action Plan the data in relation to the comparison between percentage spend by the HSCP Board with third parties was £40.2m commissioned spend with only £5.2m of that compliant therefore 13% was deemed as compliant in 2018/19. For 2019/20, there was a £47.4m spend of which £37.6m was compliant which was just under 80% compliant. This was a huge increase in compliance throughout all areas of commissioned spend. As with all contracts, these are time limited therefore procurement pipeline priorities will have to be reviewed with Heads of Service for planning for the current year.

UNAUDITED ANNUAL REPORT AND ACCOUNTS 2019/20

A report was submitted by the Chief Financial Officer seeking approval of the unaudited Annual Report and Accounts for the HSCP Board covering the period 1 April 2019 to 31 March 2020.

After discussion and having heard the Chief Financial Officer in further explanation and both the Chief Financial Officer and the Head of Strategy and Transformation in answer to Members' questions, the Committee agreed:-

- (1) to approve the 2019/20 unaudited Annual Report and Accounts;
- (2) to note that the audited Accounts would be presented for final approval no later than 30 November 2020 (subject to confirmation as detailed in section 4.10 of the report) prior to submission to the Accounts Commission; and
- (3) to note the extension of the current external audit appointments detailed as in section 4.12 of the report.

DRAFT UNSCHEDULED CARE COMMISSIONING PLAN

A report was submitted by the Head of Health & Community Care providing an update on progress across NHSGGC in developing the Strategic Commissioning Plan for Unscheduled Care.

After discussion and having heard the Head of Health and Community Care in further explanation of the report and in answer to Members' questions, the Committee agreed:-

- (1) to approve the draft Commissioning Plan for Unscheduled Care;
- (2) to note the further work underway to finalise the plan, including the planned engagement process; and
- (3) to receive a further update with the finalised Commissioning Plan in November 2020.

IN RECOGNITION OF ALL WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP EMPLOYEES

The Partnership Board wished to put on record its sincere gratitude to all Health and Social Care employees for their selfless personal efforts and incredible collective response to the current COVID-19 crisis to ensure the delivery of vital services to our communities and most vulnerable in West Dunbartonshire.

The meeting closed at 12.20 p.m.

ACTION SHEET
West Dunbartonshire HSCP Board – 25 June 2020

Agenda item	Board decision and minuted action	To be actioned by	Other action	To be actioned by
Item 3 – Minutes of Previous Meeting (25 March 2020)	Minutes approved.	Committee Services	Having heard the Chief Officer in relation to the undertaking that a written update would be provided to the Board on the development of a Dementia, Alzheimer and Autism Strategy, it was noted that a progress report providing a project plan would be provided to the meeting of the Partnership Board on 5 August 2020.	Chief Officer
Item 5 - Chief Officer Update	The terms of the verbal update were noted.	Chief Officer	<p>It was agreed that relevant stakeholders of the Partnership Board would be invited to participate in the Health & Social Care Scotland 'Lessons Learned' sessions being organised with partners across Scotland.</p> <p>That going forward, the Chief Officer was keen to return to a sense of normality with scheduled meetings and therefore a report proposing future meeting dates would be presented, for consideration, to the meeting of the Partnership Board on 5 August 2020.</p>	<p>Chief Officer</p> <p>Head of Strategy and Transformation</p>

Agenda item	Board decision and minuted action	To be actioned by	Other action	To be actioned by
Item 06 – Public Performance Report October to December 2019	Report recommendations agreed.	Head of Strategy & Transformation	That the Head of Health and Community Care would work with the Service Manager - Carers of West Dunbartonshire to promote SCI Gateway to GPs as a referral tool for carers support.	Head of Health and Community Care
Item 08 – Local Code of Good Governance Review and Annual Governance Statement	Report recommendations agreed.	Chief Financial Officer	To note the explanation given in relation to commissioned spend with third parties. As with all contracts, these are time limited therefore procurement pipeline priorities will have to be reviewed with Heads of Service for planning for the current year.	Chief Financial Officer with all Heads of Service
Item 09 – Unaudited Annual Report and Accounts 2019/20	To approve 2019/20 unaudited Annual Report and Accounts.	Chief Financial Officer	To note that the audited Accounts would be presented for final approval no later than 30 November 2020 (subject to confirmation as detailed in section 4.10 of the report) prior to submission to the Accounts Commission; and To note the extension of the current external audit appointments detailed as in section 4.12 of the report.	Chief Financial Officer
Item 10 - Draft Unscheduled Care Commissioning Plan	To approve the Draft Unscheduled Care Commissioning Plan.	Head of Health & Community Care	To receive a further update with the finalised Commissioning Plan in November 2020.	Head of Health & Community Care

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

5th August 2020

Subject: Review of Financial Regulations

1. Purpose

- 1.1** To present for review amendments to the current Financial Regulations of the West Dunbartonshire Health & Social Care Partnership Board.

2. Recommendation

- 2.1** The Partnership Board is recommended to:
- Approve the revised Financial Regulations.

3. Background

- 3.1** Under Scottish Government Regulations Integrated Joint Board's Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of the Board's financial affairs.
- 3.2** At the initial meeting of the Partnership Board on 1 July 2015, the HSCP Board approved a report establishing its "Financial Processes and Procedures" which laid out the governance arrangements for a range of matters in relation to financial management and accountability. These were based on the model regulations developed jointly by the national health and social care Technical Finance Working Group.
- 3.3** The Financial Regulations are a key component of the HSCP Board's governance arrangements. They set out the expectations on and the responsibilities of the Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the Partnership Board.
- 3.4** It is a requirement of the Chief Financial Officer to review the Financial Regulations and present to the HSCP Board any recommended changes.
- 3.5** The Financial Regulations were last reviewed and amendments approved at the 14 February 2018 HSCP Board.
- 3.6** Both the West Dunbartonshire Council (WDC) and NHS Greater Glasgow and Clyde Health Board (NHSGGC) operate under Financial Regulations/Standing Financial Instructions in the operational delivery of services. As the HSCP Board commission services from both the WDC and the NHSGGC all operational and transactional finance matters for delivery of services will

comply with Council Financial Regulations and Health Board Standing Financial Instructions as appropriate. As the HSCP Board's Financial Regulations relate specifically to the affairs of the Board itself, they are therefore more limited and focussed in scope. In addition, they set out the responsibilities of the Chief Officer and the Chief Financial Officer within the context of the West Dunbartonshire HSCP Board's financial management framework.

- 3.7** The Financial Regulations of the HSCP Board will not supersede those of WDC or the Standing Financial Instructions of NHS GGC; it is an overarching document which will operate alongside Partners regulations.

4. Main Issues

- 4.1** The review of the Financial Regulations took cognisance of the current Financial Regulations of West Dunbartonshire Council and the Standing Financial Instructions of NHS Greater Glasgow & Clyde as well as those of other Integrated Joint Boards.
- 4.2** It is the Chief Financial Officer's opinion that the current Financial Regulations require some change and updating to reflect the current review of the Integration Scheme, the recent review of the Terms of Reference of the Audit and Performance Committee, the updated guidance on Directions and current reporting processes within the Council and the Health Board. Subject to the recommendations made below the regulations remain sufficiently robust and provide the HSCP Board with a written framework which governs its financial affairs.
- 4.3** The main recommended changes are referenced below for consideration:
- Section 1.3 – to reinforce the scope of the HSCP Board's Financial Regulations and the requirements to adhere to the relevant regulations and financial policies of the Council and Health Board in relation to all operational and transactional financial matters for the delivery of delegated services;
 - Section 1.7 – confirms the responsibility of the HSCP Board to provide Directions to the Council and Health Board;
 - Section Corporate Governance – a new section which links the approved Local Code of Good Governance and the principles by which the Financial Regulations should adhere to;
 - Section 3.10 – confirms the responsibility of budget holders being accountable for all budgets within their control; and
 - Section 4.12 to 4.14 – confirms the arrangements around capital planning and funding.

5. People Implications

- 5.1** None.

6. Financial Implications

- 6.1** The Financial Regulations are a key component of the Board's governance arrangements. They set out the expectations on and the responsibilities of the HSCP Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the Health & Social Care Partnership Board

7. Professional Implications

- 7.1** The Financial Regulations explicitly cover responsibilities relating to the Chief Officer, Chief Financial Officer and the Accountable Officers of both West Dunbartonshire Council and NHS Greater Glasgow & Clyde.

8. Locality Implications

- 8.1** There are no locality implications associated with this report.

9. Risk Analysis

- 9.1** The approval of the attached Financial Regulations will ensure the HSCP Board complies with the requirements of Section 95 of the Local Government (Scotland) Act 1973, which states that relevant authorities "shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs."

10. Impact Assessments

- 10.1** None required

11. Consultation

- 11.1** The proposed revisions will be shared with the Health Board Director of Finance and the Council Section 95 Officer.

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 HSCP Strategic Plan.
- 12.2** This report links to the strategic financial governance arrangements of both the Health Board and the Council.

Author: Julie Slavin - Chief Financial Officer
West Dunbartonshire Health & Social Care Partnership.

Date: 25 July 2020

Person to Contact:	Julie Slavin – Chief Financial Officer. Telephone: 01389 737311 e-mail: julie.slavin@ggc.scot.nhs.uk
Appendices:	Appendix 1: Revised Financial Regulations
Background Papers:	HSCP Board Reports August, September & November 2015 Financial Regulations of West Dunbartonshire Council Standing Financial Instructions of NHS Greater Glasgow and Clyde Health Board Schemes of Delegation for West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board
Wards Affected:	All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board
Financial Regulations

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The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. These Financial Regulations are an essential component of the governance of the Health & Social Care Partnership Board.

Document Title:	WDHSCP Board Financial Regulations	Owner:	Chief Financial Officer
Version No.	Final v2	Superseded Version:	Final v1
Date Effective:	05/05/2020	Review Date:	01/04/2023

WHAT THE REGULATIONS COVER

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the framework for the integration of health and social care in Scotland. West Dunbartonshire Health & Social Care Partnership Board (referred to as HSCP Board) is responsible for the strategic planning and reporting of a range of health and social care services delegated it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as West Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership.
- 1.2 The HSCP Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the HSCP Board.
- 1.3 Both the Health Board and the Council operate under Financial Regulations/Standing Financial Instructions in the operational delivery of services. As this service delivery will continue to be carried out within the Health Board and the Council, these Financial Regulations relate specifically to the affairs of the West Dunbartonshire HSCP Board itself and therefore are more limited and focussed in scope. All operational and transactional finance matters for delivery of West Dunbartonshire Health and Social Care Partnership will comply with West Dunbartonshire Council Financial Regulations and Greater Glasgow and Clyde Health Board Standing Financial Instructions.
- 1.4 These financial regulations should be read in conjunction with the Integration Scheme, the HSCP Board's Financial Processes and Procedures (July 2015); Local Code of Good Governance; Standing Financial Instructions of NHS Greater Glasgow and Clyde Health Board; relevant policies of West Dunbartonshire Council.
- 1.5 The Regulations set out the respective responsibilities of the Health and Social Care Partnership Board, the Chief Officer and the Chief Financial Officer of the HSCP Board.

- 1.6 It will be the duty of the Chief Officer assisted by the Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the HSCP Board; and to ensure that they are adhered to. All actions which affect the HSCP Board's finances should only be carried out by properly authorised employees. The Chief Officer and other authorised persons will ensure that all expenditure within the delegated budget meets proper accounting standards.
- 1.7 The HSCP Board will give directions to West Dunbartonshire Council and Greater Glasgow and Clyde Health Board that are designed to ensure resources are spent in accordance with the Strategic Plan and Integration Scheme.
- 1.8 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, Health Board Chief Executive, Council Chief Executive, Health Board Director of Finance or Council's Section 95 Officer as appropriate to decide what action to take.
- 1.9 These Regulations will be the subject of regular review by the Chief Financial Officer in consultation with the Health Board Director of Finance and the Council Section 95 Officer; and where necessary, subsequent adjustments will be submitted to the HSCP Board for approval.

CORPORATE GOVERNANCE

- 2.1 Corporate governance is about the structures and processes for decision-making, accountability, controls and behaviour throughout the HSCP Board. The HSCP Board positively promotes the principles of good governance within all areas of its affairs and this is laid out within the [WDHSCP Local Code of Good Governance](#). These principles are summarised below:
- Behaving with integrity, demonstrating strong commitment to ethical values and representing the rule of law.
 - Ensuring openness and comprehensive stakeholder engagement,
 - Defining outcomes in terms of sustainable economic, social and environmental benefits.
 - Determining the interventions necessary to optimise the achievement of intended outcomes.
 - Developing the entity's capacity, including the capability of its leadership and the individuals within it.
 - Managing risk and performance through robust internal control and strong public financial management.
 - Implementing good practices in transparency, reporting, and audit to deliver effective accountability

RESPONSIBILITIES UNDER THESE FINANCIAL REGULATIONS

- 3.1 The HSCP Board will continuously work to secure best value for money, and economy, efficiency and effectiveness in how the organisation directs its resources.
- 3.2 The Chief Financial Officer (in consultation with the Chief Officer) will advise the HSCP Board on the financial implications of the Board's activities. The Chief Financial Officer will ensure that budget holders receive impartial advice, guidance and support and appropriate information to enable them to affect control over expenditure and income.

Strategic Plan and Integrated Budget

- 3.3 The HSCP Board's Strategic Plan sets out the arrangements for planning and directing the functions delegated to it by West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board. In accordance with its Integration Scheme, the HSCP Board is responsible for the production, approval and monitoring of a Strategic Plan for those integrated services delegated to it. The Strategic Plan covers a rolling three-year period and will determine the budgets allocated to each operational partner for the operational service delivery in line with the Plan, recognising that these may need to be indicative for years two and three.
- 3.4 The financial resources within scope of the Strategic Plan are:
 - The payment made by the Council to the HSCP Board in respect of all of the functions delegated by Council to the HSCP Board.
 - The payment made by the Health Board to the HSCP Board in respect of all of the functions delegated by Health Board to the HSCP Board.
 - The amount set aside by the Health Board to the HSCP Board in respect of NHS acute hospital services for the West Dunbartonshire population.
- 3.5 The Chief Officer and Chief Financial Officer will develop an integrated budget based on the Strategic Plan and agreed funding from West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board for consideration and agreement as part of the annual budget setting process and financial plan.

Responsibilities of the Chief Officer

- 3.6 The Chief Officer is the accountable officer of the HSCP Board in all matters except finance.
- 3.7 The Chief Officer will discharge their duties in respect of the delegated resources by:

- Ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness.
- Giving directions to the Health Board and the Council that are designed to ensure resources secure value for money and are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.

Responsibilities of the Chief Financial Officer

- 3.8 The Chief Financial Officer is the accountable officer for financial management and administration of the HSCP Board. The Chief Financial Officer will be line managed by the Chief Officer, and formally supported by the Council Section 95 Officer and the Health Board Director of Finance.
- 3.9 The Chief Financial Officer will discharge their duties in respect of the delegated resources by:
- Establishing financial governance systems for the proper use of the delegated resources.
 - Ensuring that the Strategic Plan meets the requirement for best value in the use of the HSCP Board's resources.
 - Working with both organisations financial information systems to produce financial reports and forecasts in order to monitor the overall financial performance of the approved HSCP Board's revenue budget.
 - Providing each meeting of the HSCP Board with budget monitoring reports along with explanations for any significant variations from budget and actions planned to deal with them.

Responsibilities of Budget Holders

- 3.10 Budget holders will be accountable for all budgets within their control as directed by the HSCP Board in line with its Strategic Plan. The HSCP Board will ensure appropriate arrangements are in place to support good financial management and planning.

FINANCIAL PLANNING AND BUDGET MANAGEMENT

- 4.1 The Integration Scheme sets out the detail of the integration arrangement between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in relation to all areas of finance to support the delegated functions under the strategic direction of the HSCP Board
- 4.2 The Health Board and Council will work to provide indicative three year rolling funding allocations to the HSCP Board to support its strategic planning process.

Such indicative allocations will remain subject to annual approval by both organisations.

- 4.3 The Chief Officer and the Chief Financial Officer will develop revenue estimates for the integrated budget based on the Strategic Plan and present it to the Health Board and Council for consideration and agreement as part of each organisation's annual budget setting process. The Integration Scheme sets out the requirement for due diligence and that revenue estimates will be evidence-based, with full transparency on its assumptions and take account of:
- **Activity Changes.** The impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes.
 - **Cost Inflation.** Pay and supplies cost increases.
 - **Efficiencies.** All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Partnership Board, the Council and the Health Board as part of the annual rolling financial planning process to ensure transparency.
 - **Performance on outcomes.** The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and the Health Board.
 - **Legal requirements.** Legislation may entail expenditure commitments that should be taken into account in adjusting the payment.
 - **Transfers to/from the notional budget for hospital services** set out in the Strategic Plan.
- 4.4 The Strategic Plan will determine the allocation of resources with respect to operational delivery of integrated services. Strategic Plans will take account of all resources available to the Chief Officer, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.

Limits on Expenditure

- 4.5 No expenditure will be incurred by the HSCP Board unless it has been included within the approved integrated budget and Strategic Plan except:
- Where additional funding has been approved by the Health Board and/or Council; and the integrated budget and Strategic Plan has been updated appropriately;
 - Where a supplementary budget has been approved by the HSCP Board;
 - In emergency situations in terms of any scheme of delegation;
 - Where the application of reserves (as defined within the reserves policy) has been approved by the HSCP Board; and

- Is provided in paragraph 3.6 below (Virement).
- 4.6 Virement is defined by CIPFA as “the transfer of an under-spend on one budget head to finance additional spending on another budget head in accordance with the Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (e.g. employee costs, supplies and services) to another; or a transfer of budget from one service to another. Where resources are transferred between the two operational arms of the integrated budget this will require in-year balancing adjustments to the allocations from the HSCP Board to the Council and the Health Board, i.e. a reduction in the allocation to the body with the under-spend and a corresponding increase in the allocation to the body with the overspend.
- 4.7 Virements require approval by the Chief Financial Officer and the HSCP Board; and they will be permitted subject to any Scheme of Delegation of the HSCP Board as follows:
- Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year.
 - The Chief Officer will not be permitted to vire between the integrated budget and those budgets that are managed by the Chief Officer, but are outwith the scope of the Strategic Plan, unless agreed by the Council and the Health Board.

Budgetary Control

- 4.8 It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control measures, comparing projected outturn with the approved financial plan, to the HSCP Board and other bodies as designated by the Health Board and Council.
- 4.9 The Health Board Director of Finance and the Council Section 95 Officer will, along with Chief Financial Officer, put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the HSCP Board in aggregate.
- 4.10 It is the responsibility of the Chief Financial Officer, in consultation with the Health Board Director of Finance and the Council Section 95 Officer to agree a consistent basis and timetable for the preparation and reporting of management accounting information.
- 4.11 The Integration Scheme specifies how in year budget variance (over-spends or under-spends) will be treated. Where it appears that any heading of

income or expenditure may vary significantly from the Financial Plan, it will be the duty of the Chief Officer and the Chief Financial Officer, in conjunction with the Health Board Director of Finance and the Council Section 95 Officer to present a Recovery Plan (in line with Integration Scheme) to the HSCP Board, Health Board and Council, with details of the variance and any remedial action required.

Capital Planning

- 4.12 The HSCP Board does not receive a capital funding allocation. Capital projects are funded by either the Council or the Health Board and expenditure will be controlled in accordance with their financial regulations.
- 4.13 The Chief Officer will be a member of the Council and Health Board's Capital Planning Groups and in consultation will consider where capital investment is required to deliver the Strategic Plan. Business Cases will be prepared with appropriate professional support by the partners and be submitted through the planning approval groups and be submitted to the HSCP Board for endorsement.
- 4.14 The HSCP Board will receive financial monitoring reports from the Council and Health Board which include information on capital expenditure against approved schemes relevant to the services delegated to the HSCP Board.

Reports to the HSCP Board

- 4.15 All reports to the HSCP Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Financial Officer prior to lodging of reports.

FINANCIAL REPORTING

Accounting Procedures and Records

- 5.1 All accounting procedures and records of the HSCP Board will be as specified in applicable legislation and regulations. Financial Statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under Section 105 of the Local Government (Scotland) Act 1973.
- 5.2 The financial statements must be completed to meet the audit and publication timetable specified in regulations made under section 105 of the Local Government (Scotland) Act 1973. It is the primary responsibility of the Chief Financial Officer to meet these targets; and of the Chief Officer to provide any relevant information to ensure that the Health Board and Council meet their

respective statutory audit and publication requirements for their individual and group financial statements. The Chief Financial Officer will agree the financial statements timetable with the external auditors of the HSCP Board, Health Board and Council.

- 5.3 The accounts of the Partnership Board will be hosted by West Dunbartonshire Council ledger system.

LEGALITY OF EXPENDITURE

- 6.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Financial Plan unless it is within the power of the HSCP Board as per the Integration Scheme. In cases of doubt the Chief Officer should consult the respective legal advisers of the Health Board and Council before incurring expenditure. The legality of expenditure on new service developments, initial contributions to other organisations and responses to emergency situations which require expenditure must be clarified prior to being incurred and with reference to Schemes of Delegation of the Council and Health Board.

REVIEWING THE FINANCIAL REGULATIONS

- 7.1 The HSCP Board will consider and approve any alterations to these Financial Regulations. The HSCP Board may also withdraw these financial regulations. If so, this will come into force from the first working day after the end of the HSCP Board meeting at which the change or withdrawal was approved.

RESERVES

- 8.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the HSCP Board to hold reserves which should be accounted for in the financial accounts and records of the HSCP Board.
- 8.2 The HSCP Board has an approved reserves policy and a reserves strategy which includes the level of reserves required and their purpose. This will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan.

VAT

- 9.1 HM Revenues & Customs (HMRC) has confirmed that there is no requirement to have a separate VAT registration for the HSCP Board, as it does not deliver any services within the scope of VAT. This situation should be kept under review by the Chief Financial Officer should the operational activities of the HSCP Board change and a need to register be established. HMRC guidance which applies to Scotland, will allow a VAT neutral outcome.

PROCUREMENT OF SERVICES

- 10.1 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the HSCP Board may enter into a contract with any other person in relation to the provision of goods and services to the HSCP Board for the purpose of carrying out the functions conferred in it by the Act. The Partnership Board should take advice from the Chief Financial Officer when considering any such direct procurement exercise.
- 10.2 As a result of specific VAT and accounting issues associated with HSCP Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the Health Board Director of Finance, the Council's Section 95 Officer and the Chief Financial Officer prior to any direct procurement exercise being undertaken.

INTERNAL AUDIT

- 11.1 It is the responsibility of the HSCP Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources; and which are consistent with good practice governance standards in the public sector. This will include determining who will provide the internal audit service for HSCP Board and appointing a Chief Internal Auditor.
- 11.2 The internal audit service should be provided by one of the internal audit teams from the Health Board or Local Authority.
- 11.3 The Chief Internal Auditor from either the Health Board or Council will be appointed to undertake this role for the HSCP Board in addition to their role as Chief Internal Auditor of their respective Authority.
- 11.4 The appointed Internal Audit Service will undertake their work in compliance with the Public Sector Internal Audit Standards.
- 11.5 The HSCP Board will establish a standing Audit Committee (known as the Audit and Performance Committee) to focus on financial and internal audit on behalf of the HSCP Board. It will be the responsibility of the HSCP Board to agree the membership having regard to the agreed remit, skills and good practice for a public sector audit committees. It is anticipated that voting members of the HSCP Board will serve in this capacity. The Chief Officer, Chief Financial Officer and appointed Chief Internal Auditor will be required to attend meetings of the Audit and Performance Committee.
- 11.6 Before the start of each financial year, the Chief Internal Auditor will consult with the Chief Officer and Chief Financial Officer in the preparation of a strategic and risk-based audit plan, which the Chief Internal Auditor will then

submit to the Audit and Performance Committee at the start of the financial year. The scope of interest of such internal audit plans will be:

- The Strategic Plan.
- Financial Plan underpinning the Strategic Plan.
- The operational delivery of those integrated services delegated to the HSCP Board (except for NHS acute hospital services).
- Relevant issues raised by the internal auditors of the Health Board, Council and the external auditors of the HSCP Board.

11.7 The Chief Internal Auditor for the HSCP Board will report to the Chief Financial Officer and the Audit and Performance Committee on the approved annual risk-based audit plan; delivery of the audit plan and any recommendations; and will provide an annual internal audit report, including the audit opinion.

11.8 The Chief Financial Officer will work with the internal auditors of both the Health Board, Local Authority and the Chief Internal Auditor of the HSCP Board to ensure that there is clarity and consistency of appropriate scrutiny of the work of the HSCP Board and the Health & Social Care Partnership; and that the internal audit plans of the three audit committees provide necessary assurance to all three of the bodies.

11.9 The Chief Internal Auditor will ensure that the HSCP Board's annual internal audit plan and internal audit report are shared with the Health Board's Audit Committee and Council's Audit & Performance Review Committee through the reporting arrangements in those bodies for internal audit.

11.10 Reports on each internal audit engagement will be submitted to the Chief Officer and Chief Financial Officer.

EXTERNAL AUDIT

12.1 The Accounts Commission will appoint the External Auditors to the HSCP Board as specified under Section 13 of the legislation.

RISK MANAGEMENT AND INSURANCE

Responsibility for Insurance and Risk

13.1 The HSCP Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff delivering integrated services; or for the operation of buildings or services under the operational remit of those staff. The Council and the Health Board will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital

assets that integrated services are delivered from or with; and the respective services themselves that each has delegated to the HSCP Board.

- 13.2 The HSCP Board will make appropriate insurance arrangements for all activities of the HSCP Board in accordance with its locally approved risk management policy and strategy. The Chief Financial Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the HSCP Board and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of voting members of the HSCP Board acting in a decision making capacity. The Chief Officer and the Chief Finance Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the HSCP Board.

Risk Management

- 13.3 The Chief Officer will be responsible for developing and implementing the HSCP Board's approved risk management policy and strategy. This will include arrangements for maintaining and reporting on a Strategic Risk Register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This will be presented to the HSCP Board for approval on an annual basis and shared with the Council and Health Board. The Audit and Performance Committee will regularly scrutinise the Strategic Risk Register and be provided with evidence of the impact of mitigating actions. Any subsequent changes will be referred back to the HSCP Board for final approval.
- 13.4 The Health Board and Council will continue to identify and manage within their own risk management arrangements any risks they have retained under the Integration Scheme. The Health Board and Council will continue to report on the management of such risks, alongside the impacts of the integration arrangements.
- 13.5 The Health Board Director of Finance and the Council Section 95 Officer will ensure that the Partnership Board's Audit and Performance Committee, Chief Officer and Chief Financial Officer have access to professional support and advice in respect of risk management.

ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

- 14.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the HSCP Board. The HSCP Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services.

- 14.2 It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value. This will be incorporated into the process of strategic planning, in order to establish the systematic identification of priorities; and the implementation of the Strategic Plan with respect to services delivered within the Health and Social Care Partnership so as to realise Best Value.

BOARD MEMBERS EXPENSES

- 15.1 Payment of voting board members allowances, including travel and subsistence expenses will be the responsibility of the members' individual Council (West Dunbartonshire Council) or Health Board (NHS Greater Glasgow and Clyde Health Board), and will be made in accordance with their own schemes.
- 15.2 Non-voting members of the HSCP Board will be entitled to the payment of reasonable travel and subsistence expenses relating to approved duties. Non-voting members are required to submit claims on the HSCP Board's agreed expenses claim form and as far as practicable to provide receipts in support of any expenses claimed. The costs relating to expenses incurred by the non-voting members of the HSCP Board will require to be funded within existing budget resources.
- 15.3 The Chief Financial Officer will ensure that a record of all expenses paid under the Scheme is maintained, detailing name, amount and nature of payment.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

5 August 2020

Subject: Financial Performance and Update Report - Period 3 (30 June 2020)

1. Purpose

- 1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 3 to 30 June 2020 and a projected outturn position to the 31 March 2021.
- 1.2 The financial impact of the Covid-19 pandemic on health and care services is still not fully revealed, therefore the outturn projection to the end of 31 March 2021 will be subject to change as the HSCP and Scotland moves through the "Route Map Through and Out of the Crisis"

2. Recommendations

2.1 The HSCP Board is recommended to:

- Note the updated position in relation to budget movements on the 2020/21 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 2020 to 30 June 2020 is reporting an overspend of (£0.234m) (-0.55%);
- Note that the Covid-19 cost for the period 1 April 2020 to 30 June 2020 is £2.8m and that Covid-19 funding received to date equates to £1.294m;
- Note the projected outturn position of £1.659m underspend (0.97%) for 2020/21 if the projected costs of Covid-19 are fully met by the Scottish Government;
- Note that the projected costs of Covid-19 are currently estimated to be £8.145m;
- Consider the financial risk to the HSCP if Covid-19 costs are not fully funded which could trigger the need to revisit 2020/21 funding priorities and approved savings programmes;
- Note the unaudited reserves position detailed in Table 3 below; and
- Note the update on the capital position and projected completion timelines.

3. Background

- 3.1 At the meeting of the HSCP Board on 25 March 2020, just as Scotland entered into "lockdown" as the Covid-19 pandemic spread across the world, members agreed the revenue estimates for 2020/21. A total indicative net revenue budget of £166.689m (excluding Set Aside) was approved.

- 3.2** Since the March HSCP Board there have been a number of budget adjustments and a total net revenue budget of £170.601m is now being monitored as detailed within Appendix 1. Due to Covid-19 revised governance arrangements the NHSGGC Board have yet to formally approve their budget offers to all six local partnerships, however the 3% uplift to HSCPs has been incorporated into their 2020/21 Financial Plan.
- 3.3** The Set Aside Budget for 2020/21 was also detailed in the March report as £28.694m, inclusive of the 3.0% uplift. Work is now underway to complete the financial framework document to align against the draft NHSGGC Unscheduled Care Commissioning Plan presented to the June HSCP Board.
- 3.4** Also at the 25 March HSCP Board meeting the 2020/21 to 2024/25 Medium Term Financial Plan was approved. The estimated funding gaps identified across a range of Best, Likely and Worst scenarios on service delivery versus funding settlements was based on HSCP “Business as Usual” reflecting current Strategic Plan priorities and did not anticipate the impact of the Covid-19 global pandemic which immediately impacted on health and social care services.
- 3.5** The personal cost of this pandemic on some families is immeasurable while the economic cost will impact on all citizens with those already on low incomes and in receipt of health and social care services likely to feel this more keenly. This will be explored further in the coming months as the HSCP Recovery and Renewal Plans are further developed and considered against current strategic priorities.
- 3.6** On-going delivery of approved savings programmes is a key factor in the HSCP Board’s financial plan to minimise funding gaps and in 2020/21 there were a number of savings targets incorporated into the budget. The HSCP’s response to the Covid-19 pandemic around revised service delivery requirements especially around our most vulnerable citizens has had an impact on the delivery of these savings plans and this along with the additional costs of delivering on our Local Mobilisation Plan will be explored throughout this report.

4. Financial impacts of the HSCP Response to the Covid-19 Pandemic

- 4.1** On the 1 March 2020 the first positive case of COVID-19 was confirmed in Scotland, with the World Health Organisation (WHO) declaring the virus a pandemic on 11 March 2020. During the final weeks of the 2019/20 financial year the daily routine of service delivery within HSCP moved into emergency response mode, implementing Business Continuity Plans as Scotland went into “lockdown” on the 23 March 2020.
- 4.2** On the 25 March 2020 the HSCP Board convened its scheduled meeting through the use of telephone conferencing. The Board agreed to implement “Temporary Decision Making Arrangements” delegating authority to make operational demand decisions, normally requiring HSCP Board approval to the

Chief Officer in consultation where necessary with the Board Chair, Vice Chair and Chief Financial Officer.

- 4.3** A Local Mobilisation Plan (supported by a detailed financial tracker) was produced based on Scottish Government guidance and fed into the collective NHSGGC response together with our five partner HSCPs in the Glasgow Board wide area. Led by Chief Officer and the Local Management Response Team (LMRT) the plan has been regularly reviewed in line with decisions and approvals made to adapt some current delivery models in line with individual service user's priorities and all relevant guidance, in particular around shielding and testing and the use of personal protective equipment (PPE).
- 4.4** To enhance existing financial governance processes and to be able to respond effectively to directives from the Scottish Government to support the sustainability of health and social care services, in particular external social care service providers, and provide extensive detail on Covid related costs there have additional approval procedures put in place to record, monitor and report on Covid costs.
- 4.5** Almost weekly throughout April and May the financial tracker template issued by the Scottish Government was further developed and refined to capture the wide ranging financial impacts of responding to the pandemic. Each HSCP across Scotland complete this tracker and submit to their local health board to allow for all individual returns to be collated for submission. The detailed information contained has been presented by the Chief Financial Officer for consideration by the Chief Officer, the HSCP Board Chair and Vice Chair in line with the temporary decision making arrangements. The joint returns have also been subject to both collective and individual scrutiny by the Scottish Government.
- 4.6** The table below provides a summarised version of the financial tracker actual and projected costs based on July ledger data. At this time the projections only extend until the end of the 2020/21 financial year, however it is likely that some expenditure commitments will extend into 2021/22, in particular the ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers if staff are required to isolate as a consequence of contact tracing or contracting the virus.
- 4.7** The projections included as very likely to change as additional guidance is implemented as Scotland progresses through the phased stages of the route map and the HSCP move services into recovery and renewal phases.
- 4.8** The table below also details some of the Scottish Government Covid-19 funding received to date. The original funding letters from the Cabinet Secretary for Health and Sport are attached at Appendices 2 and 3 and cover:
- An initial £50m (£0.898m to WD HSCP) announced on 12 May to "support immediate challenges in the social care sector"; and

- A £10m (£0.396m to St Margaret of Scotland Hospice) support package for local hospices to “help provide some financial stability to the sector during this difficult time”.

Table 1: Summary of Covid-19 Costs to 23 July and Funding Received to Date

Covid-19	Forecast Full Year £000's	Year to Date Actual £000's	Projected Future Commitment £000's
Delayed Discharge Reduction - Additional Care at Home Packages	191	134	58
Personal protection equipment	794	459	335
Additional staff overtime and Enhancements	289	129	160
Additional temporary staff spend	597	325	272
Community Hubs / Assessment Centre	493	175	317
Mental Health Assessment Unit	158	40	119
Provider Sustainability Payments - Care Homes	1,290	486	804
Provider sustainability Payments - Other Social Care Providers	2,625	0	2,625
Provider Sustainability Payment - Hospice	396	396	0
Loss of Social Care Income	315	143	172
Expected underachievement of savings (HSCP)	1,738	459	1,279
Offsetting savings - HSCP	(899)	0	(899)
Additional FHS Prescribing	106	0	106
Other	52	53	(1)
Total Spend	8,145	2,800	5,346
Share of £50m Funding announced 12 May 2020	(898)	(898)	0
Hospice Funding	(396)	(396)	0
Anticipated Future Funding	(6,851)	0	(6,851)
Total Income	(8,145)	(1,294)	(6,851)
Net Expenditure	0	1,506	(1,506)

- 4.9** As stated above the projected costs will be subject to continuous change as we progress through the route map or if progress is stalled, which may extend the financial commitment around some new service developments e.g. Community Assessment Centres, PPE requirements and staff costs. One of the most difficult to project is the cost of provider sustainability payments. The HSCPs have been working with CoSLA, the Scottish Government and representatives from both residential and community based support social care providers to understand the significant impact Covid-19 has had on service delivery and financial sustainability.
- 4.10** In late May agreement was reached on how independent care home providers could be supported financially as occupancy levels reduced as regrettably Covid related deaths in care homes impacted and admissions were put on hold. There are eight independent care homes within West Dunbartonshire

boundaries and to date we have made sustainability payments of £0.486m covering the period 23 March to 30 June. At the time of writing the instruction from the Scottish Government is that these payments will extend to the 31 July 2020.

- 4.11** As for all other social care providers the HSCP has followed CoSLA guidance, including procurement notices that there could be a relaxation of contract specifications to enable flexibility in service delivery and not financially penalise providers who could not provide services due to the lockdown, service users or staff shielding or sadly ill with the virus. In the main we have paid providers based on planned service hours, including the application of the 3.3% uplift to contract rates to support Scottish Living Wage commitments, and are currently in the process of evaluating additional claims made for extra support for Covid related costs including PPE, staff overtime, agency staff and enhanced sick pay costs. The current projection included in the tracker is based on a very high level early estimate following Scottish Government guidance to allow for additional costs of up to 25% in some commissioned services.
- 4.12** While the funding received to date is welcome it can be seen that it is not sufficient to cover actual costs incurred, the inability to levy charges for services that remain closed (Daycare, Respite) and the risk to approved savings plans as agreed as part of the 2020/21 budget setting process. The Chief Officer has made clear that all recovery planning work should incorporate the delivery of agreed savings programmes. It is therefore anticipated that the current projection on the under achievement of savings of £1.7m will improve as the year progresses as there is no guarantee that additional funding will be made available and the impact of rolling this forward into 2021/22 will further increase the funding gaps of between £1m - £5m projected within the Medium Term Financial Plan. Further detail on the "Monitoring of Savings" and the risk of non achievement is detailed in Appendix 4.
- 4.13** The level of UK Consequential funding being made available to the Scottish Government for health and social care services is subject to change; and how far this will stretch is dependent on the continued suppression of the virus. The HSCP Board should therefore be aware of the scale of the financial risk if full funding is not forthcoming as the year progresses and actual costs are validated. A letter from the Director-General Health and Social Care to the Chief Executive of CoSLA on 20 March is attached at Appendix 5. At this early stage the Scottish Government committed to:
- "... and subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, we have taken the decision to support reasonable funding requirements..."***
- 4.14** The latest negative economic projections for both Scotland and the wider UK require both governments to review current 2020/21 spending priorities and potential revisions to current spending commitments. It is therefore

anticipated that the HSCP Board may have to consider a revision to the 2020/21 spending commitments including the application of reserve balances and the possibility of additional savings targets in year in order to maintain financial stability.

5. 2020/21 Financial Performance Update

5.1 Summary Position

5.2 HSCP Board Members are asked to recognise the significant additional commitment required by both budget holders and the finance team to track the financial impacts of the Covid-19 pandemic as set out in Section 4 above. Table 2 below presents the consolidated summary members are familiar with but with the added level of detail of separating the cost of the response to the pandemic. This is to enhance the statements made above around the potential financial risk of unknown future demand which could impact negatively on current projections and any shortfall in Scottish Government funding.

5.3 The current year to date position as at 30 June is an overspend of £0.234m mainly due to actual Covid costs to date exceeding funding received offset by savings linked to reductions in commissioned services and vacancies. The projected outturn position, assuming that identified Covid costs are fully funded, is a potential underspend of £1.659 million. This consolidated summary position is presented in greater detail within Appendix 6, with the individual Health Care and Social Care reports detailed in Appendix 7.

Members should note that the projected under spend takes into account £0.229m of expenditure identified at P3 to be funded from earmarked reserves as per the medium term financial plan and reflected in the 2019/20 unaudited reserve balances (see Table 3 below for summary detail).

Table 2: Summary Financial Information as at 30 June 2020

Summary Financial Information	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Reserves Adjustment £000's	Forecast Variance £000's
Health Care	103,209	23,425	23,424	1	102,977	0	232
Social Care	98,288	20,791	20,188	603	96,133	(260)	2,415
Covid-19	1,294	1,294	2,800	(1,506)	8,145	0	(7,749)
Expenditure	202,791	45,510	46,412	(902)	207,255	(260)	(5,102)
Health Care	(4,542)	(904)	(904)	0	(4,542)	0	0
Social Care	(27,648)	(2,457)	(2,227)	(230)	(26,691)	31	(988)
Covid-19	0	0	(898)	898	(6,851)	0	7,749
Income	(32,190)	(3,361)	(4,029)	668	(38,084)	31	6,761
Health Care	98,667	22,521	22,520	1	98,435	0	232
Social Care	70,640	18,334	17,961	373	69,442	(229)	1,427
Covid-19	1,294	1,294	1,902	(608)	1,294	0	0
Net Expenditure	170,601	42,149	42,383	(234)	169,171	(229)	1,659

- 5.4** While this is a tentatively welcome initial early projection, it must be heavily caveated in that it assumes little in the way of any new demand for health and social care services such as mental health, addictions, children's community placements, criminal justice and supporting an increased number of vulnerable and frail people in their own homes. It is also unknown what the impact will be of continuing with the "Test, Trace, Isolate and Support (TTIS)" guidance and how quickly care home occupancy will return to pre-Covid levels, assuming all current providers remain in business.

Table 3: Reserves Balances from 2019/20 Unaudited Annual Accounts

Movement in Reserves During 2019/20	Unearmarked Reserves Balance £000	Earmarked Reserves Balance £000	Total General Fund Reserves £000
Opening Balance as at 31st March 2019	(2,457)	(4,723)	(7,180)
Total Comprehensive Income and Expenditure (Increase)/Decrease 2019/20	(352)	(531)	(883)
Closing Balance as at 31st March 2020	(2,809)	(5,254)	(8,063)

- 5.5** The Medium Term Financial Plan considers the positive impact that a healthy reserves balance will have in addressing any budget gap and providing some financial sustainability in the short to medium term. The HSCP Board was committed to working towards holding an unearmarked reserve balance of 2% in line with the current Reserves Policy. Based on the current 2020/21 revenue budget (excluding non-cash limited Family Health Services), 2% would equate to £2.8m and is therefore comparable to the unaudited balance detailed in the table above. Further detail on the analysis and purpose of current reserve balances is provided in Appendix 8.
- 5.6** Analysis on the projected annual variances in excess of £0.050m is contained within Appendix 9. Significant variances are further detailed below.
- 5.7** Residential Accommodation for Older People across our own care homes in Clydebank and Dumbarton as well as independent care homes are projecting underspends of £0.488m and £0.287m respectively. The consequence of the Coronavirus within care homes across Scotland has been widely reported. The assumptions made around occupancy levels on costs and income will be refined in future reports.
- 5.8** The Care at Home budget was enhanced in 2020/21 to reflect demand and staffing pressures reported throughout 2019/20. While there have been additional care home packages to support delayed discharge performance in this first quarter, the cost has been attributed to the impact of Covid. If this is not fully funded then the current projected overspend of £0.068m will increase.

- 5.9** There are some projected savings across a number of services related to vacancies i.e. mental health, care homes, strategy, planning and health improvement and other services young people. This is subject to embedded turnover targets being met across the HSCP which range from 1% to 4% across health and social care.

GP Prescribing for Partnerships in 2020/21

- 5.10** As the progress of Britain's exit from the European Union has stalled as a consequence of the Covid-19 pandemic, primary care prescribing costs represent the one of the main financial risks to the on-going success of the HSCPs mainly due to the scale of the budget, the volatility of global markets, demands for new drugs and vaccines and complicated contract arrangements with Community Pharmacy Scotland around drug tariffs.
- 5.11** It is expected that partnerships will be in a position to issue GP practices with their 2020/21 budget allocation in the next few weeks, based on the 2019/20 outturn position, anticipated impacts on volumes and prices in the short term and approved efficiency programme targets. The NHSGGC Finance Manager and Central Prescribing Team are currently working through prescribing forecasts for 2020/21 based on early Covid Recovery prescribing activity, known short supply issues, the latest information horizon scanning and factoring in impact of the next phased change on the payment structure to community pharmacists, including discount and claw back rates
- 5.12** The 2020/21 budget includes an increase of 3% to the prescribing budget equating to approximately £0.585m however early indications are that this may be insufficient to cover some significant short supply costs. The antidepressant drug Sertraline is anticipated to cost the six Glasgow Partnerships an additional £5m this year, with West Dunbartonshire's share approximately £0.400 million.
- 5.13** At this early stage, given that there is an earmarked reserve of £0.855m for GP Prescribing it is anticipated that any projected overspend can be met by this reserve balance. The potential for a second wave of Covid-19 or the production of a vaccine are unknown at this time.

5.14 Housing Aids and Adaptations and Care of Gardens

- 5.15** 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 Integration Authorities.
- 5.16** 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 2020/21 budget for Aids and Adaptations it is £0.250m (unchanged) and for Care of Gardens £0.453 million.

- 5.17 The summary position for the period to 30 June 2020 is reported in the table below and projects that expenditure will be in line with budget, which will be reported as part of WDC's outturn position.

Table 4: Financial Performance as at 30 June 2020

	Budget £000	Actual to Date £000	Forecast £000
Care of Gardens	453	113	453
Aids & Adaptations	250	63	250
Total	703	176	703

6. 2020/21 Capital Expenditure

- 6.1 The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership has also been impacted by the lockdown restrictions through the end of March to end of May.
- 6.2 The HSCP Clydebank Health Quarter Capital Project Board held on 1 July was updated with the key milestones and project interdependencies of the new Clydebank Health and Care Centre and the Clydebank Care Home; flagship builds integral to the Queen's Quay Masterplan.
- 6.3 The Clydebank Health and Care Centre construction halted on 23 March and remained under enforced closure for 9 weeks until 25 May 2020. The build was originally expected to take 74 weeks with completion in summer 2021. A new programme that incorporates some acceleration to recoup some lost time is being discussed with our contractors (BAM Construction). There is a dependency on reaching final agreement with the Scottish Government on the verifiable costs of the delay and further reports will update on decisions reached.
- 6.4 Prior to the Covid-19 shutdown the estimated overall shortfall in revenue costs reported to the HSCP Board was £0.250m this will be revised as required and incorporated into a refresh of the 2021/22 budget plan.
- 6.5 The summary of the social care capital expenditure position is detailed in Appendix 10 and any significant variances affecting the overall position reported are monitored routinely as part of the Council's capital planning process.
- 6.6 The Clydebank Care Home construction halted on 25 March and remained under enforced closure for 7 weeks until 4 May 2020 when agreement was reached that work could recommence under "Essential Construction" status. The new home's name has been confirmed as Queens Quay House and had an original 74 week build plan. As with the health centre a revised construction plan is in progress which must take account of enhanced health and safety requirements regarding social distancing when working on the internal construction work. Currently a completion date of early November

2020 is anticipated and transition dates to move residents from existing Clydebank care homes are being carefully considered and will fully reflect all relevant guidance around the continued priority to suppress the Coronavirus

- 6.7 Prior to the Covid-19 shutdown the late March projection indicated the potential for a small overspend of circa £0.020m against the £14.1m budget. Additional Covid related costs are currently estimated to be in the region of £0.113m. West Dunbartonshire Council will reflect this within their financial tracker returns/request for funding to the Scottish Government.
- 6.8 While there has been reduced activity in the provision of some aids during the lockdown it is too early to project on whether the Aids and Adaptations budget of £0.936m will be fully utilised. The HSCP has explored additional Occupational Therapist resource which could potentially be funded from the capital budget or from general reserves. Future reports will provide additional detail.

7. People Implications

- 7.1 Other than any staffing references noted above there are no other people implications known at this time.

8. Financial Implications

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

9. Professional Implications

- 9.1 None.

10. Locality Implications

- 10.1 None.

11. Risk Analysis

- 11.1 The main financial risks to the 2020/21 outturn position relate to anticipated increases in demand for some key services such as mental health and other social care services as the HSCP move through its Covid-19 Recovery and Renewal phases. The threat of a second wave and further lockdown is also a real threat until a safe, reliable vaccine is available. The Covid-19 lockdown has already had an impact on the planned delivery of approved savings programmes and prescribing volatility is difficult to predict as short supply costs emerge. Lastly Britain's exit from the European Union without "a deal" is increasingly likely and the combined impact of this on an already Covid depressed UK Economy will have a detrimental impact on public sector funding.

12. Impact Assessments

12.1 None.

13. Consultation

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

14. Strategic Assessment

14.1 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: 26 July 2020

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton, G82 1QL.
Tel: 01389 737311
E-mail : julie.slavin@ggc.scot.nhs.uk

Appendices:

- Appendix 1 – 2020/21 Budget Reconciliation
- Appendix 2 – Scottish Government Letter re £50m Covid-19 Funding
- Appendix 3 – Scottish Government Letter re £10m Hospice Funding
- Appendix 4 – Monitoring of Savings Programmes
- Appendix 5 – Scottish Government Letter re commitment to fund reasonable Covid-19 related costs
- Appendix 6 – HSCP Board Summary
- Appendix 7 – HSCP Partner Summaries
- Appendix 8 – Update on Reserves
- Appendix 9 – Variance Analysis over £50k
- Appendix 10 – Social Care Capital Update

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 25 March 2020	96,039	70,650	166,689
Rollover Budget Adjustments	102		102
Period 3 Adjustments			
Microsoft ICT Licences budget vired to West Dunbartonshire Council		-10	(10)
Ncl Budget Fix 20-21 Gos	2		2
Central Gic Wd	4		4
Discounts Wd	(8)		(8)
Invest To Save Wd	(24)		(24)
Ncl Gds Budget To 2019-20 M12	156		156
Ncl Gds Inc Bud To 2019-20 M12	29		29
Ncl Gos Budget To 2019-20 M12	28		28
Ncl Gps Budget To 2019-20 M12	627		627
Prescontingency Adjs 19/20 Wd	13		13
Rebates Wd	16		16
Gms X Chg Hscps Covid Ac6701	343		343
Camchp06 Covid Ia Funding Wd	898		898
Camchp12 Scottish Living Wage	182		182
Camchp13 Hospice Loss Of Inc	396		396
Wd Camhs Nursing (af)	75		75
Wd Camhs Psychology (af)	82		82
Wd Hscp Anticipated Funding	(174)		(174)
Wd Mh Innov(camhs Admin) (af)	17		17
Addictions Funding	123		123
Child Services - Specialist Funding	131		131
PCIP Funding	906		906
Revised Budget 2020/21	99,961	70,640	170,601

Cabinet Secretary for Health and Sport
Jeane Freeman MSP



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Integration Authority Chief Officers

CC: COSLA
Integration Authority Chief Finance Officers
NHS Chief Executives and Directors of Finance
Local Authority Chief Executives and Directors of Finance

By email

12 May 2020

Thank you for your continued engagement in development of Health and Social Care Mobilisation Plans and supporting due diligence. While further work is required across Partnerships to fully understand the financial implications of responding to Covid-19, I am now writing to confirm initial funding of £50 million, particularly to support immediate challenges in the social care sector.

I have included as an annex to this letter the detail of funding for Integration Authorities that will now be allocated via NHS Boards. This will support sustainability across the sector and ongoing provision of social care, while further work is undertaken to provide me with the necessary assurance for further allocations of funding to support additional costs.

This initial funding allocation will continue to be reviewed in the context of our overall package of financial support and as we consider how best to use totality of resources across the system.

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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www.gov.scot



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Annex A: Shares of funding for community care (based on NRAC/GAE funding formula)

Health & Social Care Partnership	Share of funding (£m)
Aberdeen City HSCP	1.856
Aberdeenshire HSCP	2.266
Angus HSCP	1.080
Argyll and Bute HSCP	0.903
Clackmannanshire and Stirling HSCP	1.312
Dumfries and Galloway HSCP	1.484
Dundee City HSCP	1.429
East Ayrshire HSCP	1.176
East Dunbartonshire HSCP	0.977
East Lothian HSCP	0.947
East Renfrewshire HSCP	0.886
Edinburgh HSCP	4.056
Falkirk HSCP	1.444
Fife HSCP	3.413
Glasgow City HSCP	5.815
Highland HSCP	2.338
Inverclyde HSCP	0.785
Midlothian HSCP	0.820
Moray HSCP	0.860
North Ayrshire HSCP	1.339
North Lanarkshire HSCP	3.191
Orkney Islands HSCP	0.277
Perth and Kinross HSCP	1.373
Renfrewshire HSCP	1.667
Scottish Borders HSCP	1.078
Shetland Islands HSCP	0.298
South Ayrshire HSCP	1.090
South Lanarkshire HSCP	2.976
West Dunbartonshire HSCP	0.898
West Lothian HSCP	1.629
Western Isles HSCP	0.337
	50.000

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Cabinet Secretary for Health and Sport

Jeane Freeman MSP

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To: Integration Authority Chief Officers
Integration Joint Board Chief Finance Officers

CC: NHS Chief Executives and Directors of Finance

By Email

29 June 2020

As I'm sure you are aware, I made a commitment to provide support to hospices to offset some of their financial difficulty during the Covid -19 pandemic. I am therefore writing to confirm funding of approximately £10m to be made available to hospices through the auspices of Integration Authorities to help provide some financial stability to the sector during this difficult time.

We have agreed three principles for such support with hospices, which are similar to those agreed with social care providers for sustainability payments:

- unanimity: all hospices agree this approach
- transparency: any allocation is based on audited accounts
- accountability: existing and well-established reporting mechanisms will support good governance.


Scottish Government officials have worked with the hospices through the Scottish Hospices Leadership Group (SHLG) to obtain information on the financial loss faced by each hospice during the first quarter of this financial year. This funding will be provided to hospices via allocations to NHS Boards for immediate onward payment to hospices in the coming days. A breakdown of these costs are available at Annex A with the relevant Integration Authority and NHS Board beside each.

Integration Joint Board Chief Finance Officers (CFOs) are expected to monitor use of the funding via the existing oversight mechanism of the HSCP Local Mobilisation Plans (LMP) and the quarterly financial reports hospices already provide to Integration Authorities or their NHS Board. Where hospices provide services to more than one Integration Authority area, Integration Authorities should work together to agree an approach to LMP recording to avoid

double accounting. The hospices have agreed to this approach and an updated template will be provided to CFOs for this purpose in due course.

We will also ask individual hospices to make contact with the relevant Integration Authority to help ensure that this process is as smooth as possible and to confirm that they comply fully with the Coronavirus 2 (Scotland) Act section regarding tax havens.

Integration Authorities will also want to be aware that this funding is being provided on a one off basis to account for loss of income and that we expect the commissioning relationships between hospices and Integration Authorities to continue as usual.

Kind regards

JEANE FREEMAN

Hospice Funding Allocations

Lead Authority*	Integration	NHS Board	Hospice	Amount
Renfrewshire IJB		NHS Greater Glasgow and Clyde	Accord	£396k
Inverclyde IJB		NHS Greater Glasgow and Clyde	Ardgowan	£396k
East Ayrshire IJB		NHS Ayrshire and Arran	Ayrshire	£792k
Western Isles IJB		NHS Western Isles	Bethesda	£99k
Bespoke Arrangement**		NHS Lothian	CHAS	£1287k
NHS Highland ***		NHS Highland	Highland	£792k
South Lanarkshire IJB		NHS Lanarkshire	Kilbryde	£320k
Bespoke Arrangement****		NHS Greater Glasgow and Clyde	Marie Curie	£1,584k
Glasgow City IJB		NHS Greater Glasgow and Clyde	P&PW	£1,089k
North Lanarkshire IJB		NHS Lanarkshire	St Andrew's	£891k
City of Edinburgh IJB		NHS Lothian	St Columba's	£792k
West Dunbartonshire IJB		NHS Greater Glasgow and Clyde	St Margaret	£396k
Renfrewshire IJB		NHS Greater Glasgow and Clyde	St Vincent's	£297k
Falkirk IJB		NHS Forth Valley	Strathcarron	£990k
			Total	£10.1m

*Please note that this does not reflect that some hospices provide services to multiple Integration Authorities. Where this is the case, we expect the hospices, Integration Authorities and NHS Boards to work together to agree reporting arrangements in line with the guidance above.

**CHAS provides a Scotland wide service and therefore this allocation will be made via NHS Lothian due to the existing commissioning relationship.

***Lead agency model in place.

****Marie Curie have nursing services across Scotland in addition to the two hospices. Glasgow City IJB will facilitate payment.

Efficiency Detail	2019/20 Budgeted Amount Not Achieved	Additional 2020/21 Budgeted Amount	Comment	At Risk	Not At Risk
Social Care					
2018/19 Savings Proposals Revised for Public Consultation and Review					
Reduce provision of external residential beds		350	Reduction in numbers in external care homes and change in admission profile	0	350
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow			Saving at risk due to delay in completion of new build and additional work required to assess client suitability. The number of bungalows to be used requires to be clarified which will impact on the ability of this project to generate required savings.	180	0
Review of care packages	40	140	Saving at risk due to impact on both clients and providers of Covid pandemic	100	0
		100			
2019/20 Savings Based on 27 March Council Meeting					
Redesign of evening meal service - part year	91	100	Pressures remain in care at home service overall	191	0
Redesign overnight nursing service - Home Carer element -Part Year		23	Pressures remain in care at home service overall	23	0
Care at Home - Mileage and Training	13	0	Pressures remain in care at home service overall	13	0
Care at Home - Review of short break care provision		6	Pressures remain in care at home service overall	6	0
Learning Disability - Provider efficiency - reduction of 1.5% in current care costs over all external providers.		74	Saving at risk due to impact on both clients and providers of Covid pandemic	74	0
Learning Disability - Review in existing Care Packages ongoing process		60	Saving at risk due to impact on both clients and providers of Covid pandemic	60	0
Learning Disability - Reduction of stand-alone single tenancies		30	Saving at risk due to impact on both clients and providers of Covid pandemic	30	0
Learning Disability - Out of Authority Repatriation Part Year		70	Saving at risk due to impact on both clients and providers of Covid pandemic	70	0
Other Minor Budget Changes - EQUIPU as additional capital		20	No risk as additional recharge to capital of appropriate Equipment.	0	20
2019/20 Uplift in income from SFC Agreed by Council on 27 March 2019					
Implement an alarm charge for internal Sheltered Housing based on £5 per week	40	23	This charge has not yet been communicated to tenants and there is an issue with housing charging due to the nature of the HRA account	63	0
Physical Disabilities - Charging £10 for Day opportunity	16	0	Day Services affected by Covid-19	16	0

Efficiency Detail	2019/20 Budgeted Amount Not Achieved	Additional 2020/21 Budgeted Amount	Comment	At Risk	Not At Risk
2020/21 Baseline Budget Adjustments					
Review of POAB		2	No risk	0	2
Increase Sheltered Housing Income		75	No risk as budgeted income increased in line with historic income received from HRA account	0	75
To reduce residential placements by one bed		32	No risk based on current forecast outturn for service	0	32
Reduce Mental Health Supporting People Budget		132	No risk based on current forecast outturn for service	0	132
Review of LD Service Packages		200	Saving at risk due to impact on both clients and providers of Covid pandemic	200	0
Review of Mental Health Service Packages		22	No risk based on current forecast outturn for service	0	22
Review of Addiction Packages		30	Saving at risk due to impact on both clients and providers of Covid pandemic	30	0
Reduction to taxis for social work clients		20	Saving at risk due to impact on both clients and providers of Covid pandemic	20	0
Removal of JAT Funding		60	No risk as budget removed and no charge to be levied from Education	0	60
Reduction to hospitality budget		2	No risk	0	2
Minor adjustment to Blue Badges and Community Alarms		3	No risk	0	3
Stop admissions to external care home beds, 2 out, 1 in		165	Reduction in numbers in external care homes and change in admission profile	0	165
Further Removal of External Care Home Beds		213	Reduction in numbers in external care homes and change in admission profile	0	213
Invoke Ordinary Resident		69	Ordinary residence accepted by Renfrewshire HSCP from 20 April 2020	0	69
Invoke Ordinary Resident		123	Saving at risk due to nature of clients being considered for Ordinary Resident	123	0
Review of Residential Placements reflecting work of Service Improvement Leads		150	Saving at risk due to impact on both clients and providers of Covid pandemic	150	0
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads		181	Pressures remain in care at home service overall	181	0
	160	1,631		1,016	775

Director-General Health & Social Care and
Chief Executive NHSScotland
Malcolm Wright



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Sally Loudon
Chief Executive
COSLA
Verity House
19 Haymarket Yards
EDINBURGH
EH12 5BH

20 March 2020

Dear Sally,

I am writing to you in the light of the current emergency which has been declared in the NHS in Scotland, and with the immediate and urgent requirement to increase the support and staff capacity in the Social Care sector, which includes, nursing homes, cares homes and care at home – together with the immediate requirement to substantially reduce delayed discharges across the system. This is underpinned by the work being carried out by local government colleagues, and partners, across Health Boards and IJBs to develop support arrangements for, amongst others, key workers.

In the light of all of this, and subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, we have taken the decision to support reasonable funding requirements – on the basis that they will be accurately and immediately recorded and shared with the Scottish Government. Scottish Government will agree with COSLA and Health and Social Care Partnerships the basis for this reporting.

Yours sincerely

**DIRECTOR GENERAL FOR HEALTH AND SOCIAL CARE & CHIEF EXECUTIVE
NHSSCOTLAND**



Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	30,802	7,711	7,439	272	29,801	0	1,001	3.2%
Care at Home	12,303	3,109	3,126	(17)	12,371	0	(68)	-0.6%
Physical Disability	2,815	699	670	29	2,697	0	118	4.2%
Childrens Residential Care and Community Services (incl. Specialist)	24,787	5,320	5,345	(25)	25,011	(320)	96	0.4%
Strategy, Planning and Health Improvement	1,790	406	400	6	1,721	0	69	3.9%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,175	2,136	2,092	44	8,789	0	386	4.2%
Addictions	2,813	852	895	(43)	2,863	(7)	(43)	-1.5%
Learning Disabilities - Residential and Community Services	12,841	3,319	3,295	24	12,783	0	58	0.5%
Family Health Services (FHS)	27,775	7,463	7,463	0	27,775	0	0	0.0%
GP Prescribing	19,890	4,435	4,434	1	19,890	0	0	0.0%
Hosted Services	7,539	1,835	1,757	78	7,338	201	0	0.0%
Criminal Justice (Including Transitions)	198	63	55	8	132	31	35	17.7%
Resource Transfer	16,592	2,686	2,686	0	16,592	0	0	0.0%
Covid-19	1,294	1,294	1,902	(608)	1,294	0	0	0.0%
HSCP Corporate and Other Services	(13)	821	824	(3)	114	(134)	7	-53.8%
Net Expenditure	170,601	42,149	42,383	(234)	169,171	(229)	1,659	1.0%

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	74,416	17,847	18,357	(510)	75,157	(203)	(538)	-0.7%
Property	989	188	194	(5)	968	0	21	-0.5%
Transport and Plant	1,365	43	40	3	1,349	0	16	0.2%
Supplies, Services and Admin	4,582	690	1,287	(597)	3,871	(57)	768	-13.0%
Payments to Other Bodies	68,989	13,333	13,334	(1)	71,117	0	(2,128)	0.0%
Family Health Services	24,141	6,146	6,140	6	24,141	0	0	0.0%
GP Prescribing	24,378	5,749	5,763	(14)	24,484	0	(106)	-0.1%
Other	3,929	1,512	1,297	216	7,066	0	(3,137)	5.5%
Gross Expenditure	202,789	45,509	46,411	(903)	208,152	(260)	(5,103)	-0.4%
Income	(32,188)	(3,360)	(4,028)	669	(38,982)	31	6,763	-2.1%
Net Expenditure	170,601	42,149	42,383	(234)	169,171	(229)	1,659	-0.1%

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020

Appendix 7

Health Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Reserves Adjustment £000's	Forecast Variance £000's	Variance %
Planning & Health Improvements	720	182	192	(10)	720	0	0	0.0%
Childrens Services - Community	3,096	754	777	(23)	3,181	0	(85)	-2.7%
Childrens Services - Specialist	1,553	370	418	(48)	1,613	(60)	0	0.0%
Adult Community Services	9,629	2,230	2,210	20	9,629	0	0	0.0%
Community Learning Disabilities	612	153	133	20	564	0	48	7.8%
Addictions	1,899	440	473	(33)	1,906	(7)	0	0.0%
Mental Health - Adult Community	3,696	901	891	10	3,696	0	0	0.0%
Mental Health - Elderly Inpatients	2,686	570	564	6	2,417	0	269	10.0%
Family Health Services (FHS)	27,775	7,463	7,463	0	27,775	0	0	0.0%
GP Prescribing	19,890	4,435	4,434	1	19,890	0	0	0.0%
Other Services	2,980	502	522	(20)	3,114	(134)	0	0.0%
Covid-19	1,294	1,294	848	446	1,294	0	0	0.0%
Resource Transfer	16,592	2,686	2,686	0	16,592	0	0	0.0%
Hosted Services	7,539	1,835	1,757	78	7,338	201	0	0.0%
Net Expenditure	99,961	23,815	23,368	447	99,729	0	232	0.2%

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020

Appendix 7

Social Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Reserves Adjustment £000's	Forecast Variance £000's	Variance %
Strategy Planning and Health Improvement	1,070	224	207	17	1,001	0	69	6.4%
Residential Accommodation for Young People	2,806	647	648	(1)	2,813	0	(7)	-0.2%
Children's Community Placements	5,696	1,440	1,438	2	5,692	0	4	0.1%
Children's Residential Schools	3,738	813	813	0	3,738	0	0	0.0%
Childcare Operations	4,291	1,009	1,008	1	4,499	(210)	2	0.0%
Other Services - Young People	3,607	288	242	46	3,474	(50)	183	5.1%
Residential Accommodation for Older People	6,996	1,415	1,293	122	6,509	0	487	7.0%
External Residential Accommodation for Elderly	8,847	3,206	3,131	75	8,563	0	284	3.2%
Sheltered Housing	1,258	376	376	0	1,254	0	4	0.3%
Day Centres Older People	1,177	197	183	14	1,123	0	54	4.6%
Meals on Wheels	22	(40)	(45)	5	(4)	0	26	118.2%
Community Alarms	(30)	(418)	(421)	3	(41)	0	11	-36.7%
Community Health Operations	2,904	746	713	33	2,772	0	132	4.5%
Residential - Learning Disability	10,134	2,746	2,756	(10)	10,173	0	(39)	-0.4%
Physical Disability	2,546	699	670	29	2,428	0	118	4.6%
Day Centres - Learning Disability	2,095	418	406	12	2,046	0	49	2.3%
Criminal Justice (Including Transitions)	198	63	55	8	132	31	35	17.7%
Mental Health	2,793	667	638	29	2,676	0	117	4.2%
Care at Home	12,303	3,109	3,126	(17)	12,371	0	(68)	-0.6%
Addictions Services	914	412	423	(11)	957	0	(43)	-4.7%
Equipu	269	(1)	(1)	0	269	0	0	0.0%
Frailty	138	54	52	2	129	0	9	6.5%
Carers	0	0	0	0	0	0	0	0.0%
Integrated Change Fund	0	0	0	0	0	0	0	0.0%
Covid-19	0	0	1,054	(1,054)	0	0	0	0.0%
HSCP - Corporate	(3,132)	264	250	14	(3,132)	0	0	0.0%
Net Expenditure	70,640	18,334	19,015	(681)	69,442	(229)	1,427	2.0%

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021	Notes
	£000	£000	£000	
Unearmarked Reserves				
Unearmarked Reserves	(2,809)	(1,888)	(4,697)	2% Prudential Reserve Target
Total Unearmarked Reserves	(2,809)	(1,888)	(4,697)	
Earmarked Reserves				
Criminal Justice	(95)	(31)	(126)	Forecast underspend of £0.031m in 20/21 related to transitions transferred to earmarked reserve
Carers Funding	(183)	0	(183)	A further £0.200m funding is available in 2020/21 budget, however in light of the current circumstances and the potential requirement to provide additional support to carers it is prudent to retain this reserve for 2020/21.
Social Care Fund - Living Wage	(678)	0	(678)	Reserve retained in light of the outcome of supplier negotiations in 2019/20 and early responses to the 2020/21 living wage offer.
Service Redesign and Transformation	(642)	390	(252)	£0.390m Drawdown relates to costs associated with Children & Families social worker posts (£0.260m) and full year funding of two service improvement leads posts. Remaining reserve retained to fund future transformation project related costs.
Unscheduled Care Services	(500)	0	(500)	Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand. To meet the twin challenges of rising demand and patient needs and deliver the high standards of care aspired to significant changes are required. This new reserve has been created to cover initial work outlined in the Strategic Commissioning Plan for <u>Unscheduled Care Services in Greater Glasgow & Clyde 2020-2025</u> .
GIFREC NHS	(72)	0	(72)	Scottish Government earmarked non recurring funding with conditions of spend - Information sharing/technology portal development in relation to GIRFEC for HSCP's. While £0.027m was drawn down in 2019/20 further planned spend via NHSGGC in 2020/21 will require drawdown from this reserve.
DWP Conditions Management	(169)	4	(165)	Ring fenced non recurring income from Department of Work and Pensions to cover exit costs of Condition Management Joint Project between DWP and NHS hosted by WD HSCP. Funding from DWP equivalent to redundancy payments - however NHS has no redundancy policy, therefore funding aligned to alternative posts and pay protection for affected employees. While £0.005m was drawn down in 2019/20 the drawdown required year on year will vary as it is dependant on placement of displaced staff.
TEC (Technology Enabled Care) Project	(122)	0	(122)	Scottish Government non recurring grant funding for technology enabled care project. While £0.024m was drawn down in 2019/20 fixed term post and purchase of equipment and text bundles will see reserves fully drawn down by 2020/21.
Physio Waiting Times Initiative	(247)	(164)	(411)	This reserve was created from (and added to in 2019/20) in year staff underspends within hosted MSK physiotherapy service to ensure delays/pressures in waiting times can be addressed. Earmarked funding will not now be required until early 2020/21 due to high levels of staff turnover and long term sickness, creating delays in implementing strategies and recruiting to waiting times posts. The social distancing requirements of the pandemic has had a significant impact on service delivery and waiting times. Recovery plans will require to offer some solutions and alternatives to traditional treatment methods.
Retinal Screening Waiting List Grading Initiative	(24)	(36)	(60)	Reserve created from in year underspend within hosted retinal screening service to allow for funding of fixed term post and additional hours in 19/20 to address grading backlog. While £0.036m was drawn down in 2019/20 the remaining reserve will be retained for further support in this area in 2020/21.
Prescribing Reserve	(855)	0	(855)	This reserve was newly created in 2018/19 in preparation of the UK's exit from the European Union. While the UK has now left the European Union (EU) there is now a transition period until the end of 2020 and the risks of anticipated increases in drug costs arising from short supply from trade negotiations are still active. It would be prudent to increase this reserve to address the potential supply and price impact the COVID-19 pandemic is likely to have on global drug production and distribution as well as the risk that to Greater Glasgow and Clyde boardwide prescribing efficiency programmes will be unable to fully achieve anticipated savings that were built into budgets pre COVID19. This reserve represents 4.25% of the <u>20/21 approved prescribing budget</u> .
Mental Health Action 15	(76)	0	(76)	This reserve was required to fund Action 15 expenditure, while £0.047m has been drawn down in 2019/20 the remaining reserve is retained as the Scottish Government have confirmed that HSCP's should fully draw down reserves before further allocations of funding are released.
Alcohol and Drug Partnership	(7)	7	0	This reserve was required to fund ADP Local Improvement expenditure, while £0.283m has been drawn down in 2019/20 the remaining reserve is retained as the Scottish Government have confirmed that HSCP's should fully draw down reserves before further allocations of funding are released.

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021	Notes
	£000	£000	£000	
CAMHS	(171)	60	(111)	The service continues to face significant increased demand alongside critical staffing challenges which in turns impacts on waiting time performance. This reserve has been created to provide additional support to the team to enable them to see more children and young people with mental health issues and improve our performance against the 18 week referral-to-treatment target with an anticipated drawdown of £0.060m to date in 2020/21.
Primary Care Boardwide MDT	(27)	0	(27)	NRAC Share of non recurring ring-fenced funding allocated to hosted Primary Care (Renfrewshire HSCP) for Board Wide Multi-Disciplinary Team post in relation to PCIP. Each HSCP were transferred their share to Earmark at year end from Renfrewshire (host).
Child Health Weight (Henry Programme)	(15)	0	(15)	Non Recurring ring-fenced funding for Child Healthy Weight HENRY Programme. Each HSCP received their allocation from Corporate Public Health at year end – so Reserve required to be created as programme not yet underway.
Infant Feeding PFG Funding	(30)	0	(30)	Non recurring ring-fenced funding of joint initiative with Inverclyde HSCP. Shared post and funding for media awareness etc – no one in post – Reserve created to earmark funding for 20/21 when expenditure will be incurred.
Health Centre	(250)	0	(250)	The revenue costs anticipated Health Centre due for completion in 2021 are £0.250m more than currently budgeted as reported to the HSCP Board throughout 2019/20. This burden will be built into future budgets, however an earmarked reserve is being created to allow time to generate options for funding this budget gap.
COVID-19 Recovery	(515)	0	(515)	It is anticipated that once the risk of transmission of COVID-19 has reduced that there will be an increase in demand for support within the community resulting in an increased cost of service provision
Unachievement of Savings	(485)	0	(485)	The response to COVID-19 has put a number of savings that were built into 2020/21 budgets approved in March at risk of not being achieved and has resulted in the creation of this reserve to provide services additional time to mobilise plans agreed. The action plan around Self Directed Support including the agreement of robust eligibility criteria will impact on the success of savings delivery.
PCIP Premises	(91)	0	(91)	New Reserve created specifically for PCIP Premises and spend needs to link with Primary Care Board Colleagues overview. Some proposals were approved and expenditure will be incurred in 20/21. Premises group established to review and approve bids.
Total Earmarked Reserves	(5,254)	229	(5,025)	
Total Reserves	(8,063)	(1,659)	(9,722)	

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020
Analysis for Variances Over £0.050m

Appendix 9

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status

Health Care Variances

Childrens Services - Community Service Description	3,096	3,182	(86)	-3%	↓
Main Issues / Reason for Variance	This care group provides community services for children The main reason for the projected overspend relates to pay pressures in Health Visiting due to regrading to Band 7's. The forecast full year costs do not (at this time) include a share of the potential recruitment of 20 additional Health Visitors's Boardwide, however this recruitment is not likely to take effect until January 2021 if approved.				
Mitigating Action	No mitigating action is available due to the nature of the regrading exercise.				
Anticipated Outcome	An overspend is anticipated at this time				

Mental Health - Elderly Inpatients Service Description	2,686	2,417	269	10%	↑
Main Issues / Reason for Variance	This care group provides mental health services for the elderly The main reason for the forecast underspend is due to estimated SLA income based on increased inpatient activity.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020
Analysis for Variances Over £0.050m

Appendix 9

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status

Social Care Variances

Strategy Planning and Health Improvement	1,070	1,001	69	6%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The main reason for the projected underspend is due to vacancies within the service				
Mitigating Action	None required as this time				
Actual Outcome	An underspend is anticipated at this time				

Other Services - Young People	3,607	3,424	183	5%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The main reason for the forecast underspend is additional income anticipated related to				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020
Analysis for Variances Over £0.050m

Appendix 9

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential Accommodation for Older People	6,996	6,509	488	7%	↑
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to the timing of staff being recruited for new care homes and vacancies not needing to be backfilled at this time to maintain care ratios.				
Mitigating Action	None required as this time				
Anticipated Outcome	While an underspend is anticipated at this time, long term the outcome is harder to predict as costs are dependent on recruitment speed and how quickly new home can be completed.				
External Residential Accommodation for Elderly	8,847	8,560	287	3%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to the impact of the Covid pandemic on residential numbers and demand.				
Mitigating Action	None required as this time				
Anticipated Outcome	While an underspend is anticipated at this time, long term the outcome is harder to predict as residential numbers and demand can be impacted by progress in WDC owned residential accommodation.				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020
Analysis for Variances Over £0.050m

Appendix 9

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Day Centres Older People	1,177	1,123	54	5%	↑
Service Description	Queen Mary, Frank Downie, Crosslet House Daycare, Lunch clubs and daycare				
Main Issues / Reason for Variance	The main reason for the forecast overspend is due to staffing costs still being incurred with reduced income due to COVID restrictions.				
Mitigating Action	Work on reconfiguring daycare is underway.				
Anticipated Outcome	An overspend is anticipated at this time				
Community Health Operations	2,905	2,772	133	5%	↑
Service Description	Adult services.				
Main Issues / Reason for Variance	The main reason for the forecast underpend is due to staff secondments not being backfilled at this time. In addition it is unlikely that development days will be allowed with COVID regulations.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Physical Disability	2,546	2,428	118	5%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to additional income being generated due to additional residential clients. In addition there is an anticipated underspend in the costs of respite due to Covid.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020
Analysis for Variances Over £0.050m

Appendix 9

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Mental Health	2,793	2,676	117	4%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to staffing vacancies and reduction in supporting people costs				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 period 3 covering 1 April 2020 to 30 June 2020
Analysis for Variances Over £0.050m

Appendix 9

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	12,303	12,371	(68)	-1%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The main reason for the forecast overspend relates to an increase in employee costs (due to turnover not being achieved and increased cost of organisers and back office staff being paid premium rates for additional hours), increased provision of external care at home, under recovery of income due to more free personal care being provided and a delay in Financial Assessments not being completed when clients referred to care at home by other services. However many of these costs are included within the Covid forecast costs and are anticipated at this time to be reimbursed by the Scottish Government.				
Mitigating Action	Clydebank Organisers will reassess all clients financial assessments when the annual review is taking place. Training on the new form has been done. Higher external packages will be referred back to social workers for a review and require to be presented at an ARG. Covid hours being checked to ensure that all recharges to covid have been captured.				
Anticipated Outcome	An overspend is anticipated at this time				

Month End Date 30 June 2020

Period 3

Budget Details	Project Life Financials					
	Budget	Spend to Date		Forecast Spend	Variance	
	£000	£000	%	£000	£000	%

Special Needs - Aids & Adaptations for HSCP clients

Project Life Financials	936	2	0%	936	0	0%
Current Year Financials	936	2	0%	936	0	0%

Project Description

Project Lifecycle Planned End Date

Forecast End Date

Main Issues / Reason for Variance

Reallocation of expenditure currently coded through HSCP Revenue Aids & Adaptations budget. £0.1m of this budget relates to fit out costs for St Andrews Core and Cluster project, however there is a risk that these costs may be delayed with a further update to be provided as appropriate.

Mitigating Action

Anticipated outcome of St Andrews project requires to be clarified.

Anticipated Outcome

Provision of adaptations and equipment to HSCP clients as anticipated with a risk of delay to the fit out of the St Andrews Core and Cluster project

Replace Elderly Care Homes and Day Care Centres

Project Life Financials	27,463	24,931	91%	27,463	0	0%
Current Year Financials	2,371	311	13%	2,367	(4)	0%

Project Description Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas.

Project Lifecycle Planned End Date

31-Mar-22

Forecast End Date

31-Mar-22

Main Issues / Reason for Variance

Dumbarton Care Home achieved practical completion on 28 April 2017. There is one outstanding recorded defect yet to be rectified relating to the CHP engine and accordingly a small amount of retention has been withheld. With regards to Clydebank Care Home, CCG have been in possession of the site since the end of October 2018. Programme has been compromised by COVID-19. Site closed on 25 March and re-opened, under essential status, on 4 May under strict health & safety working measures. COVID-19 related Extension of Time requires to be agreed for closure duration and re-mobilisation period – circa 7 weeks. Revised Completion date estimate is early November 2020, based on achieving power live to the building by 7 July. Discharge of Planning conditions and the granting of the Completion Certificate by Building Standards are also contract requirements of certifying Completion. There is an anticipated reduction in productivity based on COVID-19 site operating procedures, however CCG are making good progress since their return both internally and with external works. Financial risk exposure due to delay in achieving the district heating and power to site which are WDC owned risks in the construction contract. Accounting for estimated £0.120m delay costs up to 25 March 2020, we are forecasting an overspend in the region of £0.0225m. This will be subject to increase linked to when actual power on date is achieved and COVID-19 delay. The use of the construction haul road is to cease on 22 July 2020 and the land area is to be handed back prior to the Health Centre contractor taking possession of this area on 26 August 2020. The critical co-ordination aspects at present are the power, district heating connections and access to the spine road. The target opening date for the new facility will be advised by HSCP with a minimum of a 6 week transition period after the construction completion date.

Mitigating Action

Month End Date 30 June 2020

Period 3

Budget Details	Project Life Financials				
	Budget	Spend to Date	Forecast Spend	Variance	
	£000	£000	%	£000	£000

COVID-19 outbreak is impacting the project programme, costs and risks. Due to the complexity of working within a Masterplan development, our ability to mitigate issues is restricted to only those within our direct project control. Officers are maintaining regular communications with the District Heating & Queens Quay Masterplan Teams, specifically regarding energy centre heat-on date, utility connections and spine road.

Anticipated Outcome

Dumbarton Care Home opened 2017. Clydebank Care Home anticipated to be complete November 2020 with a projected overspend.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

5 AUGUST 2020

Subject: Partnership Board Meeting Schedule.

1. Purpose

- 1.1** The purpose of this report is to present the Health and Social Care Partnership Board (HSCPb) with a meeting schedule for the period until June 2022.

2. Recommendations

- 2.1** It is recommended that the Health and Social Care Partnership Board:
- i. approve the meeting schedule outlined at Appendix A;
 - ii. note that once meetings no longer require to be held remotely, they will be initially held in 16 Church Street, Dumbarton to observe current social distancing guidance; and
 - iii. alternating venues between Dumbarton and Clydebank will be reintroduced following updated social distancing guidance.

3. Background

- 3.1** Standing Orders state that the Integration Joint Board shall meet as such place and such frequency as may be agreed by the Integrated Joint Board, known as the Health and Social Care Partnership Board.
- 3.2** The HSCP Board meeting of 20 February 2019 approved to extend the number of meetings to six per calendar year from the previously agreed four. The report also highlighted that there may be a further request for realignment of dates to allow for the approval of the audited annual accounts.

4. Main Issues

- 4.1** The meeting schedule has been developed to align financial reporting requirements and provide officers with a planned schedule to report on performance, delivery of services and programmes of work, enabling HSCPb to fulfil its monitoring and scrutiny role.
- 4.2** The schedule includes three informal Members development sessions per year in January, April and September, these planned sessions will be complimented with additional informal briefings to guide and support members through immersing

issues and complex topics as required.

- 4.3 It has already been agreed at HSCP Board 19 February 2020 that immediately following the Audit and Performance Committee scheduled to be held on 23 September at 2pm, a special board meeting to allow approval and sign off of the 2019/20 annual accounts will take place.
- 4.4 Continuing this approach the two joint Audit and Performance and HSCPB meetings in June and September joint will be to agree the unaudited accounts, budget and final accounts sign off.

Meeting Format and Location

- 4.5 Currently meetings are being held remotely in line with the Scottish Government's guidance, that where possible people should work from home. When it is safe to do so, initial meetings will take place at 16 Church Street, Dumbarton to accommodate current social distancing requirements and alternating venues will be re-introduced following updated guidance.

5. People Implications

- 5.1 There are no people implications arising from the recommendations contained within this report.

6. Financial and Procurement Implications

- 6.1 There are no financial or procurement implications arising from the recommendations contained within this report.

7. Risk Analysis

- 7.1 There are no risks arising from the recommendations contained within this report.

8. Equalities Impact Assessment (EIA)

- 8.1 Democratic Services carried out an initial equalities impact screening on the issue of venues for committee and board meetings. The outcome showed that there would be little or no impact on equalities groups in West Dunbartonshire.

9. Consultation

- 9.1 Monitoring Officers within Finance and Regulatory Services have been consulted in the preparation of this report.

10. Strategic Assessment

- 10.1 It is essential that the Health and Social Care Partnership Board decision-making structure are timetabled effectively, enabling them to make necessary decisions

and monitor the work of HSCP functions as they deliver on local, strategic and national priorities.

Margaret-Jane Cardno

Head of Strategy and Transformation

Date: 20/07/2020

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

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

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Appendices: Appendix A – Partnership Board Meeting Schedule 2020 – 2022

Background Papers: None

Wards Affected: All

Appendix A – Health and Social Care Partnership Board meeting schedule 2020 – 2022.

All meeting and informal sessions will be held on the fourth Thursday of the month from November onwards, start time 2pm, location to be confirmed.

Meeting date 2020 - 2021	Health and Social Care Partnership Board (HSCPb) and/or Audit & Performance
Wednesday 5 August 2020 at 2pm	Health and Social Care Partnership Board (HSCPb)
Wednesday 23 September 2020 at 2pm	Joint - Audit & Performance, then HSCP Board
Thursday 22 October 2020 at 2pm	Informal session
Thursday 26 November 2020 at 2pm	Joint - Audit & Performance, then HSCP Board
Thursday 28 January 2021 at 2pm	Informal session
Thursday 25 February 2021 at 2pm	Joint - Audit & Performance, then HSCP Board
Thursday 25 March 2021 at 2pm	Health and Social Care Partnership Board (HSCPb)
Thursday 22 April 2021 at 2pm	Informal Session
Thursday 27 May 2021 at 2pm	Health and Social Care Partnership Board (HSCPb)
Thursday 24 June 2021 at 2pm	Joint - Audit & Performance, then HSCP Board
Meeting date 2020- 2021	Health and Social Care Partnership Board (HSCPb) and/or Audit & Performance
Thursday 26 August 2021	Health and Social Care Partnership Board (HSCPb)
Thursday 23 September 2021	Joint - Audit & Performance, then HSCP Board
Thursday 28 October 2021	Informal session
Thursday 25 November 2021	Joint – Audit & Performance, Then HSCP Board
Thursday 27 January 2022	Informal session
Thursday 24 February 2022	Joint - Audit & Performance, then HSCP Board
Thursday 24 March 2022	Health and Social Care Partnership Board (HSCPb)
Thursday 28 April 2022	Informal session
Thursday 26 May 2022	Health and Social Care Partnership Board (HSCPb)
Thursday 23 June 2022	Joint - Audit & Performance, then HSCP Board

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special Weekly COVID – 19 Meeting of Joint Staff Forum

Date: 18th June 2020

Venue: Teleconference 2:00pm – 3.30 p.m.

MINUTES

Attendance: P O'Neill, Unison, WDC (co chair)
 Beth Culshaw Chief Officer (co chair)
 Diana McCrone, Unison, NHS (co chair)
 Ann Cameron Burns, Unison NHS
 Anne Marie Cosh, HR Business Partner, WDC
 Andy McCallion, Unison, WDC
 Allan Wallace, RCN
 Audrey Slater, Head of OD and Change
 David Scott, GMB Rep, WDC
 David Smith, Unison, WDC
 Fraser Downie, IOM, Mental Health
 Gillian Gall, HR Manager, NHS
 Jo Gibson, Head of Community Health and Care
 Jonathan Hinds, Head of Children's Health and Care and Criminal Justice
 Margaret Jane Cardno, Head of Strategy, Planning and Transformation
 Sandra Cowie, Unite, NHS
 Sandra Goldie, CSP, NHS
 Sean Davenport, Unison, WDC
 Hazel Slattery, PA (minutes)

Apologies: Barbara Sweeney, RCN
 Marie Rooney, IOM, Mental Health, Additions and Learning Disabilities
 Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities
 Val Tierney, Chief Nurse
 Val Jennings, Unison, WDC

Item	Description	Action
1.	Welcome, Introductions, Apologies P O'Neill welcomed everyone to the meeting. D McCrone will chair next week.	BC
2.	Standing Agenda Items a) Minutes of Last Meeting Minutes were agreed as accurate record. b) Actions from Previous Meeting	

P O' Neill spoke through each of actions and asked for an update. D McCrone asked if the Home working survey could be shared with Trade Unions and reiterated the request for communications to staff could be shared with Trade Unions before it was circulated. B Culshaw advised that this was a WDC survey and that she had no control over distribution before hand.

D McCrone asked if there was a further update on NHS 24 moving into Aurora House, this is on the agenda this will kept on the rolling action list.

Discussion on social distancing on care home building site will take place between J Gibson and D Scott, it was noted that the HSCP do not employ the staff and responsibility for enforcing social distancing lay with the contractor.

Presentation circulated on recovery planning, P O'Neill was unable to open the template for phase 4. MJ Cardno will resend, she was unaware there had been issues. S Cowie asked about the slide 12 re recovery board, arrangements with transition to HSCP SLT, and asked what this meant, MJ Cardno advised that it should read Strategic Management Team.

P O'Neill asked if data collected through routine assessment and testing would be shared with Trade Unions, the request has been raised through Health and Safety. B Culshaw advised that on checking with other HSCP's we are sharing more information that other partnerships. B Culshaw will continue to share numbers of tests carried out, this is well kept on the agenda as a standing item, which will provide the opportunity to see any patterns.

Discussion took place on best platform to have these meetings, A Cameron Burns advised that Unison guidance is that use Zoom is not to be used due to confidentiality issues. Agreed to continue with teleconferencing. AM Cosh added following advice from IT, Microsoft Teams is likely to be rolled to WDC Trade Unions next week.

- Presentation on New Care Home and Health Centre
J Gibson provided a presentation on developments for the new care home and health centre, before the main agenda items, due to a number of the group leaving the meeting at 3 p.m.

J Gibson circulated presentation on the new Care Home and Health Centre to the group for information. J Gibson spoke through each of the slides in details including structure and Trade Union involvement, work streams, sub groups, staff involvement, and provided examples of good engagement with residents and staff. Through consultation the name of the new care home will be 'Queens Quay House'.

J Gibson explained how both the buildings were designed and the rationale used. Work on both sites have recommenced following the lifting of some lockdown restrictions.

J Gibson acknowledged that Trade Unions were not involved in this process and recognised that Trade Union is imperative. Trade Unions were invited to nominate a person to sit on the Programme Board and nominations for 1 person to sit on each of the sub groups. P O'Neill will take this forward and provide names to J Gibson, a small sub group of Trade Unions will be set up to look at who will join each of the groups.

A Cameron Burns stated that she was pleased to hear that staff had been involved in the process and asked who the local staff were, J Gibson advised that HSCP staff were represented through the HSCP Convenors Group, who were consulted at each stage of the process.

A Cameron Burns also asked how the informal café would be staffed and would it be staffed/ran by a community group. J Gibson advised that discussions are underway with Mental Health and Learning Disability teams on how we take this forward.

D McCrone asked who part of the therapeutic design group and its purpose, she was advised that this was led by a resident artist who spoke to residents about life in Clydebank and what it mean to be from Clydebank. These discussions will be reflected in the design and art work of the building.

c) Chief Officer Update

B Culshaw advised that the key work this week as been on preparing for the IJB, this will focus on the end of year testing and recovery planning.

d) PPE

MJ Cardno advised that the PPE Hubs continue to work well, no issues this week.

e) Service Updates

i. Children's Health & Care and Criminal Justice

J Hinds stated that staffing levels are stable. There is a continued increase in Child Protection referrals. There is a continued increased in Child Protection work.

Court work is beginning to start again since the reopening of the Dumbarton Sheriff Court. There continues to be challenges in children's houses, the Champions are support those young people that are struggling.

No exceptional issues in children's health who are planning for staff returning o the service. Referral numbers for CAMHS are increasing, the service are bracing themselves for the influx of referrals once lockdown is lifted. Community health service are experiencing staffing challenges in terms of parents planning for children going back to new normal ways of working patterns.

ii. Mental Health, Addictions and Learning Disabilities

F Downie advised that the service have moved from essential

appointments only to reviewing all clients (green patients) across the 3 service areas who are now receiving telephone or virtual appointments using the Attend Anywhere service. Face to face contact is only taking place to essential clients.

Equipment for staff to enable them to carry out their roles has been received today. Case loads have increased, provisional risk assessments are taking place.

Inpatients services are operating ok.

Staff numbers are good, staff have worked exceptionally well during this period and have embraced new technological ways of working to ensure that clients receive support.

P O'Neill asked what IT was being used for video calls, F Downie advised that they are using Attend Anywhere, this provides appointments to take place face to face virtually via laptop or mobile devices. Clients that do not have the use of this technology are being contacted by telephone.

iii. Health and Community Care

J Gibson advised that her service area have had a period of stability this week. There are been no massive changes to guidance, weekly testing in care homes for both residents and staff have continued. There have been a few hurdles on registering on the social care home site which we have been assured are being rectified.

Conversations have taken place with Trade Unions and they have agreed to hold regular meeting to improve engagement and communication across residential settings.

The proposal to reduced sessions in assessment testing centres has been approved by the Health Board. One session per day will now place alternating between the Renton and Clydebank area.

Teams are now making recovery plans, MJ Cardno will be attending team meeting to go through the toolkit and help to support develop new ways of working. Staff are also being encouraged to take annual leave to rest and re-charge batteries.

iv. HR Report

A Slater advised that there had been a very slight increase in absence, managers continue to be encouraged to ensure that open lines of communication are in place for those who are off on long term absence. A Cameron Burns advised that the NHS have sent out guidance on social distancing for staff, A Slater will review and provide an overview and provide implications for staff at next week's meeting. The guidance will be circulated to the group. G Gall reiterated that guidance is for NHS staff only.

G Gall advised that she is keeping on eye on self isolating provisions for

those who have decided to travel out with country, the HSCP are following Government advice on 14 days isolation on the period of return.

f) Trade Union Updates
No issues to be raised.

3. Rolling Agenda Items

a) Recovery Planning

MJ Cardno asked colleagues to bear in mind that this is very much a period of transition and that are a number of teams who are still in response mode, everyone was asked to be considerate of this when looking forward in to recovery plans.

Guidance, templates and a toolkit have been provided to help make plans for the next 18 months, the toolkit contains a number of useful aids for Trade Unions and staff. There are a number of mandatory questions that teams are required to answer which looks and staff need, service requirements, this will be difficult for teams to get their heads around, support will be provided by MJ Cardo and her team. A Slater and MJ Cardno will continue to meet with Trade Unions. Operational managers have been asked to involve shop stewards to drive forward this change.

S Goldie asked what format the toolkit would take and how it would be made available. MJ Cardno advised that is in spreadsheet form and is being soft testing by some teams. MJ Cardo will be supporting teams with the toolkit and support will be available for those who request it.

The toolkit will continually be updated and improved, MJ Cardno asked if the members of this group as local leaders would lead and help improve this process as we go forward, input from Trade Unions has been very well received and will continue to be essential.

b) Testing

B Culshaw advised that a further 244 tests have taken place predominately in care home internal and external staff testing, a smaller number from last week came back as positive.

c) GRI Relocation

A Slater advised that discussions have taken place with relevant manager at GRI, a meeting is taking place next week, an update will be provided. The ED department requires to be extended to ensure social distancing this will have an impact on a number of services with GRI including GRI. S Goldie asked if this could remain on the agenda s it was being discussed at the Partnership Forum next week. A Slater will also seek an update from the Partnership Forum.

4. New Agenda Items

a) Presentation on new Care Home and Health Centre

This was provided earlier in the meeting due to a number of the group requiring to leave at 3 p.m. for another meeting.

b) Headsets and Telehealth Equipment

S Goldie advised that not having this equipment was a barrier for MSK staff to restart services. Not having headphones or suitable telehealth equipment will cause issues for a number of services. S Goldie asked how the distribution of this equipment would be decided. A Slater advised that this decision would be taken at Health Board level and would be kept on the agenda.

5. Any Other Business

A Cameron Burn asked if the new social distancing policy would be taking into consideration when bringing staff back into buildings. This was confirmed.

S Goldie requested that if presentations were being provided at future meetings, could the meeting be extended to allow time for normal business to be discussed. This was agreed.

6. Date of Next Meeting

Thursday 25th June 2020
2 p.m.
Teleconferencing

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special Weekly COVID – 19 Meeting of Joint Staff Forum

Date: Thursday 25th June 2020 at 2 p.m.

Venue: Teleconferencing

DRAFT MINUTE

Present: Alan Wallace, Margaret-Jane Cardno, Anne-Marie Cosh, Sandra Cowie, Gillian Gall, Val Jennings, Audrey Slater, Sandra Goldie, Ann Cameron Burns, Diana McCrone, Marie Rooney, Peter O'Neill, Jo Gibson, David Smith

Item	Description	Action
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1. Welcome, Introductions, Apologies

Apologies: David Scott, Shirley Furie, Jonathan Hinds, Sean Davenport, Beth Culshaw, Margaret Wood

2. Standing Agenda Items

a) Minutes of Last Meeting

On page 2 para 2, the discussion on social distancing within care homes was to take place outside the meeting.

Otherwise the minute was accepted as an accurate record.

Matters Arising

Aurora House

Audrey Slater advised that the last update confirmed that NHS 24 are still considering their position and there has not yet been an official announcement about their deliberations.

Agreed to keep this as a standing item on future agendas.

b) Rolling Actions from Previous Meeting

Social Distancing discussion has yet to take place and the new guidance has been circulated.

Guidance has been reviewed by Audrey Slater who

confirmed that there is very little difference from earlier guidance. Pages 10 and 11 contain an algorithm and a risk assessment is contained at appendix 4. This will be incorporated as part of all recovery plans.

Diana McCrone agreed to forward a list of volunteers to support the social distancing work going forward and around risk assessments.

Ann Cameron Burns noted that staffside do not carry out the risk assessments but do provide an overview. Each area is expected to do its own risk assessment with support from health and safety reps.

c) Chief Officer Update

IJB today went well, otherwise no critical issues.

d) PPE

Guidance is being followed although there is still an issue over patients and clients wearing face coverings rather than masks. Clarity is required relating to services delivered in the community.

PPE Distribution – some operational issues with NSS delivery which was short on Monday. There is enough resilience in the distribution chain to deal with that so there has been no impact on the front line. Still concern going forward re NSS chain and grateful for support of Local Authority stores.

Sandra Goldie asked about the supply of Perspex which will be essential in preparing for increased face to face consultations. Ann Cameron Burns advised that there is an operational group at the NHS Board and when each service completes its risk assessment that will identify priority areas for the provision of Perspex. No suggestion of shortages. That information should have been shared with services as services will not open up unless the risk assessment has been completed.

Val Jennings advised that Visors will be used in some areas until Perspex can be installed. Interim solutions will have to be sought.

There are still a number of unknowns and this will be kept as an agenda item on APF and for this meeting.

Margaret-Jane Cardno advised that a Property and Facilities Group has been established with the initial meeting tomorrow (26 June 2020). This group will

ensure we have a clear plan for all our properties and a clear picture of the services we use. Ann Cameron Burns asked that there should be more than one staffside rep.

Audrey Slater and Diana McCrone to discuss outside this meeting.

e) Service Updates

i. Children's Health & Care and Criminal Justice

- IT needs to support continued remote working for staff have been highlighted and are being progressed within both Council and NHS
- For Children and Families Social Work, revised Government guidance and legal opinion around face-to-face contact for children with their families has been issued and managers are looking at how this can be taken forward, recognising children's rights and public health guidance.
- Contingency plans for staff and young people in children's houses are being further refined where someone is identified through Covid Test and Protect.
- Justice Social Work managers are scoping the ability of the service to restart unpaid work placements, incorporating social distancing, transport challenges and service capacity.
- The Specialist Children's Services Mobilisation group across Greater Glasgow & Clyde is working on the reintroduction of face to face appointments in a phased manner in accordance with the NHS Social Distancing Policy. Referral numbers continue to increase but remain 41% down on this time last year.
- Within Health Visiting and School Nursing, staffing issues related to child care and absence has meant that one Universal Pathway visit has been reduced but is being reviewed weekly by the Senior Nurse.

ii. Mental Health, Addictions and Learning Disabilities

Recovery work is being prepared and starting to look at reviewing routine work which has been put on hold as part of the response to the pandemic. This will involve reviewing care plans and support packages.

Staff wellbeing. Conscious of the impact of home working on staff and working with staff individually to support returns to office work with supports.

There are some anxieties around the next phase and Marie noted how helpful it will be to have staffside support with this.

Primary Care Mental Health differences in West Dunbartonshire were noted and staff were available to support GPs and staff who were experiencing difficulties in relation to the unusual and distressing events that they may have been involved with. Marie Rooney is happy to have staff referred to her for signposting.

iii. Health and Community Care

Agreement has been reached to reduce the number of community assessment centres which will now be held each afternoon and switch between Clydebank and Renton. The impact of Test and Protect could impact on numbers which will require an increase in clinics.

Care Homes continue to have weekly staff testing. Care Homes have expressed some frustration about the increased workload involved with regular testing. Our positive tests are very low.

It has been agreed with staffside colleagues to have a fortnightly meeting with staffside and care home managers.

GPs have been appointed as Cluster Quality Leads as part of the new contract. Two Leads have been appointed in Dumbarton and Alexandria and expressions of interest have been received from Clydebank GPs.

Recovery plans are being worked on and will be brought to the Premises meeting on Friday.

Jo Gibson described the protracted arrangements involved in the testing process. It was noted that this was an onerous undertaking for some care homes. Linda de Caestecker is currently reviewing the process seeking a solution to support care homes.

There is now a mobile testing unit set up by the army when the army either distribute the tests or tests are carried out at the mobile unit.

iv. HR Report

Gillian Gall presented the previously circulated report.

Discussion at IJB re staff wellbeing where some staff felt that their input during the pandemic had not been appreciated. Supports are available and as part of recovery planning work will take place to review workloads for individual staff – there is recognition that working from home has been more challenging for some people. Work needs to be person centred.

Absence

Within the NHS, overall the absence from the previous report (18th June 2020) is still showing an encouraging position. The daily trend for today is showing a decrease in the daily absence figures which currently shows 39 employees are absent. This includes 17 people absent attributed to COVID isolation, underlying health condition or related to leave for caring responsibilities.

For WDC, the weekly figures are continuing to show a trend of absence decreasing, week on week throughout June for both usual sickness absence and COVID-19 related absence. The daily trend for today is also showing a decrease in the daily absence figures. Reporting 191 employees are absent with 85 employees absent due to COVID.

Although absence is lower to last year (WDC) these exclude specific COVID 19 Isolation absences but would include confirmed COVID cases.

f) Trade Union Updates

Face Masks

Guidance is not clear and Anne Macpherson is approaching Scottish Government to provide further clarity as we do have clinics outside the acute hospitals. The document refers mainly to acute sites and care homes.

Walkabouts in Acute Sites

Audrey Slater is speaking to heads of HR on acute sites to discuss walkabouts being organised at GRI and Gartnavel General.

These impact on a range of service areas and Audrey Slater undertook to provide an update to Diana McCrone and Sandra Goldie.

Trade Unions to provide names of members who will sit on Care Home and Health Centre Project Board and associated sub groups. This has not yet happened.

Diana McCrone advised that she would contact Jo Gibson with names and she will arrange to have a meeting.

3. Rolling Agenda Items

a) Recovery Planning
GRI Walkaround

Sandra Goldie advised that there was a group walking around reviewing facilities with a view to changing working practices without involving people working there. The report spoke about commandeering the space for another service. It is essential that staffside are involved. Audrey will discuss this issue further at her meeting this afternoon.

b) Headsets and Telehealth Equipment

Ongoing requirement for kit – Audrey confirmed that this needs to stay on the agenda for now.

4. New Agenda Items

Nil

5. Any Other Business

Nil

6. Date of Next Meeting

Thursday 2nd July 2020
2 p.m.
Teleconferencing

DRAFT MINUTE	
WEST DUNBARTONSHIRE HSCP	
Name of Meeting: Clinical & Care Governance Sub Group	
Date:	3 June 2020
Venue:	TEAMS
1.	<p>Apologies and attendance Saied Pourghazi, Beth Culshaw, Sheila Downie, Hazel Kelly, Lynne McKnight, Marie Rooney, Val Tierney, Fiona Wilson, Fiona Taylor, Philip O'Hare</p> <p>Apologies from Jonathan Hinds, Margaret Jane Cardno, Jo Gibson, Marie Rooney</p>
2.	<p>Minutes of previous meeting –</p> <p>The Minute was accepted as an accurate record.</p>
3.	<p>Rolling Action List ./Workplan –</p> <p>Action: RAL - Val to develop with Lorna</p> <p>Action: Risk Assessment for CAMHS to be completed – Sheila Downie to review risk assessment.</p> <p>Look at the range of board work and national directives in relation to services in West Dunbartonshire. Sheila Downie.</p> <p>Sheila reiterated that she remains worried about the CAMHS set up and is concerned about staff wellbeing in view of the challenges around staffing levels.</p> <p>CAMHS Paper tabled at Chief Officer Tactical Group and was deferred as it was quite detailed.</p> <p>Action: Paper to be shared LF</p> <p>Action JH And SD to prepare recovery plan for CAHMS taking cognisance of NHSGGC Board CAHMS Paper which outlines a range of initiatives underway which should provide support</p> <p>Discussion on funding of CAMHS which is proportionate.</p> <p>Action: Sheila Downie to provide an update on current situation for the informal IJB Session by 12 June 2020.</p>
4.	Matters arising -All addressed in agenda
5.	<p>New Service development – Covid related</p> <ul style="list-style-type: none"> Community assessment Centres Two centres running with activity lower than expected and sessions have been reduced substantially. This will be kept under review and provision can be upscaled or downscaled as required. Covid Testing Discussions continue under the arrangements for testing at the assessment centres. Moving to a model of mass weekly testing to be rolled out within the care homes. Offer of a mobile unit from Linda de Caestecker which would be available for staff self-testing. Weekly testing of staff in care homes discussion about who was going to do the testing. We have not achieved 100% testing of staff. Felt that rather than HSCP taking on the role of staff testing, we should consider using Scottish Government Central Testing Unit. Need to review whether that has capacity – Linda de Caestecker is reviewing.

	<p>We have a plan for mass testing of residents but it is not yet clear whether that is required.</p> <p>Testing in Care Homes – currently just concentrating on the management of outbreaks.</p> <p>Staff testing should not be HSCP responsibility.</p> <p>Action: Fiona Wilson and Fiona Taylor to review ongoing requirement</p> <ul style="list-style-type: none">Support for Care Homes As per guidance, we have a robust system in place.Confirmation of Death No issues with new guidance. District nurses are comfortable with arrangements and work ongoing within care homes. <p>Action: Fiona Taylor to check the situation within nursing homes.</p> <ul style="list-style-type: none">PPE Hub – MOU Good supply chain in place with two Hubs in place and everyone now has a plentiful supply of PPE.													
6.	<p>Covid related policy /guidance</p> <ul style="list-style-type: none">National Clinical Guidance for Community Health and Care Staff-(GGC Community Nursing , CH&F,FNP,SCS) The document which relates to all NHS staff was noted. This will support business continuity planning and has particular guidance relating to children and families. Confirmed we are compliant with the guidance contained the clinical guidance and able to deliver services in line with Scottish Government expectations We are compliant now that redeployed staff from children and families services have been returnedNMC – Covid Stakeholder Pack . New NMC temporary register for returners is in place.Quality Control and Assurance Frameworks. VT asked the group to consider value of developing framework to provide oversight of all routine care and quality assurance undertaken within HSCP e.g routine audit and all inspection report results – to provide summary and enable oversight and scrutiny of this work at CCG group – see example of 5 a Core Audit Table below <p>Action: Review of Core Audits to be reviewed and provide feedback at next meeting. All</p>													
7.	<p>Covid Risk register</p> <p>The Covid 19 risk register is regularly updated. VT to ensure this is circulated to the group in advance of the next meeting.</p>													
Item	GOVERNANCE LEADS UPDATE / REPORTS										Lead			
5. (a) Core Audit Reports (%)														
Service	RK	M	CS	HH	CE	HSD	NLM	NM	TR	HS MSW	IFA M	IFA S	IF GP	
LD														
CMHT														
PCMHT														
District Nursing														
Children and Families Schl														

Nurse														
Children & Families HV														
WDDADRS														
<i>RK – Record Keeping</i>	<i>M – Medication</i>			<i>CS – Clinical Supervision</i>			<i>HSMSW - Health surveillance-Managing Skin at Work</i>							
<i>HH – Hand Hygiene</i>	<i>CE – Communication & Engagement</i>			<i>HSD – Home Supported Detox</i>			<i>IFA M – Infant feeding audit mum</i>							
<i>NLM – Nurse Line Management</i>	<i>NM – Nurse Meetings</i>			<i>TR – Treatment Room</i>			<i>IFA S – Infant feeding audit staff</i>							
IFGP - Infant Feeding GP WHO Code														

6. Include summary of inspection reports – TBA

Service Updates: key Governance Issues Each Area to reflect. VT advised that in the absence of the Primary Care Clinical Governance group the HSCP has been asked to submit a monthly return outlining – previous return within papers

1. Are your local governance arrangements being maintained as normal during this period?
2. If not, what mechanisms are you using to continue to monitor and respond to key governance issues in your area? (for example, response to significant patient feedback or SCIs; concerns about clinical quality; or local risk registers)
3. Are there any significant concerns or risks to clinical quality to be highlighted to the SEG? Or PCCCG Please note whether these are COVID related or non-COVID
4. Significant patient / client feedback
5. Are there any other key updates that you would like to highlight or escalate to the SEG /PCCGG?

Next return due on 17.06.20. Action VT to complete and circulate to group prior to submission

	<p>(b) Adult Services</p> <ul style="list-style-type: none"> (i) LD (ii) Mental Health (iii) WDADRS- (iv) Adult SW (v) Adult Nursing <p>No significant updates and services starting to review recovery plans.</p> <p>Care Homes – audits for infection control in place. Continuing not to offer respite and still closed to visitors. Day care services have not yet been opened but a new model is under consideration.</p> <p>Care at Home. Some non essential services have been stopped and they have received tremendous support from CVS. Fortunate with the staff group that there has been very little impact from Covid.</p>
	<p>(c) Older Peoples Services</p> <ul style="list-style-type: none"> (i) OPMH- (ii) OPSW (iii) FIT <p>FIT has been impacted by a number of symptomatic staff but now functioning as normal although referrals have been low.</p>
	<p>(d) Children's Services</p> <ul style="list-style-type: none"> (i) Children & Families SW (ii) Children & Families <p>Staffing levels have been adequate and services have continued on a changed basis. Paediatricians are still in short supply.</p>

	(e) MSK Physio No significant update
	(f) Criminal Justice Update No significant update
	(g) Primary Care & Community Partnerships Governance Group update (30.01.20)
	(h) Board Clinical Governance Forum Action: Saied Pourghazi to check attendance and ensure WD representation
	(i) Service Inspections No update
	(j) Recruitment & Retention of Staff – GP Contract ANP posts are moving towards interview. Shortlisted 4 applicants.
Item	RISK MANAGEMENT
7.	(a) Care Home Update In terms of the assurance within care homes we have had six out of 11 inspections to date with no significant concerns. Strengthened infection control measures. Board Nurse Director is being kept updated.
	(c) Clinical Risk Update Philip O'Hare presented the report and highlighted the outstanding actions. Numbers of incidents being reported has reduced dramatically. Action: Marie Rooney to chase up outstanding actions with Fraser Downie.
	(d) SCI reports Important to keep clinical and care governance updated about any SCI delays during lockdown. Important to maintain accurate timelines. Action: All to review outstanding actions Action: Philip O'Hare and CDs to have a discussion about the process Action: POR t provide overview of Updated SCI Policy to be included on next agenda - LFPOR
	(d) HSCP Incident Report –
	(e) DATIX update – February 2020 <ul style="list-style-type: none"> Datix Incident Reports No update
	(g) Risks or Issues requiring escalation to SEG

	No issues require escalation to SEG		
Item	REDUCING HARM FROM MEDICINES		
8.	Public Health Reports / Prescribing Updates		
Item	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT		
9.	Quality Improvement Projects within HSCP		
Item	SCOTTISH PATIENT SAFETY PROGRAMME		
10.	(a) Partnerships Patient Safety Bulletin – Noted		
	(b) SPSO Update Noted		
Item	ENABLED TO DELIVER PERSON CENTRED CARE		
11.	(a) Complaints Reporting (i) Health - (ii) Social Work – Complaints report was reviewed. Response times should be improved and consideration given to improving communications.		
Item	CHILD PROTECTION		
12.	(a) Child Protection register 46 on register with 21 affected by domestic abuse. Meetings of the child protection committee have continued through Covid. Saied reported on some concerning discussion re vulnerable children with his from his practice. Concern is that opportunity for early intervention may be lost		
	(b) Child Protection stats & updates Noted that two posts are planned to replace the Public Protection officer post – one for adults and one for children. Action: Hazel and Marie to discuss the ASP virtual Hub continuing into recovery phase. Action: Sheila Downie to highlight concerns from CDs to Jonathan Hinds re reinstatement of meetings.		
	(c) Looked After & Accommodated Children		
Item	ADULT PROTECTION		
13.	(a) Adult Protection stats & updates Still an issue relating to the fact that we do not yet have a Public Protection Officer in place But this is being progressed		

Item	INFECTION CONTROL	Lead	
13.	Infection Control Minutes		
	No minute available		
Item	GENERAL BUSINESS		
15.	Clinical & Care Governance Annual Report		
	No update on timing available.		
	Action: Val to discuss progress with Beth Culshaw and eventually share work with clinical directors.		
18.	Any other business		
	Update from CCG Regional Stakeholder Event		
	Action: Val circulated feedback to group. Action: Val to circulate terms of reference for the clinical and care governance group		
19.	Schedule of meetings 2020		
	TBC		
20.	Date and time of next meeting		
	Approx six weeks from today LF to arrange.		