Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Wednesday, 23 September 2020

Time: 15:30

Format: 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 Video Conference 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: 17 September 2020

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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

WEDNESDAY, 23 SEPTEMBER 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 (a) MINUTES OF PREVIOUS MEETING 5 - 12

Submit, for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 5 August 2020; and

(b) ACTION SHEET **13 - 16**

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 and Social Care Partnership.

5 AUDITED ANNUAL ACCOUNTS 2019/20 **17 - 72**

Submit report by the Chief Financial Officer presenting for approval and signature the audited Annual Accounts for the year ended 31 March 2020.

6 FINANCIAL PERFORMANCE UPDATE ***(To Follow)***

Submit report by the Chief Financial Officer on the above.

7 DEMENTIA STRATEGY IMPLEMENTATION **73 - 74**

Submit report by the Integrated Operations Manager Mental Health providing an update on the progress made in relation to the Dementia Strategy Implementation Plan.

8 AUTISM STRATEGY **75 - 76**

Submit report by the Acting Head of Mental Health, Learning Disabilities and Addictions providing an update on the progress made in relation to the review of the Autism Strategy.

9 ELIGIBILITY CRITERIA FOR HSCP ADULT SOCIAL CARE SERVICES **77 - 102**

Submit report by the Head of Health and Community Care providing the Board with a proposed policy position which supports the implementation of the National Framework for Eligibility Criteria for Adult Social Care Services.

10 WEST DUNBARTONSHIRE HSCP COVID-19 RECOVERY AND RENEWAL PLAN – KEEP BUILDING BETTER A JOURNEY OF CONTINUOUS IMPROVEMENT **103 - 174**

Submit report by the Head of Strategy and Transformation providing an update on and seeking approval for the HSCP COVID-19 Recovery and Renewal Plan – Keep Building Better a Journey of Continuous Improvement.

11 DIRECTIONS POLICY **175 - 200**

Submit report by the Head of Strategy and Transformation providing the Board with a new Directions Policy which has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held via Video Conference on Wednesday, 5 August 2020 at 2.00 p.m.

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

Non-Voting Beth Culshaw, Chief Officer; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice/Chief Social Work Officer; Diana McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; 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; Lynne McKnight, Integrated Operations Manager, Care at Home; Jennifer Ogilvie, HSCP Finance Manager; Marie Rooney, Integrated Operations Manager; Audrey Slater, Head of People and Change; Fiona Taylor, Senior Nurse; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer.

Also Attending: Marie McFadden, Trainee Auditor, Audit Scotland.

Apologies: Apologies for absence were intimated on behalf of Councillor John Mooney (Voting Member); and John Kerr, Housing Development and Homelessness Manager; Helen Little, MSK Physiotherapy Service Manager; Kim McNab, Service Manager, Carers of West Dunbartonshire; Barbara Barnes and Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area (Non-Voting Members).

Mr Allan MacLeod in the Chair

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 June 2020 were submitted and approved as a correct record.

The Chief Officer was heard in further explanation of the list of outstanding actions (matters arising from previous minutes) and the Partnership Board agreed that they were content with the progress on the various actions including slightly amended timelines, noting the undernoted points:-

(1) that the first two action points, relating to reports on the agenda, could be closed off;

(2) that stakeholder representatives, both Selina Ross and Brian Polding-Clyde, had been invited to participate in the Health & Social Care Scotland 'Lessons Learned' sessions being organised across Scotland and that the Chief Officer was happy to share if others wished to join any of the sessions;

(3) that in relation to the Public Performance Report October to December 2019, there had been communication between the Head of Health and Community Care and the Service Manager of Carers of West Dunbartonshire to promote SCI Gateway to GPs as a referral tool for carers support and that this would be followed up further in due course;

(4) that due to reporting timelines it was realistic that the final audited Accounts would be presented to the Board at the end of November 2020; and

(5) that the Unscheduled Care Commissioning Plan was scheduled to come back to the Partnership Board by end November 2020.

VERBAL UPDATE FROM CHIEF OFFICER AND COVID-19 UPDATE PRESENTATION

The Chief Officer provided an overview in relation to the current position and work of the Health & Social Care Partnership Board in response to the COVID-19 pandemic and the position was noted in relation to the undernoted main points:-

- to note the update on the structures and governance meeting arrangements (eg Core Senior Management Team, Local Resilience Management Teams, Strategic Resilience Groups, Joint Staff Forums and 1:1 meetings) in place which had currently been scaled down in both the health board and local authority to reflect the stage of the pandemic but that the mechanisms were in place to step back up again if and when required;

- that significant effort had been put into the range of both formal and informal communication to ensure people were kept informed, that officers were responding to particular enquiries and that services were being pro-active in sharing information (communication was provided across a range of methods, via Elected Members' enquiries, significant number of Elected Members Briefings, Staff Newsletters, HSCP Briefings and via a recent Extended Management Team – 'Ask Me Anything' Session which was now being developed further for future communication with teams as directly as can be whilst people continue to work remotely);
- to note the figures relating to the complement and range of home care visits provided during March 2020 and July 2020 Care which is an area of great focus within the HSCP where the approach was to stratify risk in relation to all service users and where provision was scaled back to concentrate on those with the greatest need to ensure that the required services continued to be provided. This was complemented by the Humanitarian Aid Centre within the Council and by Meals on Wheels and many other services to ensure those with the home care skills that were needed could really focus on the people who had the need for personal care.
- to note that the Home Care Team responded well to the changing guidance in relation to PPE etc and that the Home Care Management Team made real efforts at an early stage to have particularly effective communication with all clients, staff and families and also with Trade Union colleagues which has been highlighted as particularly effective and has been used as a model for some Care Home work later in the pandemic;
- to note that the emotional impact is a key consideration for all during the pandemic particularly in Home Care where vulnerabilities are coupled with media reports which was a real area of concern and it was important that the right support was provided. In addition, the emotional impact of very sadly losing a member of staff from the Home Care Team cannot be underestimated;
- to note that there had been no delayed discharges in relation to home care throughout the pandemic which was a significant achievement and one not matched by many Partnerships across Scotland;
- to note that delayed discharges continued to be a real challenge for the Partnership as activity in the acute sector started to return to normal levels and some rises in delayed discharge were disproportionately high for the size of the population and reflected some of the complexities of people being discharged and their needs, however this figure was now decreasing;
- to note that a range of informal visits has taken place to care homes by the Chief Nurse and Lead Nurse – Adult Services to look at all the processes and practices in place within the care homes in relation to infection control and PPE and to consider good practice and to support our care homes to ensure they had the right advice and information available to them;
- to note there continued to be daily care home huddles with input from the Chief Nurse, the Chief Social Worker, the Clinical Director, Chief Officer, Public Health and the Care Inspectorate to ensure that in terms of the level of care provided the scrutiny is there and can be demonstrated;

- that in relation to Testing, the guidance is changing and has posed challenges in terms of the scale and complexity in delivering testing to both staff and residents of care homes. Laterally most recent guidance has moved to a requirement to ensure staff within care homes are tested on a weekly basis;
- in relation to data and information returns, Testing has been one of the key challenges the Partnership has faced over recent times and the staff testing has been carried out on a daily basis and the results have been monitored very closely; 3302 tests have been carried out in care homes to date;
- in relation to Community Assessment Centres, West Dunbartonshire HSCP has been the only Partnership Board in NHSGGC to establish two assessment centres (one in Clydebank and one in Renton) supported entirely by our own GPs and that 375 patients had been assessed in the two assessment centres to date. The centres were separate from GP and hospital facilities due to the nature of the COVID-19 infection and the requirement for this service to be kept remote to minimise transmission;
- that opening hours had been scaled back and there was an active consideration within the Health Board in relation to how the Assessment Centres would be maintained going forward due to the current reducing demand and for the possible need for these to quickly resume given that this was a very live situation;
- to note that Mental Health Services had supported patients in very pro-active ways with telephone and digital consultations where face-to-face meetings were not possible and that further work with the Health Board was underway to manage digital patient management in West Dunbartonshire;
- to note that in terms of Children and Families Services national guidance was applied in terms of operating procedures and child protection duties were maintained by ensuring our young people had virtual support by maximising digital consultations and the Champions Board have worked with the service to help and steer the services;
- to note that Health Visiting Services were now returning to full service and that immunisation services had now resumed;
- to note that supervised contact had been re-introduced in Children and Families' Services so the Partnership was having to ensure that building-based activities and facilities were appropriate for that;
- in relation to public protection, the Partnership had to ensure very early on that it had robust and comprehensive mechanisms in place to continue face-to-face supervision for high risk offenders;
- to note that the number of children on the Child Protection Register is higher due to the reduced way in which the service is operating and to ensure there is contact and people are being kept safe;
- to note that as people come out of shielding, services may see increases in staff absence and therefore it is an area that is being monitored very closely and that staff are supported in returning to work;
- to note that a major piece of work on a winter flu vaccination programme was currently underway which planned for the programme to be extended to all social care staff and thereafter potentially extended to wider care staff;
- to note that Test and Protect, through contact tracing, could have a significant impact on the workforce and communities therefore the information in relation to that will be monitored closely;

- to note that recovery would be measured and appropriate and that the management team were very thoughtful of increasing demands across services particularly given financial pressures that were likely to be faced.

Following discussion and having heard the Chief Officer, the Chief Social Work Officer, the Head of Strategy and Transformation, the Chief Nurse and the Integrated Operations Manager in answer to questions, the Partnership Board agreed to note the current updated position in relation to COVID-19.

Thereafter, the Chair thanked the Chief Officer for a very comprehensive and reassuring presentation on the ongoing pandemic and a continually changing situation.

DEMENTIA, ALZHEIMER AND AUTISM STRATEGIES

A report was submitted by the Head of Strategy & Transformation providing an update on the progress made in relation to the Dementia and Autism Strategies.

After discussion and having heard the Chief Officer and Integrated Operations Manager in further explanation and in answer to Members' questions, the Board agreed:-

(1) to note the concerns expressed in relation to progress and development of the two separate strategies and the requirement for reassurance in relation to performance and service delivery of both strategies;

(2) to note two key appointments of lead officers responsible for the implementation of the Autism Strategy and the re-establishment of the Autism Strategy Steering Group; and

(3) to retain both strategies on future agendas as separate items and seek regular updates in relation to progress against timescales.

REVIEW OF FINANCIAL REGULATIONS

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

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

(1) to approve the revised Financial Regulations; and

(2) that the Chief Financial Officer would discuss the review period with the external auditor to tie in with the Council and Health Board which was suggested to be every 2-3 years.

FINANCIAL PERFORMANCE AND UPDATE REPORT - PERIOD 3 (30 JUNE 2020)

A report was submitted 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 31 March 2021.

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

(1) to note the updated position in relation to budget movements on the 2020/21 allocation by WDC and NHSGGC and the direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;

(2) to note that the revenue position for the period 1 April 2020 to 30 June 2020 was reporting an overspend of (£0.234m) (-0.55%);

(3) to note that the COVID-19 cost for the period 1 April 2020 to 30 June 2020 was £2.8m and that COVID-19 funding received to date equates to £1.294m;

(4) to 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;

(5) to note that the projected costs of COVID-19 were currently estimated to be £8.145m;

(6) to consider the financial risk to the HSCP if COVID-19 costs were not fully funded which could trigger the need to revisit 2020/21 funding priorities and approved savings programmes;

(7) to note the unaudited reserves position detailed in the report;

(8) to note the update on the capital position and projected completion timelines; and

(9) to note that officers would report back to the Partnership Board on a clear Brexit strategy continuum on how it will impact services as and when more clarity emerges.

PARTNERSHIP BOARD MEETING SCHEDULE

A report was submitted by the Head of Strategy & Transformation seeking approval of a meeting schedule for the period June 2020 – August 2022.
After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed:-

(1) to approve the meeting schedule outlined at Appendix A of the report;

(2) to note that once meetings no longer required to be held remotely, they will be initially held in 16 Church Street, Dumbarton to observe current social distancing guidance; and

(3) that alternating venues between Dumbarton and Clydebank would be reintroduced following updated social distancing guidance.

MINUTES OF MEETINGS FOR NOTING

The undernoted Minutes of Meetings were submitted and noted as follows:-

(1) Minutes of Meetings of the Joint Staff Forum held on 18 June 2020;

(2) Minutes of Meeting of the Joint Staff Forum held on 25 June 2020; and

(3) Minutes of Meetings of the Clinical and Care Governance Forum held on 3 June 2020.

The meeting closed at 4.09 p.m.

LIST OF OUTSTANDING ACTIONS West Dunbartonshire HSCP Board – 5 August 2020				
Agenda item	**Board decision and minuted action**	**To be actioned by**	**Comments**	**Completed**
Item 3a - Minutes of Previous Meeting – 25 June 2020; and Item 3b – List of Outstanding Actions – 25 June 2020	That those action points relating to reports on the agenda could be closed off. That the outstanding actions from Board Meeting 25 June 2020 are detailed below.	Various officers as detailed under 25 June outstanding actions.		
Item 6 - Dementia, Alzheimer and Autism Strategies	The Board agreed to retain both strategies on future agendas as separate items and seek regular updates in relation to progress against timescales.	The Head of Strategy and Transformation		

Agenda item	Board decision and minuted action	To be actioned by	Comments	Completed
Item 7 – Review of Financial Regulations	The Board agreed to approve the revised Financial Regulations; and The Board agreed that the Chief Financial Officer would discuss the review period with the external auditor to tie in with the Council and Health Board which was suggested to be every 2-3 years.	Chief Financial Officer	To be discussed with Audit Scotland	
Item 8 – Financial Performance and Update Report – Period 3 (30 June 2020)	The Board agreed that officers would report back to the Partnership Board on a clear Brexit strategy continuum on how it will impact services as and when more clarity emerges.	Chief Financial Officer		

ACTION SHEET West Dunbartonshire HSCP Board – 25 June 2020				
Agenda item	**Board decision and minuted action**	**To be actioned by**	**Comments**	**Completed**
Item 5 - Chief Officer Update	The terms of the verbal update were noted.	Chief Officer	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.	25 June 2020 – offered to other Partners
Item 06 – Public Performance Report October to December 2019	Report recommendations agreed.	Head of Health and Community Care	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.	
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.	
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.	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

23 September 2020

Subject: Audited Annual Accounts 2019/20

1. Purpose

1.1 To present for approval and signature the audited Annual Accounts for the year ended 31 March 2020.

2. Recommendations

2.1 Members are asked to approve the audited Annual Accounts for the period 1 April 2019 to 31 March 2020 and recommend them for final signature by the Chair, Chief Officer and Chief Financial Officer.

3. Background

3.1 The Annual Report and Accounts for the West Dunbartonshire HSCP Board were prepared in accordance with appropriate legislation and guidance.

3.2 The Local Authority Accounts (Scotland) Regulations 2014 require that the audited annual accounts must be approved by HSCP Board no later than 30 September immediately following the financial year end.

3.3 The Annual Accounts must be published by 31 October and any further reports by the External Auditor by 31 December immediately following the year to which they relate. Accordingly a signed copy of the 2019/20 Annual Accounts and Audit Report will be made available on the West Dunbartonshire HSCP website.

4. Main Issues

4.1 The 2019/20 Annual Accounts present the governance arrangements, management commentary, financial performance and the financial statements of the HSCP Board, including the level of usable funds that are being held in reserve to manage unanticipated financial pressures from year to year which could otherwise impact on the ability to deliver on the Strategic Plan priorities. The impacts on these arrangements from the Covid-19 pandemic from early March through to completion of the audit process are referenced throughout.

4.2 The audit of the 2019/20 Annual Accounts has now been completed by the HSCP Board's external auditor, Audit Scotland and the final set of accounts is appended to this report.

4.3 The HSCP Board's Audit and Performance Committee are charged with the responsibility of advising the HSCP Board on all matters related to financial

governance and internal control processes. Accordingly the committee has considered both the Annual Accounts attached at Appendix 1 and external audit's Annual Audit Report at its 23 September meeting.

4.4 The final audit opinion is that the 2019/20 financial statements give a "true and fair view" of the HSCP Board's financial position for the year ended 31 March 2020 and the accounts have been properly prepared in accordance with all current legislation.

4.5 This was accepted by the Audit and Performance Committee and the committee recommend their approval to the HSCP Board for signature by the Chair, Chief Officer and Chief Financial Officer the final set of annual accounts attached within Appendix 1.

5. People Implications

5.1 None associated with this report.

6. Financial Implications

6.1 The HSCP Board achieved a surplus of £0.883m in 2019/20, which will be retained in accordance with the Integration Scheme and Reserves Policy.

7. Professional Implications

7.1 Integrated Joint Boards are specified in legislation as 'section 106' bodies under the terms of the Local Government Scotland Act 1973, and consequently are expected to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom. The following audited annual accounts comply with the code.

8. Locality Implications

8.1 None associated with this report.

9. Risk Analysis

9.1 The Annual Accounts identify the usable funds held in reserve to help mitigate the risk of unanticipated pressures from year to year.

10. Impact Assessments

10.1 None required.

11. Consultation

11.1 This report has been completed in consultation with the HSCP Board's external auditor's Audit Scotland.

12. Strategic Assessment

12.1 This report is in relation to a statutory function and as such does not directly affect any of the strategic priorities.

Author: Julie Slavin
Chief Financial Officer,

Date: 23 September 2020

Person to Contact: Julie Slavin – Chief Financial Officer,
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Appendices: HSCP Board's Annual Accounts for the year ended 31 March 2020

Background Papers: HSCP Board June 2020 – Draft Unaudited Annual Accounts

Wards Affected: All

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Integration Joint Board

Commonly known as West Dunbartonshire Health and Social Care Partnership

Annual Report and Accounts 2019/20

www.wdhscp.org.uk

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MANAGEMENT COMMENTARY

INTRODUCTION

This publication contains the financial statements for the West Dunbartonshire Integration Joint Board (IJB), hereafter known as the Health and Social Care Partnership Board (HSCP Board) for the year ended 31 March 2020.

The Management Commentary aims to provide an overview of the key messages in relation to the HSCP Board's financial planning and performance for the 2019/20 financial year and how this has supported the delivery of its strategic priorities as laid out in its Strategic Plan. The commentary also outlines the future challenges and risks which influence the financial plans of the HSCP Board as it delivers high quality health and social care services to the people of West Dunbartonshire.

In early February when initial year-end preparations began for the closure of the 2019/20 financial year the impact of a new virus named Coronavirus Disease or COVID-19 on the population of Scotland and the rest of the world was only beginning to reveal itself.

Within weeks the world was in the grip of a global pandemic and life changed for everyone as governments reacted and mobilised services to fight this public health crisis. For many it may have felt like the world paused or slowed down but for all involved both in the delivery and receipt of health and social care services the pace and scale of activity undertaken to keep safe, treat and support has been extraordinary.

While more than 11 months of the facts and figures referred to in this review of the 2019/20 financial year are not impacted by the HSCP's response to the COVID-19 pandemic, it must be acknowledged that at the time of writing, this "Business as Usual" position for health and care services, delivered to the citizens of West Dunbartonshire, will not reflect current service delivery models set out in both local and national mobilisation plans.

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

The attached annual accounts have been prepared in accordance with current regulations and guidance.

Our Partnership Vision Statement is:

Improving lives with the people of West Dunbartonshire

WEST DUNBARTONSHIRE HSCP BOARD - REMIT and VISION

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The West Dunbartonshire IJB, commonly known as the HSCP Board was established as a "body corporate" by Scottish Ministers' Parliamentary Order on 1st July 2015.

The HSCP Board's Integration Scheme details the body corporate arrangement by which NHS Greater Glasgow and Clyde Health Board (NHSGGC) and West Dunbartonshire Council (WDC) agreed to formally delegate all community health and social care services provided to children, adults and older people, criminal justice social work services and some housing functions. This way of working is referred to as "Health and Social Care Integration". The full scheme can be viewed here (see Appendix 1, 1).

The 2014 Act requires that Integration Schemes are reviewed within five years of establishment; the current scheme was revised during 2019/20 and this was reviewed by the HSCP Board at its 19 February 2020 meeting however the final approval processes have been delayed as the HSCP Board, NHSGGC and WDC respond to COVID-19. The Scottish Government has confirmed that the Act does not require the Health Board and Local Authority to produce a successor scheme, it requires a ***review***. "This review can note anything that requires further work between the partners and set out plans for the completion of that work at a later date, once the current very challenging situation passes, including the production of a successor scheme. Meantime, the current Integration Scheme will remain in force".

The HSCP Board's primary purpose is to set the strategic direction for the delegated functions through its Strategic Plan. It is responsible for strategic commissioning (either by direct service delivery or external providers), service delivery and performance for those integrated services delegated to it (except for NHS acute hospital services, which are managed directly by the Health Board). The HSCP Board discharges these responsibilities through its operational delivery arm, which is West Dunbartonshire HSCP. Staff who work within the management of the HSCP continue to be employed by either NHSGGC or WDC, retaining their respective terms and conditions.

COVID-19 PANDEMIC IMPACT AND RESPONSE

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. Although the full impact of the COVID-19 outbreak had yet to be felt at that time, 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. 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.

On the 25 March 2020 the HSCP Board convened its scheduled meeting through the use of telephone conferencing as all required to take part phoned in from their homes. 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.

On the 6 April the Coronavirus (Scotland) Act 2020 received Royal Assent. This Act of the Scottish Parliament made provisions to ease many regulations in sectors that may struggle to meet their statutory requirements, such as the NHS, Local Authorities, Social Security Scotland and the Scottish Courts and Tribunals Service.

From the early days of the pandemic the protection of older people, those with long-term health conditions and HSCP staff supporting these individuals was the primary focus of the Local Mobilisation Plan. Given the demographic profile of West Dunbartonshire (explored further below) the impacts of the Coronavirus on these groups was evident from late March through the main lockdown phase. Statistics produced by the National Records of Scotland for the period to 3 May 2020 ranked West Dunbartonshire as the area with the most COVID-19 related deaths in care homes, 41 recorded deaths equating to 0.461 rates per 1,000 head of population. Whilst West Dunbartonshire did not remain the area with the highest rate in Scotland, care home deaths increased to 59 by 28 June and have remained unchanged at this level to date. COVID-19 related deaths in non-care home settings are recorded as 65 deaths since the 5 July 2020 equating to 0.731 rates per 1,000 head of population.

In the shadow of these sobering statistics, the pace of service response and transformation within the HSCP has been exceptional. The health, safety and wellbeing of service users and the wider population of West Dunbartonshire is at the heart of everything that we do and reflected in our phase one response. To comply with physical distancing measures and shielding requirements of vulnerable groups all non-critical health and care services stopped and capacity focussed on the COVID-19 response. The public's use of hospital emergency departments has significantly reduced and there has been an extremely positive response from staff and service users with many staff redeployed on a voluntary basis to roles dedicated to supporting the most vulnerable within our communities during this very difficult time. For example, Community Justice Officers were actively redeployed to support those on the Shielding list.

The pandemic has provided an opportunity for enhanced partnership working and significant efforts have taken place to support the mental health and wellbeing of the workforce. Collaboration between the HSCP and local government colleagues to effectively procure and distribute PPE across the HSCP has been particularly successful, with the West Dunbartonshire approach being recognised as best practice across the Greater Glasgow and Clyde area.

Perceived barriers in areas such as information governance have been quickly removed and the push for real time data has significantly enhanced the effective response to the crisis.

Large numbers of staff were quickly equipped to work from home and many teams continued to deliver vital services to our most vulnerable service users, notably vulnerable children and families, those in care homes and those requiring care at home.

The use of technology enabled staff to maintain contact with service users and was also utilised creatively to support contact between children and their families.

As we move into 2020/21 and the transition from response to recovery, it is recognised that there will be an increase in demand for, and backlog of, statutory services all of which will have wide ranging resource implications, primarily staffing and financial. The current Strategic Plan clearly sets out the scale of the challenge around effective delivery of health and social care services in West Dunbartonshire in particular tackling multi-morbidity, poverty, addiction, domestic violence and mental health. As the full impact of the health, social and economic consequences of the COVID-19 pandemic reveal themselves the HSCP Board will continue to respond positively and plan for the future new model of service delivery.

STRATEGIC PLANNING FOR OUR POPULATION

West Dunbartonshire lies north of the River Clyde encompassing around 98 square miles of urban and rural communities across the two localities of Clydebank and Dumbarton/Alexandria. The area has a rich past, shaped by its world famous shipyards along the Clyde, and has significant sights of natural beauty and heritage from Loch Lomond to the iconic Titan Crane as well as good transport links to Glasgow. However the area has challenges in addressing deprivation, ill health and inequality, within the local population across the age categories, and has the Scottish average in many key health and social care indicators e.g. income deprivation, employment and life expectancy. It has the joint third highest number of data zones in the 20% most deprived in Scotland and the gap between the most deprived areas compared to the least deprived areas is widening.

Successful and strong integration of health and social care services will address the challenges faced by the people of West Dunbartonshire by ensuring that people have access to the services and support they need, so that their care feels seamless to them, and they experience good outcomes and high standards of support. The local community response to the COVID-19 pandemic runs parallel to the strategic planning intention of the Partnership and we must continue to work with our partners and communities to consider how services can be focused on not only early intervention and prevention but on how we are able to support people to maintain their independence and to be as independent as possible. Working with our local communities to consider how we can better support and embed capacity building within localities is a key objective.

The HSCP Board approved its third Strategic Plan, covering the three year period 2019 – 2022, which can be viewed here (see Appendix 1, 2.) in March 2019. The Plan, developed by the Strategic Planning Group formed in early 2018, describes how we will use our resources to continue to integrate services in pursuit of national and local outcomes.

The Strategic Planning Group took an innovative approach to the development of the new strategic plan by working in partnership with the national Burden of Disease Team (Appendix 1, 3.), by evidencing the case for change through a Strategic Needs Assessment that took a population view using an epidemiological approach. This internationally recognised approach is used to quantify the difference between the ideal of living to old age

in good health and the situations where a healthy life is shortened by illness, injury, disability and early death.

Change in the provision of health and social care services is necessary as demand is rising significantly whilst financial and staffing resources are stretched. The demographic profile has been well documented, and while life expectancy may be below the Scottish average, West Dunbartonshire population projections indicate that the age groups of 65+ and 75+ will increase up to the year 2037 with other age bands decreasing. A continued increase in the older age population will have a significant impact on the dependency ratio. The dependency ratio measures the proportion of the population seen as economically dependent upon the working age population. A strong economy and thriving community needs a finely balanced population mix.

The Strategic Plan identified **five key Strategic Priorities** aligned to HSCP Board's vision and Strategic Outcomes as follows:

- **Early Intervention** – clear pathways to support, anticipatory care planning, social prescribing, carers support, rehabilitation and re-ablement
- **Access** – primary care, self directed support, community link support
- **Resilience** – recovery groups, wellbeing support to staff and service users
- **Assets** – staff training and support, carers, partners, community
- **Inequalities** – locality groups, carers support, tackling poverty, employment opportunities

The **Strategic Outcomes** are embedded in our commitment to:

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

PERFORMANCE HIGHLIGHTS 2019/20

The HSCP Board receives a Quarterly Public Performance Report at each meeting, which provides an update on progress in respect of key performance indicators and commitments. These can be viewed here (see Appendix 1, 4). The latest version of the quarterly performance report was presented to the HSCP Board on the 25 June and covered both quarter 3 for publication and quarter 4 in draft. The presentation of performance data has been refreshed to categorise the statutory key performance indicators under the five strategic priorities as detailed above. The report can be viewed here (see Appendix 1, 5).

The Joint Bodies Act also requires all IJBs to produce an Annual Performance Report, no later than four months after the end of that year i.e. 31 July. The report content is governed by the 2014 Act and must cover the HSCP Board's performance against the nine national outcomes and 23 national indicators.

The Coronavirus (Scotland) Act 2020 referred to above has made provision under Schedule 6 (para.8) to allow an extension to the publication deadline until 30 September 2020. The Audit and Performance Committee scheduled to meet on 23 September will consider the Annual Performance Report. Some key areas of performance (as defined by the Scottish Government) over the past year are detailed below.

KEY

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Extract from Performance Report 2019/20

Strategic Priority and associated Performance Indicators	2018/19 Value	2019/20 Value	2019/20 Target	Status
Early Intervention				
Number of acute bed days lost to delayed discharges (including AWI) aged 65 years and over	2,502	**4,417**	2,382	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	**100%**	100%	
Percentage of carers who feel supported to continue in their caring role	98%	**96.5%**	90%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services – WDHSCP	39%	**21%**	90%	
Access				
Percentage of people aged 65 and over who receive 20 or more interventions per week	36.90%	**33.10%**	35%	

Percentage of Community Payback Orders attending an induction session within 5 working days of sentence	59%	**68%**	80%	
Resilience				
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	78.50%	**40.50%**	90%	
Assets				
Prescribing cost per weighted patient	£167.87	**£165.07**	£174.02	
Inequalities				
Balance of Care for looked after children: % of children being looked after in the Community	90.5%	**91%**	90%	
Percentage of looked after children being looked after in the community who are from BME communities	86%	**74%**	N/A	

PERFORMANCE CHALLENGES

The table above provides only a small extract of some strong and improving performance and the 2019/20 Annual Performance Report, when published, will bring this performance to life with real examples of how HSCP services positively impact on our service users and their families.

It also highlights areas for improvement and as part of the HSCP Board's expectation of continuous improvement and demonstration of best value, each area will revisit its service delivery plans and develop action plans to address this. The quarter 4 data has been significantly impacted by the COVID-19 lockdown arrangements, especially around provision of health services that are traditionally clinic based; however there have been some longer term workforce recruitment issues in particular services as well as increases in demand.

MSK Physio Service recruitment and vacancy levels continue to be impacted by staff transferring Primary Care, Acute and Orthopaedics to take up Advanced Practitioner posts. Demand is also up 3.6% in the year to December 2019 bringing new referrals to just fewer than 57,000 patients. The service is undertaking a waiting list revalidation exercise and "NHS Near me" and telephone consultations are being evaluated.

CAMHS accepted referrals increased by 22.3% between 2018 and 2019. In addition to this increased demand, significant staffing difficulties due to recruitment, retention and long-term sickness absence have impacted on the service's ability to meet timescales. As a result, urgent new referrals and high-risk open cases were prioritised. The funding for two additional Band 5 Nurses was identified and this will continue into 2020/21. The service is also extending online Cognitive Behavioural Therapies (CBT) and "Attend Anywhere" has been rolled out.

Psychological Therapies have been impacted by a reduction in available practitioners through vacancy and absence which has had a negative impact with the number of patients waiting rising. The Primary Care Mental Health Team returned to full treatment capacity in December 2019 and assessments waiting times should show future improvement.

COVID-19 will be an on-going threat until either a vaccine is found or immunity levels increase across the general population. The threat of a second wave is still a possibility, therefore the continued need for social distancing, shielding the vulnerable and the as yet unknown impact of "Test and Protect" on the workforce could have significant impacts on a whole range of services and their targets.

The HSCP remains ambitious for the communities of West Dunbartonshire and, during this period of transition, recovery plans are an opportunity to build better services as part of the journey of continuous improvement. Over the next 18 months, HSCP will work in partnership with its staff, trade union colleagues and citizens, and will deliver better services with the people of West Dunbartonshire to improve health and reduce inequalities.

The strategic intent of the HSCPs COVID-19 Recovery and Renewal Plan "Keep Building Better – A Journey of Continuous Improvement" is: "Over the next 18 months, driven by our staff and citizens, we will deliver better services to the people of West Dunbartonshire improving health and reducing inequalities."

The HSCP Senior Management Team have developed a set of overarching strategic principles as a framework for our approach to recovery and renewal, these are:

- Arrangements must be adaptable to increased volatility
- Staff and Service User Safety must be paramount
- Adoption of People Centred Service Design Principles
- Development of Self-Efficacy and Personal Agency
- Strong Employee Engagement
- Reduce Inequalities
- Hybridised Work – Integrate Physical With Virtual
- Real Time Data Push
- Focus on Automation
- Focus on Climate Change and Sustainability
- Ensuring there is longevity in its services
- Clear access point for all services

The HSCP Board considered the early groundwork for the "COVID-19 Recovery and Renewal Plan" during a member's session on 17 June 2020. The stages of the plan will be aligned to the:

- Scottish Government's "COVID-19 – Framework for Decision Making"
    - Scotland's Route Map Through and Out of the Crisis; and
    - Re-mobilise, Recover, Re-design: The Framework for NHS Scotland" and
- West Dunbartonshire Council's COVID-19 Recovery Plan

Positive Performance in Action

While the impacts and response to the COVID-19 pandemic will dominate the HSCP service delivery in 2020/21 and beyond, there are many examples of positive performance in 2019/20 some examples of which are detailed below:

- Our **Health Visiting team** has achieved re-accreditation of the UNICEF Gold Award in recognition of their ongoing work to promote maternal infant nutrition;
- The inspection of our **Throughcare Team's Housing support service** was rated as 'very good' or 'excellent' for support, leadership and how young people's health benefits from our support;
- The Care Inspectorate report on the inspection of **Justice Social Work Services** (August 2019), while highlighting a number of areas for improvement, recognised the commitment of staff and the positive relationships with individuals who offend. A new post of Justice Service Manager was created and now provides dedicated leadership to the team, as well as leading on delivery of the improvement action plan;
- On-going recruitment to social worker vacancies and an additional six **social worker posts** has been further augmented by six support worker posts for two years which will strengthen the service's ability to support contact between children and their families as well as providing intensive support to young people, their carers and their families;
- The new SCI Gateway referral system for **Carers** went live in November 2019. This allows GPs to make direct care referrals to our 3rd sector partners;
- The **Focussed Intervention Team** (primarily designed to avoid and prevent hospital admission by providing quick access to a multi-disciplinary team of nurses, physiotherapists, occupational therapists, pharmacy support and social care staff) has been in operation since August 2019. Of the 759 referrals to date 492 hospital admissions were avoided.
- **Mental Health Wellbeing Nurses** - registered mental health nurses located within GP practices have been incredibly well received with 246 patients attending in the first 3 month period. Patient experience rated the services as 70% excellent, 18% very good and 12% as good. Individuals are able to contact the nurse directly through the GP receptionist rather than having to see their GP in the first instance. This 30 minute consultation service supports people with emotional wellbeing and mental health needs that in the first instance do not require a medication review.
- **Primary Care** - The HSCP Primary Care Improvement Plan was approved in July 2019. Since then the HSCP has worked in collaboration with our partners to increase delivery of a number of workstreams. We have increased our **Pharmacotherapy team, Advance Practice Physiotherapists, Treatment Room Service, including Phlebotomy service**. We have supported the pilot of the Childhood Immunisation Programme which will be rolled out further in 2020. We have also extended our contract with West Dunbartonshire Community Volunteering Service across 5 GP Practices to supply **Community Link Workers** to help patients with signposting to other support.
- **Alcohol and Drugs Partnership (ADP)** – To support Ministerial Priorities including a "Education, Prevention and Early Intervention" – The Health Improvement Team has made a clear impact on influencing the Licensing Board Policy Statement and working in partnership to raise health issues at the Licensing Forum.

Positive Performance – COVID-19 Response

As covered briefly in the section "COVID-19 Pandemic Impact and Response" the HSCP had to adapt quickly. Some further detail is provided below:

- **Personal Protective Equipment (PPE) for Health and Social Care Staff** – two PPE HUBS were established in Clydebank and Dumbarton, with the support of our WDC Procurement and Asset Teams. A centralised PPE stock control model was developed to assess demand and track supply from both council and National Services Scotland procurement routes. These HUBS not only provide essential equipment to HSCP staff but also to a wide range of our social care providers, carers and personal assistants;
- **Testing and Assessment** – Under the direction of our Senior Nurse Adult Care a testing team was established to undertake enhanced outbreak investigation in all care homes where there are cases of COVID-19;
- **Community Assessment Centres** – were established in Clydebank and Renton for people concerned about potential COVID-19 symptoms. Led by our Clinical Directors, premises were adapted, new cleaning regimes implemented and local GPs and nurses assessed those referred;
- **Focussed Intervention Team** – provided a Secondary Respiratory Response Service to provide follow up support for post-COVID patients and community respiratory patients;
- **Health and Social Care Community Services** – a Local Management Response Team was established and met via tele-conference at least weekly, led by the Chief Officer with the membership from all the senior management team, community pharmacy, West Dunbartonshire CVS (Community Volunteer Service), Scottish Care representative, human resources and staff representatives; and
- **Community Response** – the community response from volunteers from the local community and from staff within the HSCP, WDC and NHSGGC has been incredible. From weekly support phone calls to those shielding, supporting carers to delivering food parcels and essential medication this community mobilisation response validates the strategic vision of working ***with*** the people of West Dunbartonshire will improve lives.

FINANCIAL PERFORMANCE 2019/20

The Statement of Accounts contains the financial statements of the HSCP Board for the year ended 31 March 2020 and has been prepared in accordance with The Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Financial performance is an integral element of the HSCP Board's overall performance management framework, with regular reporting and scrutiny of financial performance at meetings of both the HSCP Board and its Audit and Performance Committee. The full year financial position for the HSCP Board can be summarised as follows:

SUMMARY FINANCIAL POSITION 2019/20

1 April 2019 to 31 March 2020	West Dunbartonshire Council £000	Greater Glasgow & Clyde Heath Board £000	Total £000
Funds Received from Partners	(68,244)	(123,711)	(191,955)
Funds Spent with Partners	67,835	123,237	191,072
Surplus in Year 2019/20	(409)	(474)	(883)

The Comprehensive Income and Expenditure Statement (CIES) on page 37 details the cost of providing services for the year to 31 March 2020 for all health and care services delegated or hosted by the HSCP Board.

The total cost of delivering services amounted to £191.072m against funding contributions £191.955m, both amounts including notional spend and funding agreed for Set Aside of £28.389m, (see Note 2 “Prior Year Re-Statement” page 41). This therefore leaves the HSCP Board with an overall surplus (including planned transfers to earmarked reserves) on the provision of services of £0.883m, the composition of which is detailed within Note 12 “Usable Reserve: General Fund” page 44.

The Set Aside budget and actual costs reflect those delegated functions (by the Health Board to the HSCP Board) which are carried out in a hospital setting. The HSCP Board is responsible for the strategic planning of these services, but not their operational delivery. Further information on the progress made in 2019/20 can be found under “Update on Previous Governance Issues” on page 32.

The HSCP Board’s 2019/20 Financial Year

The HSCP Board approved the 2019/20 revenue budget on 28 March 2019. This clearly set out the funding offers from our partners WDC and NHSGGC as well as specific funding streams from the Scottish Government for Primary Care Improvement, Mental Health Strategy (Action 15), Alcohol and Drug Partnership, Free Personal Care (under 65), Carers Act, Scottish Living Wage and Investment in Integration.

While there were budget gaps identified the HSCP Board accepted recommendations to balance the budget by the application of new funding streams, the release of funds from previously agreed savings programmes and additional resource transfer funds. Unlike 2018/19 there was no public consultation as there was no additional savings programmes impacting on service delivery.

The format of the financial performance reports was revised to provide members with a detailed analysis of progress of savings programmes, significant variances and reserves activity. The first quarter's financial performance report projected an overspend of £0.954m (0.60% of total budget), primarily as a consequence of the cost of children and young people community placements and residential schools, as was the case in the latter part of 2018/19. In line with the requirements of the Integration Scheme, and as part of the financial governance framework, a recovery plan was developed and reported to the Board in October 2019 based on actual financial performance to 31 August 2019. The recovery plan included:

- Review of Care at Home activity to include client charging and maximisation of service provision based on identified need;
- Continued scrutiny of implementation of attendance management policy to reduce current absence levels;
- Increased focus on recruitment of local foster carers to reduce spend on external placements;
- Capitalisation of staff costs in relation to various ICT projects; and
- Application of continuing care funding from Health to Social Care to support the costs of supporting older people in their home.

The recovery plan, mainly through the capitalisation of staff costs and the application of continuing care funding and significant tracking work by HSCP budget holders and the finance team, resulted in the overspend projection diminishing with each financial performance report before starting to report an underspend for the period ending 31 December 2019.

Final Outturn Position 2019/20

The final Financial Performance Report (see Appendix 1, 6.) issued to the HSCP Board on 31 May 2020, projected an underspend of £0.933m (1.4%) for the financial year ended 31 March 2020. This figure excluded transfers to/from earmarked reserves with the components parts of this underspend (further explained below) being £0.474m for health care and £0.459m for social care.

The financial statements contained within these annual accounts finalise the outturn position for 2019/20 as at 31 March 2020. Again as above, excluding planned transfers to/from reserves and after accounting for all known adjustments, the recorded position is an underspend of £0.883m, a very minor reduction to the underspend of £0.050m reported to the HSCP Board on 31 May 2020. This £0.050m is related to the creation of a provision as detailed in the balance sheet.

The Comprehensive Income and Expenditure Statement (CIES) on page 37 is required to show the surplus or deficit on services and the impact on both general and earmarked reserves. The final position for 2019/20 was an overall surplus of £0.883m with £0.352m transferred to general reserves and £0.531m transferred to earmarked reserves. Earmarked reserves are detailed in Note 12 of these accounts on page 44 coupled with some additional information detailed below in the "Key messages".

While the CIES provides actual expenditure and income values for services in 2019/20 and their comparison to the previous financial year, it does not highlight the reported budget variations as the HSCP Board would consider them. Therefore the table below is presented to provide additional detail and context to the key financial messages listed below.

2019/20 Final Outturn against Budget

West Dunbartonshire Integrated Joint Board Consolidated Health & Social Care	2019/20 Annual Budget £000	2019/20 Net Expenditure £000	2019/20 Underspend/ (Overspend) £000
Older People, Health and Community Care	47,174	45,526	1,648
Physical Disability	3,085	2,884	201
Children and Families	22,132	24,899	(2,767)
Mental Health Services	10,270	9,431	839
Addictions	2,846	2,885	(39)
Learning Disabilities	17,460	17,158	302
Strategy, Planning and Health Improvement	1,850	1,301	549
Family Health Services (FHS)	27,427	27,427	0
GP Prescribing	19,305	19,432	(127)
Hosted Services - MSK Physio	6,492	6,370	122
Hosted Services - Retinal Screening	800	824	(24)
Criminal Justice - Grant funding of £2.1m*	0	0	0
HSCP Corporate and Other Services	3,783	3,604	179
IJB Operational Costs	281	281	0
Cost of Services Directly Managed by West Dunbartonshire HSCP	**162,905**	**162,022**	**883**
Set aside for delegated services provided in large hospitals	28,389	28,389	0
Assisted garden maintenance and Aids and Adaptations	661	661	0
Total Cost of Services to West Dunbartonshire HSCP	**191,955**	**191,072**	**883**

* Criminal Justice Funding is a specific, ring-fenced grant allocation from the Scottish Government. In 2019/20 £2.1m was received and utilised during the year.

Final Outturn Position 2019/20 – Key Messages

Detailed explanations and analysis of budget performance against actual costs is laid out in the 31 May 2020 Financial Performance Report (link above) however the main highlights are:

- Strategy, Planning and Health Improvement report an underspend of £0.549m due to a recharge of staff costs to capital and a delay in recruitment of vacant posts, timing of service redesign for Smoking Cessation and delivery of core priorities within existing team, releasing discretionary/non recurring funding to bottom line.
- Children and Families report a collective overspend of £2.767m mainly due to:

- Overspend of £1.767m within residential care due to the increasing pressure of high cost packages including £0.490m related to children placed within residential schools due to emotional, behavioural or physical disabilities. This is an extremely volatile budget and secure placements can cost in excess of £0.2m per child; and
- Overspend of £0.857m within community placements due to the number of kinship and external foster placements since the start of the financial year.

In recognition of the pressure being reported in these areas in late 2018/19, additional investment of £1.042m (6.3%) was added to the 2019/20 budget. While the overall number of community and residential placements at 31 March 2020 increased by 5.5% compared to numbers at 31 March 2019 the increase in cost can be attributed to the timing of placement in year and the disproportionate increase in the number of high costs placements within residential care. The Head of Children and Families is committed to reviewing the reasons, processes and outcomes of these placements and is a main focus of the projects being supported by our Service improvement Leads.

- Internal and External Residential Accommodation for Older People report an underspend of £1.287m due to reducing demand for care home/nursing beds arising from shorter stays, supporting people at home for longer and the impact of the moratorium on admissions in a local nursing home .
- Adult Community Health Services report an underspend of £0.457m mainly due to part year impact of service redesign, including introduction of Focussed Intervention Team (phased rollout from October) and cessation of purchased step up/step down Care Home beds.
- Mental Health – Adult Community and Elderly Services report an underspend of £0.579m, mainly due to additional income due from NHS Highland under the terms of the Service Level Agreement for access to in-patient beds. This is based on a 3 year rolling average.
- All other adult services including learning and physical disability and mental health and addiction services collectively underspent by £0.628m, mainly due to an ongoing review of client packages and a number of vacant posts remaining unfilled as the impact of Action 15 recruitment across Scotland and NHSGCC is rolled out.
- Other Services including spend on hosted services, primary care improvements and resources for social care funding from Scottish Government contributed £0.277m to the outturn position. This was due to a number of short term benefits from delays in recruitment of service improvement leads and Scottish Government funding for investment in integration allocated to partially offset various overspends reported elsewhere. This was tracked throughout the financial year and adjusted for as part of the 2020/21 budget setting exercise.
- Within GP Prescribing the volatility of drug costs has been highlighted as the main risk factor on the overall financial performance of this £19.3m budget. The outturn position is an overspend of £0.127m including costs of £0.345m related to a 25% spike in GP prescribing activity in March as additional medications were issued in preparations for the anticipated COVID-19 lockdown.
- The movement in earmarked reserves is an overall increase of £0.531m, bringing the closing balance to £5.254m. There were a number of significant drawdowns and additions amounting to £2.185m and £2.716m respectively as detailed in note 12.
- The movement in un earmarked, general reserves is an overall increase of £0.352m, bringing the closing balance to £2.809m and satisfies the 2% target as set out in the Reserves Policy.

- The COVID-19 Financial Tracker submitted to the Scottish Government detailing expenditure incurred in 2019/20 amounted to £0.231m. This included the purchase of PPE, the cost of additional staff in care homes, care at home and children's houses and the establishment of the Community Assessment Centres in Clydebank and Renton. Full funding was allocated to cover these costs through an additional budget allocation.

Key Risks, Uncertainties and Financial Outlook

The HSCP Board Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a local risk strategy and policy for approval by the Partnership Board. The HSCP Board Financial Regulations can be viewed here (see Appendix 1, 7.). The planned review has been delayed due to the response to COVID-19; however this will be undertaken over the next couple of months.

The HSCP Board approved its Risk Management Strategy & Policy at its August 2015 meeting, which can be viewed here (see Appendix 1, 8.) The Strategic Risk Register is reviewed by the Audit and Performance Committee before consideration by the HSCP Board. The latest review was February 2020 and the full report can be viewed here (see Appendix 1, 9.).

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

- Financial Sustainability/Constraints/Resource Allocation (covered in more detail below);
- Procurement and Commissioning;
- Performance Management;
- Information and Communication;
- Public Protection;
- Outcomes of external scrutiny; inspection recommendations;
- Delayed Discharge and Unscheduled Care;
- Workforce Sustainability;
- Waiting Times; and
- Brexit

There will be a full review of the Strategic Risk Register to account for the impact of the COVID-19 pandemic. The HSCP Senior Management Team developed an extensive COVID-19 Risk Register of 65 key risks for consideration and to inform the Local Mobilisation Plan. These ranged from the impact of staff absence across individual service areas, increase in demand and waiting times, financial sustainability and delays in statutory deadlines. Mitigating actions included, daily assessment of HSCP staff resource requirements and the assessment of a minimum staffing level to provide critical services, sufficient PPE, emergency day centre provision for vulnerable clients, introduction of telephone services and additional financial monitoring processes put in place and detailed financial tracking of additional costs to the Scottish Government.

Reserves

The HSCP Board has the statutory right to hold Reserves under the same legal status as a local authority, i.e. "*A section 106 body under the Local Government (Scotland) Act 1973, and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board".* Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies; and
- provide a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

Reserves are a key component of the HSCP Board's funding strategy. It is essential for the medium to longer term financial stability and sustainability of the board that sufficient useable funds are held for the reasons detailed above and to earmark specific funding to deliver on Scottish Government priorities.

The HSCP Board's Reserves Policy, which can be viewed here (Appendix 1, 10.) recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services). This would equate to approximately £2.8m, and for 2019/20 the final position is £2.809m (see Note 12: Usable Reserve: General Fund) meeting the recommended target.

The overall movement in reserves is covered above in the "2019/20 Final Outturn against Budget" section. Detailed analysis of the movements in earmarked reserves is available at Note 12 Useable Reserves – General Fund.

Our earmarked reserves are mainly from the Scottish Government to support health and social care policy commitments and statutory duties including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership, Scottish Living Wage, Carers and Free Personal Care (under 65). The flow of funding for some of these policy commitments is linked to quarterly returns detailing the activity and cost of various programme strands.

We started the year with £4.723m earmarked reserves and during the year we allocated £2.185m. The main areas of spend were:

- £0.742m – to support the various workstreams of the Primary Care Improvement Plan as laid out in the Memorandum of Understanding.
- £0.283m – to support the work of the West Dunbartonshire Alcohol and Drug Partnership;
- £0.329m – to support the HSCP service re-design and transformation agenda, including additional staffing resource; and
- £0.500m – reallocation of previously earmarked reserves for Integrated Care Fund and Delayed Discharge into a new reserve to support the work around Unscheduled Care.

We also added £2.716m to earmarked reserves throughout the year for, the main areas being:

- £0.486m – to increase the current GP Prescribing reserve to reflect the COVID-19 activity, i.e. increase in community prescribing during and early intelligence on global short supply of some medicines;
- £0.515m – to support the HSCP COVID-19 Recovery and Renewal Plan, in particular anticipated increase in demand for mental health, addictions and community based services;
- £0.485m – the 2020/21 revenue budget includes £1.705m of approved savings and efficiencies targets through service improvement plans. There is an increased element of risk around some of these savings due to the impact of the COVID-19 response; and
- £0.171m – to support CAMHS (Child and Adolescent Mental Health Services) waiting times performance by increasing clinical posts for a fixed period.

Financial Outlook – Medium Term Financial Plan

The review of the 2019/20 financial statements and the strategic risks highlights the financial pressures and uncertainties facing the HSCP Board. These pressures have been factored into the 2020/21 budget where appropriate and also considered across the medium to longer terms.

The 2020/21 revenue budget was approved on 25 March as Scotland entered "lockdown" but the identified budget gaps and actions taken to close these gaps, to present a balanced budget, are pre COVID-19 service impacts, the full report can be viewed here (Appendix 1, 11.).

The HSCP Board revenue budget for 2020/21 to deliver our strategic priorities is £196.086m, including £28.694m relating to set aside (notional budget allocation). As stated above under "Reserves" this balanced position includes a number of approved savings programmes equating to £1.705m that requires to be delivered on, including a review of learning disability services, a reduction in external care home places and care at home scheduling efficiencies.

During the 2020/21 budget setting exercise the single biggest threat to the United Kingdom and the Scottish Economy was the uncertainties of Britain's exit from the European Union. To this now is added the emerging worldwide response to halting the spread of the Covid-19 pandemic and its devastating impact on families, jobs, business, education and health and social care services including disruption to the medicines supply chain and global markets. All current predictions on economic growth, plans for taxation both in a national context and devolved tax raising powers of the Scottish Government will require significant revision.

Since mid-March the HSCP has had to respond to the COVID-19 pandemic and make significant service changes to protect the needs of our service users and wider population. As referenced throughout this report, the HSCP response was detailed in the Local Mobilisation Plan (LMP) and the associated costs through the financial tracker returns to the Scottish Government. While the LMP was approved by the Cabinet Secretary on 9 April and

a commitment to fund all reasonable costs, there are many individual elements of the plan which are difficult to accurately cost at this stage. The last submission to the Scottish Government in late May estimates a potential cost to the HSCP of £9.6m in 2020/21.

To date the greatest elements of actual expenditure incurred have been on PPE and staff absence and overtime at a cost of £1.1 million. However the most significant cost yet to be fully understood is the cost of financial support to externally commissioned services, including residential care, especially for older people and social care support across all client groups. The Scottish Government has committed to support the social care sector throughout this pandemic to aid the longer term sustainability of the sector. The HSCP Board currently commissions approximately £47m with external providers and at this stage the level of support and how long it will have to continue are difficult to predict, however approximately £4.2m has been included in the financial tracker. To date the Scottish Government have provided funding to the HSCP in support of the LMP of £0.898 million. There is a significant financial risk that the collective cost of the public sector response cannot be fully funded by the Scottish and UK Governments and the HSCP Board has to consider this in the context of the available 2020/21 budget and across the medium term.

The risk of financial sustainability has long been identified as a key strategic risk of the HSCP Board and the pandemic adds a further layer of risk to its stability going forward. Using 2020/21 as the baseline a Medium Term Financial Plan 2020/21 – 2024/25 was drafted and approved by the HSCP Board in March 2020, and can be viewed here (Appendix 1, 12.). It should be noted that the financial analysis and projections were written before the COVID-19 pandemic hit the United Kingdom, although there was time to reference this within the economic outlook:

"The uncertainties of Britain's exit from the European Union weigh heavily on the economic outlook and while predictions vary, until there is a clear understanding of the UK's future trading relationship with Europe and the rest of the world, forecasts for growth remain fragile. Add to this the emerging worldwide response to halting the spread of the Covid-19 pandemic and its devastating impact on families, health and social care services including disruption to the medicines supply chain and global markets, all current predictions on economic growth, plans for taxation both in a national context and devolved tax raising powers of the Scottish Government will require significant revision."

The plan sets out the main cost pressures and funding assumptions for the partnership and presents these under "Best", "Likely" and "Worst" Case scenarios using 2020/21 as the baseline, see below:

Extract from Medium Term Financial Plan

Table 10 – Best, Likely and Worst Case Budget Gaps from 2021/22 to 2024/25

Indicative Budget Gap	2021/22 £000's	2022/23 £000's	2023/24 £000's	2024/25 £000's
Best	(55)	(1,510)	(3,190)	(4,812)
Likely	(1,492)	(2,995)	(4,725)	(6,397)
Worst	(5,184)	(6,790)	(8,626)	(10,408)

The medium term financial plan is centred on financial sustainability and service redesign. The scale of the financial challenge is influenced by a number of key cost drivers including:

- Pay inflation and pension costs – uncertainty around pay settlements for public sector workers and additional investment in pension schemes;

- Demographics – reflecting the increases in over 65+ and over 75 years population often coping with a range of health conditions against a challenging social and economic climate;

- Scottish Government Priorities - improvements in primary care and support for mental health and addictions;

- Contractual price increases – commitment to adhering to the National Care Home Contract and to deliver Scottish Living Wage to adult social care workers employed by our third sector and private providers; and

- Prescribing Costs – inflationary increases, short supply issues and treatment of complex health conditions.

The HSCP Board will address these challenges going forward by considering:

- Better ways of working – integrating and streamlining teams including the benefits of information technology to deliver services more efficiently will release financial savings and protect front line services;

- Community Empowerment - support the vision for resilient communities with active, empowered and informed citizens who feel safe and engaged to be a main contributor to service change across health and social care;

- Prioritise our services – local engagement and partnership working are key strengths of the HSCP. We must think and do things differently and find new solutions to providing support to those who need it; and

- Service redesign and transformation – build on the work already underway redesigning support to people to remain or return to their own homes or a homely setting for as long as possible. This will be across all care groups including older people, learning, physical and mental disabilities and children and families, in partnership with Housing services, third sector and local providers.

Also for 2020/21 the HSCP Board will closely monitor progress on the delivery of its approved savings programmes, through robust budget monitoring processes and savings trackers. As part of its commitment to a strong governance framework around regular and robust budget and performance monitoring and on-going assessment of risk, the HSCP Board and its senior officers will monitor such developments and will take appropriate action as required.

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

Conclusion

In 2019/20 the West Dunbartonshire Health and Social Care Partnership Board has continued to demonstrate its commitment to strong financial governance while delivering on its strategic priorities. With its acceptance of the Medium Term Financial Plan the Strategic Plan was to be refreshed in 2020/21 and this has become even more essential in the midst of the COVID-19 response. What has been clear throughout the pandemic, is some geographical areas have suffered at different rates, and at this stage there appears to have been a greater impact in some areas where deprivation is more prevalent, such as West Dunbartonshire and some of its neighbouring partnerships. In the medium to longer term, we will ensure that our plan will be adaptable to respond to the uniqueness of the population we serve.

Allan MacLeod Date: 23 September 2020
HSCP Board Chair

Beth Culshaw Date: 23 September 2020
Chief Officer

Julie Slavin CPFA Date: 23 September 2020
Chief Financial Officer

STATEMENT OF RESPONSIBILITIES

Responsibilities of the Health and Social Care Partnership Board

The Health and Social Care Partnership Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this partnership, that officer is the Chief Financial Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the HSCP Board on 23 September 2020.

Signed on behalf of the West Dunbartonshire Health & Social Care Partnership.

Allan MacLeod
HSCP Board Chair

Date: 23 September 2020

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the HSCP Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the West Dunbartonshire Health and Social Care Partnership Board as at 31 March 2020 and the transactions for the year then ended.

Julie Slavin CPFA
Chief Financial Officer

Date: 23 September 2020

REMUNERATION REPORT

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

It discloses information relating to the remuneration and pension benefits of specified WDHSCP Board members and staff. The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies. This report contains information on the HSCP Board Chief Officer and Chief Financial Officer's remuneration together with details of any taxable expenses relating to HSCP Board voting members claimed in the year.

Membership of the HSCP Board is non-remunerated; for 2019/20 no taxable expenses were claimed by members of the partnership board.

Health and Social Care Partnership Board

The six voting members of the HSCP Board were appointed, in equal numbers, through nomination by Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. Nomination of the HSCP Board Chair and Vice Chair post holders alternates, every 3 years, between a Councillor from WDC and a NHSGGC Health Board representative.

The HSCP Board does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant nominating organisation.

The HSCP Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair. For 2019/20 no voting member received any form of remuneration from the HSCP Board as detailed in the table over.

Voting Board Members 2019/20	Organisation
Allan MacLeod (Chair)	NHS Greater Glasgow & Clyde Health Board
Marie McNair (Vice Chair)	West Dunbartonshire Council
John Mooney	West Dunbartonshire Council
Denis Agnew	West Dunbartonshire Council
Rona Sweeney	NHS Greater Glasgow & Clyde Health Board
Audrey Thompson	NHS Greater Glasgow & Clyde Health Board

Senior Officers

The HSCP Board does not directly employ any staff. All staff working within the HSCP are employed through either NHSGGC or WDC; and remuneration for senior staff is reported through those bodies.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the HSCP Board has to be appointed and the employing partner has to formally second the officer to the HSCP Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the HSCP Board.

Ms Culshaw is employed by WDC, and holds an honorary contract with NHSGGC.

Chief Officer and Chief Financial Officer posts funding is included equally in the partner contributions.

Other Officers

No other staff are appointed by the HSCP Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included below.

Total Earnings 2018/19 £	Senior Officers	Salary, Fees & Allowance £	Compensation for Loss of Office £	Total Earnings 2019/20 £
108,300	B Culshaw Chief Officer	113,721	-	113,721
74,524	J Slavin Chief Financial Officer	78,352	-	78,352

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the HSCP Board balance sheet for the Chief Officer or any other officers.

The HSCP Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the HSCP Board. The following table shows the HSCP Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Officers	In Year Contributions		Accrued Pension Benefits		
	For Year to 31/03/2019 £000	For Year to 31/03/2020 £000		For Year to 31/03/2019 £000	For Year to 31/03/2020 £000
B Culshaw Chief Officer	21	22	Pension Lump Sum	4 -	6 -
J Slavin Chief Financial Officer	11	12	Pension Lump Sum	4 -	5 -

The officers detailed above are all members of the NHS Superannuation Scheme (Scotland) or Local Government Scheme. The pension figures shown relate to the benefits that the person has accrued as a consequence of their total public sector service, and not just their current appointment. The contractual liability for employer pension's contributions rests with NHS Greater Glasgow & Clyde and West Dunbartonshire Council. On this basis there is no pension liability reflected on the HSCP Board balance sheet.

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Remuneration Band	Number of Employees 31/03/2019	Number of Employees 31/03/2020
£70,000 - £74,999	1	
£75,000 - £79,999		1
£105,000 - £109,999	1	
£110,000 - £114,999		1

Allan Macleod
HSCP Board Chair

Date: 23 September 2020

Beth Culshaw
Chief Officer

Date: 23 September 2020

ANNUAL GOVERNANCE STATEMENT

Introduction

The Annual Governance Statement explains the HSCP Board's governance arrangements as they meet the requirements of the "Code of Practice for Local Authority Accounting in the UK" (the Code) and reports on the effectiveness of the HSCP Board's system of internal control, including the reliance placed on the governance frameworks of our partners. It is included within the HSCP's financial statements to assure stakeholders on how the HSCP directs and controls its functions and how it relates to communities in order to enhance transparency and scrutiny of the HSCP's activities.

This statement lays out the governance arrangements in place for more than eleven months for the year ended 31 March 2020, and where significant, any changes to those arrangements as a consequence of local, national and international responses to the global Coronavirus (Covid-19) Pandemic. Further detail is provided below under "Governance Issues 2019/20 - Impact of Covid-19 Response on Governance Arrangements".

Scope of Responsibility

The HSCP Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. It also has a statutory duty to make arrangements to secure best value under the Local Government in Scotland Act 2003.

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

In discharging this responsibility the Chief Officer has put in place arrangements for governance which includes a system of internal control. The system is intended to manage risk to a reasonable level and to support the delivery of the HSCP Board's policies, aims and objectives. Reliance is also placed on Greater Glasgow and Clyde Health Board and West Dunbartonshire Council's systems of internal control that support compliance with both partner organisations' policies and promotes the achievement of each organisation's aims and objectives, as well as those of the HSCP Board.

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

The Governance Framework and Internal Control System

The governance framework is comprised of systems and processes and cultures and values by which the HSCP is directed and controlled. It is not static and is updated to reflect new legislative requirements and best practice. This has never been more apparent as the HSCP Board, its partner organisations and numerous stakeholders have had to adapt to respond to the impact of the Covid-19 pandemic in the latter part of March 2020.

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

The HSCP Board adopted governance arrangements are consistent with the Chartered Institute of Public Finance and Accounting (CIPFA) and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government". Based on the framework's seven core principles a Local Code of Good Governance is in place which is reviewed annually and evidences the HSCP Board's commitment to achieving good governance and demonstrates how it complies with the recommended CIPFA standards. A copy of the code is available here (Appendix 1, 13.) on the HSCP website.

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

- The HSCP Board is the key decision making body, comprising of a Chair, five other voting members and a number of professional and stakeholder non-voting members;
- The HSCP Board is formally constituted through the Integration Scheme which sets out the local governance arrangements, including definition of roles, workforce, finance, risk management, information sharing and complaints;
- A register of interests is in place for all Board members and senior officers;
- The HSCP Board has two governance sub-committees; Audit and Performance Committee (previously known as Audit Committee) and the Strategic Planning Group;
- Reports considered by the HSCP Board and the Audit and Performance Committee are published on the HSCP website;
- The scope, authority, governance and strategic decision making of the HSCP Board and Audit and Performance Committee is set out in key constitutional documents including the HSCP Strategic Plan 2019 – 2022, terms of reference, code of conduct, standing orders and financial regulations;
- The Terms of Reference for the updated Audit and Performance Committee Terms were agreed by the HSCP Board in November 2019 and included the addition of two new members to the Committee drawn from the Strategic Planning Group. The full report can be found here (Appendix 1, 14.);
- The Performance Management Framework commits to regular performance and financial reporting to the HSCP Board and Audit and Performance Committee, enhanced by a programme of development sessions, enabling members to interrogate performance and policy in greater detail;

- Clinical and Care Governance Group – provide oversight and scrutiny of all aspects of clinical and care risk and effectiveness as well as how patient centred care is delivered.
- The Risk Management Strategy, including the risk management policy and strategic risk register (underpinned by operational risk registers), are scrutinised at least annually by the Audit and Performance Committee with level of risk, its anticipated effect and mitigating action endorsed before being referred to the HSCP Board;
- The Reserves Policy is reviewed as part of the annual budget setting process and has identified a reasonable level of both general and earmarked reserves;
- A performance appraisal process is in place for all employees and staff who are also required to undertake statutory and mandatory training to reinforce their obligations to protect our service users, including information security; and
- Effective scrutiny and service improvement activities are supported by the formal submission of reports, findings, recommendations and associated action plans by Audit Scotland, Ministerial Strategic Group, our external and internal auditors and the Care Inspectorate.

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

- Financial regulations and codes of financial practice;
- Procurement regulations which recognise the complexities of health and social care services for vulnerable service users;
- Comprehensive budgeting systems;
- Clearly defined capital expenditure guidelines;
- Programme of internal audits; and
- Senior officer led joint working groups, planning groups and project boards.

Compliance with Best Practice

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

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

The HSCP Board's Audit and Performance Committee operates in accordance with CIPFA's *"Audit Committee Principles in Local Authorities in Scotland"* and *"Audit Committees: Practical Guidance for Local Authorities (2018)"*. In November 2019, to align with the review of the terms of reference, the Chief Internal Auditor and the Chair of the committee considered CIPFA's 2018 guidance and carried out a:

- Self-assessment of Good Practice; and
- An evaluation of the Effectiveness of the Committee

The report concluded that the committee "largely complies with CIPFA good practice and thereby can assess its performance as generally meeting the CIPFA requirements". The full report can be found here (Appendix 1, 15.).

Review of Adequacy and Effectiveness

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

The HSCP Board adopted "The Code of Practice for Local Authority Accounting", recommendation that the local code is reviewed each year in order that it can inform the Governance Statement. For the June 2020 review the 25 June HSCP Board agreed that there were no areas assessed to be non-compliant and more than three quarters were considered fully compliant.

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

Within the council each member of the Corporate Management Team (including HSCP Heads of Service) completes a checklist to assess compliance levels against each aspect of the council's local code. These are considered by the Chief Internal Auditor and inform each Strategic Director's Certificate of Assurance as well as the Council's Governance Statement. An extract of the Improvement Areas identified for HSCP Senior Managers in relation to their Strategic Lead roles within the Council are detailed below:

- Complaints timescales;
- Incorporate service user feedback into Service Delivery Plans; and
- Improve governance around action plan/audit recommendation deadlines;

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

Other reviews to support continuous improvements and the control environment include the work undertaken by WDC & NHSGGC internal audit teams. Any specific control issues emerging from these audits are considered through each organisation's own Audit Committee and recommendations on improvements agreed. However any audits impacting on HSCP services are also considered by the HSCP Audit and Performance Committee for information and impact on delivering on strategic priorities.

In 2019/20 three social care audits were undertaken by WDC internal audit team, details provided below. Each audit identified control risks and provided a suite of recommendations to be agreed by management and populate action plans to be delivered within appropriate timescales. Progress of actions is reviewed regularly by the HSCP Senior Management Team, WDC Performance Management Review Group and the Audit and Performance Committee.

- CM2000 Functionality Review – CM2000 is used by Care at Home services for the electronic scheduling and optimisation of visits. The audit found that the systems examined were generally working effectively. It also identified three medium rated control risks to be addressed through an action plan including; roll-out of additional functionality of system to record and authorise mileage claims, increase compliance of staff clocking in and out on all visits and using this data to evidence overtime claims. These actions will be delivered in the coming financial year.
- Social Care Attendance Management Review – the review covered general absence recording, application of absence management triggers and referrals to Occupational Health. The audit identified three control risks (1 low, 1 medium and 1 high) and made a number of recommendations that will be addressed through a series of management actions including; refresher training for all line mangers, increased compliance checks and evidence of return to work interviews and appropriate referrals as stipulated in the Supporting Employee Wellbeing Policy.
- Social Care Case Management Review – the review was centred on case file review, workload, policies and procedures, use of management information and triggers to close cases within Children and Families and Community Health and Care Services. The audit identified nine control risks (3 low, 5 medium and 1 high) to be addressed through a series of recommendations and corresponding management actions including: ongoing review of workloads and supervision policy, peer review of case files, improved Carefirst recording on allocation of cases and closure and more regular review of care home placements.

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

Update on Previous Governance Issues

The 2018/19 Annual Governance Statement set-out a number of Improvement Actions based on the annual review of the Local Code and Areas for Improvement by each Head of Service. These are updated below with further expansion of two key areas.

Improvement Action 2018/19	Lead Officer	Due Date	Update
Develop a robust Commissioning Plan driven by new Strategic Plan 2019 – 2022.	Head of Strategy and Transformation	August 2019	Date revised to late 2020 after update report to Feb HSCP Board. Progress made to date with the Strategic Planning Group, procurement pipeline priorities and agreed service improvement programmes.
Increase the % of spend with 3rd party social care providers being compliant with Financial Regulations (incorporating procurement regulations) and have robust service specifications and contract monitoring arrangements in place.	Chief Financial Officer & Head of Strategy and Transformation	April 2020	Ongoing. Significant progress made – further expanded below.
Improve case recording and assessment for Children & Families who receive statutory social work services.	Head of Children's Health, Care and Criminal Justice	On-going	Work to improve case recording is continuing – include changes to capture activity for the Scottish Govt. National Covid-19 dataset. Review of Care First case recording system by Information Team to be scheduled following lockdown. Improvement activity around assessments and supported by monthly meetings with the Area Locality Reporter. Case sampling for children on the child protection register will report to the Child

			Protection Committee after June 2020.
Improve sickness Absence Rates	All Heads of Service	On-going	On-going. Analysis of absence data shows a downward trend from the start of this performance year. New Supporting Employee Wellbeing Policy for WDC launched last year, with master classes rolled out.
Ministerial Strategic Group Review on the Progress of Integration Action Plan – from May 2019 Self Evaluation	Chief Officer	On-going	On-going. The Scottish Government accepted the HSCP Action Plan. Ownership and delivery of actions across the HSCP Board, WDC, NHSGGC and the Scottish Government.
Strengthen the budget setting arrangements with WDC & NHSGGC and work on producing a robust medium term financial plan.	Chief Financial Officer	November 2019	Chief Financial Officers of WDC, NHSGGC and HSCP work together and align budget processes where possible. Medium Term Financial Plan presented and approved by the 25 March 2020 HSCP Board. Covid-19 pandemic and recovery plans will impact on scenario planning.

Progress continues around the formalisation of “Set Aside” budgets with agreement across the Scottish Government, the health board and the six HSCP’s on robust data sets to allow for calculation and comparison of actual activity and associated costs. This has been reflected in these annual accounts including a restatement of the 2018/19 set aside amount within the Comprehensive Income and Expenditure Statement (page 37). Prior to the Covid-19 outbreak the Glasgow HSCPs had developed a draft Commissioning Plan on Unscheduled Care which was due to be presented to all IJBs March – June. This will need revision to reflect Covid-19 Recovery Plans.

Compliance with financial regulations in the area of procurement of social care services is a key priority area for the HSCP Board in evidencing best value in a climate of financial challenge and was referenced in both the Council's and HSCP Board's 2018/19 Annual Governance Statements.

Significant progress has been made throughout 2019/20 with a number of procurements being approved by the WDC Tendering Committee or under Delegated Authority. In the financial year 2019/20, HSCP procurement expenditure was £47.4 million. The procurement spend that is compliant with the Financial Regulations was £37.6 million (79.2%). This takes account of "partial compliance" i.e. spend where contracts were awarded during the year and in turn increased the compliance rate. In comparison, financial year 2018/19 HSCP procurement spend was £40.2m with £5.2m (13%) spend that was compliant with the Financial Regulations. The HSCP's Senior Management Team will revisit the Procurement Pipeline Priorities and align to Recovery and Renewal Plans (further detail below).

Governance Issues 2019/20

The 2019/20 Internal Audit Annual Report for the HSCP Board identifies no significant control issues. As stated above the HSCP Board must also place reliance on the Council and Health Board's internal control framework. The Council's Internal Audit Annual Report has concluded that that reasonable assurance can be placed upon the adequacy and effectiveness of West Dunbartonshire Council's systems of governance, risk management and internal control in the year to 31 March 2020.

There were no significant issues that were highlighted for inclusion in the Council's Annual Governance Statement though it was recognised that the significant incident in late March 2020 and the Council's responses as a Category 1 responder during the COVID-19 pandemic tested how well the Council's risk management, governance and internal controls framework is operating.

The Health Board's Internal Audit Annual Report concluded that the internal control framework provides reasonable assurance regarding the achievement of objectives, the management of key risks and the delivery of best value, except in relation to:

- Service Redesign – Acute Stroke Services;
- Operational Planning;
- Medicines Reconciliation in Hospital;
- Sickness Absence Follow Up; and
- I.T. Security.

Management has committed to implementing the necessary improvement actions in all of the above areas and progress is being reported regularly to the Audit and Risk Committee.

Impact of Covid-19 Response on Governance Arrangements

From mid-March 2020 as the effects of the Covid-19 pandemic began to impact on daily life in Scotland, the response of those charged with the delivery of public services especially health and social care services had to be rapid. To adapt services to meet the challenge of

the pandemic there had to be appropriate and transparent amendments to current governance frameworks.

An urgent item - Temporary Decision Making Arrangements (Appendix 1, 16.) was considered by the 25 March 2020 HSCP Board which recommended:

- Approve the suspension of normal governance arrangements during the Covid-19 pandemic and accept the alternative Board meeting arrangement outlined at section 4 of this report; and
- Approve delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, be enacted "if required", to meet immediate operational demand on decisions normally requiring Board approval;

This is managed through weekly telephone conferences and a decisions log/approval tracker which captures the timeline and any action sheets or final reports are published on the HSCP website. There are also weekly Chief Officer Briefings issued to all board members which update on key service impacts of Covid-19 and the interpretation of national guidance on local services.

All members of the HSCP Senior Management Team and key stakeholders are participants in a variety of HSCP specific Covid-19/Business Continuity response groups as well as WDC, NHSGGC and Scottish Government Strategic Resilience and Tactical Groups. In mid-March the Clinical and Care Governance Group stepped down and a Local Management Response Team (LMRT) was established to respond to the Covid-19 pandemic. Membership included the HSCP SMT, our newly appointed Clinical Directors, staff side union and third sector representatives. The initial meeting took place on 17 March and at least weekly thereafter. This remains in place, however the Clinical and Care Governance Group has re-established its 6 weekly meeting cycle effective from 1 June 2020.

A comprehensive Covid-19 Impact Risk Register was developed covering all aspects of service delivery ranging from risk to service delivery from staff absence, system failure, insufficient PPE, Complaints, Freedom of Information Requests, Carer illness and increased demand for emergency support for various vulnerable individuals and families.

By the 3 April the Scottish Government required each HSCP to submit a Local Mobilisation Plan (LMP) and associated Financial Cost Tracker, which set out the high level service response across all delegated health and social care services. These were approved in principle by the Cabinet Secretary for Health and Sport on 9 April with ongoing follow-up to understand the impact on service delivery and associated costs.

The LMP set out how existing services could be impacted and their response as well as considering new service areas that required to be established to support health and care services in this public health emergency. This included the opening of two Covid-19 Hubs on 2 April to distribute the necessary Personal Protective Equipment (PPE) and two Community Assessment Centres (Clydebank and Renton) to support the clinical assessment and testing of people referred with potential Covid-19 symptoms.

Business as Usual Governance Issues

As referred to under "Review of Adequacy and Effectiveness" above the Local Code was reviewed at the 25 June HSCP Board. The overall assessment was that there were improvements in overall compliance with the principles of the code, due to the completion or significant progress of a number of the Improvement Actions identified in last year's review, including:

- The Development of a Medium Term Financial Plan - presented and approved by the 25 March 2020 HSCP Board. Impact of Covid-19 pandemic and recovery plans will impact on scenario planning; and
- Evaluating the effectiveness of the Audit Committee.

The Local Code review also included the HSCP Board's Improvement Actions for 2020/21. This included those 2019/20 actions not fully complete plus one new action detailed below:

Improvement Action	Lead Officer	Due Date
Review and revise the format of HSCP Board Reports to reflect the new guidance on Statutory Directions issued by the Scottish Government in January 2020.	Chief Financial Officer and Head of Strategy and Transformation	September 2020

Recovery and Renewal

While some service areas are still in response mode the HSCP senior management in partnership with key stakeholders are shifting focus to the "Recovery and Renewal" phases.

The Clinical and Care Governance Group has re-established its 6 weekly meeting cycles and at its 1 June meeting it began its review of the governance arrangements for services developed and responses to key policy directives introduced as a consequence of Covid 19 to provide assurance around compliance with these requirements. This included:

- HSCP Covid Community Assessment Centres;
- Provision of enhanced care assurance visits to local authority and independent care homes;
- Testing in Care Homes – incorporating all current guidance; and
- Legislative powers introduced as result of Coronavirus Act and with respect to any impact on service quality.

Reflective Learning will be a key element of recovery as well as building on the enhanced partnership working and collaboration required to creatively adapt services to meet service user needs in line with strategic priorities.

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

Conclusion and Opinion on Assurance

Overall the Chief Internal Auditor's evaluation of the control environment concluded that; based on the audit work undertaken, the assurances provided by the Chief Officers of the HSCP Board, West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, the review of the local code and knowledge of the HSCP Board's governance, risk management and performance monitoring arrangements:

"It is my opinion, based on the above, that reasonable assurance can be placed upon the adequacy and effectiveness of systems of governance, risk management and internal control in the year to 31 March 2020 within the Council and the Health Board over which the Partnership Board requires to receive assurances and within the Health & Social Care Partnership Board itself.

Covid-19
The significant incident in late March tested how well the HSCP Board's risk management, governance and internal controls framework is operating. It will be important for the HSCP Board, at the appropriate time, to carry out a post-incident review and highlight any lessons learned."

Assurance and Certification

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the HSCP Board's system of governance.

We consider the internal control environment provides reasonable and objective assurance that any significant risks impacting on our principal objectives will be identified and actions taken to mitigate their impact and deliver improvement.

Allan Macleod Date: 23 September 2020
HSCP Board Chair

Beth Culshaw Date: 23 September 2020
Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2018/19 Gross Expenditure Restatement £000	2018/19 Gross Income Restatement £000	2018/19 Net Expenditure Restatement £000	West Dunbartonshire Integrated Joint Board Health and Social Care Partnership	2019/20 Gross Expenditure £000	2019/20 Gross Income £000	2019/20 Net Expenditure £000
Consolidated Health & Social Care						
53,165	(8,157)	45,008	Older People Services	53,584	(8,058)	45,526
3,270	(263)	3,007	Physical Disability	3,099	(215)	2,884
23,618	(1,107)	22,511	Children and Families	26,122	(1,223)	24,899
11,554	(2,605)	8,949	Mental Health Services	12,195	(2,764)	9,431
2,730	(162)	2,568	Addictions	3,520	(635)	2,885
17,266	(611)	16,655	Learning Disabilities services	17,784	(626)	17,158
26,824	(1,086)	25,738	Family Health Services	28,484	(1,057)	27,427
19,383	0	19,383	GP Prescribing	19,432	0	19,432
6,447	(193)	6,254	Hosted Services - MSK Physio	6,572	(202)	6,370
763	(8)	755	Hosted Services - Retinal Screening	824	0	824
2,120	(2,120)	0	Criminal Justice	2,170	(2,170)	0
4,069	(826)	3,243	Other Services	5,675	(770)	4,905
270	0	270	IJB Operational Costs	281	0	281
171,479	**(17,138)**	**154,341**	**Cost of Services Directly Managed by WD HSCP**	**179,742**	**(17,720)**	**162,022**
29,522	0	29,522	*Set aside for delegated services provided in large hospitals	28,389	0	28,389
577	0	577	Assisted garden maintenance and Aids and Adaptations	661	0	661
201,578	**(17,138)**	**184,440**	**Total Cost of Services to WD HSCP**	**208,792**	**(17,720)**	**191,072**
	(185,478)	(185,478)	Taxation & Non-Specific Grant Income (contribution from partners) **Note 7**	0	(191,955)	(191,955)
201,578	**(202,616)**	**(1,038)**	**(Surplus) or Deficit on Provisions of Services**	**208,792**	**(209,675)**	**(883)**

***NHSGGC are now in a position to report the set aside figures based on actual expenditure which has resulted in the restatement of 18/19 figures which were previously based on a notional budget figure. The notional budgets for set aside were based on NRAC activity and information from the cost book and were very high level. Actual figures are now based on a much more detailed approach including actual spend and activity for each year. This has had no impact on the reported surplus in 2018/19.*

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the HSCP Board's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

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

Movement in Reserves During 2018/19	Unearmarked Reserves Balance £000	Earmarked Reserves Balance £000	Total General Fund Reserves £000
Opening Balance as at 31 March 2018	**(1,706)**	**(4,436)**	**(6,142)**
Total Comprehensive Income and Expenditure (Increase)/Decrease 2018/19	(751)	(287)	(1,038)
Closing Balance as at 31 March 2019	**(2,457)**	**(4,723)**	**(7,180)**

BALANCE SHEET

The Balance Sheet shows the value of the HSCP Board's assets and liabilities as at the balance sheet date. The net assets of the HSCP Board (assets less liabilities) are matched by the reserves held by the HSCP Board.

2018/19 £000		Notes	2019/20 £000
7,180	Short Term Debtors	9	8,113
7,180	**Current Assets**		**8,113**
0	Short Term Creditors	10	0
0	Provisions	11	(50)
0	**Current Liabilities**	**-**	**(50)**
7,180	**Net Assets**	**-**	**8,063**
(7,180)	Usable Reserves	12	(8,063)
(7,180)	**Total Reserves**	**-**	**(8,063)**

The unaudited accounts were issued on 25 June 2020 and the audited accounts were authorised for issue on 23 September 2020.

Julie Slavin CPFA
Chief Financial Officer

Date: 23 September 2020

NOTES TO THE FINANCIAL STATEMENTS

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarises the HSCP Board's transactions for the 2019/20 financial year and its position at the year-end of 31 March 2020.

The HSCP Board was established under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a joint venture between West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.

The HSCP Board is a specified Section 106 body under the Local Government (Scotland) Act 1973 and as such is required to prepare their financial statements in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the HSCP Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the HSCP Board.
- Income is recognised when the HSCP Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

1.3 Funding

The HSCP Board is primarily funded through contributions from the statutory funding partners, WDC and NHSGGC. Expenditure is incurred as the HSCP Board commission's specified health and social care services from the funding partners for the benefit of service recipients in West Dunbartonshire and service recipients in Greater Glasgow and Clyde, for services which are delivered under Hosted arrangements.

1.4 Cash and Cash Equivalents

The HSCP Board does not operate a bank account or hold cash and therefore has not produced a cashflow statement for these annual accounts Transactions are settled on behalf of the HSCP Board by the funding partners. Consequently the HSCP Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner, as at 31 March 2020, is represented as a debtor or creditor on the HSCP Board's Balance Sheet.

1.5 Employee Benefits

The HSCP Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The HSCP Board therefore does not present a Pensions Liability on its Balance Sheet.

The HSCP Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

1.6 Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2020 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2020, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2020, whose existence will only be confirmed by later events. A contingent asset is not recognised in the HSCP Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

1.7 Reserves

The HSCP Board's reserves are classified as either Usable or Unusable Reserves.

The HSCP Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2020 shows the extent of resources which the HSCP Board can use in later years to support service provision or for specific projects.

1.8 Indemnity Insurance

The HSCP Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding HSCP Board member and officer responsibilities. Greater Glasgow and Clyde Health Board and West Dunbartonshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the HSCP Board does not have any 'shared risk' exposure from participation in CNORIS. The HSCP Board's participation in the CNORIS scheme is therefore analogous to normal insurance arrangements. Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the HSCP Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

1.9 VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Prior Year Re-Statement

Within the Comprehensive Income and Expenditure Statement the set aside figure for 2018/19 has been restated. The set aside resource for delegated services provided in large hospitals is determined by analysis of hospital activity and cost information. This figure was previously based on a notional budget figure based on NRAC activity and information from the cost book and was very high level. For 2019/20 the set aside value is now based on a detailed approach including actual spend and activity levels.

3. Accounting Standards Issued Not Yet Effective

The Code requires the disclosure of information relating to the expected impact of an accounting change that will be required by a new standard that has been issued but not yet adopted.

The HSCP Board considers that there are no such standards which would have significant impact on its Annual Accounts.

4. Critical Judgements and Estimation Uncertainty

In preparing the 2019/20 financial statements within NHSGGC, each IJB has operational responsibility for services, which it hosts on behalf of the other IJB's. In delivering these services the IJB has primary responsibility for the provision of the services and bears the risk and reward associated with this service delivery in terms of demand and the financial resources required. As such the IJB is considered to be acting as 'principal', and the full costs should be reflected within the financial statements for the services which it hosts. This is the basis on which West Dunbartonshire HSCP Board accounts have been prepared. See Note 8 below for details.

5. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Financial Officer on 23 September 2020. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

6. Expenditure and Income Analysis by Nature

2018/19 Restatement £000	West Dunbartonshire Integrated Joint Board Health & Social Care Partnership Consolidated Health & Social Care Services	2019/20 £000
67,444	Employee Costs	70,609
894	Property Costs	1,062
1,507	Transport	1,472
6,560	Supplies and Services	4,985
47,019	Payment to Other Bodies	51,615
23,294	Prescribing	24,014
22,728	Family Health Services	23,773
1	Capital Charges	0
2,007	Other – Direct Payments	2,185
25	Audit Fee	27
577	Assisted Garden Maintenance and Aids and Adaptations	661
29,522	*Set Aside for Delegated Services Provided in Large Hospitals	28,389
(17,138)	Income	(17,720)
(185,478)	Taxation and non specific grant income	(191,955)
(1,038)	**Surplus on the Provision of Services**	**(883)**

There are no statutory or presentational adjustments which reflect the WDHSCP Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

7. Taxation and Non-Specific Grant Income

The funding contribution from the NHS Greater Glasgow and Clyde Health Board shown below includes £28,389m in respect of 2019/20 'set aside' resources relating to acute hospital and other resources. These are provided by the Health Board which retains responsibility for managing the costs of providing the services. The HSCP Board however has responsibility for the consumption of, and level of demand placed on, these resources.

2018/19 Restatement £000	Taxation and Non-Specific Grant Income	2019/20 £000
(91,061)	NHS Greater Glasgow and Clyde Health Board	(95,322)
(64,318)	West Dunbartonshire Council	(67,583)
(29,522)	*NHS GGCHB Set Aside	(28,389)
(577)	Assisted garden maintenance & Aids and Adaptations	(661)
(185,478)	**Total**	**(191,955)**

8. Hosted Services

Consideration has been made on the basis of the preparation of the 2019/20 accounts in respect of MSK Physiotherapy, Retinal Screening and Old Age Psychiatry Services hosted by West Dunbartonshire HSCP Board for other IJBs within the NHSGGC area. The HSCP Board is considered to be acting as a "principal", with the full costs of such services being reflected in the 2018/19 financial statements. The cost of the hosted services provided to other IJBs for 2018/19 is detailed in the table below:

2018/19 £000 Net Expenditure of Other IJB Activity	Host Integrated Joint Board	Service Description	2019/20 £000 Net Expenditure of Other IJB Activity
5,366	West Dunbartonshire	MSK Physiotherapy	5,845
689	West Dunbartonshire	Retinal Screening	746
73	West Dunbartonshire	Old Age Psychiatry	64
6,128		**Cost to GGC IJBs for Services Hosted by WD**	**6,655**

Similarly, other IJBs' within the NHSGGC area act as the lead manager (or host) for a number of delegated services on behalf of the WD HSCP Board. The table below details those services and the cost of providing them to residents of West Dunbartonshire, based on activity levels, referrals and bed days occupied.

2018/19 £000 Net Expenditure by WD HSCP	Host Integrated Joint Board	Service Description	2019/20 £000 Net Expenditure by WD HSCP
617	East Dunbartonshire	Oral Health	625
570	East Renfrewshire	Learning Disability	846
0	East Renfrewshire	Augmentative and Alternative Communication	4
286	Glasgow	Continence	283
563	Glasgow	Sexual Health	560
1,431	Glasgow	Mental Health Services	1,257
1,048	Glasgow	Addictions	1,046
763	Glasgow	Prison Healthcare	806
189	Glasgow	Health Care Police Custody	188
5,003	Glasgow	General Psychiatry	4,552
0	Inverclyde	General Psychiatry	13
521	Renfrewshire	Podiatry	535
298	Renfrewshire	Primary Care Support	306
11,289		**Cost to WD for Services Hosted by Other IJBs**	**11,021**

9. Debtors

2018/19 £000	Short Term Debtors	2019/20 £000
0	NHS Greater Glasgow and Clyde Health Board	0
7,180	West Dunbartonshire Council	8,113
7,180	**Total**	**8,113**

10. Creditors

2018/19 £000	Short Term Creditors	2019/20 £000
0	NHS Greater Glasgow and Clyde Health Board	0
0	West Dunbartonshire Council	0
0	**Total**	**0**

11. Provisions

A provision has been established in relation to the insurance excess value payable as a result of an claim arising from Employer's Liability Insurance Claim

2018/19 £000	Provisions	2019/20 £000
0	Insurance Claim	(50)
0	**Total**	**(50)**

12. Useable Reserve: General Fund

The HSCP Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the HSCP Board's risk management framework.

Balance as at 31 March 2019 £000	Total Reserves	Transfers Out 2019/20 £000	Transfers In 2019/20 £000	Balance as at 31 March 2020 £000
(6)	GIRFEC Council	6	0	0
(71)	Criminal Justice - Transitional Funds	0	(24)	(95)
(183)	Carers Funding	0	0	(183)
(773)	Social Care Fund - Living Wage	95	0	(678)
(971)	Service Redesign & Transformation	329	0	(642)
(420)	Integrated Care Fund	420	0	0
(103)	Delayed Discharge	103	0	0
0	Unscheduled Care Services	0	(500)	(500)
(99)	GIRFEC NHS	27	0	(72)
(174)	DWP Conditions Management	5	0	(169)
(146)	TEC (Technology Enabled Care) Project	24	0	(122)
(260)	Primary Care Transformation	260	0	0
(125)	Physio Waiting Times Initiative	0	(122)	(247)
(60)	Retinal Screening Waiting List Grading	36	0	(24)
(68)	GP Premises Improvement Funding	68	0	0
(369)	Prescribing Reserve	0	(486)	(855)
(123)	Mental Health - Action 15	47	0	(76)
(482)	Primary Care Improvement Plan	482	0	0
(290)	Alcohol & Drug Partnership	283	0	(7)
0	CAMHS	0	(171)	(171)
0	Primary Care Board wide MDT	0	(27)	(27)
0	Child Health Weight (Henry Programme)	0	(15)	(15)
0	Infant Feeding PFG Funding	0	(30)	(30)
0	Clydebank Health & Care Centre	0	(250)	(250)
0	COVID-19 Recovery/Increased Demand	0	(515)	(515)
0	Un achievement of Savings	0	(485)	(485)
0	PCIP Premises	0	(91)	(91)
(4,723)	**Total Earmarked Reserves**	**2,185**	**(2,716)**	**(5,254)**
(2,457)	**Total Un-earmarked Reserves**	**0**	**(352)**	**(2,809)**
(7,180)	**Total General Fund Reserves**	**2,185**	**(3,068)**	**(8,063)**
	Overall Movement			**(883)**

13. Related Party Transactions

The HSCP Board has related party relationships with the Greater Glasgow and Clyde Health Board and West Dunbartonshire Council. In particular the nature of the partnership means that the HSCP Board may influence, and be influenced by, its partners. The following transactions and balances included in the HSCP Board's accounts are presented to provide additional information on the relationships.

Both NHSGGC and WDC provide a range of support services to the HSCP Board which includes legal advice, human resources support, some financial services and technical support. Neither organisation levied any additional charges for these services for the year ended 31 March 2020.

Transactions with Greater Glasgow and Clyde Health Board

2018/19 Restatement £000		2019/20 £000
(120,583)	Funding Contributions Received from the NHS Board	(123,711)
119,754	Expenditure on Services Provided by the NHS Board	123,237
(829)	**Net Transactions with NHS Board**	**(474)**

Transactions with West Dunbartonshire Council

2018/19 £000		2019/20 £000
(64,895)	Funding Contributions Received from the Council	(68,244)
64,416	Expenditure on Services Provided by the Council	67,554
270	Key Management Personnel: Non Voting Members	281
(209)	**Net Transactions with West Dunbartonshire Council**	**(409)**

14. External Audit Costs

In 2019/20 the HSCP Board incurred external audit fees in respect of external audit services undertaken in accordance with the Code of Audit Practice:

2018/19 £000		2019/20 £000
25	Fees Payable	27

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of West Dunbartonshire Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of West Dunbartonshire Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the West Dunbartonshire Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is 3 years. I am independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Financial Officer and West Dunbartonshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The West Dunbartonshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or

- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or

- I have not received all the information and explanations I require for my audit; or

- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight FCA
Audit Director
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24 September 2020

APPENDIX 1: LIST OF WEBSITE LINKS

1. http://www.wdhscp.org.uk/media/1215/wdhscp-integration-scheme-may-2015.pdf
2. http://wdhscp.org.uk/media/2158/hscp-strategic-plan-2019-2022.pdf
3. https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview
4. http://www.wdhscp.org.uk/about-us/public-reporting/performance-reports/
5. http://www.wdhscp.org.uk/media/2323/document-pack-hscp-board-25-06-20.pdf
6. http://www.wdhscp.org.uk/media/2310/2019-20-financial-performance-update.pdf
7. http://www.wdhscp.org.uk/media/2018/wd-hscp-board-financial-regulations-feb-2018.pdf
8. http://www.wdhscp.org.uk/media/1874/wdhscp-risk-policy-and-strategy-august-2015.pdf
9. http://www.wdhscp.org.uk/media/2286/document-pack-erratum-notice-bookmarked-hscp-board-19022020.pdf
10. http://www.wdhscp.org.uk/media/2305/reserves-policy-april-2020.pdf
11. http://www.wdhscp.org.uk/media/2298/supplementary-document-pack-hscp-250320-3.pdf
12. http://www.wdhscp.org.uk/media/2299/appendix-8-wdhscp-draft-medium-term-plan-202021-to-202425.pdf
13. http://www.wdhscp.org.uk/media/2320/wdhscp-local-code-of-good-governance-2020.pdf
14. http://www.wdhscp.org.uk/media/2276/audit-committee-tor-revised-october-2019.pdf
15. http://wdhscp.org.uk/media/2281/audit-committee-papers-11-december-2019.pdf
16. http://wdhscp.org.uk/media/2300/urgent-item-temporary-decision-making-arrangements.pdf

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

23 September 2020

Subject: Dementia Strategy Implementation

1. Purpose

1.1 The purpose of this report is to update the HSCP Board on the progress made in relation to the Dementia Strategy Implementation Plan.

2. Recommendations

2.1 Update for noting.

3. Main Issues

3.1 Dementia Strategy Implementation Group will reconvene on the 5th of October and each month thereafter.

3.2 Refresh of membership as agreed.

3.3 Membership –

Barbara Barnes- Chair of HSCP Locality Engagement Network
Kelly Connor- Nurse Team Leader NHS Older People Mental Health
Fraser Downie – Integrated Operations Manager Mental Health
Robert McFarlane - Integrated Operations Manager Learning Disability
Lynne McKnight - Integrated Operations Manager Homecare
Brian Polding-Clyde - Change Fund Project Officer
Selina Ross – Chief Officer, WDCVS
Bernadette Smith- Integrated Operations Manager- Care Home
Kevin Black – Alzheimer Scotland
Alex Wrens – Care at Home Co-ordinator
Kim McNab - Service Manager Carers Centre

3.4 Dementia Strategy Implementation Group Meeting is scheduled 6 weekly- First meeting pre Covid has been scheduled for 5th of October 2020 Implementation Group will continue to develop Dementia Strategy Plan.

4. People Implications

5.1 No implications

6. Financial and Procurement Implications

6.1 There are no direct financial implications arising from this report.

7. Risk Analysis

7.1 Previous lack of executive accountability and accountability for delivery and performance leaves the HSCP exposed in terms of reputational risk.

8. Equalities Impact Assessment (EIA)

8.1 An equalities impact assessment has not been undertaken as part of the production of this report as none of the recommendations impact on the protected characteristics. However, there will be a requirement to complete an EIA as part of the strategic review work, prior to reporting to IJB.

9. Consultation

9.1 The implementation Group consists of LENS representative, people with lived experience and Carer Centre support and will commission further community engagement as required.

10. Strategic Plan

10.1 This work is in line with the HSCPs 5 key strategic priorities: early intervention; access; resilience; assets and inequalities. It also aligns the HSCP to the Scottish Government Dementia Startegy.

Prepared by:

Fraser Downie
Integrated Operational Manager Mental Health.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

23 September 2020

Subject: Autism Strategy

1. Purpose

1.1 The purpose of this report is to update the HSCP Board on the progress made in relation to the review of the Autism Strategy.

2. Recommendations

2.1 It is recommended that the HSCP Board note:

a. The establishment of the Autism Strategy Steering group.

b. The appointment of a Lead Officer responsible for coordinating the development and implementation of the Autism Strategy.

c. The nomination of suitable representatives from each functional service to participate in the Autism Strategy Steering Group.

d. The nomination of suitable representatives from WDC and partner services who could support the ASSG as required.

3. Update

3.1 The Autism Strategy Steering Group will meet on the 6th of October and every month thereafter for 6 months. The minutes and actions of these meetings will be available and an update will be given to each IJB. This update will detail timescales and progress on the development and implementation of the strategy, as well as actions taken to mitigate any barriers to progress.

4. People Implications

4.1 The ASSG will explore options for Autism specific practitioners and which service is best placed to host them. Any proposals will be agreed at the ASSG and taken to the SMT and IJB as appropriate.

5. Financial and Procurement Implications

5.1 There are no direct financial implications arising from this report, at this stage.

6. Risk Analysis

6.1 The continued absence of an Autism Strategy and Implementation plan, leave the HSCP open to challenge on the provision of autism aware services. The HSCP may find it is exposed in the upcoming Scottish Government review of Autism Strategies (2021).

7. Equalities Impact Assessment (EIA)

7.1 An equalities impact assessment has not been undertaken as part of the production of this report however, this will be included in the establishment and work of the ASSG, and contained in future reports.

8. Environmental Sustainability

8.1 Strategic Environmental Assessment (SEA) is not required and has not been undertaken.

9. Consultation

9.1 A full consultation will be undertaken as part of the work of the ASSG.

10. Strategic Plan

10.1 This work is in line with the HSCPs 5 key strategic priorities: early intervention; access; resilience; assets and inequalities. The ASSG will align progress to the Scottish Government's strategic outcomes and performance measure agreed by the ASSG.

Marie Rooney

Interim Head of Mental Health,
Learning Disabilities and Addictions

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

23 September 2020

Subject: Eligibility Criteria for HSCP Adult Social Care Services

1. Purpose

1.1 The purpose of this report is to provide the HSCP Board with a proposed policy position which supports the implementation of the National Framework for Eligibility Criteria for Adult Social Care Services.

2. Recommendations

2.1 It is recommended that the Board:

- Reaffirms its commitment to the ongoing implementation of the eligibility criteria by agreeing the accompanying **Eligibility Criteria for Adult Community Care Policy**
- Agrees that all reviews and new packages are considered against the Eligibility Criteria from 1st April 2021, allowing time for the management team to assess likely impact, and ensure effective implementation and communication plans are in place.

3. Background

3.1 National eligibility criteria in the form of a National Eligibility Framework for social care were agreed by the Scottish Government and CoSLA in 2009. Eligibility plays a crucial role in Self Directed Support (SDS). The Social Care (Self-directed Support) (Scotland) Act 2013 places a duty on local authority social work departments to offer people who are *eligible* for social care a range of choices over how they receive their support. Eligibility criteria are therefore inherent to the successful delivery of SDS.

3.2 In January 2010 the West Dunbartonshire Council Social Work and Health Committee approved a paper from the then Interim Executive Director of Social Work and Health which recommended the adoption of the National Eligibility Framework

3.3 In May 2020, as part of a review of the service landscape with a view to considering transformation and improvement opportunities, the HSCP Senior Management Team agreed four priority themes. The Senior Management Team acknowledged that these four pillars – Self Directed Support, Commissioning, Eligibility and Charging – were the foundations upon which any future improvement or transformational work would be built.

3.4 As part of this process, it was recognised that the National Eligibility Framework had been adopted by the HSCP however highlighted that formalising and publishing the document would ensure consistency across implementation and approval processes and also provide greater transparency for citizens and service users.

4. Main Issues

4.1 The Social Care (Self-directed Support) (Scotland) Act 2013 requires every HSCP to publish and implement local eligibility criteria for its adult social care services to ensure transparent, fair and equitable access to social care services.

4.2 In addition to supporting compliance with legislation and aligning the HSCP with other HSCP positions across the country, publishing and implementing the HSCP eligibility criteria will support the successful delivery of SDS. In 2018, as part of a thematic review of SDS in Scotland, the Care Inspectorate looked at the implementation of SDS in six partnerships across Scotland, including West Dunbartonshire. The Care Inspectorate recognised areas of good practice within learning disability and acquired brain injury services however found the implementation of SDS to be inconsistent (Thematic Review of SDS in Scotland, Care Inspectorate, 2019). In order to successfully deliver SDS, a robust Single Shared Assessment is required. Work is underway to develop this. One of the main purposes of the SSA will be to determine risk as it is outlined in the National Eligibility Framework.

4.3 The National Eligibility Framework proposes 4 main categories of risk and aligns eligibility for HSCP services accordingly. The categories include:

- **Critical Risk**: Indicates that there are major risks to an individual's independent living or health and well-being likely to call for the *immediate* or *imminent* provision of social care services (high priority).
- **Substantial Risk**: Indicates that there are significant risks to an individual's independence or health and wellbeing likely to call for the *immediate* or *imminent* provision of social care services (high priority).
- **Moderate Risk**: Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the *foreseeable future* without service provision, with appropriate arrangements for review.
- **Low Risk**: Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the *foreseeable future* or *longer term*.

4.4 The timescale descriptions used above indicate that services are likely to be required as follows:

- Immediate – required now or within 1-2 weeks
- Imminent – required now or within 6 weeks
- Foreseeable future – required within next 6 months
- Longer term – required within next 12 months or subsequently

4.5 For people assessed as being at 'critical' or 'substantial' risk there should be a standard maximum waiting time for **personal and nursing care services** of six weeks from the confirmation of need to the delivery of service.

4.6 Performance on meeting timescales for service delivery for each eligibility category is reported to the Scottish Government on a quarterly basis.

4.7 Examples of the criteria applied to different areas of a citizen's life are included in the policy provided with this report. The assessment process is provided as Figure 1 in the policy. Work is underway to develop a strengths based and outcome focussed Single Shared Assessment which will support the successful implementation of the local eligibility criteria.

4.8 Successful implementation of the eligibility criteria will see people receive services commensurate with their needs, strengths and risks to support them to achieve their outcomes. This could involve the citizen accessing universal services, third and independent sector support or more specialist HSCP support either as stand-alone support or in combination with other supports.

4.9 Successful implementation of the eligibility criteria will require staff training, a communications plan, Organisational Development support and ongoing monitoring and evaluation of SDS implementation. SDS, and the eligibility criteria as a component thereof, aims to create an empowering and outcome focused culture for citizens and staff where citizens are provided with proportionate and high quality care to help meet their desired outcomes, where strengths have been fully identified and harnessed to mitigate risks, where citizens have choice regarding care provision, and that this is reviewed regularly in line with eligibility so levels of care can be adjusted accordingly.

4.10 The implications for citizens are far reaching. When implemented as intended, the eligibility criteria will see resources aligned and commensurate with risk and need across the community. This may result in changes to the packages and levels of support provided to people which could increase or decrease. The policy and the Equalities Impact Assessment provide more detail. For this reason, full implementation will commence from 1st April 2021 to allow appropriate time to fully analyse the implications, and to ensure full implementation plans are rolled out.

4.11 The monitoring and evaluation framework which is currently being developed will allow the HSCP to review what is working well regarding implementation

and what requires further action, taking cognisance of intended and unintended outcomes.

5. People Implications

5.1 It is expected that the work will be delivered within existing resources.

5.2 Strong leadership throughout the HSCP will be crucial. Ongoing training and information for staff at all levels within the organisation and information for citizens will clearly communicate the intended impact of SDS.

5.3 The aforementioned staff training, communications plan, Organisational Development support and ongoing monitoring and evaluation of SDS implementation will facilitate the shift required to support successful implementation.

6. Financial and Procurement Implications

6.1 There are no direct financial implications arising from this report. However, clarity and improvements in relation to a strengths based and outcome focused SSA will lead to greater efficiency and effectiveness of budgetary spend, greater transparency and the HSCPs ability to demonstrate adherence to the principles of Best Value, specifically: Commitment and Leadership Responsiveness and Consultation; Sound Governance at a Strategic, Financial and Operational Level; Sound Management of Resources; Use of Review and Options Appraisal; Competitiveness; Equal Opportunities Arrangements; Joint Working and Accountability.

7. Risk Analysis

7.1 Failure to publish and implement eligibility criteria leaves the HSCP exposed in terms of audit and reputational risk.

7.2 There is a risk that through appropriate implementation of eligibility criteria, some packages of care will be revised. This would be expected during reviews, as is elaborated upon in the policy and the EIA, as part of assessing need, risk and strengths. Staff may require support with any changes to practice that act as barriers to this, and they in turn may require to support citizens with the implementation of the policy.

7.3 It is recognised that the use of eligibility criteria as a means of managing demand for social care is imperfect and unless properly deployed can result in resources being narrowly focused on individuals with acute needs or on specific client groups. There is also evidence that inappropriate application of eligibility criteria can hinder the person-centred and outcome- focused assessment and support planning that is essential to deliver Self Directed Support. We will use our monitoring and evaluation framework and

partnership working with Scottish Government as well as expertise from local and national stakeholders to mitigate this risk.

8. Equalities Impact Assessment (EIA)

8.1 An equalities impact assessment has been undertaken and is provided below as part of this report.

9. Environmental Sustainability

9.1 Strategic Environmental Assessment (SEA) is not required and has not been undertaken.

10. Consultation

10.1 Consultation was undertaken with a small number staff (n=6) who would be responsible for the implementation of the policy. They were asked about comprehension (did it make sense), as an aide to assessment (would it assist their decision making) and whether they could explain the policy to service users. Notwithstanding some queries about individual service requirements, all responded in the affirmative to each question.

10.2 A communications plan will be developed in relation to how the eligibility criteria are (re)introduced to staff, service users and citizens. This plan will involve explaining to stakeholders that the WDHSCP is required to implement the National Eligibility Framework and that it will be transparent in doing so, and will do so in a way that is congruent with the WDHSCP values.

11. Strategic Plan

11.1 This work is in line with the HSCPs 5 key strategic priorities: early intervention; access; resilience; assets and inequalities. However, further work is required to more clearly align the eligibility criteria and the implementation of a strengths based and outcome focused SSA with these priorities.

11.2 For example, by successfully implementing the criteria as part of our approach to SDS we will tackle **inequalities** by facilitating equitable and clear **access** to HSCP resources, ensuring services are proportionate to need and risk. This will enhance **early intervention** by supporting people to access the continuum of services ranging from universal services through to those provided by our third and independent sector partners and onto more specialist HSCP support. Assessment will highlight **assets** and strengths each citizen possesses and we will work collaboratively in a way that enables citizens to achieve their outcomes and increase their **resilience**, to be able to live well in the presence or absence of symptoms and conditions.

Jo Gibson
Head of Health and Community Care

West Dunbartonshire
Health & Social Care Partnership
Improving Lives with the People of West Dunbartonshire

Eligibility Criteria for Adult Community Care Policy

Lead Officer:	Jo Gibson, Head of Health and Community Care
Policy Approved By:	West Dunbartonshire Health and Social Care Partnership Board
Date Approved:	23/09/2020 TBC
Review Date:	23/09/2023 (Pending approval date)

1. POLICY OBJECTIVES

1.1 The West Dunbartonshire Health and Social Care Partnership (HSCP) is responsible for working in collaboration with citizens to determine (i) whether a need for the provision of community care support exists and (ii) how such need should be met.

1.2 Scottish Government Guidance locates eligibility decisions very clearly within the legal framework for community care assessment. Under section 12A of the Social Work (Scotland) Act 1968, Local Authorities have a duty to assess any adult who appears to need community care services:

The 1968 Act clearly describes assessment as a two-stage process: first there is the assessment of needs and then, having regard to the results of that assessment, the Local Authority shall decide whether the needs of that person call for the provision of services. The operation of local eligibility criteria applies to this second stage of the assessment process. (Para 6.3)

Whether someone is eligible for a community care service is a matter that will be determined, having regard to eligibility criteria, by assessing the person's need for community care services and deciding whether there is need that calls for the provision of such a service (Para 6.5)

1.3 The use of eligibility criteria applies to this second stage of the assessment process. Eligibility criteria requires to be used to determine whether a person assessed as needing community care requires a statutory service to be put in place in order to meet those needs. Eligibility criteria is also a means of managing overall demand for community care services within the finite resources.

1.4 This policy provides all staff with clarity in terms of three aspects of eligibility: the criteria that determine it, the thresholds that must be passed to trigger it, and the services that follow it. This document provides a framework within which the HSCP will have the flexibility to develop services taking account of local needs and circumstances, but in a way that ensures access to support is achieved more fairly, transparently and consistently. Furthermore, this policy will make it easier for service users to understand the level of support that they are entitled to.

2. POLICY APPLICATION

2.1 This policy applies to all service users over the age of 16 but excludes young people over the age of 16 where a designated children's service continues to be provided. The policy applies to planning for children and young people who are leaving school and will subsequently be subject to the adult community care policy environment.

2.2 This policy does not apply to carers, as defined by the Carers (Scotland) Act 2016, for whom a separate Carers Eligibility Criteria Policy will apply.

3. RELATED LEGISLATION, POLICIES AND PROCEDURAL MECHANISMS

3.1 West Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged over 16, as defined above) and older people are set out in the following legislation, policies and operational mechanisms, which are subject to change:

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013
- The Equality Act 2010
- The Mental Health (Scotland) Act 2015
- The Carers (Scotland) Act 2016

3.2 Other related policies and mechanisms:

- Single Shared Assessment Form
- Non Residential Charging Policy
- Eligibility Criteria Equality Impact Assessment
- Monitoring and Evaluation Framework for Self Directed Support

4. CONTEXT AND APPROACH TO IMPLEMENTATION

4.1 Scottish Government and CoSLA introduced a National Eligibility Framework which was adopted in West Dunbartonshire in 2010. This policy paper sets out how eligibility criteria will be used in West Dunbartonshire going forward.

4.2 Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are provided to those in greatest need by way of prioritisation, while also recognising where lower level intervention may prevent the deterioration of peoples' circumstances in less urgent need of support.

4.3 Eligibility criteria recognise 'risk' as the key factor in the determination of eligibility for community care services. However, many risks are changeable and can be offset by strengths and protective factors which will be included in a Single Shared Assessment. Where a citizen is eligible for statutory service(s), the urgency of risk should be kept in focus in determining how and when to respond to their support needs as per the waiting times (see below).

4.4 The principles guiding practice in this policy are underpinned by the HSCP strategic priorities of early intervention, access, inequalities, assets and resilience. The principles ensure that support provided or funded by West Dunbartonshire Health and Social Care Partnership are intended to:

- Promote, support and preserve maximum independence and resilience where practical and practicable;
- Promote equitable access to social care resources
- Adhere to the principals of early and minimum intervention;
- Compensate for the absence of alternative support or complement existing support;
- Be fully cognisant of the risk to the citizen if the support is not provided;
- Be fully cognisant of the citizen's individual, community and family assets. Examples of each include but are note limited to: individual: finances, skills, experience and abilities; community: clubs, libraries, church, interest groups; family: friends, neighbours, informal carers, circles of support.

4.5 Consideration should only be given to providing support when:

- The citizen is unable to meet the need themselves and, despite their assets, the risk persists to meet or exceed the threshold of the need for support;
- No other statutory agency has a duty to meet that need;
- Failure to respond to the need and risk would place the citizen in a situation of unmanageable or unreasonable risk.

4.6 The eligibility criteria prioritises risks into four categories: *critical, substantial, moderate* and *low*. When considered against the different areas of a person's life, it is possible and likely that risks will be at different levels e.g. the risk and harm of social isolation could be different from the risk and harm of being unable to meet their personal care needs. Accordingly, the areas of a citizen's life assessed through the Single Shared Assessment will identify risk and need across their life and provide an indication of eligibility for each.

4.7 The eligibility criteria considers both the severity of risks and the urgency of the requirement for intervention (see Table 1 for definitions of risk). Because each individual is unique, two people with the same diagnosis or condition will likely require a different level and blend of support; their needs and risks as well as their strengths and assets will inevitably combine to form different situations. Assessment and support planning done in collaboration with the citizen and other relevant persons will be instructive in terms of what needs remain outstanding and the urgency with which they require to be met. The eligibility criteria will help inform decisions about which supports may be available and from whom support can be sought and provided.

4.8 It is not appropriate simply to place citizens who require support in a date order queue. Response to need will be informed by the continuing systematic review of each citizens needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

4.9 In managing access to finite resources, the Health and Social Care Partnership will focus first on those people assessed as having the most significant risks to their independent living or wellbeing. Where people are assessed as being in the *critical* or *substantial* risk categories their needs will generally call for the immediate or imminent provision of support (definitions provided below). Those citizens will receive that support as soon as reasonably practicable and, in the case of older people in need of personal or nursing care services, not later than six weeks from the confirmation of need for the service.

4.10 Where eligibility is assessed as *moderate*, the primary response of the HSCP will be to provide the individual with advice/information and/or to signpost to community resources, supporting access to same where practical and practicable. Exceptions may be made where the absence of HSCP involvement will lead to a deterioration in the citizens circumstances and is likely to cost both the citizen and the Local Authority greater expense (financial and otherwise) in the future. In these circumstances a short term intervention focussed on rehabilitation and enablement may be offered. Interventions of this nature will not normally continue beyond a six-week period, but this may be extended if the benefits for so doing are demonstrable, explicitly time-limited and authorised by senior management. As with all decisions pertaining to eligibility and intervention, decisions will require to be evidence informed and made on a case by case basis.

4.11 Where eligibility is determined to fall into the *low* category, the response of HSCP services will be to provide the individual with advice/information and/or to signpost towards direct access to community resources.

4.12 The effect of the HSCP's eligibility criteria is that only services that reduce an individual's risk to a moderate level will normally be subject to statutory funding and provide the options in relation to Self Directed Support.

4.13 Key to discerning eligibility will be our outcome focused and strengths based approach to assessment and support planning. The proposed process is provided in Figure 1. Assessment and support planning will help address the following:

a. What is the citizens desired health and social care outcomes – what do they want to achieve?
b. What are the barriers to those outcomes – what are the needs and risks to the citizen being able to achieve those outcomes?

c. What are the citizen's strengths in relation to these outcomes – what can they do by and for themselves by drawing on their strengths and assets in order to achieve their outcomes and mitigate any risks?
d. What barriers to outcomes remain outstanding and what can be supported by universal and other community based services?
e. Of any remaining barriers and risks, to what extent do these meet the eligibility threshold(s) for the provision of services by the HSCP and for which a budget can be provided to facilitate support?

4.14 An individual's needs, risks and strengths are likely to change which will directly impact on their eligibility and need for services. Using the eligibility criteria the types of services and how urgently they are required will change depending on the outcome of the assessment of need, risks and strengths. Timeous review of requirements will increase reablement, prevent dependence on services and increase independence where possible while also facilitating the possible redeployment of resources to others in need.

4.15 Following the completion of a Single Shared Assessment a date for review will be agreed. Outwith this planned review, a citizen can request to be re-assessed when there has been a demonstrable change in their circumstances. Similarly, if the HSCP becomes aware of a change in circumstances, this too should trigger a review of care needs/provision. This could either be a deterioration or improvement in a citizens circumstances and where such a change is likely to influence their eligibility status.

4.16 The conclusion of the Single Shared Assessment will see decisions taken about eligibility. These will be explained clearly and in a way that's understood by the citizen. If the citizen disagrees with the outcome, they should discuss it with the assessing officer. If still dissatisfied, this should be escalated to the line manager of the assessing officer. If not satisfactorily resolved, the citizen should be supported to follow WDHSCP complaints procedure.

Eligibility Criteria for WDHSCP Social Care Services

Intensity of Risk (definitions for timescale descriptions in italics is provided in Waiting Times section)
Critical Risk: Indicates that there are major risks to an individual's independent living or health and well-being likely to call for the *immediate* or *imminent* provision of social care services (high priority).
Substantial Risk: Indicates that there are significant risks to an individual's independence or health and wellbeing likely to call for the *immediate* or *imminent* provision of social care services (high priority).
Moderate Risk: Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an ongoing basis or they may simply be manageable over the *foreseeable future* without service provision, with appropriate arrangements for review.
Low Risk: Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the *foreseeable future* or *longer term*.

Waiting Times for WDHSCP Social Care Services

The timescale descriptions used above indicate that services are likely to be required as follows:

Immediate – required now or within 1-2 weeks

Imminent – required now or within 6 weeks

Foreseeable future – required within next 6 months

Longer term – required within next 12 months or subsequently

For people assessed as being at 'critical' or 'substantial' risk there should be a standard maximum waiting time for **personal and nursing care services** of six weeks from the confirmation of need to the delivery of service.

Performance on meeting timescales for service delivery for each eligibility category is reported to the Scottish Government on a quarterly basis.

Definitions of Risk / Priority

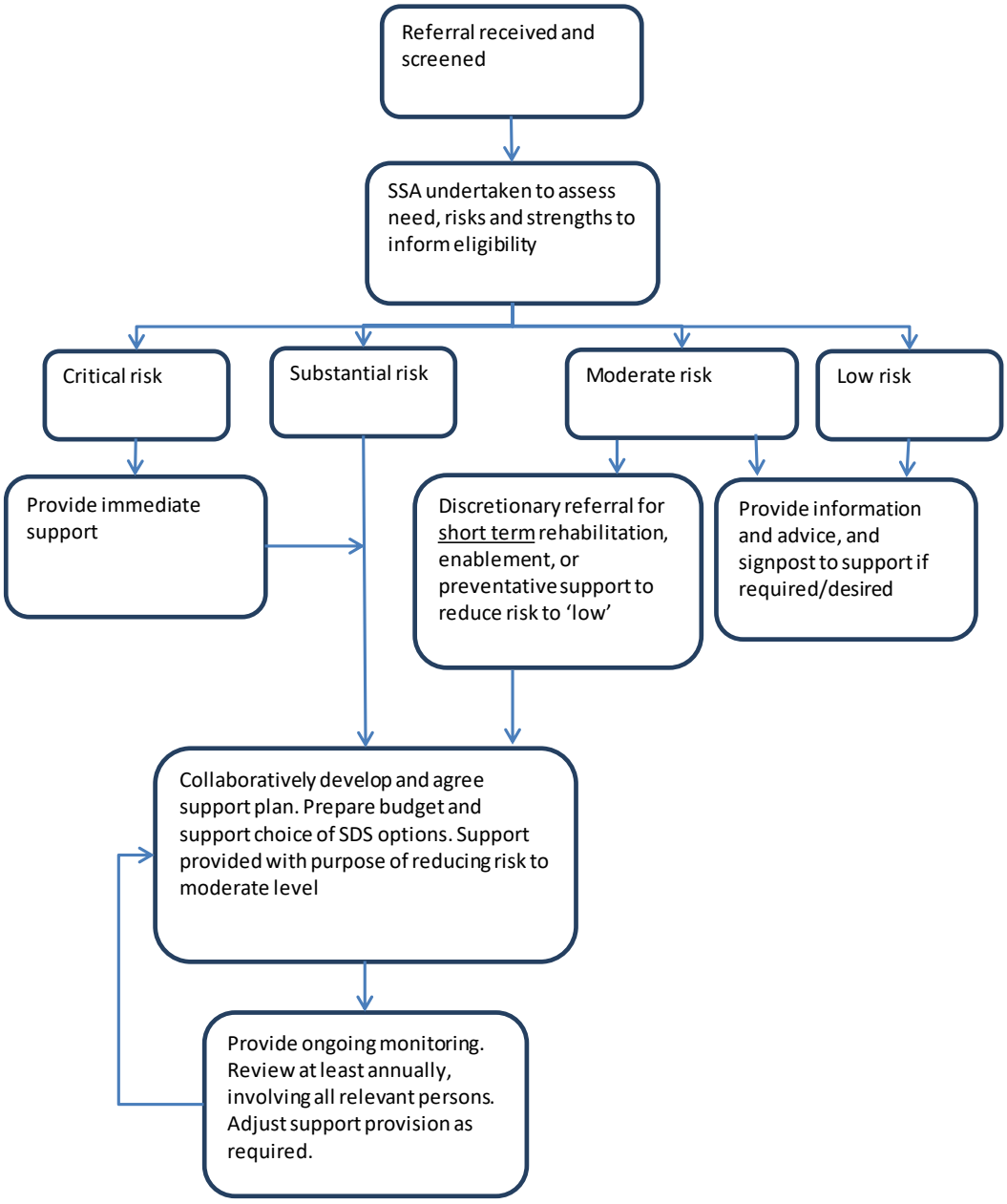
Table 1 provides definitions of risk factors for each of the bands in the national eligibility framework as provided by Scottish Government. These are based on definitions already operated by some Scottish councils. Inevitably, these are broad descriptions and call on the judgement of those applying the eligibility criteria in each case.

Table 1: Definitions of Risk / Priority

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		**(Medium / Preventative)**	**(Low/ Preventative)**
Risks relating to neglect or physical or mental health			
Major health problems which cause life threatening harm or danger to client or others.	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems indicating some risk to independence and/or intermittent distress, potential to maintain health with minimum interventions.	Few health problems indicating low risk to independence, potential to maintain health with minimum interventions
Serious abuse or neglect has occurred or is strongly suspected and client needs protective intervention by social care services (includes financial abuse and discrimination).	Abuse or neglect has occurred or is strongly suspected (includes financial abuse and discrimination).	Vulnerable person need to raise their awareness to potential risks of abuse	Preventive measures including reminders to minimise potential risk of abuse
Risks relating to personal care /domestic routines /home environment			

CRITICAL	SUBSTANTIAL	MODERATE	LOW
(High)		**(Medium / Preventative)**	**(Low/ Preventative)**
Unable to do vital or most aspects of personal care causing a major harm or danger to client or others or major risks to independence.	Unable to do many aspects of personal care causing significant risk of danger or harm to client or others or there are significant risks to independence.	Unable to do some aspects of personal care indicating some risk to independence.	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence.
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence.	Unable to manage many aspects of domestic routines causing significant risk of harm or danger to client or others or significant risk to independence.	Able to manage some aspects of domestic activities indicating some risk to independence.	Able to manage most aspects of basic domestic activities
Extensive/complete loss of choice and control over vital aspects of home environment causing major harm or danger to client or others or there are major risks to independence.	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or a significant risk to independence.	Able to manage some aspects of home environment, leaving some risk to independence.	Able to manage most basic aspects of home environment
Risks relating to participation in community life			
Unable to sustain involvement in vital aspects of work/ education/ learning causing severe loss of independence.	Unable to sustain involvement in many aspects of work/ education/ learning causing a significant risk to losing independence.	Unable to manage several aspects of involvement in work/ learning /education and this will, in the foreseeable future, pose a risk to independence.	Has difficulty undertaking one or two aspects of work/learning / education / family and/or social networks indicating little risk to independence.
Unable to sustain involvement in vital or most aspects of family /social roles and responsibilities and social contact causing severe loss of independence.	Unable to sustain involvement in many aspects of family /social roles and responsibilities and social contact causing significant distress and/or risk to independence.	Able to manage some of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.	Able to mange most of the aspects of family / social roles and responsibilities and social contact, that pose some risk to independence.

Figure 1: Proposed Assessment Flowchart



EQUALITY IMPACT ASSESSMENT FORM

This form is to be used in conjunction with the Equality Impact Assessment Guidelines. Please refer to these before starting; if you require further guidance contact wdhscp@ggc.scot.nhs.uk 01389 776 990

Section 1: Policy/Function/Decision (PFD) Details A **PFD** is understood in the broad sense including the full range of functions, activities and decisions the Health and Social Care Partnership is responsible for.	
Name of PFD:	Eligibility Criteria for Social Care (Adult) Services in West Dunbartonshire (Implementation of the National Eligibility Framework)
Lead Team & other departments/sections/ partners involved:	Strategy and Transformation Team on behalf of the HSCP.
Responsible Officer	Margaret-Jane Cardno, Head of Strategy and Transformation
Impact Assessment Team	John Burns, Service Improvement Lead; Margaret-Jane Cardno, Head of Strategy and Transformation; Ailsa King, Senior Health Improvement Officer
Is this a new or existing	Existing: the policy has been in place in West Dunbartonshire since 2010 (more detail below). The WDC website notes, "Eligibility criteria are in line with the Scottish Governments eligibility framework".
Start date: (the assessment should be started prior to PFD development/drafting or at the early stages of review): June 2020	
End date (this should allow for the assessment to inform decision-making):Aug 2020	
What are the main aims of the **PFD**?	1. To ensure fair access to adult social care services based on assessments of need, strength, risk and urgency.

	2. To ensure that criteria setting out eligibility and rationing are equitable across all groups of service users and carers, are transparent, and are known and understood by HSCP staff, partner agencies, and the public 3. To ensure that the resources available to meet adult social care needs are available to those with the greatest needs, or at greatest risk, and that people with lower level needs (and risk) have these met by preventative, universal and mainstream services, or via resources in their communities 4. To comply with the National Eligibility Framework issued by the Scottish Government and CoSLA on 28 September 2009, and thereby provide greater consistency across Scotland.
Who are the main target groups/ who will be affected by the **PFD**?	The eligibility framework will apply to all people who require adult social care support in West Dunbartonshire.
Relevance (of **PFD** to the general equality duties and equality groups, also record if there is no relevance giving reasons/ evidence)	
Yes: Relevant as this policy is about public service delivery	
	If yes, complete all sections, 2-9
	If no, complete only sections 8-9
	If don't know, complete sections 2& 3 to help assess relevance
Section 2: Evidence Please list the available evidence used to assess the impact of this PFD, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.	
Available evidence:	

Consultation/ Involvement with community, including individuals or groups or staff as relevant	Scottish Government and CoSLA undertook national consultation in 2009 while West Dunbartonshire Council undertook local engagement with citizens and staff before agreeing to adopt the policy in 2010. As part of our approach to delivering social care as part of an Integration Authority, and in reviewing our approach to delivering Self Directed Support (SDS), affirmation of the policy position by the Integration Joint Board is being sought. Consultation and involvement with communities of interest and geography, as well as staff and partner agencies will form part of our monitoring and evaluation framework for SDS implementation.
Research and relevant information	In January 2010 West Dunbartonshire Council Social Work and Health Improvement Committee received a report from the then Interim Executive Director of Social Work and Health on the adoption of the National Eligibility Framework. The following points from that report are relevant to this EIA: 1. "Eligibility criteria are intended to apply fairly and not discriminate between people's needs on the basis of age, client-group, geographical location, gender, ethnicity, social class, sexuality, or any other basis" 2. "The National Eligibility Criteria Guidance recommends a framework similar to that currently used within West Dunbartonshire to prioritise assessment of need and allocation of resources" 3. "It is recommended that the committee agrees the adoption of the National Eligibility Criteria within West Dunbartonshire" 4. "It is further recommended that as is current practice in West Dunbartonshire the criteria is applied to all Community Care Client groups and services." (West Dunbartonshire Interim Executive Director of Social Work and Health, 2010) Point 1 notes that the eligibility criteria is designed to assess needs and applies to all citizens regardless of characteristics, protected under the Equalities Act 2010 or otherwise. Point 2 notes that there was strong alignment between the local and national position in 2010 which allowed continuity in terms of eligibility criteria to allow point 3 to be agreed, that the criteria be adopted. Furthermore, in the interests of equality and further continuity, point 4 notes the criteria was to be applied across all adult social care services

	(as opposed to, for example, older peoples services only).
Officer knowledge	Officers involved in this EIA have extensive knowledge of service delivery, of monitoring and evaluating policy impact, and of the impact of health inequalities.
Equality Monitoring information – including service and employee monitoring	West Dunbartonshire HSCP reports regularly to Scottish Government on eligibility criteria. We will build-in local monitoring of Protected Characteristics where necessary, practical and practicable to gauge the impact of the policy from an equalities perspective.
Feedback from service users, partner or other organisation as relevant	The HSCP will ensure service user, partner and staff feedback will be at the heart of the ongoing monitoring and evaluation of the implementation of the policy.
Other	
Are there any gaps in evidence? Please indicate how these will be addressed	
Gaps identified	Impact of the implementation of the National Eligibility Criteria will draw upon a number of evidence sources including but not limited to stakeholder interviews and focus groups, systematic service user survey feedback and quantitative data collected through Single Shared Assessments. Work will be undertaken to review the data collated for equalities purposes and, where necessary, revisions will be considered. A monitoring and evaluation framework for SDS more broadly will consider the wider implications and also allow for the measurement of intended and unintended outcomes.
Measure to address these	As above.
Note: Link to Section 6 below Action Plan to address any gaps in evidence	

Section 3: Involvement and Consultation

Include involvement and consultation relevant to this PFD, including what has already been done and what is required to be

done, how this will be taken and results of the consultation.			
Please outline details of any involvement or consultation, including dates carried out, protected characteristics. Also include involvement or consultation to be carried out as part of the developing and implementing the policy.			
Details of consultations	**Dates**	**Findings**	**Characteristics**
The policy was adopted in 2010. Notwithstanding this and the limited nature of the evidence of available, there has been no indication or suggestion of deleterious or disproportionate effects upon any Protected Groups. However, in terms of engagement during the implementation of the policy, those who are assessed by the HSCP will be invited to be selected for involvement in the evaluation of the policy. We will recruit participants from each of the 9 Protected Characteristics (where possible) and seek qualitative feedback of their experience. We will also use monitoring information to identify trends over time and to highlight any unintended consequences to assist in the consideration of any amendments to the policy and/or its implementation.		.	Race

As above			Sex
As above		.	Gender Reassignment
As above			Disability
As above		..	Age
As above			Religion/ Belief
As above			Sexual Orientation
As above			Civil Partnership/ Marriage
As above			Pregnancy/ Maternity
As above			Other
Note: Link to Section 6 below Action Plan			

Section 4: Analysis of positive and Negative Impacts

Protected Characteristic	Positive Impact	Negative Impact	No impact
Race	The implementation of a policy which focuses on fairness and equitability, and supports	Some existing service users may require to have their packages of	

	consistent implementation of the National Eligibility Framework for social care services across the population, including those with Protected Characteristics, will have a positive impact in terms of reducing inequity, increasing transparency and ensuring fair access is seen and received by all.	care re-aligned within the eligibility framework. This standard practice of review, and any subsequent outcome, will not be due to any protected characteristic. It will apply to all packages of care which do not align with the National Eligibility Framework. The review process will be cognisant of any associated risk or need associated with Protected Characteristics.	
Sex	As above	As above	
Gender Re-assignment	As above	As above	
Disability	As above	As above	
Age	As above	As above	
Religion/ Belief	As above	As above	

Sexual Orientation	As above	As above	
Civil Partnership/ Marriage	As above	As above	
Socio Economic Status	As above	As above	

Note: Link to Section 6 below Action Plan in terms of addressing impacts

Section 5: Addressing impacts

Select which of the following apply (use can choose more than one) and give a brief explanation – to be expanded in Section 6: Action Plan

1. No major change	The policy position will not change – the National Eligibility Framework was approved for use in West Dunbartonshire in January 2010.
2. Continue the PFD	As above but with a strengthened focus on monitoring and evaluating the implementation of SDS, including the implementation of the eligibility framework.
3. Adjust the PFD	
4. Stop and remove the PFD	

Give reasons: As above. The policy has been in place since 2010. Since then, the implementation of SDS in West Dunbartonshire has been inconsistent (see Thematic Review of SDS in Scotland, Care Inspectorate, 2019 for further information). Work is underway to support a standardised approach and achieve successful implementation. The monitoring and evaluation framework will allow us to measure the extent to which the SDS policy (including eligibility) is implemented as intended and then make further assessment of implementation and the impact upon the whole population, including Protected Groups.

Note: Link to Section 6 below Action Plan

Section 6: Action Plan Please describe any action which will be taken following the assessment in order to;

- reduce or remove any negative impacts,
- promote any positive impacts, or
- gather further information or evidence or further consultation required

Action	Responsible person (s)	Intended outcome	Date for completion	Protected Characteristic
Monitoring impact upon race	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of race	TBC in line with SDS monitoring and evaluation	Race
Monitoring impact upon gender	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of gender	TBC in line with SDS monitoring and evaluation	Gender
Monitoring impact upon gender reassignment	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of gender reassignment status	TBC in line with SDS monitoring and evaluation	Gender Reassignment
Monitoring impact upon disability	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of disability	TBC in line with SDS monitoring and evaluation	Disability
Monitoring impact upon age	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing	TBC in line with SDS	Age

		someone at a disadvantage in terms of age	monitoring and evaluation	
Monitoring impact upon religion/belief	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of religion or beliefs	TBC in line with SDS monitoring and evaluation	Religion/ Belief
Monitoring impact upon sexual orientation	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of sexual orientation	TBC in line with SDS monitoring and evaluation	Sexual Orientation
Monitoring impact upon civil partnership/marriage	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of civil partnership / marital status	TBC in line with SDS monitoring and evaluation	Civil Partnership/ Marriage
Monitoring impact upon pregnancy/maternity	**Margaret-Jane Cardno**	Eligibility for social care services will be non-discriminatory insofar as placing someone at a disadvantage in terms of pregnancy/maternity status	TBC in line with SDS monitoring and evaluation	Pregnancy/ Maternity
				Other e.g. cross cutting
Are there any negative impacts which cannot be reduced or removed? please outline the reasons for continuing PFD				
Section 7: Monitoring and review Please detail the arrangements for review and monitoring of the policy				
How will the PFD be monitored? What equalities monitoring will be	Monitoring the implementation and impact of the Eligibility Criteria will form part of the			

put in place?	monitoring and evaluation of SDS more broadly. This is currently a work in progress. An indicative date for implementation of SDS (and eligibility) is April 2021. Monitoring data, including equalities data, is reported to Scottish Government on an annual basis (reduced from quarterly in 2015).
When will the PFD be reviewed?	The PFD will be reviewed in 2023 unless monitoring data suggests review or action is required before then.
Is there any procurement involved in this PFD? Yes/No	No

Section 8: Signatures

The following signatures are required:

Lead/ Responsible Officer:	Signature:	Date:
EQIA/EIA Trained Officer:	Signature:	Date:
Board Reporting: complete relevant paragraph on board report and provide further information as necessary	Signature:	Date:

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

23 September 2020

Subject: West Dunbartonshire HSCP COVID-19 Recovery and Renewal Plan – Keep Building Better a Journey of Continuous Improvement

1. Purpose

1.1 The purpose of this report is to provide Members with an update on and to seek their approval for, the HSCP COVID-19 Recovery and Renewal Plan – Keep Building Better a Journey of Continuous Improvement.

1.2 This Plan as outlined in Appendix I: defines the strategic recovery objectives; provides an overview of how these objectives will be delivered; the impact of COVID-19 on our services and communities; the capacity and financial implications and the governance arrangements.

2. Recommendations

The Health and Social Care Partnership Board is recommended to:

2.1 comment on and approve the content of the HSCP COVID-19 Recovery and Renewal Plan contained within Appendix 1 of this report, and

2.2 agree that the Chief Officer provide further progress reports to the Health and Social Care Partnership Board on the 25 March 2021, 23 September 2021and 24 March 2022.

3. Background

3.1 On the 17 June 2020 the Health and Social Care Partnership Board received an informal presentation highlighting the position taken by the HSCP Strategic Leadership Team in respect of how the Partnership would respond to the transition from the response to the recovery phase of the global Covid-19 pandemic. This was well received and at that point operational services, with the use of a defined recovery toolkit as a supporting framework, started to develop service specific recovery plans.

3.2 These plans have been developed against the overarching priority of providing safe and effective services for all, including the need for social distancing, the provision of safe work practices and the potential disruption that future waves of COVID-19 may bring.

4. Main Issues

4.1 The main issues in relation to the COVID-19 pandemic have been captured in the recovery plan which includes impact statements for each functional service.

5. People Implications

5.1 There are no direct staffing implications arising as a direct consequence of this report. However, there will be several staffing implications which will arise as a result of the implementation of the Recovery Plan, for example change of base location. Any proposed changes will be carried out in accordance with the appropriate workforce policy and will be determined in line with the appropriate governance arrangements.

6. Financial and Procurement Implications

6.1 There are no financial or procurement implications arising as a direct consequence of this report. However, given the scale of the widespread impact of COVID-19 the financial impacts of the pandemic are significant. The Scottish Government has committed to support reasonable funding requirements the all additional expenditure being fully aligned to local mobilisation plan. However, at this stage recovery costs remain difficult to predict and quantify. The HSCP Board received a full update from the Chief Financial Officer on the 5 August 2020 outlining the Partnerships financial position and the implications of COVID-19. It is understood that recovery actions must be taken in line with current budgetary arrangements including the need to achieve agreed savings and comply with financial regulations.

6.2 It is anticipated that a number of these actions, which are designed to improve services, will generate efficiencies across the system. These will be quantified in individual project plans and will be reported to the Board as part of the normal governance process.

7. Risk Analysis

7.1 Ongoing risk analysis of the impact of Covid 19 is embedded in the Senior Management Team's risk management approach

8. Equalities Impact Assessment (EIA)

8.1 There are no equalities implications arising as a direct consequence of this report. An equality impact assessment is not required as the recommendations do not impact on groups or individuals with protected characteristics. However, as actions within the recovery plan are progressed individual EIAs will be undertaken in line with normal governance arrangements. Given the overarching focus on inequalities this will result in a positive impact for those with protected characteristics.

9. Environmental Sustainability

9.1 A Strategic Environmental Assessment (SEA) is not required as the recommendations contained within this report do not have an impact on environmental sustainability.

10. Consultation

10.1 Consultation has taken place with staff, service users and other key stakeholders in the compilation of this recovery plan. However, further work is required to ensure appropriate engagement, primarily in relation to the lived experience of service users, is undertaken as each action within the recovery plan is developed and implemented.

10.2 Monitoring Officers within Finance and Regulatory Services have been consulted in the preparation of this report and are satisfied that the report complies with the Scheme of Governance and all legislative requirements.

MARGARET-JANE CARDNO
Head of Strategy and Transformation
Date: 7 August 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
Phone: 07786 747 952

Appendices:

Appendix I: West Dunbartonshire Health and Social Care Partnership COVID-19 Recovery and Renewal Plan – Keep Building Better: A Journey of Continuous Improvement

Wards Affected: All Wards

West Dunbartonshire
Health & Social Care Partnership

Improving Lives With The People of West Dunbartonshire

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)

COVID-19 RECOVERY AND RENEWAL PLAN

KEEP BUILDING BETTER

A JOURNEY OF CONTINUOUS IMPROVEMENT

Contents

DOCUMENT CONTROL: REVISION HISTORY

Revision Number	Date	Summary of Changes

APPROVED BY:

Name	Title	Signed	Date

INTRODUCTION

The impact of the Covid-19 pandemic and the infection control measures taken to control its spread have had a significant impact on the work of the HSCP.

Although many services have continued to operate during the response phase, albeit in perhaps a different way, in order to comply with Scottish Government guidance, some services have had to be temporarily withdrawn or reduced with a greater concentration on resourcing key front line services.

On the 21 May 2020 the Scottish Government published a route map for lifting lock down restrictions and on the 28 May 2020 the First Minister confirmed that Scotland would move into the first phase of a four phase recovery programme.

In anticipation of the HSCPs emergence from the response phase all HSCP services have been making plans for short and long term recovery, capturing the learning gained from the response phase and building on the agility and innovation demonstrated by teams to ensure the citizens of West Dunbartonshire continue to receive excellent services.

The HSCP remains ambitious for the communities of West Dunbartonshire and has approached recovery planning as an opportunity to build better services as part of its journey of continuous improvement. Over the next 18 months, the HSCP will work in partnership with its staff, trade union colleagues and citizens, and, inline with its Strategic Plan, will deliver better services with the people of West Dunbartonshire to improve health and reduce inequalities.

The strategic intent of the HSCPs COVID-19 Recovery and Renewal Plan “Keep Building Better – A Journey of Continuous Improvement” is:

“Over the next 18 months, driven by our staff and citizens, we will deliver better services to the people of West Dunbartonshire improving health and reducing inequalities.”

The HSCP Strategic Leadership Team have developed a set of overarching strategic principles as a framework for our approach to recovery and renewal, these are:

- Arrangements must be adaptable to increased volatility
- Staff and Service User Safety Must Be Paramount
- Adoption of People Centred Service Design Principles
- Development of Self-Efficacy and Personal Agency
- Strong Employee Engagement
- Reduce Inequalities
- Hybridised Work – Integrate Physical With Virtual

- Real Time Data Push
- Focus on Automation
- Focus on Climate Change and Sustainability
- Ensuring there is longevity in its services
- Clear access point for all services

These principles must be considered against the overarching priority of providing safe and effective services for all, including the need for social distancing, the provision of safe work practices and the potential disruption that future waves of COVID-19 may bring.

GOVERNANCE, MONITORING AND REPORTING

The recovery plan and progress made against key objectives and milestones will be reported to and scrutinised by the West Dunbartonshire Health and Social Care Partnership Board (IJB).

Operational governance will be lead by the Health and Social Care Partnership Strategic Leadership Team and through individual Head of Service Senior Management Teams.

Health and Social Care Partnership Board	Recovery Plan for Board consideration and approval – 23 September 2020 Performance Report and Update - 25 March 2021 Performance Report and Update - 23 September 2021 Performance Report and Update - 24 March 2022.
HSCP Senior Management Team	Initial peer support and challenge session – 14 August 2020 Monitor, review, support and challenge on a monthly basis as a standing item on the management team agenda.
Head of Service, Senior Management Teams	Monitor, review, support and challenge on a monthly basis as a standing item on management team agendas.

HEALTH AND COMMUNITY CARE

Impact Assessment

Across the range of services provided by Health and Community Care, the majority of services have continued to operate throughout the pandemic; where possible, working remotely in line with Public Health Scotland guidance and the move by the Council to close most buildings from which services operate.

The focus of services has been on managing the risk and providing care to the most vulnerable individuals, ensuring those with substantial or critical needs were receiving care. Support was gratefully received from the third sector and from West Dunbartonshire's Humanitarian Hub, to provide meals, shopping, prescription collections and welfare calls to a range of service users whose needs were defined as moderate or low.

Operational guidance was provided to teams regularly and has been updated to reflect changing national guidance and Public Health advice. In addition, Personal Protective Equipment was quickly sourced and adequate distribution systems established.

A number of staff were redeployed, with condensed training provided, to areas adversely effected by the requirement for individuals to shield or self isolate. Volunteers from across the HSCP and Council were supported to work in Care at Home and in Residential Care to fill key gaps. The close working between services, unions, and Public Health colleagues allowed concerns to be resolved quickly and transparently.

As services were prioritised to those with most critical needs, and face to face contact was minimised to reduce risk of infection transmission, waiting lists have increased as a result. These have been constantly reviewed and reprioritised but at this time, a substantial backlog exists which will require additional resource if they are to be addressed timeously.

The novel use of technology has proved highly effective in ensuring not only our teams, but contact among families can be maintained, particularly in our older people's residential care settings.

We are now working to reinstate key services that we paused throughout the pandemic, such as anti-coagulation clinics, vaccination programmes, physiotherapy and x-ray in primary care, ensuring appropriate risk assessment are in place and approved by NHS or Council remobilisation processes.

In terms of Diabetic Retinal Screening, this service was paused throughout lockdown to reduce risk for this vulnerable group. This service is now being re-established, under national guidelines, to ensure outreach to those most at risk in the first instance.

Recovery Plan

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Issues Affecting Care	Short term- Review any patients shielding to assess priority to resume face to face interaction with service users/patients Medium to longer term: service redesign – day services and Care at home	High	To restart visits / attendance at Treatment Rooms / Chronic disease monitoring, using technology where possible. Ongoing use of Attend Anywhere as we progress. Embrace the opportunity to review the future model of care and	Discussion with G's and recording in CNIS / EMIS / SCI Diabetes of outcomes Review of existing caseloads and progression of outstanding work for existing cases Reinstate service improvement and redesign projects	End August 2020 Aug – September to reinstate. Spring 2021	AMBER	Fiona Taylor Rhona Galbraith and DN Team Jo Gibson, Berny Smith , Lynne McKnight

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
			support provision, improving quality and use of resources.				
Communication	New methods and approaches to be implemented for communication with stakeholders, service users/families and staff. Increase use of IT to support remote working and the implementation	High	Improved communication that will continue to be effective and efficient , whilst supporting remote and agile working. There will be a need to evaluate the implementation	Improve IT access and tools. Staff training on the use of new tools. Updates to staff guidance. Parallel communication with service users. Standard operational procedures will be required to support	Autumn / Winter 2020	AMBER	Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden ,Liz Kerr

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	of virtual management tools for assessment , triage and engagement .		of new ways of working. Consultation with staff, service user, families and the wider stakeholder group will be needed.	implementation , inclusive of team meetings , supervision , assessment and review arrangements. Local Communication procedures developed inline with current HSCP Communication Strategy.			
Tackling backlog issues	Restart Phlebotomy. DNs to carry out duties/treatment with reduced dependency of	Urgent – we need to focus and act on this now – there is an immediate impact / risks are	To support DN's with training and qualifications	Secure SG funding to support DN Training	September 20	AMBER	Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	GP Data informed action relating to outstanding reviews and assessments. Using on line tools such as 'attend anywhere' for triage assessment and reviews Review early intervention	very high	To ensure that we are in the best position possible to manage the anticipated new demand. This activity will also support any requirement to step back into a lockdown position. Implement systems to allow quicker	Track assessments, and reviews for service users, and have schedule in place to tackle outstanding work. Prioritisation of cases required. . Implement traffic light	Sept 2020		,Liz Kerr

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
			response to lower priority referrals by parts of team	system , and review fall's data and aligned work.	Nov 2020		
Service access and addressing inequalities	Access to office facilities, referrals and face to face contact where necessary. Review of Day Service and Home care – reinstate project that has been stepped down	Urgent	Access to premises through restart plans and mobilisation plans. Consultation and review will provide insight for effective service redesign, streamline service delivery with focus on	Risk assessments for all premises. Use of alternative platforms for service delivery. Staff consultation and patient/service user engagement as part developing model of service delivery.	For office premises - End August 2020 / other aspects of recovery and redesign - spring 2021	AMBER	Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden ,Liz Kerr

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	due to Covid		relational practice and improved outcomes.				
Governance and Leadership	Management development to support integration, build leadership capacity at all levels. Improve data and performance reporting to inform service redesign and	Medium – We should plan now – there is a longer term impact but services will operate / risks are manageable medium	The development of devolved leadership and more autonomous practice within the wider service. Opportunities for managers to develop their	Scope management and leadership skills. Customer journey and empathy mapping and appreciative enquiry to ensure services are outcome focussed.	Summer 2021	AMBER	Jo Gibson Head of Service

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	continuous improvement.		skills - including access to leadership training - building capacity and sustainability within the system. Regular caseload management will ensure support to teams and allow flagging of any issues	Audit and performance data to inform governance strategic Boards. To implement new platforms of meetings to ensure appropriate management support for workload and professional scrutiny			

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Staffing arrangements, wellbeing and support	Support required staff to return to workplaces in line with the organisations workforce recovery plan and develop staff model for office/home working. Maintain and improve platforms such as MsTeams to enable those working remotely to remain connected.	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high	To have identified the team/workplace arrangements within the strategic area that is effective and efficient to service delivery.	Ongoing communication with staff throughout recovery work and at times when service planning changes or responds to differences in demand, financial, resource or other pressures. To ensure staff are fully aware of the wellbeing support across WDC and GGC	Autumn 2020	GREEN	Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden ,Liz Kerr

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
ICT and digital infrastructure	Staff access to technology for home working, video conference platforms, remote access to telephony and information systems. Improved virtual patient/service user management	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	This aspect provides the infrastructure allowing the implementation and development of all of the above. Consultation, triage and assessment to be done via virtual management tool – this is to support effective and	Workforce modelling to inform ICT needs, balanced against blend of office-based and home working. All staff to undergo DSE for homeworking .	Autumn 2020 – 2021 Ongoing	GREEN AMBER	Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden ,Liz Kerr Virtual management tool project board.

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
			safe working practices post COVID				
Continuing and expanding new ways of working	.Improved partnership working with regulatory and government bodies , as well as across HSCP teams, trade unions, third sector and other relevant stakeholders. Homeworking arrangements	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high	To continue the meetings with other agencies going forward to support the development and improvement work, and ensure compliance with new safe working practices.	.To review the purpose of current meetings and communication amongst stakeholders along with accountability and responsibility within these forums.	Autumn 2020 and onwards (continuious review will be required)	AMBER	Jo Gibson.

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	to support teams with safe working environments						
Use of buildings – service delivery and offices	Requirements for assessments key to returning to the workplace and development of physical resources. Provision for priority work at sites across the area.	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high		Care at home to identify location/base –and storage for PPE CHDT,FIT,COPT,ACT duty office space and service user contact space. Identify priority needs for long term workforce office space – work with	Ongoing	AMBER	Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden ,Liz Kerr

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
				assets management			
Client engagement	To engage with service users regarding future developments. Build on the community resilience demonstrated during the pandemic .	Medium – We should plan now – there is a longer term impact but services will operate / risks are manageable medium	Using appreciative inquiry and other methodologies to engage with future improvements, and build on positive experiences from COVID. Use an asset based approach to development,	To develop a localised engagement plan, using various platforms to support participation. Identify the strengths and resilience of the people we support and local community groups ,	Spring 2021	AMBER	*Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden ,Liz* Kerr

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
			using community strengths and partners . building on this for the future , driving down dependency on statutory services				
Staff engagement	See all above. All activity will require staff engagement and input.	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high	Key to all other activity for operational and developmental activity including redesign, which will require staff engagement, resources, skills and knowledge.		Ongoing	GREEN	

	Improvement Area	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Trades Unions engagement	Trade Unions will be involved in all above activity as appropriate.	High – We need to focus and act on this now – there is immediate impact but services will operate / risks are high	Inclusion of the Trade Unions will provide additional assurance to staff around the engagement and consultation processes above.	Ensure inclusion at all stages.by continuing with regular convenors meetings	Ongoing	GREEN	Jo Gibson, Fiona Taylor, Berny Smith, Lynne McKnight, Hazel Kelly, Fiona Heggie, Kevin McAlinden ,Liz Kerr

LEARNING DISABILITY SERVICE

Impact Assessment

Services continue to be provided during lock down to varying degrees, depending on the part of the service. All services provided in line with Public Health Scotland guidance and to date, the move by the Council to close some buildings from where services operate. Provision in the Day Centre has also continued, albeit at a significantly reduced level in response to urgent need, e.g. Adult Support & Protection (ASP) concerns.

The focus of services continues to be the management of the risk to the most vulnerable service users and families, as well as prioritising those whose needs are most complex or subject to regular change, e.g. mental health and behaviours that challenge.

Management updates continue to be provided and reviewed across the whole service which reflect regular evolving national guidance and the impact this has on our services, as well as other key partners, like third sector providers.

Some staff have been re-deployed to support the Learning Disability Housing Support Services and staff who have been shielding across the whole service are now returning to limited office based activities.

The impact on statutory functions continues to be significant, e.g. where staff were largely reliant on remote means of contact with people with learning disabilities; their families; and associated ICT challenges involving how to support them to be able to navigate access to these technologies.

Direct contact with service users and families by social work and clinical staff continues when urgent. 'Bubble' supports are also in development as we plan for scaling up our activity and service delivery. Advice sought from Health & Safety, Unions and Care Inspectorate as required. ASP processes continue via ASP hub and are regularly reviewed internally in terms of adherence to timescales. Managers continuing to work on existing recovery plans and progress with initial actions identified.

Recovery Plan

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Buildings & Premises	Identify Building requirements for all aspects of service delivery.	High	Each aspect of the Learning Disability Service is able to meet demand and has sufficient capacity for essential staffing requirements.	Ops Manager to provide required information to Estates and Head of Service. Review Risk assessments for all premises; use of ICT/Remote working; and ensure patient/service user engagement.	Aug-20	Red	Robert Macfarlane & Service Managers
Communication	Explore with HoS and Strategy Dept if development of a Strategy for Communication & Engagement is required/advisable.	Medium	Clarity on whether task should be progressed and if yes, the roles of LD Services and Strategy Departments would be.	Ops Manager to discuss with Service Improvement Lead & HoS and arrange an MS Teams call if required.	Sep-20	Amber	Robert Macfarlane & John Burns
Communication	Clarify with Head of	Medium	Clarity feasibility	Ops Manager to discuss	Sep-20	Green	Robert

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	MH, LD & Addictions & Head of Strategy if the development of a Strategy for Learning Disability Services is realistic ambition.		and required roles of Strategy Department and LD Services.	with Service Improvement Lead and arrange an MS Teams call if required.			Macfarlane & John Burns
Communication	Develop and implement work plan for Staff and Service User Engagement across the service.	Medium	Initial feedback will be obtained using appreciative enquiry & QI tools on service user journey, what is currently working well and what could be changed within adapted ways of delivery services (post Covid-19).	Short Lived working group established to complete the work plan which will feed into Service's Governance Structures to update on progress.	Dec-20	Green	Robert Macfarlane & Service Managers

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Tackling backlog issues	Review performance data and targets to support planning of service delivery and incorporate anticipated surge in demand.	Urgent	To identify a plan to meet this need/demand and which considers resource and workforce implications.	Review performance data across all aspects of the service and develop a plan for each.	Sep-20	GREEN	Robert Macfarlane & Senior LD Staff/ Managers.
Direct Service User/Patient Care	Develop a work plan for the review & re-assessment of service user needs in light of national guidance on social distancing and associated service capacity.	High	Each aspect of the Learning Disability Service is able to meet demand for urgent support & has plan in place to meet this.	Senior Social Worker to work jointly with service managers to agree work plan and implementation of same (inclusive of recruitment; triage systems and priority working where relevant). This plan will incorporate the review any backlog issues for reviews of support; re-prioritise activity and identify any staff capacity challenges.	Aug/Sep-20	RED	Finlay Morrison (SSW); Senior Clinical staff & Service Managers.

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Workforce Change	Ensure Staff wellbeing checks are in place for those working remotely with appropriate support in place as required, e.g. access to required ICT equipment; peer support and contact etc	High	Wellbeing checks are in place and necessary support is in place.	Line managers to implement their respective well being checks and ensure these are replicated throughout their services. CURRENTLY BEING PROVIDED/REVIEWED.	Jun-20	GREEN	Robert Macfarlane & Senior LD Staff/Managers
ICT and digital infrastructure	Staff access to technology for home or remote working, video conference platforms, remote access to telephony and information systems.	Medium	Enable staff (not already supported with required ICT equipment) to be able to work remotely whilst providing support, as we start to scale up support activity.	Add data packages to the current contracts staff team for work mobiles to enable them to access online information whilst on support in the community.	Sep-20	GREEN	Lynn O'Donnell

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
ICT and digital infrastructure	Undertake a review of the existing digital infrastructure across the whole service.	Medium	Identify ways of improving service delivery and efficiency using digital solutions.	First step: To work with ICT colleagues to undertake a staff survey of current ICT use and potential areas for development.	Feb-21	GREEN	Robert Macfarlane, Service Managers & ICT.

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Governance	Establish Governance Structure with LD Services to oversee recovery planning progress.	Medium	Structures are in place within the service to ensure required oversight of progress with recovery planning and re-design.	Ops Manager to agree structure with LD Management Team & and Service Improvement Lead & HoS as required.	Oct-20	GREEN	Robert Macfarlane & LD Management Team.
Service Efficiency	Review of all existing financial processes within service.	Medium	Identified areas for improvement and efficiency. Standardisation across HSCP.	Review existing LDRG process, Review process for electronic invoicing and workforce implications. Review IRF 1 & 2.	Apr-21	GREEN	Robert Macfarlane & Laura Evans.
Service efficiency	Review existing patient/service user journey's for each part of the service.	Medium	Utilising QI methodology (e.g. process mapping; appreciative enquiry) to review patient	Agree most appropriate methodology and identify an action plan for work.	Spring 2021	GREEN	Robert Macfarlane; John Burns; Senior LD Staff.

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
			service user journeys and identify plan for implementation of any associated changes.				
Workforce Change	Review of existing admin resource.	Medium	Identified timeline for admin review. Identification of future workforce requirements	Initially explore with Head of Service and HR.	Apr-21	GREEN	Robert Macfarlane

Mental Health and Addictions

Impact Assessment

Essential only Mental Health and Addiction services maintained during lockdown. This process was underpinned by risk assessment of all our current client group: categorising them as Red, Amber and Green in line with Board wide criteria. This meant that, depending on complexity and severity the person was seen face to face, or, in the majority of cases, supported by telephone. This was in line with Public Health Scotland guidance and NHS GG&C Board wide response.

In the absence of current concern or complexity, the service was paused with contact arrangements in place with patients and carers. Services have focussed on engaging with people at risk of hospital admission, those vulnerable to harm and those that requiring ongoing treatment: particularly pharmacological therapies. To assist with this focus, Primary Care Mental Health was repurposed to provide a virtual Wellbeing service to all GP practices during the response phase: minimising inappropriate referrals to secondary care and offering assessment, support and signposting to those with mild to moderate mental health issues.

Referrals into services reduced to 25% of normally expected numbers during the initial two months of the pandemic phase.

Reduced demand and reconfiguration of our service supported our ability to cope with some loss of staff due to Shielding.

Our staff worked out with their tradition roles to support the HSCP more broadly by volunteering to work in inpatient services and Crisis. Our administration staff were instrumental in supporting the work of the Humanitarian Hub to support residents on West Dunbartonshire's shielding list to ensure their needs were being met.

The impact of COVID on statutory services continues despite our returning to normal Keyworking approach this is being carried out by telephone or virtual consultations via the NHS Near Me service.

Necessary Multi-Disciplinary Team clinical governance was maintained with a daily huddle arranged and this is now done via Teams, with a small group in base.

Our Mental Health Inpatient Service within the Vale of Leven Hospital attended the Vale of Leven Acute huddle which was helpful in ensuring staff were properly informed of any Infection Control issues or changes to guidance.

We maintained contact and were assisted by or third sector partners such as Stepping Stones, The Richmond Fellowship Scotland, and Alzheimer Scotland amongst many others. Working closely with partners has been pivotal to delivery during this response phase.

Over recent weeks, managers and teams have developed their recovery plans which has supported an increase service provision though we continue to offer a predominantly virtual service, with face to face where clinically indicated.

Recovery Plan

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Issues Affecting Care	Return of keyworker service delivering care with a focus on changing method of delivery to increased use of Attend Anywhere. Face to Face contact remains essential only.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high.	Keyworker re assessment of all green category patients. Longer term redesign of services focused on remote virtual working.	Re-establish direct keyworker contact with patients whose service was paused. Restart PCMHT service. Develop Clinic restart Standard Operating Procedures. Understand building capacity versus clinical need.	End September 2020.	Green	MH & Addictions IOMS, Team Leads and Senior Charge Nurses.
Issues Affecting Care	Work with GG&C partners to consider implications of virtual group therapy.	Low priority	Restart of necessary patient Group Therapy	Support GG&C group therapy steering group			

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Issues Affecting Care	Restart ward visitation as per government and GG&C guidance. Restart any paused necessary MH and addiction outpatient clinics.	Medium	Compliance with GG&C guidance.	Senior Charges to implement guidance.			
Communication	Guidance to staff and service users. Feedback mechanisms for staff, stakeholders and service users to inform service developments. Review ICT needs to maintain aspects of remote delivery.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	Ongoing updates to staff guidance with communication to service users and stakeholders. Effective feedback to inform understanding of the service user and patient journey.	Updates to staff guidance. Parallel communication with service users. Develop feedback mechanism for service users. Expand online training, webinars etc. for staff development etc.	Autumn / Winter 2020	GREEN	MH & Addictions IOMS, Team Leads and Senior Charge Nurses. Business Administrator

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Tackling backlog issues	Robust data performance to inform services	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high.	Track and manage expected increase in patient referrals.	Support efficient and effective GG&C Data Framework.	Oct 2020	Green	IOMs
Tackling Backlog Issues	Restart individual Psychological Therapies		Restart Psychology and PCMHT services	IOMs, Psychology, PCMHT Lead planning meeting.	Sept 20	Green	IOMs Psychologists PCMHT lead.

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Resource and financial Implications	Restart Mental Health Area Resource Group	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high.	To ensure that we are in the best position possible to manage the anticipated financial demand.	Action MHARG restart	July 2020	Complete	MH & Addictions IOMs, SSWs
Resource and financial Implications	Completion of Outstanding Financial Assessments.			Communication and staff implementation plan	October 2020	Green	Keyworkers

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Resource and financial Implications	Work with Working4U partners to achieve client income maximisation.			SSWs to engage with W4U.	September 2020	Green	SSWs
Service access and addressing inequalities	Consultation with service users to overcome system barriers and inequalities to inform recovery and redesign.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	Work with LENS colleagues to focus on Service User Understanding	IOMS to meet with George Murphy. Customer journey and empathy mapping and appreciative enquiry to ensure services are outcome focussed.	Jan 2021	Green	IOMs

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Governance and Leadership	Restart Clinical and Care Governance Meetings.	Medium – We should plan now – there is a longer term impact but services will operate / risks are manageable medium	Ensure Governance systems continue	Resume meeting dates	September 2020	Green	MH & Addictions IOMS, Team Leads and Senior Charge Nurses. Business Administrator
Staffing arrangements, wellbeing and support	Restart arrangements to support staff to return to workplaces and develop staff model for office/home working. Increased capacity from current recruitment to support staff wellbeing	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high		Ongoing communication with staff throughout recovery work and at times when service planning changes or responds to differences in demand, financial, resource or other pressures.	October 2020 re DSE aspects and return to work plan.	GREEN	MH & Addictions IOMS, Team Leads and Senior Charge Nurses. Business Administrator

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
ICT and digital infrastructure	Staff access to technology for home working, video conference platforms, remote access to telephony and information systems.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	This aspect provides the infrastructure allowing the implementation and development of all of the above.	Priority need for providers regarding provision of the resource. Workforce modelling to inform ICT needs, balanced against blend of office-based and home working.	Oct 2020	GREEN	Business Administrator IOMS
Continuing and expanding new ways of working	Rapid Access Pathway, Patient Initiated Follow Up	Medium – We should plan now – there is a longer term impact but services will operate / risks are manageable medium		Work GG&C with Efficient and Effective Group to deliver	January 2021	Greens	IOMS/Team Leads/Consultant Psychiatrists

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Use of buildings – service delivery and offices	Requirements for assessments key to returning to the workplace and development of physical resources. Provision for priority work at sites across the area.	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high	Safe return to buildings	Social Distancing Risk Assessment of all NHS buildings. Checklist risk assessment of all council buildings	December 2020	Green	Head of Service/IOMS/ Business Administrator
Client engagement	AS above						MH & Addictions IOMS, Team Leads and Senior Charge Nurses. Business Administrator
Staff engagement	See all above. All activity will require staff engagement and input.	High – We need to focus and act on this now - there is immediate impact but services will	Key to all other activity for operational and developmental activity including redesign, which will require staff engagement,		Summer 2021	Green	

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
		operate / risks are high	resources, skills and knowledge.				
Trades Unions engagement	Trade Unions will be involved in all above activity as appropriate.	High – We need to focus and act on this now – there is immediate impact but services will operate / risks are high	Inclusion of the Trade Unions will provide additional assurance to staff around the engagement and consultation processes above.	Ensure inclusion at all stages.	Summer 2021	Green	Head of Service

CHILDREN'S HEALTH, CARE AND JUSTICE

Impact Assessment

Services continue to be provided during lockdown, largely remotely, in line with Public Health Scotland guidance and the move by the Council to close most buildings from where services operate. Provision in health centres has also continued, albeit at a reduced level.

The focus of services has been on managing the risk to the most vulnerable children, young people and families as well as prioritising justice services on individuals who present the highest risk of re-offending and harm.

Operational guidance was provided to teams across Children's Services and Justice and has been updated to reflect changing national guidance and the practice of other key partners, including the Scottish Children's Reporter Administration, Dumbarton Sheriff Court, Police Scotland etc.

A number of paraprofessional staff from Justice were redeployed to the Council Humanitarian Assistance Centre and supported individuals subject to Shielding, whilst in children's health, several colleagues were redeployed to other, frontline health settings including Intensive Care, as part of the pandemic response.

The impact on statutory services continues to be significant, where staff were largely reliant on remote means of contact with children, young people, families and individuals subject to criminal justice supervision. Direct contact was, however, maintained eg: weekly visits to children on the child protection register and Justice services face-to-face supervision with individuals assessed as high risk within multi-agency public protection arrangements (MAPPA).

Working closely with partners has been central during this response phase – staff have participated in and supported families to attend 'virtual' Children's Hearings, whilst Social Work, Health and Education managers worked together to identify the most vulnerable children and families to inform the Education Hubs.

The Public Protection Chief Officers Group has meet more frequently to review the response to strategic risks centred on child protection, adult protection, MAPPA, violence against women and the local Alcohol & Drugs Partnership. Local services continue to provide weekly public protection data to the Scottish Government's Covid-19 dataset. This will support the national response but will also inform our local recovery planning, particularly as an increase in concern referrals for vulnerable children and adults at risk is expected as lockdown restrictions continue to ease.

Over recent weeks, managers and teams have developed their recovery plans and plans to scale up some priority areas of service are underway. This is largely focussed on enabling supervised contact between children and their families, restarting unpaid work within Justice social work and increasing capacity for

community and specialist children's health services, including health visiting, CAMHS and school-age nursing. Recovery planning will also inform our wider service redesign and transformation work across Children's and Justice services.

Recovery Plan

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Issues Affecting Care	Short term: resume face to face interaction with service users. Medium to longer term: service redesign – relational and inclusive service delivery model.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	Resume assessment and care planning and relationships with service users and between children & family members. Longer term redesign focussed on inclusivity and relationship based practice.	Re-establish direct work and methods. Restart key support groups and eg: parenting and breastfeeding gradually. Facilitate service user and stakeholder feedback regarding efficacy of recovery model and longer term goals.	End August 2020 moving to spring 2020 for development of longer term planning.	AMBER	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Communication	Guidance to staff and service users. Feedback mechanisms for staff, stakeholders and service users to inform service developments. Review ICT needs to maintain aspects of remote delivery.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	Ongoing updates to staff guidance with communication to service users and stakeholders. Effective feedback to inform understanding of the service user and patient journey.	Updates to staff guidance. Parallel communication with service users. Develop feedback mechanism for service users. Expand online training, webinars etc. for staff development etc.	Autumn / Winter 2020	GREEN	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse
Tackling backlog issues	Use of performance and target data to support planning and resource demand. Plan for anticipated surge by ensuring staff as are up to date as possible before	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	To ensure that we are in the best position possible to manage the anticipated demand in the autumn of 2020. This activity will also support any requirement to step back into a lockdown	Track reports and other activity against timescales. Review duty and intake services to ensure skill mix. Further develop additional family support activity, including family contact.	August / September 2020	GREEN	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	then.		position.	Restart improvement plans, liaison with partners and providers to tackle backlogs and any upsurge as lockdown eases.			
Resource and financial Implications	Financial modelling to reflect learning and aligning budgets to priorities. Options for online training and ensure the integrity of team around the child arrangements.	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high	To ensure all services are working to key service aims and objectives and an agreed model of practice ensuring effective targeting of resources and associated financial investment.		Autumn / Spring 2020/21	AMBER	Jonathan Hinds, Head of Service; Julie Slavin, Chief Finance Officer

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Service access and addressing inequalities	Access to office facilities, family contact rooms for delivery of statutory duties. Consultation with service users to overcome system barriers and inequalities to inform recovery and redesign.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	Access to premises through restart plans and mobilisation plans. Consultation will provide insight for effective service redesign, streamline service delivery with focus on relational practice and improved outcomes.	Risk assessments for all premises. Use of alternative platforms to delivery services, staff consultation and patient/service user engagement as part of a blended model of service delivery.	For office premises - End August 2020 / other aspects of recovery and redesign - spring 2021	GREEN AMBER	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse
Governance and Leadership	Management development to support integration, build leadership capacity at all levels. Improve data and performance reporting to inform service redesign and	Medium – We should plan now – there is a longer term impact but services will operate / risks are manageable medium	The development of devolved leadership and more autonomous practice within the wider service. Opportunities for managers to develop their	Scope management and leadership skills. Customer journey and empathy mapping and appreciative enquiry to ensure services	Summer 2021	AMBER	Jonathan Hinds, Head of Service

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
	continuous improvement.		skills - including access to leadership training - building capacity and sustainability within the system.	are outcome focussed. Audit and performance data to inform governance strategic Boards.			
Staffing arrangements, wellbeing and support	Restart arrangements to support staff to return to workplaces and develop staff model for office/home working. Increased capacity from current recruitment to support staff wellbeing	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high		Ongoing communication with staff throughout recovery work and at times when service planning changes or responds to differences in demand, financial, resource or other pressures.	Autumn 2020 re DSE aspects and return to work plan. Autumn 20 / spring 2021 re developmental aspects	GREEN AMBER	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
ICT and digital infrastructure	Staff access to technology for home working, video conference platforms, remote access to telephony and information systems.	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high	This aspect provides the infrastructure allowing the implementation and development of all of the above.	Priority need for providers regarding provision of the resource. Workforce modelling to inform ICT needs, balanced against blend of office-based and home working.	Autumn 2020 re DSE aspects and return to work plan. Autumn 20 / spring 2021 re developmental aspects	GREEN	Jonathan Hinds, Head of Service; Laura Evans, Service Improvement Lead
Continuing and expanding new ways of working	Recovery and redesign in partnership with universal services to support family support, offender interventions, improved performance and focus on earlier interventions.	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high		Review existing arrangements for decision-making, assurance etc. including independent Chairing for Fostering and Adoption; representation and local, regional and national professional and	Spring 2021	AMBER	Paul Kyle, Senior Manager; Laura Smith, Justice Service Manager, Annie Ritchie, Senior Manager

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
				planning groups.			
Use of buildings – service delivery and offices	Requirements for assessments key to returning to the workplace and development of physical resources. Provision for priority work at sites across the area.	High – We need to focus and act on this now - there is immediate impact but services will operate / risks are high		Justice social work–office space for offender supervision and workshop provision for unpaid work. Children's Health provision across Health Centres and VOLH to ensure access for families. Children & Families social work: family contact and duty	Spring / summer 2021	AMBER	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
				office space.			
Client engagement	See above. All activity will require service user engagement and input.	Medium – We should plan now – there is a longer term impact but services will operate / risks are manageable medium	This action is key to all other activity outlined above in respect of both operational and developmental activity impacting on service users.	May include focus groups, targeted feedback and comms; include key groups eg: Women Offenders, Champions Board, Youth Alliance and Kinship Care network will be key partners.	Spring 2021	AMBER	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse
Staff engagement	See all above. All activity will require staff engagement and input.	High – We need to focus and act on this now - there is immediate	Key to all other activity for operational and developmental activity including redesign, which		Summer 2021	AMBER	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Service

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
		impact but services will operate / risks are high	will require staff engagement, resources, skills and knowledge.				Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse
Trades Unions engagement	Trade Unions will be involved in all above activity as appropriate.	High – We need to focus and act on this now – there is immediate impact but services will operate / risks are high	Inclusion of the Trade Unions will provide additional assurance to staff around the engagement and consultation processes above.	Ensure inclusion at all stages.	Summer 2021	AMBER	Annie Ritchie and Paul Kyle, Senior Managers, Laura Smith, Justice Service Manager, Sheila Downie, SCS manager, Elaine Smith, Senior Nurse

STRATEGY & TRANSFORMATION AND PEOPLE & CHANGE

Impact Assessment

The work of HSCP support services has been maintained throughout the response period albeit with teams working remotely whilst embracing: a general shift in terms of work priorities; pressurised deadlines; increased reporting frameworks and the emergence of new tasks.

Creating a positive workplace and focusing on the mental health and wellbeing of staff has remained a priority. For leaders at all levels of the HSCP, leading, motivating and supporting staff has been a priority. Leaders have empathised with the impact of the COVID-19 outbreak across the HSCP on both personal and professional lives as staff endeavour to cope with a wide range of issues and feelings, such as, fear, anxiety, isolation and vulnerability.

In terms of Health Improvement the majority of Public Health Programme's were put on hold and planned training stopped. Staff resources were depleted as staff were reassigned to respond to immediate demands specific to the COVID-19 crisis for example five officers were reassigned to PPE Hubs, one Officer was assigned to HSCP communication work, three Officers were assigned to delivering moving and handling skills training course for care at home/care home staff/volunteers and one Officer assigned to National Workforce Wellbeing Champion programme of work.

COVID-19 and the wider governmental and societal response, have brought health inequalities into sharp focus. Those facing the highest levels of deprivation within our communities are likely to experience a disproportionate level of negative impact as a result of the pandemic. The actions taken within the response period to control the spread of the virus and save lives, including the lockdown, social distancing and cancellations to routine care, are likely to exact a heavier social and economic price on those already experiencing inequality. The predicted economic recession also risks exacerbating health inequalities now and in years to come.

As we move from crisis management to recovery, the HSCP, working with key stakeholders including local communities, has a pivotal role to play in providing opportunities for all West Dunbartonshire citizens to live a healthy life.

Recovery Plan

Issue	Action To Deliver	Priority	What Is The Agreed Outcome of the Action?	Agreed Steps	Target Date for Completion	Current status (Red, Amber, Green)	Owner
Communication	To develop a robust communication strategy to support the delivery of Public Health Programmes of work	High: There is a needto focus and act on this now due to immediate impact.	To provide a standardised framework that can be adapted across key public health programmes to improve communication processes for priority areas of work.	Adapt good practice communication guidance to develop a draft communication strategy building on learning from work with National Public Health Reform Comms Team and PHKSF. Competency development session on 'how to develop a Communication and Engagement Strategy'. Test and refine strategy on loss and bereavement recovery work, evaluate and share learning for other key Public health programmes of work.	December 2020	Amber	Jacqui McGinn (Health Improvement and Inequalities Manager)

Issue	Action To Deliver	Priority	What Is The Agreed Outcome of the Action?	Agreed Steps	Target Date for Completion	Current status (Red, Amber, Green)	Owner
Issues Affecting Patient Care	In line with HSCP strategic priorities, focus on prevention work in response to priorities within Ministerial remobilisation letter and Remobilise, Recover and Redesign Framework for NHS (Scottish Government 2020).	Medium: Requirement to plan now. There is a longer term impact but services will operate and risks are manageable	Ensure a quick return to those priority areas of work in response to emerging evidence on impact of COVID-19, the priority areas being Suicide Prevention work, Substance Use Prevention and Cancer Prevention work.	Suicide prevention: Implementation of the updated COVID-19 specific requirement of the National Suicide Prevention Action Plan using a 'whole-system' approach. Continue to work with Collective Leadership Scotland on delivering this approach. Substance Use Prevention Strategy: Refocus on delivery of strategy building on learning for 'whole-system' early adopter work with the public health reform team. Cancer Prevention work: Implementation of health improvement element of NHSGGC Inequalities Screening Programme, deliver on National Detect Cancer Early Programme build on learning from improvement methodology 'test of change' work.	March 2021	Amber	Jacqui McGinn (Health Improvement and Inequalities Manager)

Issue	Action To Deliver	Priority	What Is The Agreed Outcome of the Action?	Agreed Steps	Target Date for Completion	Current status (Red, Amber, Green)	Owner
Service access and addressing inequalities	Restart programmes that will support 'building resilience' across the life course	Medium: Requirement to plan now. There is a longer term impact but services will operate and risks are manageable.	To consider the emerging evidence on the direct and indirect impact of COVID-19 acknowledging that those from deprived areas have been disproportionately affected further exacerbating already entrenched health and social inequalities.	To refresh with community planning partners the local commitment to a 'determinant orientated' approach to health inequalities. To restart the Resilience hub work and progress the strength-based approach to ACEs building on rapid review evidence and development of Nurtured Strategy. Co-ordinate public mental health training programme as part of the wider community resilience programme of work.	March 2021	Red	Jacqui McGinn (Health Improvement and Inequalities Manager)
Continuing and expanding new ways of working	Develop 'place-based' approaches that focus on environment and wider supports as per Remobilise, Recover and Redesign Framework for	Medium: There is a requirement to plan now. There is a longer term impact but services will operate and risks are manageable.	To ensure a shared understanding of place and the need to take a more collaborative approach to a place's services and assets to achieve better	Restart development work between health and planning, building on learning to date. Ensure links with Public Health Scotland Place and Wellbeing, Place and Equity team. Continue collaborative work with Children's Neighbourhood Scotland and co-ordinate	July 2021	Amber	Jacqui McGinn (Health Improvement and Inequalities Manager)

Issue	Action To Deliver	Priority	What Is The Agreed Outcome of the Action?	Agreed Steps	Target Date for Completion	Current status (Red, Amber, Green)	Owner
	NHS (Scottish Government 2020).		outcomes for people and communities.	Children and YP's Mental Health and Wellbeing Community Services Framework			
Client Engagement	Develop work around co-production and engagement	Medium: There is a requirement to plan now. There is a longer term impact but services will operate and risks are manageable.	To seek to involve communities in co-production of plans, delivery and evaluation of services and initiatives that affect them in line with good practice.	Review learning from co-production and engagement work undertaken to date e.g. ADP service user surveys/ Community Engagement exercise “Alcohol, Tobacco and Other Drugs: Have your say on how we can reduce harm in West Dunbartonshire”, ACEs Resilience Hubs and suicide prevention workshops. Lived experience work. Develop good practice guidance for adapting across key public health programmes	July 2021	Red	Jacqui McGinn (Health Improvement and Inequalities Manager)

Issue	Action To Deliver	Priority	What Is The Agreed Outcome of the Action?	Agreed Steps	Target Date for Completion	Current status (Red, Amber, Green)	Owner
Tackling Backlog Issues	Redesign of Strategy and Transformation Team building on the good practice whilst addressing capacity issues in terms of commissioning and contract management, modern approaches to service design and strategic development.	High: The lack of capacity within the service has a negative impact in the teams ability to support operational services to achieve their ambitions.	The aim of a service restructure is to achieve service improvements whilst supporting functional teams to achieve identified efficiencies.	Steps will be taken in line with agreed HR&OD Policies across NHS GGC and West Dunbartonshire Council.	December 2020	Red	Margaret-Jane Cardno Head of Strategy and Transformation

Issue	Action To Deliver	Priority	What Is The Agreed Outcome of the Action?	Agreed Steps	Target Date for Completion	Current status (Red, Amber, Green)	Owner
Service Access and Addressing Inequalities	Delivery of improvement plans related to the 4 improvement pillars identified by HSCP Strategic Leadership Team: Commissioning; SDS; Eligibility and Charging.	High: The work of the Service Improvement Leads is pivotal to the successful completion of this work.	The outcomes include: improved service user experience and efficiencies across services.	The next step is the completion of clear work plans for the Service Improvement Leads including a governance framework for reporting to IJB.	September 2020	Amber	Margaret-Jane Cardno Head of Strategy and Transformation

MUSCULOSKELETAL PHYSIOTHERAPY SERVICES (MSK)

Impact Assessment

MSK Physiotherapy service provision continued during the period of lockdown. The service continued to receive referrals throughout this period. All referrals were clinically triaged at the point of referral. In March/April the majority of routine appointments were cancelled to allow approximately 80% of MSK Physiotherapy workforce to be redeployed to support Acute and Community Colleagues (including Covid Assessment Centres) in their efforts against COVID.

MSK Physiotherapy Service provision focussed on those patients with an urgent need for assessment and treatment. In line with Scottish Government guidance the huge majority patients with an urgent requirement were managed remotely. Around 2% of patients had the need for face to face consultation. This need for face to face was based on the clinical decision that the MSK condition may be “life altering”. Face to face consultations took place in a small number of Physiotherapy departments within health centres across GGC. This was to reduce footfall within Acute sites and to aggregate staff who remained within the MSK service.

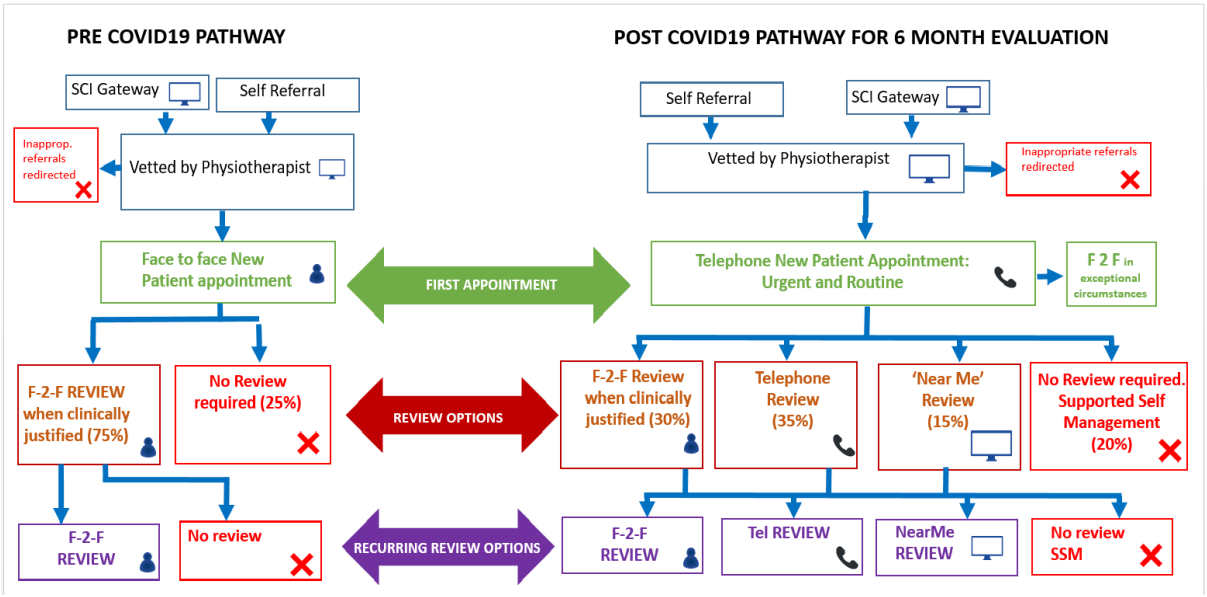
Referrals rates to MSK Physiotherapy dropped substantially between March and June (referral rates were lowest rate in April when only 8% of normal average referrals were received). There has been a steady increase in referrals over the last 2 months as patient flow increases within Primary Care and with recommencement of elective surgery.

Waiting times for MSK Physiotherapy have been detrimentally affected due to suspension of routine appointments. The service continues to meet the waiting times target of 4 weeks for all urgent patients. At the end of March the maximum wait for services was 17 weeks. This rose to 44 weeks at the height of the pandemic but by mid August had reduced to a maximum waiting time of 31 weeks. As already stated the referral rates were low during the height of the pandemic. The numbers waiting over target have therefore not risen significantly (a rise of 1015 over the 4 month period). This relatively low rise would give hope that a positive impact can be made on waiting times in a short timescale.

MSK staff absenteeism has risen during the pandemic (to > 4% target) and a recent staff survey revealed higher than normal levels of self reported stress in the workplace. Staff reported that some of this stress is a result of the shift to Virtual Patient Management (VPM) i.e. the use of telephone call and video (NHS Near Me) consultation and the lack of face to face consultation with patients (see Figure below). Staff also raised frustrations around perceived delay in remobilisation plans.

Over recent weeks, MSK recovery plans have been formulated and plans to scale up some aspects of service delivery are underway.

Figure showing impact of COVID on MSK Patient Management.



Recovery Plan MSK

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Issues Affecting Care: remobilising Face to Face consultation vs Virtual Patient management (VPM)	Short term: Increase face to face interaction with service users. Medium to longer term: redesign services to right balance of F2F vs VPM for most effective clinical outcome.	Urgent – as a profession accurate diagnosis and successful clinical outcome for many patients is dependent on face to face. As elective surgery recommences there is increased urgency for F2F capacity.	MSK service delivery which is a combination of Virtual patient management and Face to Face consultation, based on clinical need. . Outcome measures will demonstrate that patient care has not been detrimentally affected by the shift to partial VPM.	Approval of risk assessments required across 6 HSCPs to recommence face to face. There has been some delay in getting risk assessments approved. Submit trak templates for rebuild to address the balance of VPM vs face to face Monitor and measure	Short term action: end November 2020 (up to 30% F2F). Longer term action: Sep 21.	AMBER	Head of Service and Quadrant Managers HSCPs for approval of risk assessments

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
				outcome measures pre and post VPM Ongoing need to increase face to face capacity			
Comms	Communication strategy group set up to ensure all stakeholders are kept informed of recovery plan. Key stakeholders: staff; GPs; Orthopaedic colleagues; patients.	Urgent – referring stakeholders need to be made aware of recovery plan. Good communication with staff is essential to lead the MSK team through successful change in service delivery and to support staff wellbeing and improve levels of absenteeism.	A cohesive approach to MSK recovery across the MSK team and wider stakeholders within the Board area and nationally.	GP comms letter produced and being circulated through Prim Care structure. Similar to be produced for orthopaedic colleagues. Staff newsletter and updates to be sent out	Sep 20 and ongoing	AMBER	Head of Service and MSK Extended Management Team

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
				on regular basis to update on recovery plans and projects related to recovery. . Liaison with National MSK leads group/Referral management centre to ensure patients informed of what to expect from VPM .			

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
Tackling backlog issue and waiting lists	Reappoint routine appointments which were suspended to allow redeployment Address waiting times that have risen as a result of suspension of routine service	Urgent – since May the service has re-contacted all patients who were placed ”on hold” when routine service suspended. Backlog is therefore being cleared. Longer term: Achieving waiting times targets have been an issue since pre Covid but further impacted detrimentally as a result of Covid-service improvement leads and EMT to work together to address ongoing waiting times.	To restore waiting times to pre Covid levels (this is dependent on no further suspension to service delivery as a result of second wave/spikes). To re-establish the work of Service Improvement Leads to address waiting times (with new focus on VPM as additional option for service	Clinical staff to contact and reappoint all patients who were on active caseload at time of suspension to service Increase number of “opt in letters” sent as remobilisation commences. Re-engage service improvement leads to address waiting times	Short term: appointing of suspended patients completed in July (care of these patients ongoing). Medium term (to bring waiting lists down to pre Covid levels) Nov 2020 Long term: to achieve 4 week target ongoing	GREEN for backlog AMBER for addressing waiting times	Head of Service/Quadrant Managers/Team leads/clinical staff

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
			delivery).				
Resource and financial Implications	To deliver turnover savings of 3%	Urgent- staff turnover savings has been significantly less during this financial year due to lack of staff movement due to COVID.	To ensure all services are working to key service aims and objectives and an agreed model of practice ensuring effective targeting of resources and associated financial investment.	Continue to monitor financial budget in relation to savings target. Highlight to SMT/IJB if MSK service is at risk of not meeting target at earliest stage. Achieve savings target	April 2021	AMBER	Head of Service/Quadrant Managers.

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
				through other means if necessary.			
Staff wellbeing	To continue the well established work of staff wellbeing group	Urgent Staff self reported wellbeing has decreased as a result of the pandemic and shift to VPM. Staff absenteeism has risen to unusually high levels for MSK service.	Restoration of a culture where staff report wellbeing to be high. Restoration to absenteeism within MSK service to below the 4% target for health staff.	Staff comms strategy: regular feedback to staff on service remobilisation. Measure staff feedback on self reported wellbeing (benchmark and follow up) Ongoing work of wellbeing group to support staff in their workplace	Ongoing Benchmark now and follow up November 2020 Monthly monitoring	GREEN AMBER	Head of Service/ EMT/Wellbeing steering group/ all MSK staff

Improvement Area	Action to deliver	Priority	What is the agreed outcome of the action?	Agreed steps (detail each step to achieve agreed action)	Target date for completion	Current status (Red, Amber, Green)	Owner
				(including focus on supporting staff with shift to VPM)..			
ICT and digital infrastructure	Ensure sufficient IT infrastructure to support VPM. Financial resource to be agreed for IT (laptops; headsets; additional telephones).	Urgent – we need to focus and act on this now – there is an immediate impact / risks are very high (DSE/patient confidentiality/limited clinical capacity and waiting list impact)	This aspect provides the infrastructure allowing the implementation and development of VPM in a way that is safe for staff and patients.	Priority need for providers regarding provision of the resource.	Autumn 2020	AMBER	Head of service/EMT

FINANCIAL IMPLICATIONS

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

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**	**0.97%**

Head of Service Summary	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	
Children and Families (incl Criminal Justice)	24,985	5,383	5,400	(17)	25,143	(289)	131	0.52%
Health and Community Care	45,920	11,519	11,235	284	44,869	0	1,051	2.29%
Learning Disabilities, Mental Health and Addictions	24,829	6,307	6,282	25	24,435	(7)	401	1.62%
Strategy and Transformation	1,790	406	400	6	1,721	0	69	3.85%
Hosted Services	7,539	1,835	1,757	78	7,338	201	0	0.00%
Family Health Services (FHS)	27,775	7,463	7,463	0	27,775	0	0	0.00%
GP Prescribing	19,890	4,435	4,434	1	19,890	0	0	0.00%
Covid-19	1,294	1,294	1,902	(608)	1,294	0	0	0.00%
Resource Transfer and HSCP Corporate	16,579	3,507	3,510	(3)	16,706	(134)	7	0.04%
Total	**170,601**	**42,149**	**42,383**	**(234)**	**169,171**	**(229)**	**1,659**	**0.97%**

Head of Service Summary	2020/21 Savings Target	At Risk
Please Note these targets exclude	£000's	£000's
Children and Families (incl Criminal Justice)	226	166
Health and Community Care	1,406	509
Learning Disabilities, Mental Health and Addictions	1,119	923
Strategy and Transformation	18	16
Total	**2,770**	**1,615**

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Report by Head of Strategy and Transformation

23 September 2020

Subject: Directions Policy

1. Purpose

1.1 The purpose of this report is to provide the Health and Social Care Partnership Board (HSCPB) with a new Direction policy which has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance. Appendix A sets out the new Directions Policy.

1.2 The policy seeks to enhance governance, transparency and accountability between the HSCPB and its partner organisations, NHS Greater Glasgow and Clyde (NHSGCC) and West Dunbartonshire Council (WDC) by clarifying responsibilities and relationships. The Direction policy has been developed to ensure compliance with the statutory guidance (Appendix B).

2. Recommendations

2.1 The Health and Social Care Partnership Board is asked to:

i. note the content of this report and statutory guidance; and
ii. approve the new directions policy to ensure HSCPB is compliant with the practice set out in the statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services.

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.

3.2 The Act further places a duty on Integration Authorities to develop a strategic plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic plans and this mechanism takes the form of binding directions from the Integration Authority to one, or both, of the Health Board and Local Authority.

3.3 Directions provide the mechanism for delivering the strategic plan, for conveying the decisions of the HSCPB, clarifying responsibilities between partners, and improving accountability. The policy is intended to better

formalise and clarify the process employed by HSCPB and the supporting partnership.

3.4 The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements in respect of directions. As a result, revised statutory guidance on directions was finalised in January 2020. This statutory guidance has informed the development of the new directions policy.

4. Main Issues

4.1 Directions are the legal basis on which the Local Authority and Health Board deliver services that are under the control of the HSCPB. As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.

4.2 HSCPB makes decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly.

4.3 The Scottish Government noted that many IJBs had a minimalist approach to directions and had an insufficiently robust audit trail. Furthermore, significant variation had developed over how directions were being used across Scotland. As such, the Scottish Government has issued statutory guidance on the matter, to clarify its expectations and to aid the development of local policy.

4.4 The revised statutory guidance on directions underpins the new direction policy. The policy complies with the guidance by setting out a clear framework for the issuing and review of directions and confirming governance arrangements.

4.5 In a local context, HSCPB has recorded aspects of directions, but they have not been issued as a matter of course nor in a recognised format. Issuing and monitoring directions will be subject to internal and external audit and scrutiny. The Direction policy Appendix A, implementation action plan Appendix C and direction template Appendix D will provide HSCPB with an effective method of issuing and monitoring directions.

4.6 The key elements of the new direction policy are:

i. Enhanced governance arrangements to ensure that directions are clearly associated with an HSCPB decision, with clear roles and responsibilities defined.
ii. A focus on delivering change by ensuring that directions are formulated or revised at any point during the year in response to service redesign, transformation and financial developments.

iii. A clear statement in respect of partner responsibilities around the implementation of directions.

iv. Enhanced performance monitoring arrangements including the development of a directions log.

v. A commitment to reviewing the directions policy every two years or sooner in the event of new guidance or good practice becoming available.

4.7 Subject to HSCPB approval, the new direction policy will be live from 30th September 2020 and kept under review.

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 Failure to comply with the legislative requirement in respect of directions would place the HSCPB in breach of its statutory duties.

7.2 The proposed action set for local implementation will ensure compliance with the practice set out in the strategic guidance. This will provide assurance and transparency for future audit activity.

8. Equalities Impact Assessment (EIA)

8.1 An equality impact assessment is not required as the recommendations contained within this report do not have a differential impact on any of the protected characteristics.

8.2 The HSCPB when making decisions and issuing directions of a strategic nature, will have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.

9. Consultation

9.1 Monitoring Officers within Finance and Regulatory Services and Trades Unions representatives have been consulted in the preparation of this report and are satisfied that the report complies with all legislative requirements.

9.2 A full internal audit review has been carried out on the new policy, procedure and supporting documentation and are satisfied that they comply with all legislative requirements.

10. Strategic Assessment

10.1 The introduction of effective directions policy will support all local and strategic priorities and national health outcomes. It will strengthen performance monitoring and outcome accountability, improving lives with the people of West Dunbartonshire.

Margaret-Jane Cardno
Head of Strategy and Transformation
Date: 14 August 2020

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Appendices:
Appendix A Direction Policy
Appendix B Statutory Guidance
Appendix C Implementation Action Plan
Appendix D Direction Template

Background Papers: The link to the statutory guidance is included here for further information if required.

https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/

Wards Affected: All wards.

Health and Social Care Partnership

Direction Policy

Document Title:	Direction Policy	Owner:	Margaret-Jane Cardno
Version No.	1.0	Superseded Version:	None
Date Effective:	September 2020	Review Date:	September 2022

Document Management - Version Control

Policy Title & Reference	Direction Policy			
Version Number & Date	V1	30/9/2020		
Title, Version Number & Date of superseded version (if applicable)	Not Applicable			
Rationale for Introduction/driver for Change	Scottish Government Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019 Government Review of Direction February 2019 Government Statutory Guidance January 2020. To provide clear guidelines for formulating, approving, issuing and monitoring directions			
Summary of Substantive Changes (if applicable)	Not Applicable – first version			
Summary of Technical changes (if applicable)	Not Applicable – first version			
Lead Officer	Margaret-Jane Cardno, Head of Strategy and Transformation			
Final Trades Union Position	In agreement with approach and policy for directions			
Consultation and Approval Process	Financial consultation	June and August 2020		
	Legal consultation	July 2020		
	Audit and Fraud consultation	Internal audit completed August 2020		
	Trades Union consultation	July 2020		
	Approval at HSCPB	23 September 2020		
Accompanying Documentation (incl EIA)	HSCP Strategic plan 2019 - 2022 Scottish Government best practice and statutory guidance January 2020. EIA – not applicable			
Linked Policies and Procedures	Public Bodies (Joint Working) (Scotland) Act 2014 Direction Procedure			

Directions Policy

1 Introduction

1.1 West Dunbartonshire Health and Social Care Partnership (HSCP) has a duty to develop a strategic plan for integrated functions and budgets under its control. Integrated Authorities require a mechanism to action the strategic plans and this mechanism takes the form of binding directions from the Health and Social Care Partnership Board to one or both of the Health Board (NHS Greater Glasgow and Clyde) and Local Authority (West Dunbartonshire Council).

2 Policy Aims

2.1 The policy seeks to enhance governance, transparency and accountability between the HSCPB and its partner organisations, West Dunbartonshire Council and NHS Greater Glasgow and Clyde by clarifying responsibilities and relationships. The policy has been developed to ensure compliance with Scottish Government statutory guidance on directions.

3 Legislative/Policy Framework

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.

3.2 The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements.

3.3 Revised statutory guidance on directions was finalised by the Scottish Government in January 2020. This statutory guidance informed the development of this policy, to ensure it meets key requirements to improve governance, transparency and accountability between partners.

4 Definition and Purpose of Directions

4.1 Directions are a legal mechanism intended to clarify responsibility requirements between partners. Directions are the means by which the HSCPB directs WDC and NHSGCC on what services are to be delivered using the integrated budget. (i.e. the budget which is allocated to the HSCPB and for which the HSCPB is responsible)

4.2 Directions must be given in respect of functions that has been delegated to the HSCPB. They must provide sufficient detail to enable WDC and NHSGCC to discharge their statutory duties under the Act.

4.3 Specific directions can be given to NHS Greater Glasgow and Clyde, West Dunbartonshire Council or both depending on the services to be provided. However, directions should not be issued unnecessarily and should be proportionate.

4.4 A direction will stand until it is revoked, varied or superseded by a later direction.

4.5 The delivery partners are required to comply with all directions received from the HSCPB, and the law is clear that they may not amend, ignore, appeal or veto any direction.

4.6 Detailed directions will be necessary and particularly important for mutli-partnership co-ordination. This is where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services”.

4.7 HSCBP will maintain active consideration of whether the effect of delivery partners carrying out any direction they propose to issue would have an undesirable impact on another IJB (and its population) or for the local health and social care system more broadly. A process of co-ordination and mitigation will be undertaken in circumstances where issues of this nature are identified

4.8 In summary, the purpose of directions is to set a clear framework for the operational delivery of the functions that have been delegated to the HSCPB and therefore all directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the strategic plan priorities.

5 Policy Implementation

5.1 This policy has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government statutory guidance January 2020.

5.2 The policy defines what a direction is and is underpinned by the directions procedure, which has been put into place to support the development of new or revised directions.

5.3 Directions are informed by a number of factors, including but not limited to:

i. Content of the HSCP strategic plan;
ii. Specific service redesign or transformation programmes linked to an approved co-produced plan or business case;
iii. Financial changes or developments (eg additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan);
iv. A change in local circumstances; and
v. A fundamental change to practice or operations.

6 Review of policy

6.1 This directions policy will be reviewed every two years or sooner in the event of new guidance or good practice becoming available.

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
- Guidance on Financial Planning for Large Hospital Services and Hosted services (The Scottish Government, December 2015)
- Final Integration Scheme, IJB,
- Good Practice Note: Directions from Integration Authorities to Health Boards and Local Authorities (The Scottish Government, March 2016)
- Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration
- The Scottish Government revised statutory guidance (January 2020)

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Health and Social Care Integration

Statutory Guidance

Directions from Integration Authorities to Health Boards and Local Authorities

Public Bodies (Joint Working) (Scotland) Act 2014

January 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1. What is this guidance about?

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control for which we have published statutory guidance: https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/. Integrated functions and budgets are those delegated by the Health Board and Local Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated: http://www.legislation.gov.uk/asp/2014/9/contents/enacted.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of ***binding directions*** from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

1.4 In the case of an Integration Joint Board (IJB), a direction ***must*** be given in respect of every function that has been delegated to the IJB. In a ***lead agency*** arrangement, the Integration Authority ***may*** issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Not unexpectedly, only IJBs have made directions to delivery partners to date and this guidance is therefore mainly aimed at IJBs and their delivery partners in Health Boards and Local Authorities.

1.5 Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

1.6 Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions in order to properly discharge their statutory duties under the Act.

1.7 This guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Note on Directions issued in March 2016.

2. Why are we publishing this guidance now?

2.1 Directions are a key aspect of governance and accountability between partners. This has previously been largely unrecognised, with the effect that there is a lack of transparency, governance and accountability for integrated functions that are under the control of IJBs, and delivered by Health Boards and Local Authorities. This must be a matter of concern for all parties, each of which is responsible for ensuring that they are complying with their individual duties under the Act.

2.2 Scottish Government has worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. We have also discussed the use of directions with a range of local systems at our regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives.

2.3 In February 2019 the Ministerial Strategic Group for Health and Community Care (MSG) published its report on the review of progress with integration: https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/. This contains 25 proposals intended to increase the pace and effectiveness of integration. One of these proposals was that statutory guidance on directions would be published to support improved practice in issuing and implementing directions.

2.4 Chairs and Vice Chairs of IJBs have expressed a keen interest in improving practice and in better understanding how they can take responsibility for improvement, and in collaborating with partners to ensure accountability and effective governance. IJBs, Local Authorities and Health Boards must each take individual and several responsibility for complying with their statutory duties, and for being clear about lines of accountability between one another.

2.5 One issue appears to have been that directions have previously been regarded as being issued by Chief Officers to themselves as senior operational directors in Health Boards and Local Authorities. The Act confers the duty of issuing directions on the Integration Authority to constituent authorities. Directions may be issued on behalf of the IJB by an IJB Chief Officer, in their role as the accountable officer to the IJB, to Chief Executives in the Health Board and Local Authority in their roles as accountable officers to the Health Board and Local Authority. These are senior executives acting on behalf of the three statutory public bodies. It may also be helpful to copy the relevant IJB Chair, Council Leader and the NHS Chair into directions. See Appendix 1 on roles and responsibilities of each of the statutory partners and their accountable officers, under integration.

2.6 Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.

2.7 As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. At the time of publishing this guidance, practice is evidently variable and needs to be improved, with any impediments overcome jointly by partners using a collaborative approach that properly acknowledges the roles of the different partners.

3. Process for issuing directions

3.1 It is essential that directions are understood to be the ***end point*** of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.

3.2 While directions are not a means of launching unheard-of service change onto delivery partners in the Health Board and Local Authority, nor are they something that can be ignored by delivery partners in the Health Board and Local Authority.

3.3 Directions are binding, which is why they come at the end point of a process of planning and decision making. The delivery partners are required to comply with all directions received from the IJB, and the law is clear that they may not amend, ignore, appeal or veto any direction. Neither the Local Authority nor the Health Board may use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended. This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability**. It is designed to help local partners improve quality and outcomes for local populations**.

3.4 Integration Authorities have been established to put in place plans to improve the health and wellbeing of their local populations and to make best use of the total resource available to them, hitherto managed and allocated separately by Health Boards and Local Authorities. They have an agenda of change and improvement, working in partnership with their delivery partners. It can therefore reasonably be expected that a number of decisions made by IJBs will impact on delivery partners that will require directions to be issued. Otherwise, nothing would be changing – which would not help integration's purpose to improve the sustainability and quality of care.

3.5 It has been the practice of most IJBs to issue generic directions to delivery partners at the point of agreeing their budgets for the following financial year. However, it is not possible for IJBs to make all decisions about all service change at this juncture, although they will still require to allocate funding across the functions they are responsible for.

3.6 IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly. The issuing of directions should be taking place at any time throughout the year, as well as at the start of the financial year.

3.7 Some duties conferred on IJBs also relate directly to duties on Health Boards and Local Authorities, such as Equalities, Best Value and Climate Change. This further enhances the need for collaborative working on a formal basis between the partner bodies.

3.8 To assist with the determination of when a direction should be issued, a number of IJBs have added a short section to their report format that requires the author to decide and record if the report requires a direction to be issued to the Local Authority, the Health Board, to both, or that no direction is required. This provides an initial prompt and should be adopted as standard practice across IJBs.

3.9 Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB. It would be helpful for IJBs to develop a directions policy, based on this guidance. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
    - Patients
    - People who use services
    - Carers
    - Local communities
    - Staff
    - Others
- Timescale for delivery

3.10 Overly general or ambiguously worded directions will not be helpful to delivery partners in understanding what they have to deliver. They will also cause problems in identifying whether a direction has been progressed or completed and therefore need to remain on a log of directions indefinitely and be unable to be closed off. This should be avoided by issuing clear directions, thoughtfully constructed and capable of being monitored effectively with delivery timescales, milestones and outcomes.

3.11 Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority of Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role.

4. Form and content of directions

4.1 Directions must be in writing and should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated. The direction should include information on the required delivery of the function, for example changing the model of care, as well as the financial resources that are available for carrying out the function. The direction may specify in some detail what the Health Board, the Local Authority or both are to do in relation to carrying out a particular function. A lack of detail or specificity in a direction may cause difficulties in performance monitoring and hamper the effective delivery of a function.

4.2 The primary purpose is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and to convey the decision(s) made by the IJB about any given function(s).

4.3 Directions must clearly identify which of the integrated health and social care functions they relate to. The IJB can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

4.4 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is a payment or a sum set aside and made available) is to be used. However, directions should not be seen as a mechanism only to advise the delivery partners of resources available to them. Rather, directions are intended to provide clear advice to delivery partners on the expected delivery of any given function, together with the identified resource available.

4.5 The exercise of each function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the strategic commissioning plan.
4.6 The financial resource allocated to each function in a direction is a matter for the IJB to determine. The Act makes particular provision for the allocation of budgets for the sum “set aside” in relation to large hospital functions, which gives flexibility for the IJB to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes. This requires mature and collaborative working to achieve agreement on the best use of this budget, particularly with those responsible for the delivery of acute services, however the decision about the use of this budget lies with the IJB. The statutory guidance on finance issued in 2015 provides detailed advice on set aside: https://www.gov.scot/publications/finance-guidance-health-social-care-integration/

4.7 The content of a direction should be informed by the content of a report on the function(s) submitted to and approved by the IJB. For example, where an IJB discusses and approves a report that makes changes to arrangements for the provision of day services for people with a learning disability, the direction would draw on the report’s content. The direction should be contained in the same report, using a standard format, in order that it can be approved by the IJB at the same time as the report and its recommendations are approved. There should also be a process in place where the IJB is able to raise queries about the clarity or content of a direction and for these queries to prompt action by officials to make any necessary amendments to the direction.

4.8 The issuing of a direction following such a decision by the IJB is the means by which the IJB will let its delivery partners in the Local Authority, Health Board, or both, know what has been agreed and what is to change in the delivery of the function, together with any concomitant change to the allocation of resources.

5. Process for issuing and revising directions

5.1 Directions should be issued as soon as is practicable following their approval by the IJB.

5.2 A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. A log of all directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum, the function(s) covered, any identifier (such as a log number), date of issue, identify to which delivery partner(s) issued, any delivery issues and the total resource committed. The log should be regularly monitored and reviewed by the IJB and used as part of performance management, including audit and scrutiny. This should include monitoring the implementation and/or status of directions that have been approved by the IJB.

5.3 To assist with monitoring and reviewing directions issued, the IJB may seek information from either the Health Board or the Local Authority, or both, about the delivery of a function that is the subject of a direction, including, but not exclusively, when issues are identified in implementation and delivery of a direction.

5.4 The Act does not set out fixed timescales for directions. This flexibility allows directions to ensure that the delivery of integrated health and social care functions is consistent with the strategic commissioning plan and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in respect of particular functions.

5.5 A level of detail and specificity is highly desirable in directions, especially where a service is new or to be radically redesigned, or where a complex set of interdependent changes is planned.

5.6 Directions issued at the start of the financial year should subsequently be revised during the year in response to ongoing developments, including as a consequence of decisions made in year about service change by the IJB.

5.7 For example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority, the Chief Officer will need to agree a recovery plan to balance the overspending budget (this must be done in line with the Integration Scheme, which will detail arrangements for managing the balance of any over or underspends, and statutory guidance for finance under integration).This may require an increase in payment to either the Health Board or Local Authority funded by either:

- Utilising underspend on the other part of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance of the general fund, if available, of the Integration Joint Board.

5.8 A revision to the directions will be required in either case.

6. Multi-partnership co-ordination

6.1 Effective co-ordination arrangements between contiguous IJBs within a Health Board area is essential where directions for acute care are under consideration. This will assist in effective planning for services that may be destabilised by conflicting or incompatible directions from different IJBs within the one area.

6.2 When unscheduled acute care is being planned, Chief Officers and their senior teams from across local partnerships should be meeting regularly in a joint forum with colleagues from the acute system. This will ensure effective co-ordination and collaboration across the multi-partnership area. This will also enable a joint plan to be developed that recognises the context, complexity or features relevant to each IJB. There may be other services and functions that also require this level of co-ordination.

6.3 Detailed directions will be necessary and particularly important where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services” or less often, lead partnership arrangements.
6.4 In such arrangements, all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements are in place for hosting services. Detailed directions will facilitate a feedback loop and IJBs should be seeking from the delivery partners any necessary information regarding progress with service change, investment or disinvestment. The issuing of more detailed directions will also be important for any other services not under the direct operational management of the Chief Officer.

6.5 In addition to officer level co-ordination, IJBs also require a degree of co-ordination in terms of governance and decision making when considering plans and therefore directions that span more than their area of jurisdiction. An IJB cannot delegate its responsibilities to another IJB or back to a Health Board or Local Authority. This, therefore, may be best managed by the same report being considered by each relevant IJB supplemented with any additional information or reflections required by each to ensure very localised matters are taken account of. The sequencing and co-ordination of this will require the full support of relevant IJB Chief Officers and others.

6.6 It is essential in pursuing effective co-ordination and collaboration on operational arrangements for managing delegated services and functions through the Chief Officer that this is not conflated with the statutory duties of the IJB for governance, decision making and resource allocation.

6.7 IJBs should maintain active consideration of whether the effect of delivery partners carrying out any direction they propose to issue would have an undesirable impact on another IJB (and its population) or for the local health and social care system more broadly. A process of co-ordination and mitigation will be needed in circumstances where issues of this nature are identified.

7. Improving practice and summary of key actions

7.1 This guidance is intended to provide impetus to improving practice in the issuing of directions by IJBs and their implementation by Health Boards and Local Authorities, and to deliver the proposal made in the MSG review about providing statutory guidance on directions.

7.2 The importance of directions as a vital aspect of governance and accountability between partners cannot be overstated. The need to learn from and implement good practice is evident. Chief Officers, through their network, are well placed to facilitate the sharing of practice and are key to implementing this locally.

7.3 As practice develops further, IJBs should continue to develop and improve their practice in respect of issuing directions. Local Authorities and Health Boards as the key delivery partners also need to accept and work with these new arrangements, and respond positively to direction issued to them, including the provision of any information regarding the delivery of a function that is the subject of a direction.

7.4 This guidance has been prepared as part of wider work to accelerate the pace and impact of integration. This can only be achieved by the partners working closely together, in mutual regard, and demonstrating a strong, shared commitment to integration through concerted action to deliver sustainable, and improved health and social care services, capable of delivering good outcomes for the people of Scotland.

7.5 Key actions identified throughout this guidance, which should be implemented as consistent practice include:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.
- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Beard or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.

APPENDIX 1

Statement of responsibilities and accountabilities of Integration Authorities, Health Boards and Local Authorities and their accountable officers under integration.

Integration Authorities bring together Health Boards, Local Authorities and others to ensure the delivery of efficient, integrated services. Demographic change, rising demand and growing public expectations means that radical service redesign is required in health and social care in order to deliver sustainable services that meet these challenges and improve outcomes for people.

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes governance and financial arrangements, together with principles and a set of outcomes. It is predicated on a collaborative approach between Integration Authorities, Local Authorities and Health Boards, each with their own accountabilities and responsibilities, to ensure effective delivery of integration.

Integration Authorities - are responsible for planning, designing and commissioning services in an integrated way from a single budget in order to take a joined up approach, more easily shifting resources to best meet need. They have a duty to publish a strategic (commissioning) plan for integrated functions and budgets under their control. Collectively, Integration Authorities manage almost £9 billion of resources that Health Boards and Local Authorities previously managed separately, and they have the power and authority to drive real change.

All requirements for quality and safety apply to the Integration Authority just as they do to the Local Authority and Health Board. Integration Authorities have available clinical and professional advice from a range of advisors to assist them in making decisions and explore issues of quality, supported by integrated clinical and care governance arrangements.

Directions are vitally important in clarifying responsibilities and requirements between partners, that is, between the Integration Authority, the Local Authority and the Health Board. Directions are the legal mechanism by which Integration Authorities action their strategic commissioning plans. These binding directions are issued to one or both of the Health Board and Local Authority. They are the means via which clarity and transparency on decision making and budgets is achieved under integration.

Chief Officers – are the chief accountable officer to the Integration Joint Board. Chief Officers also accountable to each of the constituent authorities, and report jointly to the relevant Chief Executive of the Health Board and Local Authority as senior operational directors.

Health Boards – are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Local Authority for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Health Boards must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Health Board may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

Health Board Chief Executives – are the chief accountable officer to the Health Board. They are jointly responsible, together with the relevant Chief Executive of the Local Authority, for the line management of the Chief Officer. They should ensure that directions issued to the Health Board by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.

Local Authorities - are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Health Board for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Local Authorities must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Local Authority may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

Local Authority Chief Executives – are the chief policy adviser to the Local Authority and are the link between Local Authority officials and elected members. They are jointly responsible, together with the relevant Chief Executive of the Health Board, for the line management of the Chief Officer. They should ensure that directions issued to the Local Authority by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.

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Appendix C - Direction Implementation Action Plan

	Guidance requirement	**Action**
1	A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required	The amended committee report template will comply.
2	Directions should include detail on the required delivery of function and financial resources	We will adopt a standard template approach to framing directions which meets the core recommendations of the guidance
3	The content of a direction should be informed by the content of a report on the function(s) approved by the HSCPB and should be contained in the same report, using a standard format	We will ensure that each direction issued will have an associated report, which details the background and reason-giving rise to the direction.
4	Directions should be issued as soon as practicable following approval by the HSCPB, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body	The Chief Officer will formally issue a direction on behalf of the HSCPB through an email communication with one or both of the respective Chief Executives, copying in the HSCP Chief Finance Officer, HSCPB Chair and Vice Chair.
5	A log of all direction issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the HSCPB and used as part of performance management processes, including audit and scrutiny	Introduce and maintain a direction log. Given that, directions are likely to support strategic decisions, service redesign and medium-term actions the log will be reviewed twice a year by Audit and Performance and HSCPB.
6	In addition to the above, the guidance describes the form directions will typically take, asking that directions describe the: – Scope and scale of the function – Finance involved – Scale and nature of change – Those impacted by the change – patients, people who use the services, carers, local communities, staff or others – Timescale for delivery	Introduce a direction template that will be completed by report authors and accompany reports to HSCPB and Audit and Performance.

Appendix D : Direction from Health and Social Care Partnership Board.

The Chief Officer will issue the following direction email directly after Integration Joint Board approval.

From: Chief Office HSCP
To: Chief Executive(s) WDC and/or NHSGCC
CC: HSCP Chief Finance Officer, HSCPB Chair and Vice-Chair
Subject: For Action: Direction(s) from HSCPB (add date)
Attachment: *attach relevant HSCPB report*
Following the recent Integration Joint Board meeting, the direction below have been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCPB report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	*Naming convention: Direction Number(incremental), Initial of Accountable Lead and Date of HSCPB i.e. HSCPB000001MJC23092020. Please contact Strategy and Transformation team for a direction reference number*
2	Date direction issued by Integration Joint Board	*Date of HSCPB meeting*
3	Report Author	Name of report author – person to contact
4	Direction to:	West Dunbartonshire Council only NHS Greater Glasgow and Clyde only West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly *(delete as appropriate)*
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No Yes (state direction reference or report title and date) *(delete as appropriate)*
6	Functions covered by direction	*List all functions subject to direction, eg Residential Care for Older People, Occupational Therapy, Mental Health Services etc*
7	Full text and detail of direction	*Outline clearly, **what** the HSCPB is directing the Council, Health Board or both to do.*
8	Specification of those impacted by the change	*Outline clearly **who** will be impacted by the change (patients, people who use services, carers, local communities, staff and others).*

9	Budget allocated by Integration Joint Board to carry out direction	*State the detailed financial resources allocated to enable the Council, Health Board or both to carry out the direction. Where the direction relates to multiple functions or care groups, the detailed financial allocation for each should be listed*	
10	Desired outcomes detail of what the direction is intended to achieve	*Detail of **what** the direction is intended to achieve.* *What is the link to Strategic Plan and the National Health and Wellbeing Outcomes*	
11	Strategic Milestones	*Insert milestone 1*	*(Insert by when date)*
		Insert milestone 2	
		Insert milestone 3 ….	
		Add more milestones if required	
12	Overall Delivery timescales	Detail timescales of key stage and final delivery date.	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	*Date, no more than 1 year in the future*	