Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Thursday, 26 November 2020

Time: 14:00

Format: Zoom Video Conference

Contact: Nuala Borthwick, Committee Officer
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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: 19 November 2020

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

THURSDAY, 26 NOVEMBER 2020

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 the agenda and, if so, state the reasons for such declarations.

3 (a) MINUTES OF PREVIOUS MEETING 7 - 12

Submit, for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 23 September 2020.

(b) ROLLING ACTION LIST 13 - 15

Submit for information the rolling action list for the Partnership Board.

4 VERBAL UPDATE FROM CHIEF OFFICER

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

5 2020/21 FINANCIAL PERFORMANCE AND UPDATE REPORT 17 - 55

Submit report by the Chief Financial Officer providing an update on the financial performance as at period 6 to 30 September 2020 and a projected outturn position to 31 March 2021.

6 COMMUNITY MENTAL HEALTH SUPPORT FOR CHILDREN AND YOUNG PEOPLE 57 - 75

Submit report by the Head of Children's Health, Care and Justice/Chief Social Work Officer providing an update on work to progress Community Mental Health Support for Children and Young People within West Dunbartonshire.

7/

7 LOCAL CARERS STRATEGY REVIEW UPDATE 77 - 131

Submit report by the Head of Strategy and Transformation seeking approval of the revised draft of the Local Carers Strategy and apprising the Board of a revised structure to oversee and support the implementation.

8 UNSCHEDULED CARE – JOINT COMMISSIONING PLAN PROGRESS UPDATE 133 - 161

Submit report by the Head of Service – Health & Community Care providing an update on the NHS Greater Glasgow and Clyde Joint Commissioning Plan for Unscheduled Care and the progress of the local Unscheduled Care Action Plan across West Dunbartonshire Health & Social Care Partnership.

9 COVID-19 RECOVERY PLANNING UPDATE 163 - 173

Submit report by the Head of Strategy and Transformation providing an update on COVID-19 recovery planning as we move through the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland.

10 PRIMARY CARE IMPROVEMENT PLAN UPDATE 175 - 193

Submit report by the Head of Health and Community Care providing an update on the implementation of the Primary Care Improvement Plans across West Dunbartonshire Health & Social Care Partnership and the submission of updated plans in line with Scottish Government guidance.

11 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019-20 195 – 238

Submit report by the Chief Social Work Officer presenting the Chief Social Work Officer Annual Report for 2019-2020 which provides information on the statutory work undertaken and includes a summary of governance arrangements, service delivery, resources and workforce.

12 WEST DUNBARTONSHIRE HSCP ANNUAL CLINICAL AND CARE GOVERNANCE REPORT 2019-2020 239 - 262

Submit report by the Chief Nurse providing an overview of the Annual Clinical and Care Governance Report 2019-20.

13 HSCP BOARD COMPLAINT HANDLING PROCEDURE 263 - 288

Submit report by the Head of Strategy and Transformation providing an update on the Scottish Public Service Ombudsmen's review and updated Model Complaints Handling Procedure.

14 ANNUAL COMPLAINTS SUMMARY YEAR ENDED 31 MARCH 2020 289- 295

Submit report by the Head of Strategy and Transformation presenting for scrutiny the West Dunbartonshire Health and Social Care Partnership Annual Complaints Summary for year ended 31 March 2020.

15 CLIMATE CHANGE REPORT 2019/20 297 - 305

Submit report by the Head of Strategy and Transformation presenting the Climate Change Report prepared in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015

16 AUTISM STRATEGY 307 – 309

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

17 DEMENTIA STRATEGY IMPLEMENTATION PLAN 311 - 313

Submit report by the Head of Mental Health, Learning Disability and Addictions providing an update on the progress made in relation to Dementia Strategy Implementation Plan.

18 MINUTES OF MEETINGS FOR NOTING 315 - 332

Submit for information, the undernoted Minutes of Meetings:-

(a) Minutes of Meetings of the Joint Staff Forum held on 9 September 2020;

(b) Minutes of Meeting of the Joint Staff Forum held on 24 September 2020; and

(c) Minutes of Meeting of the Clinical and Care Governance Forum held on 17 September 2020.

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, 23 September 2020 at 3.30 p.m.

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

Non-Voting Members: Beth Culshaw, Chief Officer; Barbara Barnes, Co-Chair of the West Dunbartonshire HSCP Public Engagement Network for the Alexandria & Dumbarton area; Jamie Dockery, Senior Housing Development Officer (Substitute for John Kerr); Helen Little, MSK Physiotherapy Service Manager; Kim McNabb, Service Manager, Carers of West Dunbartonshire; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Saied Pourghazi, Clinical Director for the Health & Social Care Partnership; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer – WD CVS; Julie Slavin, Chief Financial Officer; and Val Tierney, Chief Nurse.

Attending: Margaret-Jane Cardno, Head of Strategy and Transformation; Jo Gibson, Head of Health and Community Care; Audrey Slater, Head of People and Change; Marie Rooney, Interim Head of Mental Health; Jennifer Ogilvie, HSCP Finance Manager; Andi Priestman, Chief Internal Auditor; John Burns, Service Improvement Lead; Linda Butler, Strategy & Transformation; Nigel Ettles, Principal Solicitor and Nuala Borthwick, Committee Officer.

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

Apologies: Apologies for absence were intimated on behalf of Jonathan Hinds, Head of Children's Health, Care & Criminal Justice/Chief Social Work Officer, John Kerr, Housing Development & Homelessness Manager and Diana McCrone, NHS Staff Side Co-Chair of Joint Staff Forum.

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 5 August 2020 were submitted and approved as a correct record.

The Chief Officer, Chief Financial Officer and the Head of Health and Community Care were heard in further explanation of the list of outstanding actions and matters arising from previous minutes and it was noted that actions 6 and 7 were now completed.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on recent business of the Health & Social Care Partnership and the position was noted in relation to the undernoted main points:-

- To note that for the last 3 weeks, almost on a daily basis, West Dunbartonshire had recorded the highest rate of infection within Scotland and it had caused concern for HSCP service users and patients.
- At this stage there had been little impact of the rising rate of infection correlating to increased demand for services and although there were no higher rates of illness at this stage, it was a concern that there may be a follow through in the coming weeks from rates of infection in the community to increased demand upon services;
- To note that all teams were now focussing upon recovery however there were concerns around the current rate of infection in West Dunbartonshire and the approaching winter months;
- To note there had been a mobile testing unit allocated in Dumbarton for 3 weeks and it was now based in the grounds of the Council Offices at Church Street, Dumbarton on alternate days of the week on a shared basis with Inverclyde HSCP to give people local access to prompt testing. There had been additional testing capacity provided and at present, there is still testing capacity available each day that it is in operation;
- That discussions were currently ongoing with the Scottish Government around the provision of additional testing capacity in West Dunbartonshire and an update would be provided to Members when available;
- To note that care home testing had been continued to be embedded in care homes and NHS GGC were currently working on how to expand laboratory capacity to take testing for care homes in house and that West Dunbartonshire would be prioritised for this due to the current rate of infection;

- To note that a Requisitioned Meeting of West Dunbartonshire Council was being held on 24 September 2020 in relation to a request for further information and clarity around testing and the West Dunbartonshire response to COVID-19;
- To note that officers had continued to work with care home providers in West Dunbartonshire with fortnightly meetings with managers from the services and daily meetings with Care Inspectorate input to consider the current situation within each care home including issues such as staffing, PPE, infection control issues, testing of staff or residents and from those a RAG status (red, amber or green) is allocated to the care home;
- To note that at the moment all care homes within West Dunbartonshire had been issued with a green status however due to the period of uncertainty and as COVID-19 spreads in communities, there is always a risk that it can come back to older peoples' care homes;
- To note that the flu vaccination programme in West Dunbartonshire would commence on 24 September 2020 and would be rolled out to all HSCP staff this year and that home care staff would be some of the first to benefit from the vaccination programme.

AUDITED ANNUAL ACCOUNTS 2019/20

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

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

(1) to approve the audited Annual Accounts for the period 1 April 2019 to 31 March 2020 for final signature by the Chair, Chief Officer and Chief Financial Officer; and

(2) to endorse comments by Members and thank the Chief Financial Officer and her team and Audit Scotland for their excellent and very professional work in finalising the annual accounts during the current COVID-19 pandemic.

FINANCIAL PERFORMANCE UPDATE

A report was submitted by the Chief Financial Officer:-

(a) providing an update on the financial performance of the Partnership Board as at period 5 to 31 August 2020 and the projected outturn position to 31 March 2021; and

(b) advising that the financial impact of the COVID-19 pandemic on health and care services had not been fully revealed therefore the outturn projection to the end of 31 March 2021 would be subject to change as the Partnership and Scotland moved through the "Route Map Through and Out of the Crisis".

After discussion and having heard the Chief Financial Officer in further explanation and in answer to Members' questions, the Partnership 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 partners to deliver services and meet the strategic priorities approved by the HSCP Board;

(2) to note that the revenue position for the period 1 April 2020 to 31 August 2020 was reporting an underspend of (£0.015m) (0.01%);

(3) to note that the COVID-19 cost for the period 1 April 2020 to 31 August 2020 was £3.766m and that COVID-19 funding received to date equated to £3.043m;

(4) to note the projected outturn position of £1.854m underspend (1.1%) for 2020/21 if the projected costs of COVID-19 were fully met by the Scottish Government;

(5) to note that the projected costs of COVID-19 were currently estimated to be £6.209m;

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

(8) to note that any issues relating to COVID-19 or Brexit which would have a significant financial impact on the Partnership would be reported to Members.

DEMENTIA STRATEGY IMPLEMENTATION

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

After discussion and having heard the Interim Head of Mental Health, Learning Disabilities and Addictions in further explanation, the Board agreed to note the contents of the report and to keep this matter as a standing item on the agenda.

AUTISM STRATEGY

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

After discussion and having heard the Interim Head of Mental Health in further explanation and in answer to Members' questions, the Board agreed:-

(1) to note the establishment of the Autism Strategy Steering group (ASSG);

(2) to note the appointment of a Lead Officer responsible for coordinating the development and implementation of the Autism Strategy;

(3) to note the nomination of suitable representatives from each functional service to participate in the Autism Strategy Steering Group; and

(4) to note the nomination of suitable representatives from WDC and partner services who could support the ASSG as required.

ELIGIBILITY CRITERIA FOR HSCP ADULT SOCIAL CARE SERVICES

A report was submitted by the Head of Health and Community Care providing information on a proposed policy position to support the implementation of the National Framework for Eligibility Criteria for Adult Social Care Services.

The Service Improvement Lead provided an overview of the proposed policy.

After discussion and having heard the Chief Officer, the Head of Health and Community Care and the Service Improvement Lead in further explanation and in answer to Members' questions, the Board agreed:-

(1) to approve the Eligibility Criteria for Adult Community Care Policy and thereby reaffirm its commitment to the ongoing implementation of the eligibility criteria;

(2) to note that all reviews and new packages would be considered against the Eligibility Criteria from 1 April 2021, which would allow time for the management team to assess likely impact, and ensure that effective implementation and communication plans were in place; and

(3) that a further report would be provided to the Partnership Board meeting scheduled to be held on 25 February 2021 providing an analysis of the impact of the eligibility framework to both the collective client base and to individuals and providing information on both the financial and resource implications.

Note: Selina Ross left the meeting during consideration of the above item.

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

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

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

(1) to approve the content of the HSCP COVID-19 Recovery and Renewal Plan attached as Appendix 1 to the report,

(2) 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; and

(3) that a progress report updating on the development of the plan and providing clarity on the impact of COVID-19 would be submitted to the next meeting of the Partnership Board being held on 26 November 2020.

Note: Bailie Denis Agnew, Helen Little and Saied Pourghazi left the meeting around this point in the meeting.

DIRECTIONS POLICY

A report was submitted by the Head of Strategy and Transformation providing information on 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.

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 new Directions Policy to ensure that the Partnership Board is compliant with the practice set out in the statutory guidance, strengthening performance monitoring, accountability, quality and sustainability of services; and

(2) to note the content of this report and the terms of the statutory guidance.

The meeting closed at 5.45 p.m.

WEST DUNBARTONSHIRE HSCP
ROLLING ACTION LIST

Board Meeting - 23 September 2020					
Agenda item	**Board decision and minuted action**	**Responsible Officer**	**Timescale**	**Progress/Update/ Outcome**	**Status**
Item 9 - Eligibility Criteria for HSCP Adult Social Care Services	Further report to be provided to the Board meeting on 25 February 2021 providing an analysis of the impact of the eligibility framework to both the collective client base and to individuals and providing information on both the financial and resource implications.	Head of Health & Community Care	25 February 2021	On forward planner for February	Open
Item 10 - West Dunbartonshire HSCP Covid-19 Recovery and Renewal Plan – keep building better a journey of continuous improvement	The Chief Officer provide further progress reports to the Health and Social Care Partnership Board on the 25 March 2021, 23 September 2021 and 24 March 2022; and That a progress report updating on the development of the plan and providing clarity on the impact of COVID-19 would be submitted to the next meeting of the Partnership Board being held on 26 November 2020.	Head of Strategy and Transformation	Progress report being submitted to 26 November meeting of Partnership Board.	On forward planner for future dates.	Open

Board Meeting – 5 August 2020					
Agenda item	**Board decision and minuted action**	**Responsible Officer**	**Timescale**	**Progress/Update/ Outcome**	**Status**
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	Standing Items of business	On agenda for November and forward planner for future meetings	Open
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.	-	Discussed with Audit Scotland	Closed
Item 8 – Financial Performance and Update Report – Period 3 (30 June 2020)	The Board agreed that Officers would report back to the Board on a clear Brexit Strategy continuum on how it will impact services as and when more clarity is available.	Chief Financial Officer	Unknown at present	Ongoing	Open

Board Meeting – 25 June 2020					
Agenda item	**Board decision and minuted action**	**Responsible Officer**	**Timescale**	**Progress/Update/ Outcome**	**Status**
Item 5 - Chief Officer Update	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.	Chief Officer	-	Offered to other Partners	Closed
Item 6 – Public Peformance Report October to December 2019	That the Head of Health and Community Care would work with the Service Manager – Carers of West Dunbartonshire to promote SCI Gateway to GPs as a referral tool for carers support.	Head of Health and Community Care	-	Advised completed at September meeting.	Closed
Item 8 – Local Code of Good Governance Review and Annual Governance Statement	Recommendations agreed. Explanation given in relation to commissioned spend with third parties. As with all contracts, these are time limited therefore procurement pipeline priorities will have to be reviewed with Heads of Service for planning for the current year.	Chief Financial Officer			Open
Item 10 – Draft Unscheduled Care Commissioning Plan	Draft Commissioning Plan approved. To receive a further update with the finalised Commissioning Plan in November 2020.	Head of Health and Community Care	Update – November 2020	Update report on agenda for November meeting.	Open

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report by Head of Service – Julie Slavin

HSCP Board: 26 November 2020

Subject: Financial Performance and Update Report

1. Purpose

1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 6 to 30 September 2020 and a projected outturn position to the 31 March 2021.

1.2 The financial impact of the Covid-19 pandemic on health and care services is still evolving as services respond, adapt and renew, therefore the outturn projection to the end of 31 March 2021 will be subject to change as the HSCP and our partners move through the different protection level restrictions across our local areas.

2. Recommendations

2.1 The HSCP Board is recommended to:

- Approve the formal confirmation from NHS Greater Glasgow and Clyde Health Board of the 2020/21 recurring budget contribution of £96.141m for delegated health care services and £30.395m for Set Aside;
- Note the updated position in relation to budget movements on the 2020/21 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- Note that revenue position for the period 1 April 2020 to 30 September 2020 is reporting an overspend of (£1.162m) (1.48%);
- Note that the Covid-19 cost for the period 1 April 2020 to 30 September 2020 is £4.606m and that Covid-19 funding received to date equates to £3.043m with a further allocation in process;
- Note the projected outturn position of £2.104m underspend (1.2%) for 2020/21 if the projected costs of Covid-19 are fully met by the Scottish Government;
- Note that the projected costs of Covid-19 are currently estimated to be £6.931m;
- Consider the financial risk to the HSCP if Covid-19 costs are not fully funded which could trigger the need to revisit 2020/21 funding priorities and approved savings programmes;
- Note the update on the capital position and projected completion timelines; and

- Note the progress on the 2021/22 budget setting process, initial planning assumptions and the expected timeline in relation to our partner bodies budget offers.

3. Background

3.1 At the meeting of the HSCP Board on 25 March 2020, just as Scotland entered into "lockdown" to combat the Covid-19 pandemic, members agreed the revenue estimates for 2020/21. A total indicative net revenue budget of £166.689m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval. The funding has now been confirmed with the allocation letter attached as Appendix 8.

3.2 Since the start of the financial year there has further anticipated non-recurring budget adjustments, including part funding for the additional costs responding to the pandemic, and a total net revenue budget of £174.173m is now being monitored as detailed within Appendix 1.

3.3 The Set Aside Budget for 2020/21 was also detailed in the March report as £28.694m, inclusive of the 3.0% uplift. Based on the actual outturn for 2019/20 this budget has been increased to £30.395m inclusive of the 3.0% uplift as detailed in Appendix 8. Work continues on the financial framework document to align against the draft NHSGGC Unscheduled Care Commissioning Plan. A progress report on which is also included within the agenda for this November HSCP Board.

4. Main Issues

Financial Impacts of the HSCP Response to the Covid-19 Pandemic

4.1 As reported in the HSCP Board in previous papers financial governance processes were adapted to be able to respond effectively to directives from the Scottish Government to support the sustainability of health and social care services.

4.2 A detailed Covid-19 financial tracker is completed at least monthly by HSCPs, with the detailed information considered internally by the Chief Officer, Chief Financial Officer, the HSCP Board Chair and Vice Chair in line with the temporary decision making arrangements, coupled with collective and individual scrutiny by our funding partners and the Scottish Government.

4.3 The table below provides a summarised version of the financial tracker actual and projected costs based on September ledger data. At this time the projections only extend until the end of the 2020/21 financial year; however it is likely that some expenditure commitments will extend into 2021/22, in particular the ongoing requirement for PPE, community and mental health assessment units and the support to some social care providers.

4.4 The projections will change as additional guidance is issued as Scotland progresses through the phases of the route map and the HSCP move through recovery and renewal phases, or adapt to local restrictions in response to changes to the "r number" on community transmission of the virus.

4.5 The table below details the Scottish Government Covid-19 funding received to date. Since the last reported allocation of £83m (with WD HSCP share being £2.647m plus £0.396m for hospices), the Scottish Government released further funding in October to the six Glasgow HSCPs of £47.028m to cover a proportion of health and social care costs incurred and projected. The HSCP's proposed share of this is £1.747m based on a combination of actual costs incurred to the end of September (Qtr1) and an allocation to part fund the projected costs between October and the end of March 2021 (Qtr2-4). This funding will be factored into the 2020/21 budget allocation for next financial performance report once the individual elements of the allocation are worked through. There are identified shortfalls in particular costs across primary care, however it is anticipated that there will be a further release of funding at the end of November, then January with a final allocation when the final year-end position is known.

Table 1: Summary of Covid-19 Costs and Funding to 30 September 2020

Covid-19	Forecast Full Year £000's	Year to Date Actual £000's	Projected Future Commitment £000's
Delayed Discharge Reduction - Additional Care at Home	249	249	0
Personal protection equipment	568	468	100
Additional staff overtime and Enhancements	648	319	329
Additional temporary staff spend	561	500	61
Community Hubs / Assessment Centre	688	243	445
Mental Health Services	219	77	142
Provider Sustainability Payments - Care Homes	1,119	983	136
Provider sustainability Payments - Other Social Care	803	0	803
Provider Sustainability Payment - Hospice	396	396	0
Loss of Social Care Income	315	268	47
Expected underachievement of savings (HSCP)	1,177	600	577
Winter Planning	121	0	121
CSWO Funding	25	0	25
Offsetting savings - HSCP	(549)	0	(549)
Additional FHS Prescribing	51	0	51
Payments to FHS Contactors	407	407	0
Other	133	96	37
Total Spend	**6,931**	**4,606**	**2,325**
Share of £83m (£50m+£25m+£8m) Funding received to date	(2,647)	(2,647)	0
Hospice Funding	(396)	(396)	0
Anticipated Future Funding	(3,888)	0	(3,888)
Total Income	**(6,931)**	**(3,043)**	**(3,888)**
Net Expenditure	**0**	**1,563**	**(1,563)**

4.6 As stated above the projected costs will be subject to continuous change as we progress through the route map or if progress is stalled. One of the most difficult to project is the cost of provider sustainability payments as agreed levels of financial support have been subject to change as representations continue to be made from provider bodies and CoSLA to the Scottish Government.

4.7 At the time of writing the September HSCP Board report the instruction from the Scottish Government was that care home occupancy payments would extend to the 30 November 2020 with a taper applied for September, October and November at 75%, 50% and 25% respectively. For all other social care providers payments were to continue to be made on planned activity until the end of October.

4.8 However this has been amended following a joint letter dated 6 November from the Scottish Government and CoSLA proposing to extend the arrangements for a short period to allow for "*detailed discussions with stakeholders and consideration of available evidence, to enable evidence-based decisions about the level and nature of financial support for providers in the coming months".* The revised arrangements mean that:

- *The planned care approach for care and support and community-based services will remain in place until the end of November.*
- *Care home occupancy payments will continue for 50% of care home voids caused by the continued impact of COVID-19, at 80% of the National Care Home Contract rate, until the end of November.*

4.9 We continue to pay providers based on planned service hours while those providers and social care managers work together to ensure that support is applied as flexibility as possible to all those who require it. In line with CoSLA principles we are also continuing to evaluate additional claims made for extra support for Covid related costs including PPE, staff overtime, agency staff and enhanced sick pay costs. The response rate to the initial letters, including the process to submit claims, had been low at approximately 23% of providers submitting a claim. A further letter issued on 14 September confirming the revised CoSLA principles and the agreed deadline for claims to be submitted prompted a number of late claims and these are currently being considered.

4.10 This has been a complicated and slow process as additional individual contact has had to be made with each provider to request appropriate back-up not included originally or to complete the declaration that any support claimed has been minimised by any appropriate savings accrued as a result of service restrictions and also net of any other government support e.g. furlough payments. The current projection included in the tracker was based on claims received to mid September of £0.231m however based on the late claims received this has doubled and is currently in the region of £0.478m. Future reports will update on the actual amounts paid out after verification and

approval processes have been followed. It is estimated a further £0.400m of claims is likely to be received to the end of the claim period.

2020/21 Financial Performance Update

Summary Position

4.11 To enhance the statements made above around the potential financial risk of unknown future demand which could impact negatively on current projection and any shortfall in Scottish Government funding, Table 2 below presents the consolidated summary members are familiar with but with the added level of detail of separating the cost of the response to the pandemic.

4.12 The current year to date position as at 30 September is an overspend of £1.162m mainly due actual Covid costs to date exceeding funding received. The projected outturn position, assuming that identified Covid costs are fully funded, is a potential underspend of £2.104m heavily caveated based on current care home numbers and service packages. This consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4. Members should note that the projected underspend takes into account £0.015m of expenditure identified at P6 to be funded from earmarked reserves. Further detail is provided within Appendix 6.

Table 2: Summary Financial Information as at 30 September 2020

Summary Financial Information	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	
Health Care	104,153	50,393	50,389	4	103,706	(107)	554	0.5%
Social Care	98,272	43,213	42,376	837	96,650	(19)	1,641	1.7%
Covid-19	3,043	0	4,606	(4,606)	6,931	0	(3,888)	0.0%
Expenditure	**205,468**	**93,606**	**97,371**	**(3,765)**	**207,287**	**(126)**	**(1,693)**	**-0.8%**
Health Care	(3,647)	(1,728)	(1,728)	0	(3,646)	0	(1)	0.0%
Social Care	(27,648)	(13,156)	(13,112)	(44)	(27,699)	141	(90)	0.3%
Covid-19	0	0	(2,647)	2,647	(3,888)	0	3,888	0.0%
Income	**(31,295)**	**(14,884)**	**(17,487)**	**2,603**	**(35,233)**	**141**	**3,797**	**-12.1%**
Health Care	100,506	48,665	48,661	4	100,060	(107)	553	0.6%
Social Care	70,624	30,057	29,264	793	68,951	122	1,551	2.2%
Covid-19	3,043	0	1,959	(1,959)	3,043	0	0	0.0%
Net Expenditure	**174,173**	**78,722**	**79,884**	**(1,162)**	**172,054**	**15**	**2,104**	**1.2%**

4.13 While this is a tentatively welcome projection, it must be considered with caution in that it assumes little in the way of any new demand (as we continue to pay on planned activity) for health and social care services such as mental

health, addictions, children's community placements, criminal justice and supporting an increased number of vulnerable and frail people in their own homes. There is also an assumption (as detailed in Table 1 above) that an element of approved savings (Appendix 2) may be at risk and after some offsetting of cost reductions accrued as the result of the pandemic, the projection assumes the Scottish Government cover this as a Covid cost.

4.14 Analysis on the projected annual variances in excess of £0.050m is contained within Appendix 5. Significant variances are further detailed below.

4.15 Residential Accommodation for Older People across our own care homes in Clydebank and Dumbarton as well as independent care homes are projecting underspends of £0.491m and £0.960m respectively. The consequence of the Coronavirus within care homes across Scotland has been widely reported. The assumptions made around occupancy levels on costs and income will be refined in future reports.

4.16 The Care at Home budget was enhanced in 2020/21 to reflect demand and staffing pressures reported throughout 2019/20. While there have been additional care home packages to support delayed discharge performance in this first quarter, the cost has been attributed to the impact of Covid. However the increased use of external providers is causing financial pressure. If the addition care home packages attributed to Covid are not fully funded then the current projected overspend of £0.162m will increase.

4.17 Children and families are projecting an overall overspend at this time of approximately £0.469m mainly as a consequence of an additional high cost package, a new secure placement and additional support for two existing packages. There has also been a delay in transitions of six young people who were anticipated to be leaving their placements at the end of December likely to remain until the end of March 2021. The volatility of secure placements is a well documented risk and will be closely monitored. Also the cost of the additional social worker posts agreed by the HSCP Board is adding pressure and will be funded from reserves as previously approved. This is an improved projection from the September report as it includes the full year projection for government support for young asylum seekers being supported within our community. The intention is to manage the pressure against other underspends or to drawn down from reserves as already approved by the HSCP Board in relation to the additional social worker posts.

4.18 Mental Health Services across both in-patient beds and community support is projecting an underspend of £0.357m. There are a number of vacant posts which are being actively addressed and there is an expectation that income from the SLA with Highland Health Board will be close to 2019/20 levels. The NHSGGC Five Year Mental Health Strategy's bed model will impact on this in the future. The expectation would be that any end of year underspend would be added to an earmarked reserve to support the strategy.

4.19 HSCP Corporate costs are projected an underspend of £0.452m due to various Scottish Government funding streams not fully allocated at this time. There are some projected savings across a number of services related to vacancies e.g. Strategy and Health Improvement and an accumulation of other smaller variances. These will be considered as part of the 2021/22 budget setting exercise, subject to embedded turnover targets being met across the HSCP which range from 1% to 4% across health and social care.

GP Prescribing for Partnerships in 2020/21

4.20 Primary care prescribing costs represent the one of the main financial risks to the on-going success of the HSCPs mainly due to the scale of the budget, the volatility of global markets, demands for new drugs and vaccines and complicated contract arrangements with Community Pharmacy Scotland around drug tariffs. Add to this the impact of the pandemic on current supply and demand of both common and specialist medicines and the on-going Brexit negotiations then future projections must be treated with caution.

4.21 The 2020/21 budget includes an increase of 3% to the prescribing budget equating to approximately £0.585m. The spike in prescribing activity in late March 2020 as lockdown approached was managed across the totality of the 2019/20 budget as the Scottish Government expected this would be compensated by reductions in activity in April and May.

4.22 There are already some short supply issues which will impact on cost projections however the expected dip in prescribing activity is offsetting some of this additional cost. The volume of items dispensed to the end of July (prescribing activity runs approx. 2 months behind) has reduced by around 6.65% or 555,000 items on the original projection across the NHSGGC area. The ability to deliver fully on Boardwide prescribing efficiency programmes has been impacted as community pharmacy teams respond and support GPs during this pandemic. Consideration is being given across the six HSCPs, in partnership with central prescribing colleagues as to whether an element of this should be reflected in the Covid financial tracker, if it is deemed to be in excess of reductions in volumes?

4.23 At this stage, with consideration to all available intelligence and actual figures to the end of July, West Dunbartonshire HSCP is running close to current overall budget phasing (see Appendix 3 & 4). The phased budget is £9.410m and actual is £9.406m. When considering the available earmarked reserve of £0.855m for GP Prescribing it is reasonable to project that any unforeseen drug costs or an acceleration of activity can be met by this reserve balance or captured as an additional Covid cost.

Housing Aids and Adaptations and Care of Gardens

4.24 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to Integration Authorities.

4.25 These budgets are currently held within West Dunbartonshire Council's – Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2020/21 budget for Aids and Adaptations it is £0.250m (unchanged) and for Care of Gardens £0.453 million.

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

Table 3: Financial Performance as at 30 September 2020

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Full Year
	£000's	£000's	£000's
Care of Gardens	453	227	453
Aids & Adaptations	250	125	250
Net Expenditure	**703**	**352**	**703**

2020/21 Capital Expenditure

Health Care

4.26 The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership has also been impacted by the lockdown restrictions through the end of March to end of May. Previous HSCP Board's have updated on the impact of these delays and this is refreshed below.

4.27 The HSCP Clydebank Health Quarter Capital Project Board held on 7 October was updated with the key milestones and project interdependencies of the new Clydebank Health and Care Centre and the Clydebank Care Home; flagship builds integral to the Queen's Quay Masterplan.

4.28 The Clydebank Health and Care Centre construction was originally expected to take 74 weeks with completion in summer 2021. A new programme that incorporates some acceleration to recoup some lost time has been implemented by our contractors (BAM Construction). There has been progression in and around the site with demolition of legacy structures and legal transfer of the "haul road". As for the health centre the floor slabs have been poured, the roof deck is complete, windows framed and installation, insulation and water proofing is well underway. The expected completion date is mid-July 2021.

4.29 Prior to the Covid-19 shutdown the estimated overall shortfall in revenue costs reported to the HSCP Board was £0.250m this will be revised as required and incorporated into a refresh of the 2021/22 budget plan.

Social Care

4.30 A comprehensive update on the progress of the new residential care home - Queen's Quay House was also provided at the 7 October meeting. The post Covid delay revised construction date of mid-November was still on track with confirmed handover to be Monday 9 November – subject to all contract arrangements and snagging. After consultation with the current residents of Frank Downie and Mount Pleasant, their families, staff and public health the anticipated transition dates to move residents is mid-December, to enable residents to settled to enjoy Christmas in their new home. The comprehensive transition plan fully reflects all relevant guidance around the continued priority to suppress the Coronavirus.

4.31 There are a number of factors influencing the projected total cost of the build, both pre and post Covid delays and the progress of the District Heating project. However there is also an element of contingency built into the available budget and all efforts will be made to minimise any variation. See Appendix 7 for further information.

4.32 While there has been reduced activity in the provision of some aids during the lockdown it is too early to project on whether the Aids and Adaptations budget of £0.936m will be fully utilised. The HSCP has enhanced the current Occupational Therapist resources which could potentially be funded from the capital budget or from general reserves. Future reports will provide additional detail. The reduced activity is having an impact on the Equipu business model (managed by Glasgow HSCP) and HSCP and NHSGGC partners are exploring the year end implications.

2021/22 to 2023/24 Budget Setting

4.33 The SMT are working in partnership with the finance team to inform initial 2021/22 to 2023/24 budget projections which include reflecting the priorities set out within the Strategic Plan, current pressures which will impact on future years, known transition packages and demographic pressures. Estimations of additional costs and linked to Scottish Government policy, including further increase to living wage levels, the Carers Act, continued extension of free personal care to under 65's, Primary Care Improvement, Mental Health Action 15 are also being incorporated as well as the full year impact of 2020/21 management and baseline adjustments.

4.34 The HSCP Board's Medium Term Financial Plan (MTFP) 2020/21 to 2024/25 has been used as the baseline with regards to anticipated funding settlements from our partner organisations and estimated pressures – extract below.

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)

However this was constructed from a pre-Covid perspective and as detailed throughout this report the financial consequences of responding and adapting to the pandemic and planned recovery will present financial challenges into 2021/22 and beyond. For example, will the current National Services Scotland (NSS) Hub arrangements be extended for the procurement and distribution of PPE or will this have to be factored into local budgets. Also while verbal reassurances have been made around continued financial support into the next financial year for Community and Mental Health Assessment Centres, formal notification of the funding to cover all Covid costs incurred in 2020/21 is still required (section 4.5 above).

4.35 The three year public sector pay agreement covered the period to the end of March 2021; therefore assumptions on the level of pay award for public sector staff in general remain unknown. The likely scenario contained within the MTFP was a 3% uplift; however a poll of finance directors across the public sector had assumptions as low as 1% to a high of 3.5%. For the HSCP a 1% variation in pay equates to approx £0.750m.

4.36 There is also a degree of uncertainty across health and social care and the public sector in general as to when the Scottish Government will be in a position to announce the 2021/22 indicative funding allocations and what conditions may be attached to them (e.g. protect mental health and addiction services). It has now been confirmed by the Cabinet Secretary for Finance that the usual mid-December announcement will not be made instead the Scottish Budget 2021/22 is expected on the 28 January 2021. The Chancellor to the UK Government is in the process of conducting a one-year Spending Review, expected on 25 November which will focus on the response to Covid-19 and supporting jobs. The recent announcement to extend the furlough scheme until the end of March 2021 will come at a significant cost which will have to be factored in and will impact on the block grant for Scotland's devolved administration.

4.37 A further potential complication in funding announcements for Integration Authorities is the current Independent Review of Adult Social Care which commenced in September 2020. An initial report is due in January 2021 and this report may include recommendations around current funding mechanisms, service delivery, governance and regulation.

4.38 Both WDC and NHSGGC are continuing to work through their own budget setting processes and the Chief Officer and Chief Financial Officer attend both

officer and elected administration budget working groups. They each have a range of scenarios which assesses the potential level of budget gap including impact any additional gap may have on the HSCP Board's funding offers.

4.39 In mid-August the Heads of Service were issued with a range of information and planning assumptions and asked to prepare a range of high level savings options which could be considered initially by the SMT to be further developed and considered as the impacts of the pandemic lessened and recovery commenced. However as recovery has been stalled in many health and social care areas as the infection rate has spiked the assumptions and options require further work.

4.40 In early 2021 the HSCP Board will receive a comprehensive update on the anticipated budget gaps with a range of recommendations on how to address any gap including a range of savings options, the application of reserves in the short term to and the potential requirement to make representations to the Scottish Government and our partners for additional funding.

5. Options Appraisal

5.1 None required.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

8.1 The main financial risks to the 2020/21 outturn position relate to anticipated increases in demand for some key services such as mental health and other social care services as the HSCP move through its Covid-19 Recovery and Renewal phases. Additional local restrictions have been put in place to minimise the threat of a second wave or a further full lockdown, however until a safe, reliable vaccine is available there are no guarantees. The Covid-19 lockdown has already had an impact on the planned delivery of approved savings programmes and prescribing volatility is difficult to predict as short supply costs emerge.

8.2 Britain's exit from the European Union without "a deal" is the current reported position and the combined impact of this on an already Covid depressed UK Economy will have a detrimental impact on public sector funding. Any additional budget gaps identified by our local authority and health board funding partners will increase the HSCP Board budget gap.

8.3 Lastly as detailed in section 4.37 above the Independent Review of Adult Social Care could have implications on funding mechanisms for Integration Authorities.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

11.1 This report and the projections and assumptions contained within it has been discussed with both council and health board finance colleagues.

12. Strategic Assessment

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

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 30 September as detailed within Appendix 1 will require the issuing of a revised direction, see Appendix 9.

Name	**Julie Slavin**
Designation	Chief financial Officer
Date:	16 November 2020

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton, G82 1QL.
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Appendices:
Appendix 1 – 2020/21 Budget Reconciliation
Appendix 2 – Monitoring of Savings Programmes
Appendix 3 – HSCP Board Summary
Appendix 4 – HSCP Partner Summaries
Appendix 5 – Variance Analysis over £50k
Appendix 6 – Update on Reserves
Appendix 7 – Social Care Capital Update
Appendix 8 – NHSGGC 2020/21 Budget Confirmation
Appendix 9 - Directions

Background Papers:	Financial Performance and Update Report – Period 5 (31 August 2020) http://www.wdhscp.org.uk/media/2365/supplementary-document-pack-hscp-board-230920.pdf **West Dunbartonshire HSCP Board Medium Term Financial Plan 202021 to 202425**
Localities Affected:	All

West Dunbartonshire Health & Social Care Partnership **Appendix 1**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

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

West Dunbartonshire Health & Social Care Partnership **Appendix 1**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Period 4 Adjustments			
CM2000 Licences budget vired to West Dunbartonshire Council		(2)	(2)
Camchp35 Social Care Tranche 2	449		449
Sesp Chd Eat Up - West D	50		50
Sesp Diabetes - Wd	20		20
Ldl Team From Ld To Hscps	12		12
Alcohol and Drugs Programme for Government Fundng	114		114
Estimated Action 15 Funding	320		320
PCIP Funding	110		110
Period 5 Adjustments			
Covid Funding Social Care Tranche 3	1,300		1,300
Gms X Chg Hscps Covid Ac6701	12		12
Camchp43 Pcip Tr 1 Wdhscp	(154)		(154)
Hscp Ncl 2020-update Fyb	906		906
Period 6 Adjustments			
Fuel budget vired to West Dunbartonshire Council due to fuel savings (non recurring)		(14)	(14)
Camchp57 Outcome Framework Adj	(10)		(10)
Prescribing Sch4 Budget 20/21	18,149		18,149
Prescribing Sch4 Budget 20/21	(18,149)		(18,149)
Gms X Chg Hscps Covid Ac6701	52		52
Camchp136 Pcip Premises Wdhscp	27		27
Camchp50 Mh Strategy Action 15	(89)		(89)
Camchp56 Pfg Local Impr Fund (Addictions)	66		66
Tranche 2 PCIP Funding	403		403
Revised Budget 2020/21	**103,549**	**70,624**	**174,173**

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Monitoring of Efficiencies and Management Adjustments 2020/21

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

West Dunbartonshire Health & Social Care Partnership **Appendix 2**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Monitoring of Efficiencies and Management Adjustments 2020/21

Efficiency Detail	2019/20 Budgeted Amount Not Achieved	Additional 2020/21 Budgeted Amount	Comment	At Risk	Not At Risk
2020/21 Baseline Budget Adjustments					
Review of POAB		2	No risk	0	2
Increase Sheltered Housing Income		75	No risk as budgeted income increased in line with historic income received from HRA account	0	75
To reduce residential placements by one bed		32	No risk based on current forecast outurn for service	0	32
Reduce Mental Health Supporting People Budget		132	No risk based on current forecast outurn for service	0	132
Review of LD Service Packages		200	Saving at risk due to impact on both clients and providers of Covid pandemic	200	0
Review of Mental Health Service Packages		22	No risk based on current forecast outurn for service	0	22
Review of Addiction Packages		30	Saving at risk due to impact on both clients and providers of Covid pandemic	30	0
Reduction to taxis for social work clients		20	Saving at risk due to impact on both clients and providers of Covid pandemic	20	0
Removal of JAT Funding		60	No risk as budget removed and no charge to be levied from Education	0	60
Reduction to hospitality budget		2	No risk	0	2
Minor adjustment to Blue Badges and Community Alarms		3	No risk	0	3
Stop admissions to external care home beds, 2 out, 1 in		165	Reduction in numbers in external care homes and change in admission profile	0	165
Further Removal of External Care Home Beds		213	Reduction in numbers in external care homes and change in admission profile	0	213
Invoke Ordinary Resident		69	Ordinary residence accepted by Renfrewshire HSCP from 20 April 2020	0	69
Invoke Ordinary Resident		123	Saving at risk due to nature of clients being considered for Ordinary Resident	123	0
Review of Residential Placements reflecting work of Service Improvement Leads		150	Saving at risk due to impact on both clients and providers of Covid pandemic	150	0
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads		181	Pressures remain in care at home service overall	181	0
	200	**2,475**		**1,530**	**1,145**

West Dunbartonshire Health & Social Care Partnership **Appendix 3**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

Consolidated Expenditure by Service Area	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Reserves Adjustment £000's	Forecast Variance £000's	Variance %
Older People Residential, Health and Community Care	30,821	14,576	13,963	613	29,236	(36)	1,621	5.3%
Care at Home	12,303	5,708	5,789	(81)	12,465	0	(162)	-1.3%
Physical Disability	2,832	1,158	1,214	(56)	2,941	0	(109)	-3.8%
Childrens Residential Care and Community Services (incl. Specialist)	24,933	10,982	11,309	(327)	25,461	(60)	(468)	-1.9%
Strategy, Planning and Health Improvement	1,830	820	741	79	1,684	0	146	8.0%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,273	4,215	4,022	193	8,807	(76)	542	5.8%
Addictions	2,999	1,373	1,440	(67)	3,041	(7)	(35)	-1.2%
Learning Disabilities - Residential and Community Services	12,958	5,599	5,594	5	12,857	113	(12)	-0.1%
Family Health Services (FHS)	28,745	14,376	14,376	0	28,745	0	0	0.0%
GP Prescribing	20,338	9,410	9,406	4	20,338	0	0	0.0%
Hosted Services	7,539	3,671	3,500	171	7,312	206	21	0.3%
Criminal Justice (Including Transitions)	198	113	58	55	62	28	108	54.5%
Resource Transfer	16,741	8,371	8,371	0	16,741	0	0	0.0%
Covid-19	3,043	0	1,958	(1,958)	3,043	0	0	0.0%
HSCP Corporate and Other Services	(380)	(1,650)	(1,857)	207	(679)	(153)	452	-118.9%
Net Expenditure	**174,173**	**78,722**	**79,884**	**(1,162)**	**172,054**	**15**	**2,104**	**1.2%**

Consolidated Expenditure by Subjective Analysis	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Reserves Adjustment £000's	Forecast Variance £000's	Variance %
Employee	73,974	35,584	36,484	(900)	76,214	(98)	(2,142)	-1.2%
Property	959	349	330	19	923	0	36	2.0%
Transport and Plant	1,360	134	90	44	1,270	0	90	3.2%
Supplies, Services and Admin	4,685	1,694	2,017	(323)	4,984	(9)	(290)	-6.9%
Payments to Other Bodies	71,786	30,713	32,264	(1,551)	70,833	(19)	972	-2.2%
Family Health Services	24,205	11,676	12,073	(397)	24,205	0	0	-1.6%
GP Prescribing	24,851	12,019	12,015	4	24,902	0	(51)	0.0%
Other	3,647	1,439	2,099	(660)	6,579	0	(2,932)	-18.1%
Gross Expenditure	**205,467**	**93,607**	**97,372**	**(3,765)**	**209,910**	**(126)**	**(4,317)**	**-1.8%**
Income	(31,294)	(14,885)	(17,488)	2,602	(37,856)	141	6,421	-8.3%
Net Expenditure	**174,173**	**78,722**	**79,884**	**(1,162)**	**172,054**	**15**	**2,104**	**-0.7%**

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

Health Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Reserves Adjustment £000's	Forecast Variance £000's	Variance %
Planning & Health Improvements	760	364	358	6	760	0	0	0.0%
Childrens Services - Community	3,246	1,623	1,584	39	3,245	0	1	0.0%
Childrens Services - Specialist	1,553	678	809	(131)	1,614	(60)	(1)	-0.1%
Adult Community Services	9,649	4,513	4,696	(183)	9,652	(36)	33	0.3%
Community Learning Disabilities	625	313	279	34	580	0	45	7.2%
Addictions	2,080	918	917	1	1,986	(7)	101	4.9%
Mental Health - Adult Community	3,777	1,770	1,783	(13)	3,711	(76)	142	3.8%
Mental Health - Elderly Inpatients	2,686	1,339	1,226	113	2,471	0	215	8.0%
Family Health Services (FHS)	28,745	14,376	14,376	0	28,745	0	0	0.0%
GP Prescribing	20,338	9,410	9,406	4	20,338	0	0	0.0%
Other Services	2,767	1,319	1,356	(37)	2,904	(134)	(3)	-0.1%
Covid-19	3,043	0	1,499	(1,499)	3,043	0	0	0.0%
Resource Transfer	16,741	8,371	8,371	0	16,741	0	0	0.0%
Hosted Services	7,539	3,671	3,500	171	7,313	206	20	0.3%
Net Expenditure	**103,549**	**48,665**	**50,160**	**(1,495)**	**103,103**	**(107)**	**553**	**0.5%**

West Dunbartonshire Health & Social Care Partnership **Appendix 4**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

Social Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Reserves Adjustment £000's	Forecast Variance £000's	Variance %
Strategy Planning and Health Improvement	1,070	456	383	73	924	0	146	13.6%
Residential Accommodation for Young People	2,804	1,303	1,267	36	2,733	0	71	2.5%
Children's Community Placements	5,696	2,606	2,625	(19)	5,734	0	(38)	-0.7%
Children's Residential Schools	3,738	1,467	1,837	(370)	4,476	0	(738)	-19.7%
Childcare Operations	4,289	1,918	2,014	(96)	4,481	0	(192)	-4.5%
Other Services - Young People	3,606	1,388	1,174	214	3,178	0	428	11.9%
Residential Accommodation for Older People	6,996	2,931	2,687	244	6,505	0	491	7.0%
External Residential Accommodation for Elderly	8,847	5,130	4,646	484	7,887	0	960	10.9%
Sheltered Housing	1,258	815	830	(15)	1,288	0	(30)	-2.4%
Day Centres Older People	1,173	320	310	10	1,152	0	21	1.8%
Meals on Wheels	22	(9)	(22)	13	(4)	0	26	118.2%
Community Alarms	(30)	(320)	(323)	3	(38)	0	8	-26.7%
Community Health Operations	2,904	1,196	1,142	54	2,796	0	108	3.7%
Residential - Learning Disability	10,244	4,449	4,510	(61)	10,251	113	(120)	-1.2%
Physical Disability	2,563	1,163	1,218	(55)	2,672	0	(109)	-4.3%
Day Centres - Learning Disabilty	2,089	837	805	32	2,026	0	63	3.0%
Criminal Justice (Including Transitions)	198	113	58	55	62	28	108	54.5%
Mental Health	2,810	1,106	1,013	93	2,625	0	185	6.6%
Care at Home	12,303	5,708	5,789	(81)	12,465	0	(162)	-1.3%
Addictions Services	920	456	524	(68)	1,055	0	(135)	-14.7%
Equipu	269	(5)	(5)	0	269	0	0	0.0%
Frailty	136	89	85	4	128	0	8	5.9%
Carers	0	0	0	0	0	0	0	0.0%
Integrated Change Fund	0	0	0	0	0	0	0	0.0%
Covid-19	0	0	460	(460)	0	0	0	0.0%
HSCP - Corporate	(3,281)	(3,060)	(3,303)	243	(3,714)	(19)	452	-13.8%
Net Expenditure	**70,624**	**30,057**	**29,724**	**333**	**68,951**	**122**	**1,551**	**2.2%**

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Health Care Variances					
Addictions	2,080	1,979	101	5%	↑
Service Description	This care group provides addictions services				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to a vacant service manager post and posts within psychology services				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health - Adult Community	3,777	3,636	141	4%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	The main reason for the underspend is due to vacancies within the Core Team				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health - Elderly Inpatients	2,686	2,470	216	8%	↑
Service Description	This care group provides mental health services for the elderly				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to estimated SLA income based on increased inpatient activity.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Social Care Variances					
Strategy Planning and Health Improvement	1,070	924	145	14%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The main reason for the projected underspend is due to vacancies within the service				
Mitigating Action	None required as this time				
Actual Outcome	An underspend of £0.145m anticipated at this time, however this could increase to £0.200m by year end if vacancies are not filled as anticipated				
Residential Accommodation for Young People	2,805	2,733	72	3%	↑
Service Description	This service provides residential care for young persons				
Main Issues / Reason for Variance	The main reason is sessional staff and overtime costs being recharged to Covid and an underspend in client requisites.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Children's Residential Schools	3,737	4,476	(739)	-20%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The main reason for the forecast overspend is due to increased client activity with children with disabilities and secure placements. There has also been a delay in clients moving on with a number of clients who were anticipated to be leaving Catch at the end of December likely to remain in placement until the end of March 2021				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	Over spend anticipated of £0.739m at this time				
Childcare Operations	4,289	4,481	(192)	-4%	↓
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The main reason for the anticipated overspend is due to the new social worker posts that arose from the previous children and families staffing disput				
Mitigating Action	None available at this time				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Other Services - Young People	3,606	3,178	428	12%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The main reasons for the forecast underspend is additional income anticipated related to asylum seeker's £0.300m, an underspend £0.070m in the costs of respite due to Covid and a £0.060m underspend in staffing due to vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Residential Accommodation for Older People	6,996	6,505	491	7%	↑
Service Description	WDC owned residential accommodation for older people				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to the timing of staff being recruited for new care homes and vacancies not needing to be backfilled at this time to maintain care ratios along with savings in food due to resident numbers. This is offset with a reduction of income at Crosslet due to vacant beds.				
Mitigating Action	None required as this time				
Anticipated Outcome	While an underspend is anticipated at this time, long term the outcome is harder to predict as costs are dependent on recruitment speed and how quickly new home can be completed and beds filled. Additionally the recruitment difficulties at Crosslet additonal 14 beds can't be staffed creating a staff saving or more than the anticipated income from residents.				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
External Residential Accommodation for Elderly	8,847	7,883	964	11%	↑
Service Description	External residential and nursing beds for over 65s				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to the impact of the Covid pandemic on residential numbers and demand.				
Mitigating Action	None required as this time				
Anticipated Outcome	While an underspend is anticipated at this time, long term the outcome is harder to predict as residential numbers and demand can be impacted by progress in WDC owned residential accommodation.				
Community Health Operations	2,905	2,796	108	4%	↑
Service Description	Adult services				
Main Issues / Reason for Variance	The main reason for the forecast underpend is due to staff secondments not being backfilled at this time. In addition it is unlikely that development days will be allowed with COVID regulations.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Residential - Learning Disability	10,244	10,364	(120)	-1%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The main reason for the forecast overspend is due to the likelihood that savings previously approved will not be achieved, however the impact of this is partially mitigated due to clients with high cost packages passing away.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Physical Disability	2,563	2,673	(110)	-4%	↓
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	The main reason for the forecast overspend is due to increased unbudgeted client activity				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Day Centres - Learning Disabilty	2,089	2,026	63	3%	↑
Service Description	This service provides day serviices for learning disability clients				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to vacant posts, lower diesel costs due to reduced bus service and reduced food costs.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Criminal Justice (Including Transitions and VAW)	198	90	108	55%	↑
Service Description	This service provides support and rehabilitation for offenders				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to additional funds received for bail supervision and reduction in cost of staff travel and tesing kits.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health	2,810	2,625	185	7%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to staffing vacancies and reduction in costs of CTO clients/supporting people				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Care at Home	12,303	12,465	(162)	-1%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The main reason for the forecast overspend relates to increased use of external				
Mitigating Action	Officers continue to review packages and seek to balance internal and external				
Anticipated Outcome	An overspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 5**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020
Analysis for Variances Over £0.050m

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Addictions Services	920	1,055	(135)	-15%	↓
Service Description	This budget contains the cost of working with Clients dealing with Drug and Alcohol Addictions				
Main Issues / Reason for Variance	The main reason for the forecast overspend is due to increased in costs for one client and turnover savings not being achieved				
Mitigating Action	Service Managers are reviewing this case				
Anticipated Outcome	An overspend is anticipated at this time				
HSCP - Corporate	(3,282)	(3,731)	449	-14%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The main reason for the forecast underspend is related to Scottish Living Wage (£0.260m) and investment in integration money which is fully allocated for staffing but posts will only be filled part way through 2020/21				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

West Dunbartonshire Health & Social Care Partnership **Appendix 6**
Analysis of Reserves 2020/21

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021	Notes
	£000	£000	£000	
Unearmarked Reserves				
Unearmarked Reserves	(2,809)	(2,089)	(4,898)	2% Prudential Reserve Target
Total Unearmarked Reserves	**(2,809)**	**(2,089)**	**(4,898)**	
Earmarked Reserves				
Criminal Justice	(95)	(28)	(123)	Anticipated underspend related to transitions transferred to earmarked reserve
Carers Funding	(183)	0	(183)	A further £0.200m funding is available in 2020/21 budget, however in light of the current circumstances and the potential requirement to provide addtional support to carers it is prudent to retain this reserve for 2020/21.
Social Care Fund - Living Wage	(678)	0	(678)	In 2019/20 £0.095m drawdown from reserves related to Cornerstone Settlement. Remaining reserve retained in light of the outcome of supplier negotiations in 2019/20 and early responses to the 2020/21 living wage offer.
Service Redesign and Transformation	(642)	149	(493)	£0.149m Drawdown relates to costs associated with full year funding of two service improvement leads posts (£0.130m) and payment for SACRO service (£0.019m). Remaining reserve retained to fund future transformation project related costs.
Learning Disability	0	(113)	(113)	Creation of learning disability reserve from funding received from East Renfrewshire Reserves in relation to resources claimed for one very high cost LD package for a male now being supported within the community.
Unscheduled Care Services	(500)	0	(500)	Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand. To meet the twin challenges fo rising demand and patient needs and deliver the high standards of care aspired to significant changes are required. This new reserve has been created to cover initial work outlined in the Strategic Commissioning Plan for Unscheduled Care Services in Greater Glasgow & Clyde 2020-2025.
GIFREC NHS	(72)	0	(72)	Scottish Government earmarked non recurring funding with conditions of spend - Information sharing/technology portal development in relation to GIRFEC for HSCP's. While £0.027m has been drawn down in 2019/20 further planned spend via NHSGGC in 2020/21 will require drawdown from this reserve.
DWP Conditions Management	(169)	4	(165)	Ring fenced non recurring income from Department of Work and Pensions to cover exit costs of Condition Management Joint Project between DWP and NHS hosted by WD HSCP. Funding from DWP equivalent to redundance payments - however NHS has no redundancy policy, therefore funding aligned to alternative posts and pay protection for affected employees. While £0.004m is anticipated to be drawn down in 2020/21 the drawdown required year on year will vary as it is dependant on placement of displaced staff.
TEC (Technology Enabled Care) Project	(122)	36	(86)	Scottish Government non recurring grant funding for technology enabled care project. While £0.036m is anticipated to be drawn down in 2020/21 at this time it is anticipated that fixed term post and purchase of equipment and text bundles will see reserves fully drawn down by the end of 2020/21.

West Dunbartonshire Health & Social Care Partnership **Appendix 6**
Analysis of Reserves 2020/21

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021	Notes
	£000	£000	£000	
Physio Waiting Times Initiative	(247)	(143)	(390)	This reserve has been created from staff underspends within hosted MSK physiotherapy service, mainly due to high levels of staff turnover and some long term sickness absence. The intended purpose of the Earmarked Reserve is to ensure delays/pressures in waiting times can be addressed. The impact of Covid19 has created delays in implementing strategies and recruiting to waiting times posts. The social distancing requirements of the pandemic has had a significant impact on service delivery and further impacted waiting times. Recovery plans will require to offer some solutions and alternatives to traditional treatment methods. It is anticipated that due to recruitment delays at the height of the first wave/lockdown, and the phased/alternative approaches required to remobilise services, the in year staffing underspend trend will continue in 20/21, and will be added to the Earmarked Reserve to help address the waiting times pressure when circumstances allow.
Retinal Screening Waiting List Grading Initiative	(24)	(63)	(87)	Reserve created from previous year underspend within hosted retinal screening service to allow for funding of fixed term post and/or additional staff hours to address grading backlog. Staff turnover, recruitment delays and impact of Covid19 have resulted in a continuation of underspend trend in 20/21. (Screening Services were paused during lockdown). It is expected the forecast in year underspend will be added to the Earmarked Reserves balance and made available to the hosted retinal screening service to address grading backlog/waiting times and for potential replacement or repair of essential equipment (Camera's) where required.
Prescribing Reserve	(855)		(855)	This reserve was newly created in 2018/19 in preparation of the UK's exit from the European Union. While the UK has now left the European Union (EU) there is now a transition period until the end of 2020 and the risks of anticipated increases in drug costs arising from short supply from trade negotiations are still active. It would be prudent to increase this reserve to address the potential supply and price impact the COVID-19 pandemic is likely to have on global drug production and distribution as well as the risk that to Greater Glasgow and Clyde boardwide prescribing efficiency programmes will be is unable to fully achieve anticipated savings that were built into budgets pre COVID19. This reserve represents 4.25% of the 20/21 approved prescribing budget.
Mental Health Action 15	(76)	76	0	This reserve was required to fund Action 15 expenditure - the Scottish Government have confirmed that HSCP's should fully draw down reserves before further allocations of funding are released and so the full reserve of £0.076m has now been drawn down to fund in year spend.
Alcohol and Drug Partnership	(7)	7	0	This reserve was required to fund ADP Local Improvement expenditure - the Scottish Government have confirmed that HSCP's should fully draw down reserves before further allocations of funding are released and so the full reserve of £0.007m has now been drawn down to fund in year spend.
CAMHS	(171)	60	(111)	The service continues to face significant increased demand alongside critical staffing challenges which in turns impacts on waiting time performance. This reserve has been created to provide additional support to the team to enable them to see more children and young people with mental health issues and improve our performance against the 18 week referral-to-treatment target. At this time it is anticipated that £0.060m will be drawn down to fund associated staffing costs.

West Dunbartonshire Health & Social Care Partnership
Analysis of Reserves 2020/21

Appendix 6

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021	Notes
	£000	£000	£000	
Primary Care Boardwide MDT	(27)	0	(27)	NRAC Share of non recurring ring-fenced funding allocated to hosted Primary Care (Renfrewshire HSCP) for Board Wide Multi-Disciplinary Team post in relation to PCIP. Each HSCP were transferred their share to Earmark at year end from Renfrewshire (host).
Child Health Weight (Henry Programme)	(15)	0	(15)	Non Recurring ring-fenced funding for Child Healthy Weight HENRY Programme. Each HSCP received their allocation from Corporate Public Health at year end – so Reserve required to be created as programme not yet underway.
Infant Feeding PFG Funding	(30)	0	(30)	Non recurring ring-fenced funding of joint initiative with Inverclyde HSCP. Shared post and funding for media awareness etc – no one in post – Reserve created to earmark funding for 20/21 when expenditure will be incurred.
Health Centre	(250)	0	(250)	The revenue costs anticipated Health Centre due for completion in 2021 are £0.250m more than currently budgeted as reported to the HSCP Board throughout 2019/20. This burden will be built into future budgets, however an earmarked reserve is being created to allow time to generate options for funding this budget gap.
COVID-19 Recovery	(515)	0	(515)	It is anticipated that once the risk of transmission of COVID-19 has reduced that there will be an increase in demand for support within the community resulting in an increased cost of service provision.
Unachievement of Savings	(485)	0	(485)	The response to COVID-19 has put a number of savings that were built into 2020/21 budgets approved in March at risk of not being achieved and has resulted in the creation of this reserve to provide services additional time to mobilise plans agreed. The action plan around Self Directed Support including the agreement of robust eligibility criteria will impact on the success of savings delivery.
PCIP Premises	(91)	0	(91)	This is the Scottish Government non recurring funding (allocated in 2 tranches) for PCIP Premises Improvements. SG advised that all PCIP expenditure should be charged against existing Reserves first – so the PCIP Reserves of £482k and £260k have been drawn-down and a new Reserve created for this which is specifically PCIP Premises and spend needs to link with Primary Care Board Colleagues overview. Some proposals were approved and expenditure will be incurred in 20/21. Premises group established to review and approve bids.
Total Earmarked Reserves	**(5,254)**	**(15)**	**(5,269)**	
Total Reserves	**(8,063)**	**(2,104)**	**(10,167)**	

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

Month End Date	**30 September 2020**
Period	**6**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Special Needs - Aids & Adaptations for HSCP clients						
Project Life Financials	936	295	32%	936	0	0%
Current Year Financials	936	295	32%	936	0	0%
Project Description						
Project Lifecycle	Planned End Date		31-Mar-21	Forecast End Date		31-Mar-21

Main Issues / Reason for Variance

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

Mitigating Action

Anticipated outcome of St Andrews project requires to be clarified.

Anticipated Outcome

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

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

Month End Date	**30 September 2020**
Period	**6**

Budget Details	**Project Life Financials**					
	Budget	**Spend to Date**		**Forecast Spend**	**Variance**	
	£000	**£000**	**%**	**£000**	**£000**	**%**
Replace Elderly Care Homes and Day Care Centres						
Project Life Financials	27,463	26,136	95%	27,497	34	0%
Current Year Financials	2,371	1,515	64%	2,605	234	10%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas.					
Project Lifecycle	Planned End Date		31-Mar-22	Forecast End Date		31-Mar-22

Main Issues / Reason for Variance

Dumbarton Care Home achieved practical completion on 28 April 2017. There is one outstanding recorded defect which is in the process of being rectified relating to the Combined Heat & Power (CHP) engine and accordingly a small amount of retention has been withheld. With regards to Clydebank Care Home, the revised Completion date is programmed for 9 November 2020. Discharge of Planning conditions and the granting of the Completion Certificate by Building Standards are contract requirements of certifying Completion. There remains a financial risk due to delay in achieving the district heating and power to site which are WDC owned risks in the construction contract. Accounting for estimated £0.242m delay costs, of which some have been absorbed by contingency balances, Officers are forecasting an overall project overspend in the region of £0.034m. The critical co-ordination aspect at present is the district heating connection which was successful on 9 October 2020. Access to the spine road was agreed as of 31 August 2020. The target opening date for the new facility will be advised by HSCP with a minimum of a 6 week transition period after the construction completion date.

West Dunbartonshire Health & Social Care Partnership **Appendix 7**
Financial Year 2020/21 period 6 covering 1 April 2020 to 30 September 2020

Month End Date	**30 September 2020**
Period	**6**

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

Mitigating Action

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

Anticipated Outcome

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

Greater Glasgow and Clyde NHS Board

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Dear Beth

2020/21 Financial Allocation to West Dunbartonshire Health and Social Care Partnership

Further to my letter in March I can now confirm the Board's allocation to the HSCP for 2020/21.

Annual uplift to NHSGGC

The annual general uplift is provided by the Scottish Government to support Boards in meeting expected additional costs related to pay, supplies (which includes prescribing growth and utilities charges) and capital charges. The Board's uplift for 2020/21 is 3.0% totalling £68.9m.

The HSCP Settlement

The Scottish Government's funding allocation letter issued on 6 February 2020 states that *"In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3.0% over 2019/20 agreed recurring budgets"*.

The total allocation uplift to all six HSCPs should therefore be £25.6m based on the recurring budget at 31 March 2020 and the partnership's share of this allocation is included in **Appendix 1.**

Set Aside Budget

During 2019/20 work has continued to identify the actual budgets and costs of unscheduled care services and these have been used as the basis for the set aside allocation for 2020/21. This is based on the final out-turn for 2019/20 uplifted by 3.0%. This figure represents the estimated actual usage of in scope Acute services. This will continue to be a notional allocation until commissioning plans are in place between HSCPs and the Board.

Recharges to HSCPs

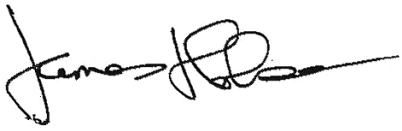
The following items will continue to be charged to the HSCP during 2020/21:

- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and

- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

Non recurring allocations including Scottish Government allocations for COVID-19 for both health and social care expenditure will be passed directly to the partnership when received by the Board.

Yours sincerely



James Hobson
Assistant Director of Finance
NHS Greater Glasgow and Clyde

Appendix 1 – Financial Allocation 2020/21

Spend Categories	West Dunbartonshire Hscp
	£000s
Family Health Services *	27,696
Fhs Income*	(1,086)
Family Health Services Budget (Net)	**26,611**
Prescribing & Drugs	19,946
Non Pay Supplies	4,552
Pay	27,081
Other Non Pay & Savings	19,412
Other Income	(3,484)
Budget - HCH incl Prescribing	**67,508**
Total Rollover budget - NET	**94,118**
Adjustments:	
Non Recurring bud allocated to base	(71)
Realignment of Specialist Children's Services	
Budget Eligible for HCH & Prescribing uplift	**67,437**
Uplifts	
Scottish Government allocation	**2,023**
Revised Budget	**96,141**
Set Aside Budget	
Out-turn for 2019/20	29,510
Uplift at 3%	885
Allocation for 2020/21	**30,395**

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 Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 26 November 2020
Attachment: **Financial Performance and Update Report as at 30 September 2020**
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	HSCPB000002JS26112020.	
2	Date direction issued by Integration Joint Board	26 November 2020	
3	Report Author	Julie Slavin, Chief Financial Officer	
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly	
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No	
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme	
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £70.624m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £103.549m in line with the Strategic Plan and the budget outlined within this report	
8	Specification of those impacted by the change	2020/21 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.	
9	Budget allocated by Integration Joint Board to carry out direction	The total 2020/21 budget aligned to the HSCP Board is £204.568m. Allocated as follows: West Dunbartonshire Council - £70.624m NHS Greater Glasgow and Clyde - £103.549m Set Aside - £30.395m	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Maintaining financial balance in 2020/21	30 June 2021

Appendix 9

12	Overall Delivery timescales	30 June 2021.	
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and a Year-End Report in line with Annual Accounts statutory timetable.	
14	Date direction will be reviewed	The next scheduled HSCP Board 25 February 2021	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by: Head of Children's Health, Care and Justice
Chief Social Work Officer

26th November 2020

Subject: Community Mental Health Support for Children and Young People

1. Purpose

1.1 To provide members of the HSCP Board with an update on work to progress Community Mental Health Support for Children and Young People within West Dunbartonshire.

2. Recommendations

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

2.2 note the progress of work to date regarding the initial planning phase in preparation for developing existing or new community mental health and wellbeing supports or services as set out in the supporting National Framework contained in Appendix 1.

2.3 note new Scottish Government funding allocation anticipated to support this work with further commitment within the recent Programme for Government .

2.4 note that the delivery of mental health and wellbeing supports and services for children and young people (CYP) aged 5-25 and their families/carers via Community Planning Partnerships as agreed between COSLA Leaders and Scottish Government.

3. Background

3.1 Political commitment to mental health is evident in key policies sitting alongside Programme for Government investment to support a comprehensive package of measures to improve mental health services for children young people and adults. This includes additional school counselling services, additional school nurses, training for teachers, expansion of Distress Brief Intervention, mental health and suicide prevention training (Scottish Government 2019b).

3.2 The Scottish Government and COSLA jointly commissioned work to review the way children's mental health services are organised, commissioned and provided. This saw the establishment of the Children and Young People's Mental Health Taskforce in 2018, chaired by Dame Denise Coia, with subsequent

recommendations on improving services and young people's access to help and support.

3.3 The taskforce work now led by the National Children and Young People's Mental Health and Wellbeing Programme Board has culminated in a framework (Appendix 1) for community mental health services and supports for children and young people. The framework promotes a whole system approach and sets out the kind of support that children and young people should be able to access for their mental health and emotional wellbeing within their community based on prevention and early intervention.

3.4 The framework recognises the rights that children, young people and their families have to easily accessible consistent, sustained local support across Scotland, as part of the commitment to Getting it right for every child (GIRFEC) and reflecting the principles of the UNCRC. The services and supports are to initially focus on the 5-24 age range (services allow for access to support up to 26 for care experienced young people).

3.5 COSLA and the Scottish Government, via joint governance processes, have distributed £2 million equally between local authorities (approx. £62,500 per local authority) to enable local partnerships to collaborate and begin the initial planning and preparatory phase of this work.

4. Main Issues

4.1 The above funds (section 3.5) were received into local authorities in March 2020 (carried forward into 2020/21) and following lockdown, local work has progressed. This is to be supplemented by a further allocation in 2020/21 of £58,250 to cover the final quarter of the financial year from January to March 2021.

4.2 A multi-agency children & young people's mental health planning group has been established and meets monthly, reporting into the Nurtured Delivery Improvement Group as part of local community planning arrangements.. The group is chaired by the Chief Social Work Officer with representation from HSCP Children's Health & Social Work, Council Education & Educational Psychology; Working4U, third sector representation from Ysortit and West Dunbartonshire Champions Board's young people.

4.3 Work has been commissioned to undertake a comprehensive review and analysis of Children & Young People's Community Mental Health and Wellbeing Services and Supports. This work will be aligned to the national framework and involves the following key tasks.

4.4 <u>Key tasks</u>

- To undertake a comprehensive mapping and scoping of local community mental health & wellbeing services.

- To provide an interim report incorporating analysis and assessment of these findings, demonstrating where services or supports meet key areas identified within the framework including any identified gaps.
- To undertake engagement using a co-production approach with young people, seeking views from children, young people and their families on local needs in relation to community mental health & wellbeing supports and services.
- To provide a final report on mapping and engagement findings, setting out key recommendations for future children & young people's community mental health & wellbeing supports and services.

4.5 This work will inform plans and assist with the commissioning and establishment of new local community mental health and wellbeing supports or services or the development of existing supports and services.

5. People Implications

5.1 There are no direct staffing implications arising as a direct consequence of this work to date.

6. Financial and Procurement Implications

6.1 As reported at 3.5, above, £62,500 per local authority has been distributed for planning and preparation costs relating to the development of new and enhanced community mental health and wellbeing services for 5-24 year olds, their families and carers.

6.2 Additional funding of £58,250 (section 4.1 above) is being provided to enable the roll out of these new and enhanced supports and services and is expected to apply on a continuing basis, subject to the outcome of the annual budget process.

6.3 A further £15 million will be provided nationally to continue this work in 2021-22. An update confirming the allocation of this funding for 2021/22 to West Dunbartonshire will be provided shortly subject to confirmation of the final distribution.

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, however, as plans progress, EIA's will be undertaken as required.

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 plans are outlined in 4.4 and will be further detailed as plans progress.

11. Strategic Assessment

11.1 This work is in line with the HSCP's 5 key strategic priorities: early intervention; access; resilience; assets and inequalities.

12. Directions

12.1 No Directions required at this time.

Jonathan Hinds
Head of Children's Health, Care and Justice/Chief Social Work Officer
27 October 2020

Person to Contact:	Jacqui McGinn, Health Improvement & Inequalities Manager, Telephone 01389 776889; email jacqui.mcginn@ggc.scot.nhs.uk
Appendices:	Community Mental Health & Wellbeing Supports and Service Framework
Background Papers:	Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 2020/21.

COMMUNITY MENTAL HEALTH & WELLBEING SUPPORTS AND SERVICES FRAMEWORK

Content:

Objective:

Every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing.

Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This will be available in the form of easily accessible support close to their home, education, employment or community.

Aims:

This framework aims to:

- Set out a clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.
- Assist local children's services and community planning partnerships with the commissioning and establishment of new local community mental health and wellbeing supports or services or the development of existing supports and services, in line with this framework.
- Facilitate the enhancement or creation of services that can deliver support which is additional and innovative wherever these are best placed.

How community mental health and wellbeing supports and services are constructed will vary according to local structures and the needs identified by children, young people and their families in each local area. The political agreement regarding delivery is based on a set of principles, attached as annex.

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The kind of support described and addressed in this framework is additional to what can be provided through universal services, but involves prompt and early support to respond to concerns, a continuum of additional support within the community, and strong and direct links with Child and Adolescent Mental Health Services (CAMHS) to ensure a whole system approach. Accordingly, the management of risk and change must be managed across the whole system and across all services.

Context

1. This framework specifically addresses establishing or developing community supports and services that target issues of mental and emotional distress and wellbeing rather than mental illness and other needs that may be more appropriately met through CAMHS. It supports an approach based on prevention and early intervention.

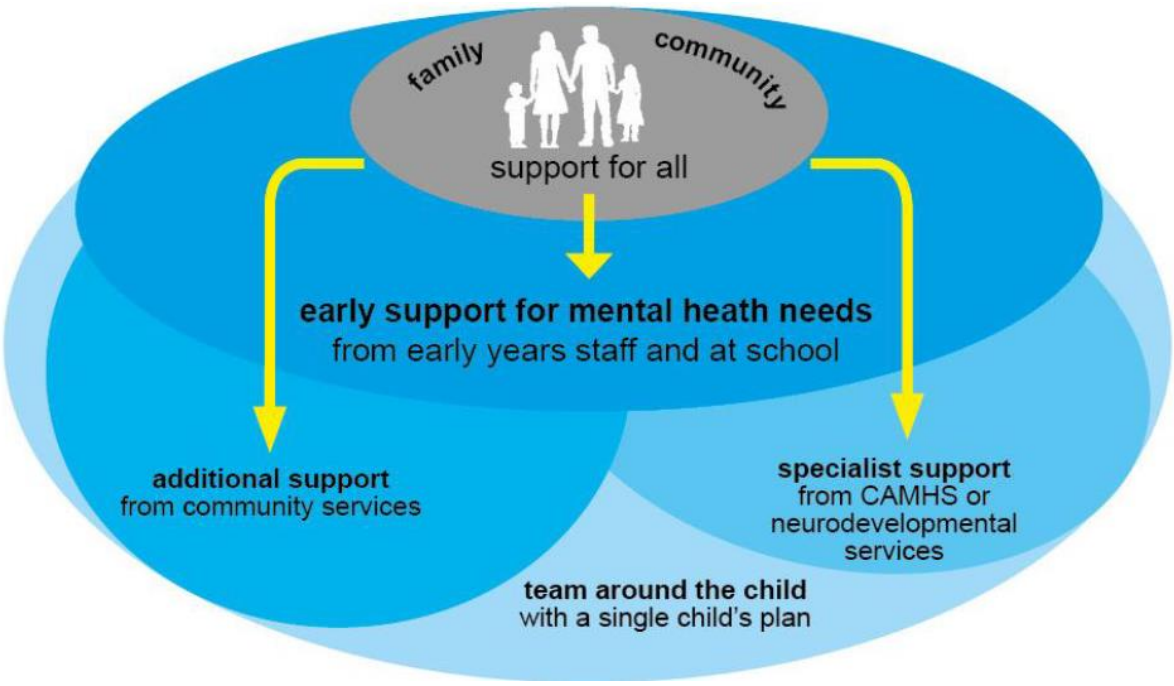
2. This framework is intended to be used to help partnerships to design and build services and supports that are in line with GIRFEC, national priorities and principles, relevant to local developments and are based on local needs assessment, responsive to the needs of local communities.

3. Children, young people and their families should receive the support they need, when they need it, underpinned by the values, principles and components of Getting it Right For Every Child (GIRFEC), and responsive to local needs and systems. This should support and improve their mental health and emotional wellbeing and be provided by people with the right knowledge, skills and experience to support them. GIRFEC is:

   - **child-focused** - it ensures the child or young person and their family is at the centre of decision-making and the support available to them;
   - **based on an understanding of the wellbeing of a child in their current situation** - it takes into consideration the wider influences on a child or young person and their developmental needs when thinking about their wellbeing so that the right support can be offered;
   - **based on tackling needs early** - it aims to ensure needs are identified as early as possible to avoid bigger concerns or problems developing;
   - **requires joined-up working** - it is about children, young people, parents, and the services they need working together in a coordinated way to meet their specific needs and improve their wellbeing.

4. The whole system model recommended by the Taskforce, involves both 'early support for mental health needs' and 'additional support from community services'. It recognises that there should be continuity in support around the child or young person. This framework is designed to enhance the development of services and supports that occupy the 'additional support' aspect of the Taskforce's vision. It is essential that additional support from community services is well integrated into the whole system with strong links with the early support provided by universal services and with specialist supports.

   Diagram 1: CAMHS Services within the agreed Children and Young People's Mental Health and Wellbeing model:



5. This framework recognises that the current range of provision is variable across all local partnerships and that whilst there is much to build on, the full range of supports and services described in this framework will not be available across the age range in any area. The focus is therefore on the additionality that is required to ensure that a continuum of support and services is in place**. The framework sits alongside Scottish Government funding intended to resource that additionality and support Community Planning Partnerships or Children's Services Partnerships, in order to deliver more sustainable, effective and easily accessible community supports and services to address mental and emotional wellbeing.**

The framework sets out expectations for the kind of support that should be in place in every local area to ensure that no child or young person is left with nowhere to turn. It recognises the rights that children, young people and their families have to easily access consistent, sustained local support across Scotland, as part of our commitment to embedding Getting it right for every child (GIRFEC) which reflects the principles of the UN Convention on the Rights of the Child (UNCRC).

6. Through Children's Services Partnerships or Community Planning Partnerships, education, health including CAMHS and primary care, wider children's services, youth work and the third sector will work together taking a whole system approach to supporting children, young people and their families. Children and young people should experience a seamless pathway through supports.

7. These services and supports should initially focus on the 5-24 (26 for care experienced young people) age range. We are also committed to establishing an integrated infant mental health service to provide parent-infant relationship support for infants where there has been disruption to the parent/infant relationship.

8. Children's Services Partnerships or Community Planning Partnerships should work with children, young people and families in their communities to develop supports and services which are new or which build on existing effective support, where that exists, are appropriate and increase the opportunities to improve their mental health and emotional wellbeing, covering an age range of 5-24. It is likely that to cover the full age range and other requirements, local children's services partnerships or community planning partnerships will utilise a combination of supports and services some of which will be new and some of which will be enhanced.

9. We would anticipate that families and carers of any child or young person receiving support (from CAMHS, school, community supports or elsewhere) are also supported.

10. Local partnerships are also asked to clearly identify how community services and supports will be co-produced with children, young people and their families.

A Whole System Approach

11. In line with (GIRFEC approach, it is vital that community mental health and wellbeing supports and services are integrated with and contribute to a whole-system approach. This should include use of the wellbeing indicators **(SHANARRI**) and the national practice model to identify, describe and evaluate needs, as a co-ordinated approach to children's planning that brings professionals across different disciplines together to deliver the right support at the right time.

12. The development and delivery of these supports and services should align with the whole-system approach to improving the mental and emotional health of children and young people set out in the 2020-23 children's services plans and other policy objectives

13. This opportunity to develop enhanced or new community mental health and wellbeing supports and services should sit alongside and complement the other local support and services provided by education, universal children's services, social work, health and care services, including primary care and other services that CYP might be involved with including employability, alcohol and drug support and youth work. Community support and CAMHS services should work together. Close relationships may also be required at times with community police and with developing new perinatal services. There should be appropriate links to out of hours and crisis services.

14. There should be clear accessible points of initial contact and access through **any** appropriate source to ensure that a child or young person is provided with the right help. Community supports and services should provide specific access for families, carers and siblings, to help build resilience and support them to support the child or young person. There should be no wrong way to access support.

15. These supports and services should recognise and respond to the factors, which contribute to poor mental health, distress and mental illness, such as poverty, homelessness, substance use etc. and have clear links to services, which can support with those.

16. Everyone involved in supporting mental health and wellbeing should be clear about the role of community supports and services.

Community Mental Health and Wellbeing Support – what is it?

17. Children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible. A smaller number of children require a specialist response from a mental health professional.

18. Support and services should be provided to children and young people who will benefit from additional help to promote, manage and improve their mental health and wellbeing and to help them develop coping strategies and resilience. This support may be required for a variety of reasons and circumstances and should be holistic, recognising that children and young people may have a number of issues and need "whole-person" flexible support.

19. With appropriate professional oversight, community mental health and wellbeing supports and services can safely deliver help that targets a variety of issues. The following list is not exclusive but gives an indication of the kind of distress that should be addressed and the positive mental health that should be promoted:

Distress:

- Anxiety
- Attachment
- Bereavement support
- Depression (mild to moderate)
- Emotional and behavioural difficulties associated with neurodevelopmental disorders
- Gender identity
- Repetitive/perseverative behaviours
- Self-harm
- Self- injury
- Substance misuse
- Trauma

Positive Mental Health and Wellbeing:

- Body image and self esteem
- Building resilience and coping strategies (emotional regulation)
- Healthy and positive relationships
- Healthy digital interaction
- Parenting support for children and young people of all ages

20. Consideration should be given to different presentations of distress, particularly for children and young people with complex needs, neurodevelopmental conditions and where English is not a first language.

21. There should be strong links with CAMHS, when considering issues such as substance misuse, self-harm, depression and trauma with shared risk assessments and clear pathways of escalation.

22. Each local community planning or children's services partnership should identify and demonstrate clearly any particular local need or priority that should be addressed by community support. Partnerships should actively engage with under-represented and "at risk" groups, including communities who may often find themselves excluded.

23. The support available should be highly flexible, personalised and adaptive to need and the changing circumstances of the child, young person or family/carer. Support should be compassionate, empathetic and kind, and take account of the evidence from stakeholders of what works, which includes:

- Continuity in provision – wherever appropriate, getting support from people that young people know and trust, who should be enabled to be confident in addressing mental wellbeing. This may include continued contact with practitioners from CAMHS within community based services;
- Confidential services for those who choose them, for example not within their school or immediate community;
- Relation-based practice, which enables support to be provided and change achieved through one-to-one professional relationships;
- Self-referral services that are as accessible as possible. Consideration should be given to age and stage appropriate language, neurodevelopmental conditions and learning disabilities. Self-referral must remain accessible by other means e.g. through an advocate;
- Peer support networks, including support groups, peer led programmes and facilitated peer to peer support;
- Support for advocates or supports to attend with a child or young person.

24. The range of support that might be delivered through community mental health and wellbeing services is reflected below, and this list should inform local decisions about the additionality that is required from this framework:

- Additional community based support from staff trained in listening; counselling, or other psychological interventions in appropriate settings;
- Additional early support in school for children and young people with identified needs;
- Targeted interventions for specific groups - e.g. LGBT+ young people, deaf communities, young parents and carers, children and young people with learning disabilities, or complex needs;
- Ensuring that all responders are trained in addressing needs of specialists groups including LGBT+ young people.
- Universal youth work provision for early intervention, prevention, positive relationships and facilitating peer to peer support
- Parenting support groups, which include information on child brain development, and help parents to understand and manage difficult behaviour and distress and empower them to strengthen their relationships with their children;
- Supportive work with family members;

- Support for children and young people that helps them to contextualise their emotions by age and stage and understand brain development; emotional regulation skills based on Dialectical behaviour therapy (DBT), Cognitive behavioural therapy (CBT) or other relevant models and, support to develop self-care.

Design and Delivery

25. This framework draws on existing national work that has included or focussed on the views of children and young people and their families. This includes – Feels FM, the Rejected Referrals Report, the Youth Commission on Mental Health the Children and Young People's Mental Health Taskforce and ongoing engagement through the Programme Board.

26. In discussing and designing your local supports and services, you should clearly set out how children, young people and families have been involved in providing views or designing support and how this input will be sought going forward to ensure that you continue to reflect local need. This should reflect the aim to support families and carers as well as children and young people and should reflect the age range from 5 to 24 (services should allow for access to support up to 26 in line with legislation for care experienced young people).

27. Design and delivery of supports and services should also be multidisciplinary and cross sector.

28. Partnerships should review their assessment and child's plan processes alongside the expansion of provision, to ensure the right service at the right time for children with mental health needs. Where services require to co-ordination, this should involve a lead professional and should be part of a single process with other needs the child may have. Such work might include process mapping to reduce delay and achieve an effective response to requests for help, wherever a child or family might ask for it.

29. In providing support and considering where such support should take place, partnerships should also consider the physical environments in which services are delivered with particular consideration around creating safe, non-clinical environments that are accessible to all. Young people consistently ask for somewhere comfortable and pleasant where they can feel relaxed talking about their mental health and wellbeing.

Key Components

30. Every child and young person has a right to expect certain core principles applicable to their support:

- **Easily Accessible.** Support should be easily and quickly accessible to anyone requesting assistance. This may include online support and a support or assessment phone service as well as face-to-face support. It must include self-referral options. Community mental health and wellbeing services should be highly visible within the whole system so that children, young people, families/carers and professionals are aware of the support pathways available.
- **Accessible to all.** In line with GIRFEC, community supports and services should be equitably accessible to those with additional and complex needs, there should be targeted provision for those considered "at risk" taking account of local need and there should be conscious efforts made to reduce health inequalities. This should systematically focus across all young people with protected characteristics as well as other groups of young people where there is evidence of poor mental health outcomes. Community services should be free of stigma, judgement and discrimination.
- **Strengths based.** There should be a focus on building resilience, listening and talking, not over medicalising the child or young person.
- **Relationship based**. Community support should be relationship based and where possible, should be delivered or supported by people already in a child or young person's life. Those with a trusted relationship with the child or young person should be supported to support them. Services and supports should be sustainably resourced to allow for the development of relationships.
- **Prevention focused.** Early intervention and prevention approaches should be prioritised. Community support should provide an early response to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response and assesses risk.
- **Empowered.** Children, young people and their families should be at the centre, empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded. Where appropriate, children, young people and families should take part in shared decision-making. All decisions made about a child or young person and family should consider the mental health impact. Children, young people and their families should be engaged in coproduction of the services and supports on a continuing basis.
- **Get the right help at the right time.** Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services. Local partners should be clear and explicit about how these different services should work together. Relationships will be an important part of this.
- **Tell your story only once.** Children and young people should be able to tell their story once and should be supported through seamless transitions. There should be "no wrong door" to support. Where support is not appropriately located within the community service, professionals should facilitate transition into the most appropriate setting.

Family and Carer Support

31. It is a clear intention of community support that help should also be available for families and carers, particularly for those in a parental role and for siblings. This should apply wherever the child or young person is receiving additional support. If the child or young person is receiving support at CAMHS or in school for example, the parents or carers (and siblings if relevant) should be able to access some community support when it is needed to support them in their role as parent or carer.

32. There is a need to provide preventative support to family members supporting their child or young person and to provide whole family support where there is already significant stress. Resilient families will be better able to provide support at home. This support should be flexible and delivered in a place and in a way that is most appropriate for the family. Attention should be given to confidentially concerns whilst ensuring that families continue to be supported.

Access

33. Community mental health and wellbeing supports and services should be easily accessible and available to all children, young people and their families/carers.

34. Effective assessment and planning should ensure that the needs of children and families are understood, and appropriate supports and services are identified and put in place to address those needs.

35. Easily accessing supports and services will mean having this in place wherever children, young people and families are going to access it or ask for it – for example within school, within general practice, in youth work or through other community settings. A single approach may not be appropriate, particularly to cover the full age range of 5-24 (26 for care leavers). For many children, support should be integrated into aspects of their daily lives. For others, it will need to be outwith these settings.

36. In order for community mental health and wellbeing supports and services to be as accessible as possible they should consider the following:

- Hours of operation – supports and services should be available at times that children, young people and families/carers can access them, not solely 9-5 or weekdays. The Scottish Government is also considering how to further develop access to support for people in a crisis where they or their families/carers consider that urgent support is required. We would expect community services to link with crisis support when that is more readily available.
- Support should be available as close to 365 days a year as possible.
- There should be clear pathways linking community supports and services with all other parts of the whole-system.
- Self-referral is an essential element. A well-known source of support locally that is accepted, trusted and easy to access by self-referral. There should also be other non-referral entry points e.g. open access, drop in and digital.

37. To ensure fully accessible and integrated support and services, there should be specific consideration of “at risk” groups. This means children and young people who, despite being at heightened risk of experiencing poor mental health, are at risk of not receiving the right help at the right time. This includes; those who are living in a care situation, have experience of the criminal justice system, are experiencing poverty or whose distress prevents them actively seeking support. Partnerships should also consider the impact of health inequalities and barriers to support.

38. This should systematically focus across all young people with protected characteristics as well as other groups of young people where there is evidence of poor mental health outcomes.

39. There should be appropriate consideration of discrimination and stigma and how this can be addressed in the design of the service. Engaging in co-production and utilising peer-to-peer support will be central to reducing stigma.

40. Additional measures to ensure that services are accessible may include:

- All aspects of the service follow NHS Education Scotland (NES) trauma-informed practice guidelines;
- Facilitated transport is available;
- Flexible locations– this may include providing support alongside other more general supports available to that age group that may be frequently or easily accessed e.g. youth or sport clubs,
- Support is available to those who have existing relationships with the child or young person, including multi-disciplinary consultation on how best to support the child.

Workforce

41. Ensuring safe and effective person centred practice aligned to GIRFEC, will require several elements to be in place in terms of workforce capacity and capability.

42. The most central of these will be a well co-ordinated system to provide quick assessment of need and access to staff with the relevant skills Workforce means both the public and third sector workforce as a considerable amount of community support is provided through third sector organisations.

43. The additional capacity required to supervise the delivery of these supports can draw on the increased investment in the CAMHS workforce. Local partnerships should consider the resource implications of ensuring support from local CAMHS teams.

44. Specific knowledge and skills targeted at mental health and wellbeing needs and outcomes is required across sectors and disciplines in line with the following **four levels of practice transcending sector disciplines and professions:**

Informed	all staff working in health, social care and 3rd sector settings
Skilled	staff who have direct and/or substantial contact infants, children, young people and their families
Enhanced	staff who have more regular and intense contact with infants, children, young people and their families, who are at risk of, or are experiencing mental health and wellbeing concerns
Specialist	staff who, by virtue of their role and practice setting, provide and expert specialist role in the assessment, care, treatment and support of infants, children, young people and their families, who are at risk of, or experiencing mental health and wellbeing concerns

45. It is expected that most workers in community supports and services would be practicing at the skilled and enhanced levels, providing relationship and listening based supports, with support from CAMHS staff for supervision, coaching and training. Health visitors, midwives, school, and family nurses should also be well integrated into the whole-system of community wellbeing support.

46. Children's services offer a wide range of supports within whole-school approaches including nurture, targeted approaches including the use of mental health first-aid training, and support from school guidance staff, school counsellors, school nurses and other workers such as youth workers and link workers. The provision of counselling through schools is delivered in line with a range of aims and principles, which include:

- Delivered in partnership between national and local government, and relevant partners, and should build upon the services already in place wherever possible.
- Should be part of a holistic, child centred, approach to improving the mental health and wellbeing of children and young people.
- In recognition of the need to ensure young people are safe, services should ensure a robust assessment is carried out and that young people are supported to access alternative services as appropriate.
- Should align to, and/or enhance local services to support the mental health and wellbeing of children and young people.

47. These principles should broadly refer to the whole workforce involved in the delivery of community mental health and wellbeing supports.

48. All staff working across the four levels should themselves be supported, as well as, able to work safely. Priority should be given to staff wellbeing and ensuring that there is appropriate reflective practice or supervision structures to support staff to deliver safe, high quality, evidence-based, relational approaches while maintaining their own resilience and wellbeing. Key to supporting the workforce is having the right training and development in place.

49. CAMHS teams will support both universal and additional children and young people's services, including new and enhanced community mental health and wellbeing supports, by providing consultation, advice and training, and where appropriate, supervision of those staff providing psychological interventions. Children, young people and their families supported in CAMHS will also have access to supports provided within universal and additional services.

Risk

50. The development of mental health and wellbeing supports and services within the community is likely to change the overall balance of provision, critically involving more children and families being supported in the community, and once established, fewer requiring referral to CAMHS.

51. As with all change, there is a level of risk involved with this process, and partnerships will require to manage that change and risk as confidence is built in new supports and services. This will require professional oversight, and necessary safeguards. This includes all staff being aware of the need to assess risk and of their own capacity to assess risk at a local level.

52. Each local partnership should collaborate on how risk will be managed and monitored across the range of local support and services. All agencies working with a child have a responsibility to deliver the right support at the right time without delay.

53. Important risk management aspects will include embedding community supports and services within the whole system locally, with excellent connections between community based and CAMHS services, and an explicit approach to staff training and support in place.

54. There should be clear escalation pathways both in hours and out of hours agreed with CAMHS. Usually this will be how to seek advice from a CAMHS clinician where a child or young person is not getting better or is raising increasing concern. It will also include how to support a child or young person to access urgent assessment from other professionals both in and out of hours including - GPs, mental health specialists, nurses or social work if required. This information needs to be easily accessible from anywhere 24/7.

55. It is recognised that in the majority of cases, supports and services will utilise evidence-based interventions but may use some less well-evidenced supports where these are considered to be best placed to help the child or young person. Practitioners should manage this risk as appropriate.

Outcomes

56. Children's Services Partnerships or Community Planning Partnerships will be asked to monitor, evaluate and report on the provision of these supports and services on a basis to be agreed between the Scottish Government and COSLA and overseen by the Programme Board.

57. There will be evaluation, monitoring and reporting measures developed to support local partnerships. This will be designed to complement and work sensibly with any additional local monitoring. Measures will focus on some key statistics (which may be drawn in whole or part from national datasets) and outcomes based evaluation of the experience and journeys of children, young people and their families.

58. Outcome measures will be developed to reflect the views of children, young people and their families and we would anticipate that these are useful locally and inform local developments.

January 2020

Annex A: VALUES AND PRINCIPLES

i. Children, young people and their families will receive the support they need, when they need it, underpinned by the values, principles and components of GIRFEC, and responsive to local needs and systems. This should support and improve their mental health and emotional wellbeing and be provided by people with the right knowledge, skills and experience to support them;

ii. Children's Services Partnerships or Community Planning Partnerships will work with children, young people and families in their communities to develop support and services which build on the existing effective supports and structures where appropriate and increase the opportunities to improve their mental health and emotional wellbeing, covering an age range of 5-24;

iii. Through Children's Services Partnerships or Community Planning Partnerships, education, health including CAMHS and primary care, wider children's services and the third sector will work together taking a whole system approach to supporting children, young people and their families. Children and young people should experience a seamless pathway through supports;

iv. These supports and services should recognise and respond to the factors which contribute to poor mental health, distress and mental illness, such as poverty, homelessness, substance use etc. and have clear links to services which can support with those;

v. These supports and services should be in addition to what is provided through schools and CAMHS and focus on being there for children, young people and families at the earliest opportunity, with a focus on preventing distress and mental ill health worsening;

vi. These supports and services should be visible and easily accessible with support to access where required; and everyone involved in supporting mental health and wellbeing should be clear about the role;

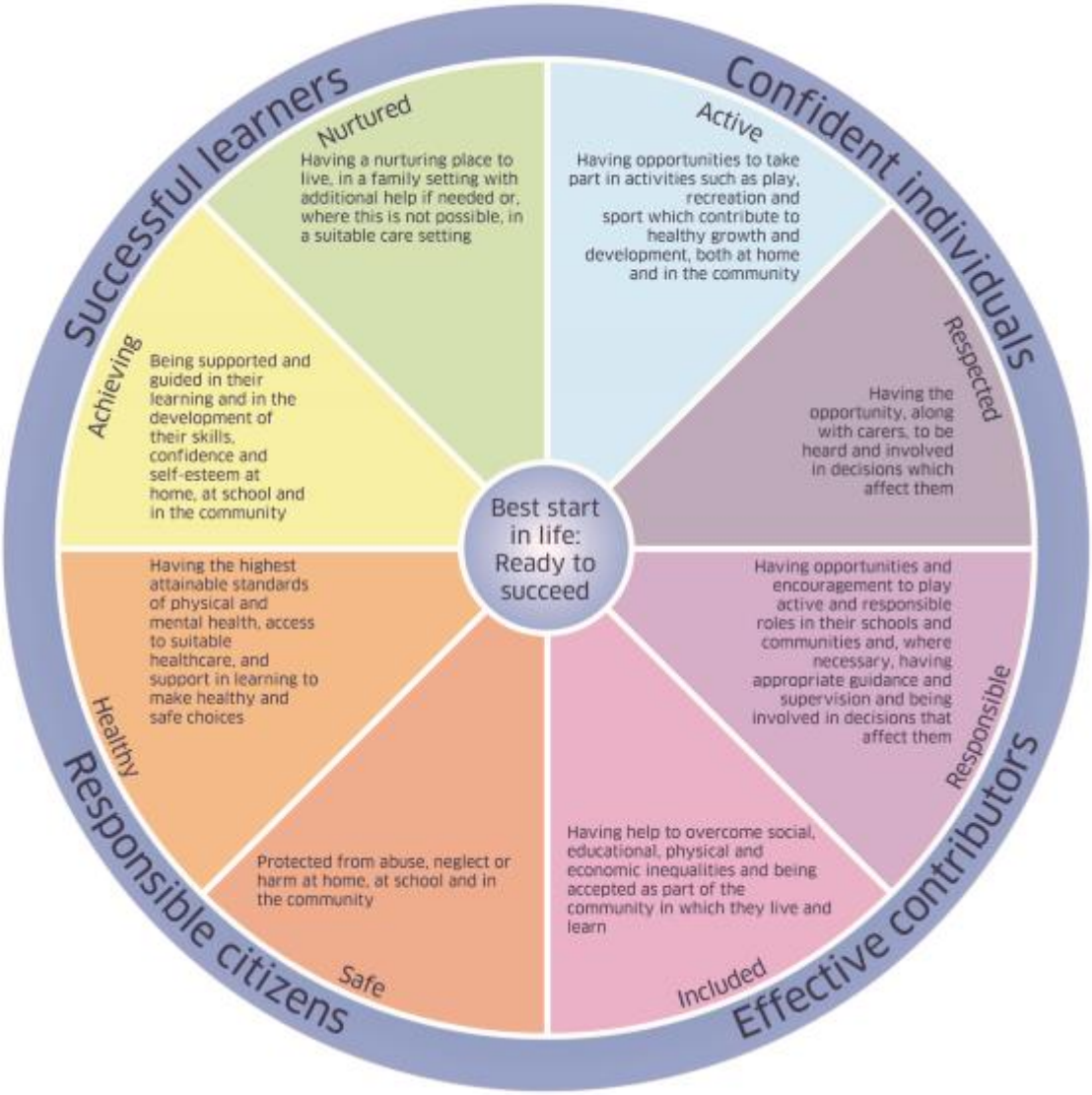
vii. These supports and services will delivered by a workforce which is appropriately skilled, supported and resourced;

viii. Children and young people themselves should lead the thinking around how this looks locally, and be key in measuring the impact of these.

ix. Children's Services Partnerships or Community Planning Partnerships will be asked to evaluate and report on the provision of these supports and services on a basis to be agreed by the Scottish Government and COSLA and monitored by the Programme Board

Annex B: WELLBEING INDICATORS

For more information about the wellbeing indicators referenced please following the below link.
https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/



WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report by Head of Strategy and Transformation

26rd November 2020

Subject: Local Carers Strategy Review Update

1. Purpose

1.1 The HSCP Board approved the Local Carers Strategy (LCS) on 20 February 2019 with a review date of April 2020. Initial scoping work identified a number of improvements which could be made as part of the review. The purpose of this report is to provide the HSCP Board with a revised draft of the LCS and to apprise the Board of a revised structure to oversee and support the implementation of same.

2. Recommendations

2.1 It is recommended that the Board:

a. Approve the revised Local Carers Strategy (provided below)

b. Note the revised role of the Carers Development Group (Terms of Reference, provided below)

c. Note the Equalities Impact Assessment associated with the Local Carers Strategy (provided below)

3. Background

3.1 On the 20 February 2019 the HSCP Board approved the West Dunbartonshire Local Carers Strategy 2019 – 2022. The Board set a strategy review date of April 2020. Although the review date is not explicit in the minutes of the Board meeting, it is contained in the approved Strategy document. The review has been slightly delayed due to COVID-19.

4. Main Issues

4.1 A scoping exercise by the HSCP Strategy and Transformation Team identified the following priorities be addressed within the review of the LCS:

- The LCS would benefit from including content which would more closely align the LCS to the content of the Carers Act (Scotland) 2016 Guidance which clearly sets out what should be contained within a LCS;

- The strategy would benefit from a reworking of what were called 'strategic priorities' but would be better described as, and in some cases edited to reflect, outcomes. These outcomes should be more clearly linked to the HSCP's 5 strategic priorities;
- The strategy would benefit from improved governance to support transparency, implementation, monitoring and evaluation of impact i.e. terms of reference for the Carers Development Group.
- It is important to note that while some chapters of the LCS have been edited, for example the 'Inequalities' section speaks more clearly to health inequalities, the outcomes which have been identified can be clearly tracked back to the original strategy. The strategic direction set out in the original strategy remains unchanged.

5. Options Appraisal

5.1 Not Required

6. People Implications

6.1 There are no staffing implications arising from the recommendations within this report. While the HSCP has identified a new role of strategic lead for this portfolio and has identified roles for other senior staff in supporting the Carers Development Group, it is expected that at this point the work will be absorbed in to existing resources.

6.2 Additional training for staff will be required to support the delivery of the LCS. For example, one of the outcomes is that more staff will be trained in Equal Partners in Care (EPiC). This training will support the delivery of other outcomes including increasing the number of carers identified and the number of Adult Carer Support Plans created to meet the needs of carers in their own right.

6.3 The implications for citizens, and carers in particular, are significant. When implemented as intended, there should be an increase in the number of carers identified who can access a range of supports (from universal services through to HSCP services where appropriate) to assist them in their caring role. The revised Strategy also sets new outcomes regarding identifying and supporting carers experiencing deprivation who are disproportionately affected by caring responsibilities. An Equalities Impact Assessment has been undertaken in relation to the original strategy and is provided below.

7. Financial and Procurement Implications

7.1 A LCS which is more clearly aligned to both the National Guidance regarding LCS and also the HSCP strategic priorities will ensure any future spend in relation to carers should achieve local and national outcomes.

7.2 Clarity and improvements in relation to the LCS 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.

8. Risk Analysis

8.1 The revised strategy will allow performance reporting and the use of outcomes and indicators to show the extent to which outcomes have been met/partially met/unmet. Risks associated with ability to measure the impact of the strategy will be reduced.

8.2 The role of the Carers Development Group (CDG) has been strengthened via a Terms of reference (ToR, below). The CDG, Chaired by the HSCP Chief Nurse Val Tierney, will be a multi-agency body responsible for developing an action plan for the strategy, overseeing the implementation of the strategy, and monitoring and evaluating the impact of the strategy. Risks associated with the implementation of the strategy will be reduced.

8.3 Implementation of the revised strategy and the outcomes and commitments made therein will reduce the reputational risk to the HSCP insofar as the HSCP will (i) publish a strategic document more closely aligned to what the National Guidance states is required (ii) work in a way that complies with legislation, particularly the Carers Act (Scotland) 2016 and (iii) work to achieve national outcomes by delivering local strategic priorities.

9. Equalities Impact Assessment (EIA)

9.1 An equalities impact assessment has been undertaken and is provided below.

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

10. Environmental Sustainability

10.1 Not Required

11. Consultation

11.1 Consultation was undertaken to inform the original strategy published 2019. This involved consultation with members of the public, communities of interest and various partners, all of which informed the strategic direction of the LCS. The current revisions retain that direction and the priorities set therein; the majority of the revisions aim to improve how the strategy will be implemented and how any impact will be monitored and evaluated. This has resulted in

what were previously described as 'strategic priorities' (but were not the five HSCP strategic priorities outlined in the strategic plan) being largely retained and edited into the format of outcomes. These outcomes have been aligned to indicators to support performance reporting.

11.2 The Carers Development Group (CDG) has been involved in the revision of the strategy and their feedback has shaped the revisions made in the LCS. Membership of the CDG include HSCP staff (including finance and senior management personnel), Carers of West Dunbartonshire, Y Sort-It, Education, and adult carer representatives.

12. Strategic Assessment

12.1 This work is in line with the HSCPs five strategic priorities: early intervention; access; resilience; assets and inequalities. The strategy has been written to reflect each of these, outcomes have been aligned to each of these and indicators have been aligned to outcomes to support performance reporting.

12.2 By adopting the strategic priorities as a lens through which to frame outcomes important to carers across West Dunbartonshire, the strategy will help deliver the HSCP strategic priorities and support the achievement of the National Health and Wellbeing Outcome 6 , "People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being."

13. Directions

13.1 A directions template numbered HSCPB000001MJC26112020 has been completed for this report.

Name: Val Tierney
Designation: Chief Nurse /West Dunbartonshire HSCP
Date:22/10/20

Person to Contact: Margaret Jane Cardno, Head of Strategy and Transformation

Appendices: HSCP Local Carers Strategy, Carers Development Group Terms of Reference, Local Carers Strategy Equalities Impact Assessment, WDHSCP direction

Background Papers: None

HSCP Local Carers Strategy

West Dunbartonshire

Health and Social Care Partnership

Local Carers Strategy

2020 – 2023

Document Title:	Local Carers Strategy	Owner:	Margaret Jane Cardno
Version No.	V2	Superseded Version:	V1 (2019-2022)
Date Effective:	TBC	Review Date:	April 2023

Foreword

West Dunbartonshire Health and Social Care Partnership (WDHSCP) is pleased to present our Local Carers' Strategy (LCS). This strategy recognises the significant contribution that unpaid carers make to sustain the health and wellbeing of our most vulnerable citizens. The Health and Social Care Partnership (HSCP) considers the role that carers play across our communities to be invaluable and is committed to ensuring that they are well supported in their caring role.

This strategy is underpinned by the Carers (Scotland) Act 2016. The Act requires each Local Authority and relevant Health Board to prepare a statutory local carers strategy as well as extending and enhancing the rights of unpaid carers. The new duties in the Act applies to Local Authorities and relevant Health Boards but is delegated to Integration Joint Boards under the Public Bodies (Joint Working) Scotland Act. The HSCP Board welcomes the opportunities the Act brings.

To achieve our aim of ensuring that carers are supported and enabled to thrive alongside caring, we need to understand who our carers are and the impact caring can have on them. We will achieve this through the lens of our strategic priorities, where we identify a number of outcomes this strategy will work to deliver in order to achieve our aim. For example, we hope to increase the number of carers identified in West Dunbartonshire as it is only through this identification that we can work with carers to consider and offer any support needs and provide **early intervention**. We will develop our assessment tools to help identify **assets** and strengths carers have, and work together to build on these. Where necessary and desired by carers, we will support them to **access** proportionate support, and to help develop individual and community **resilience** among carers.

Our toughest challenge continues to be in relation to tackling **inequalities**. This strategy develops an opportunity for us to collectively tackle and reduce the impact of health inequalities. We are committed to reducing inequalities in power and are excited by the opportunities to work with carers across West Dunbartonshire, to help deliver the HSCP vision, "Improving lives with the people of West Dunbartonshire".

To our children and young people who provide unpaid care, I want to say a special thank you; the care you provide is invaluable. In the same way that we want carers to thrive while undertaking their caring role, we want our children and young people to have a childhood alongside their commitment to their caring role. We and our partners remain committed to working with children, young people and families in a way that aims to keep families together, that keeps families safe and that supports children and young people who are providing care in a way that best meets the needs of the whole family.

Through the support from the West Dunbartonshire Carers Development Group (CDG) in developing our action plans and monitoring the impact of the strategy, I look forward to working together and successfully delivering this strategy.

Beth Culshaw, Chief Officer, WDHSCP

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Acknowledgements

WDHSCP expresses its thanks and appreciation to all participants who have worked hard to ensure that the West Dunbartonshire LCS is as comprehensive as it can be and covers carers of all ages.

Most importantly, carers from across West Dunbartonshire were fully involved and assisted with this strategy. It was important that the LCS was written while taking into account the views and voices of a range of carers in West Dunbartonshire which would result in a better informed document.

West Dunbartonshire's Carers Strategy will be jointly reviewed in 2023 by both the HSCP and partners. An annual report on progress will be produced for the HSCP Board to ensure robust monitoring and review of the Strategy.

Further information on this Local Carers Strategy can be obtained by contacting WDHSCP as detailed below.

WDHSCP
Church Street
Dumbarton
G82 1QL

Email: wdHealth and Social care Partnership @west-dunbarton.gov.uk

Website: http://www.wdHealth and Social care Partnership .org.uk/carers/

Executive Summary

This WDHSCP LCS details the strategic approach to supporting unpaid carers in West Dunbartonshire. This LCS is an update to the previously published LCS which was reviewed by the HSCP and partners in July 2020 at the direction of the HSCP Board. The lifespan of the previous LCS was 2019-2022. This current strategy will operate from 2020-2023.

While the strategic direction remains unchanged, revisions have been made to a number of aspects of the strategy to enhance and support the ongoing and high quality work undertaken to support carers across West Dunbartonshire. As a result of the revisions, the strategy provides:

- a better understanding ohf who carers are in West Dunbartonshire
- a clearer description of how caring may impact upon carers
- an indication of the gap between the number of carers who have accessed support for carers and the number of carers estimated to be in the community
- a realignment and strengthening of some of the issues affecting carers alongside our strategic priorities
- a new outcome framework to assist monitoring and evaluating implementation and impact
- a new governance structure which will support the implementation of the LCS

The LCS desired outcomes have been developed through the lens of the HSCP's five strategic priorities.

Examples of outcomes aligned to each strategic priority include:

- **Access**: increasing carer awareness of respite, increasing a variety of respite opportunities, and short break availability, and increasing the volume and types of information available to carers
- **Early Intervention**: increasing awareness of the caring role and increasing the number of young and adult carers identified in West Dunbartonshire
- **Assets**: ensuring Adult Carer Support Plans (ACSP's) and Young Carer Statements (YCS's) better recognise and drawn upon the strengths and assets carers possess
- **Resilience**: increasing the number of carers who feel able to care
- **Inequalities**: increasing the proportion of carers identified as those who experience deprivation

This strategy also commits the HSCP and partners to ensure best value in relation to how funds are spent to support, deliver and commission carers services and ensure all spend that is recorded is clear, accessible and transparent .

Each of the outcomes within the strategy have indicators which will use evidence to monitor and review the implementation and impact of the strategy. The responsibility for overseeing this will lie with the Carers Development Group (CDG), a multi-agency

group which includes carers representatives who will be supported to engage with and represent the views of carers in West Dunbartonshire.

By achieving the outcomes within the LCS, the HSCP will work towards realising the ambition of National Health and Wellbeing Outcome 6, “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being”.

This LCS marks the continuation of a journey with recognition of some of the great work underway as well as the challenges to be overcome to help achieve the outcomes important to carers in West Dunbartonshire. This LCS is our commitment to tackling challenges together, working closely with partners, and carers in particular, to develop and introduce innovative solutions to achieve the WDHSCP vision of improving lives with the people of West Dunbartonshire.

The Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 seeks to give adult carers[1] and young carers new rights, whilst bringing together the rights carers held through previous legislation.

As part of the duties in implementing the Act, and in line with the position set out within the Act, the HSCP will work with people to assess the needs, risks and strengths of their circumstances as well as the outcome(s) they would like to achieve. The HSCP will do this with carers as individuals in their own right, separate from but in co-ordination with any support being provided to any cared-for person(s) – the person or people the carer cares for.

The Act brings changes to how carers can access assessment and support through ACSP's and YCS's. What these are and how they will be used is detailed throughout this strategy. So too are the outcomes that the HSCP will work to deliver as part of the strategic approach to supporting carers in line with the Act. A summary of the responsibilities the Act creates is provided in Table 1 (below).

Table 1: Responsibilities under The Carer (Scotland) Act 2016

ACSP's and YCS's	An ACSP must be offered to all people identified (by HSCP or otherwise) as carers. A YCS must be offered to all young people identified as young carers. This will help identify what support, if any, is required.
Eligibility Criteria	Local eligibility criteria must be set out and published. This is required to ensure transparency and fairness and that people receive the right type and amount of support at the right time from the right place.
Carer Involvement	Carers and / or carers representatives must be involved in the development and evaluation of carer services. Carers must be involved in the hospital discharge processes for the person(s) they care for.
Local Carers Strategies	Local Carers Strategies, such as this one, must be produced and reviewed within a set period of time
Information and Advice	An information and advice service must be provided for carers on issues including but not limited to rights, advocacy, health and wellbeing.
Short Breaks Statements	A statement which sets out information on short breaks provision available to local carers and cared-for persons must be prepared and publicly available.

[1] A carer is someone providing care in an unpaid capacity. A young carer is anyone aged up to 16yrs old. A young adult carer is aged 16-24yrs old. An adult carer is anyone over age of 25yrs. Where we are talking about a specific group we will use the appropriate term (e.g. young, young adult) otherwise 'carer' or 'unpaid carer' is used to refer to all carers.

Who Are Our Carers?

A carer can come from any background, be any age, be employed, be in education or have other responsibilities including family to look after. The amount of time devoted to providing care and the intensity of that care may vary from a few hours per week to 24 hours per day, seven days per week. The level of care can range from 'light touch' to regular more intensive support for more than one person. Some carers may have had a caring role their whole life or it may be for only a short time.

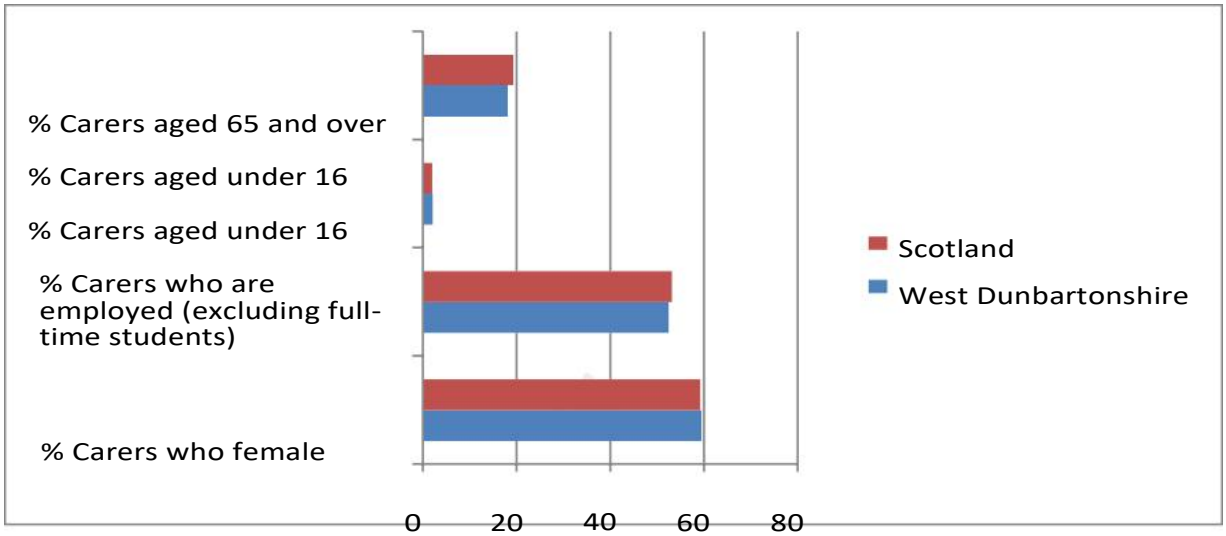
The cared-for person is often a family member but can also be a friend or neighbour. They too may be young or old, and have a range of care needs from support required within the home, to help with getting out and about, to end of life care. Some cared-for people may have multiple care needs.

Many people providing care do not see themselves as a 'carer'. They are often first and foremost a husband, wife, son, daughter, or friend, who is providing care for their loved one. The strategy will show that a range of support is available to carers who live in West Dunbartonshire.

The important distinction between carers and someone undertaking care as a career, is that carers are unpaid. Despite their caring responsibilities and whatever their circumstances, carers should be able to enjoy the same opportunities in life as those without caring responsibilities.

It will only be possible to plan services for carers and implement the Carers (Scotland) Act 2016 effectively if the HSCP has a better understanding of the challenges faced by carers. The data below will help us understand and inform our local position, to help begin to answer the question, 'Who are our carers?'

Profile Data Demographics
According to Census 2011 data, 18.2% of carers in West Dunbartonshire are aged 65 years or over which is less than the national figure of 19.3 %. In West Dunbartonshire 2.1% of carers are under 16 years of age which is in line with the Scottish figure of 2.0%. The proportion of carers that are female in West Dunbartonshire is marginally greater than the national figure 59.5% compared to 59.2%.



Source: Scottish Census 2011

Geographical location and deprivation
The HSCP Strategic Needs Assessment indicates caring responsibilities disproportionately affect people experiencing higher levels of material deprivation. In particular, higher proportions of young people have caring responsibilities in areas of higher deprivation and lower income. This is because the impact of living with a disability or long-term health condition is often associated with living in poverty, being unemployed or living in relative income poverty.

Local data shows that young people in the most deprived areas provide more care than in wealthier areas. When considered nationally, young people in the most deprived areas, such as West Dunbartonshire, almost 4% of young people were providing unpaid care compared to 2% in the least deprived.

The most accurate estimate suggests that around 7% of all young people in Scotland have caring responsibilities. Evidence reveals, young people become more involved in caring as they get older and young people in the most deprived areas provide the most care. Gender differences are more pronounced for young adult carers with female young adult carers more likely to report poorer wellbeing.

The differences in the intensity and type of care will have an impact on the extent to how caring affects young people's well-being and the implications for their education and employment. Understanding the profile of young carers has implications for ensuring that adequate and appropriate support is available for all young carers, and

particularly for considering the needs of those living in deprived areas who may be providing more care and more intensive care to cared-for people.

The data in the Strategic Needs Assessment suggests there are approximately 10,000 carers across West Dunbartonshire. However, the estimate from the 2013 General Household Survey indicates the number of carers in West Dunbartonshire may be closer to 13,000.

Carers Supported by WDHSCP
WDHSCP primarily provides support to carers through Caring Conversations and ACSPs (these are explained in more detail below). The number of each of these completed in 2018/19:

- Number of Tier 1 Caring Conversations taken place by HSCP Staff was 1200
- Number of Tier 2 ACSP's Completed by HSCP staff was 98

Further data will be available when the carers census data for 2019/20 is completed for the Scottish Government. This return has been suspended due to the Covid-19 pandemic

Carers Supported by Carers of West Dunbartonshire (CWD)
CWD is the organisation commissioned by the HSCP to work alongside other partners to support carers. Data from CWD show that in 2019/20 (1st April 2019 to 31st March 2020):

- Number of new carers identified = 391
- Total Number of carers supported = 1606
- Number of ACSPs completed = 155
- Male = 26% Female = 74 %
- Minority Ethnic Carers = 1%

Unmet Need among Adult Carers
Data from the Strategic Needs Assessment found that there are a higher proportion of adults who provide unpaid care (21.4%) in West Dunbartonshire in comparison to Scotland as a whole (18.5%). The data suggests there are approximately 10,000 carers across West Dunbartonshire. However, the estimate from the 2013 General Household Survey indicates the number of carers in West Dunbartonshire may be closer to 13,000.

While the majority of carers may be able to provide care without support from the HSCP or its partners, the data suggests there is a potentially large gap in terms of those providing unpaid care and those accessing support.

Young Carers

The term 'young carer' refers to children and young people aged 4-15 years. The term 'young adult carers' refers to people aged 16-24 years. In 2017 Scottish Government estimated there were approximately 29,000 young carers in Scotland.

Many young and young adult carers are juggling their caring roles alongside school, college, university or work. Maintaining friendships is a challenge for young carers with many unable to stay in touch with friends. This contributes to many feeling lonely and isolated. Alongside concerns about friendships, a significant number of young and young adult carers describe feeling disconnected and lonely.

Y-Sort-It is a third sector organisation who provides specialist support to young and young adult carers in West Dunbartonshire. Data from between April 2019 and March 2020 show:

- 133 young carers were being supported by Y-Sort-it
- YCS's were offered to all young people with 40/46 new carers accepting the offer.
- Age range of all young carers was 10-14yrs = 59; 15-20yrs = 71; 21 – 25yrs = 3.
- Gender of all young carers Male = 53 Female = 79 Non binary = 1.

Unmet Need among Young Carers

The extent of unmet need cannot be reported with high accuracy. However, given the disparity between estimated number of young and young adult carers in West Dunbartonshire and the number of carers known to services and receiving support, it is clear there remains work to do in identifying the number of young carers in West Dunbartonshire.

The HSCP remains committed to working with partners to achieve the outcomes throughout this strategy, including those outcomes regarding the identification of carers.

Understanding the Impact of Caring

The role of an unpaid carer can be wide and varied; each carer will be responding to a unique set of circumstances and they themselves will have their own unique circumstances. It is possible to consider the impact of caring across a number of standard areas of someone's life. The National Carer Organisations – which includes Carers Scotland, Carers Trust Scotland, Coalition of Carers in Scotland, Crossroads Caring Scotland, Minority Ethnic Carers of Older People Project, Shared Care Scotland and The Scottish Young Carers Service Alliance (hosted by Carers Scotland) – suggest seven areas of life which should be considered when thinking about the impact of the role of caring on carers (A Framework for National Eligibility Thresholds, National Carer Organisations, 2015). Although designed to consider eligibility, we mention the Framework here in order to highlight the potential impact of caring across carers lives. More detail on eligibility is provided in this Local Carers Strategy under the strategic priority of 'Inequalities'.

Each of the seven areas may not be impacted upon for all carers, and not every carer will be impacted upon to the same degree. The areas are relevant for consideration for all carers and in all circumstances and demonstrate the potential depth and breadth of the impact of caring.

Health
The impact of caring upon a carers health can be far-reaching. It could be short or long term, it could prevent them from enjoying a good quality of life or prevent them from undertaking their caring role. Regardless of the cause, it is important anyone with caring responsibilities feels able to look after their own health; being healthy themselves will undoubtedly help them in their caring role.

Emotional
Caring for someone can often be upsetting, particularly if the person is physically deteriorating or their personality is changing. Similar to physical health, good emotional wellbeing of carers undoubtedly helps when supporting and caring for others.

Finance
Caring can incur expenses. For example, the cost of transport and/or parking whilst attending medical appointments, buying specialist equipment or products, replacing clothing, or even doing more laundry all bring added expense. If the cared-for person was the main earner and their condition has meant that they have had to give up work this affects the overall household income.

Life Balance
Dedicating time to caring can mean that the carer often cannot find time to socialise or even just have some "me time" to do things that they want to do for themselves. Often carers put the needs of the cared-for person first and don't have the time or the energy to fully consider their own needs. Being able to combine caring with other interests and feeling that this is manageable is important for life balance and for emotional wellbeing.

Feeling Valued
It is important to recognise the expertise and experience gathered through a caring role. The contribution a single carer makes to a cared-for person can often be immeasurable from their perspective and, collectively, the impact carers make and the role they play across West Dunbartonshire is not underestimated. It will be important to draw upon carers' expertise in a respectful way and valuing the contribution they can make to, for example, the design of services for carers and for those of the people they care for.

Living Environment
Sometimes a carer's home is also where they provide support and care. In these situations it is important that the home meets both the needs of the cared-for person and the carer themselves. Having private space is also important for wellbeing and so too is having a home that lends itself to the care that requires to be provided. Where a carer lives separately from the person to whom they provide care, it remains important that their home meets their needs.

Future Planning
In some situations it can be difficult for a carer to make any plans whether these are short, medium or long term plans. This can be across a range of issues either for the carer themselves and their life, or in their caring role. Making career, educational plans or planning a social life can be difficult. Ensuring carers are skilled and able to continue to provide care as their cared-for persons needs evolve and circumstances change. Having plans for the future can provide optimism, hope and reassurance for the future.

Impact on Young Carers
Each of the areas of wellbeing noted above are applicable to young people, however a well-established model is already in place for considering and supporting young people's health and wellbeing. The Getting it Right for Every Child (GIRFEC) model proposes eight wellbeing indicators in a young person's life and include: safe, health, active, nurtured, achieving, respected, responsible and included (SHANARRI).

Children and young people have reported that conflicting emotions were linked to their caring role. Feelings of worry and loneliness, were mirrored with feelings of happiness and pride at being able to support a loved one.

Children and Young people identified concerns about bullying and a lack of understanding from both their peers and their teachers as barriers to young carers seeking support. There were also concerns around knowing where and from whom to seek support, and fears that they may be removed from their parents care or that they may be placed in residential care because of their caring role. Providing support to keep families together and working to ensure the whole family's needs are met is at the heart of our engagement with young carers.

The HSCP Strategic Priorities and Local Carers Strategy Outcomes

The HSCP has published its Strategic Plan 2019-22. Within the Strategic Plan, the HSCP makes the following commitment, “In accordance with the expectations of the Carers (Scotland) Act 2016, the HSCP and partner organisations are committed to ensuring better and more consistent support for carers and young carers so that they can continue to care, if they wish, in better health and to have a life alongside their caring commitments”.

To deliver the commitments made in the Strategic Plan, and through consultation with staff groups and local communities, the HSCP identified five Strategic Priorities. These provide the ‘golden thread’ that should weave through all of the Partnership’s work if it is to deliver its vision of “Improving lives with the people of West Dunbartonshire”.

Our Local Carers Strategy aims to deliver a set of outcomes during its lifetime which have been identified through collaboration and engagement with partners, HSCP employees and carers. Each of the outcomes below sits alongside one of the five HSCP Strategic Priorities. Some outcomes may cover more than one Strategic Priority but it features alongside the outcome to which it most strongly links. In this part of the strategy, each of the Strategic Priorities is described and linked to the work in supporting carers. The relevant outcome is noted at the end of each section.

The five Strategic Priorities and the associated Local Carers Strategy outcome(s) is provided in Table 2.

Table 2: Local Carers Strategy Outcomes and HSCP Strategic Priorities

HSCP Strategic Priority	Local Carers Strategy Outcome
Access	1. Carers’ awareness regarding the availability of short breaks and respite will increase 2. Carers will have access to a range of flexible options which will support a life alongside caring 3. The proportion of adult carers receiving HSC support in their own right by choosing SDS options 1, 2 or 4 will increase 4. The volume of information available to all carers via social media will increase 5. The volume of information for all carers accessed online will increase 6. The availability of information for all carers in print format will increase 7. All carers will feel listened to regarding their own outcomes and needs 8. Access to resources will be improved through the implementation

	of eligibility criteria
Early Intervention	9. Awareness of caring and the carer role will be raised among HSCP, voluntary and independent sector employees. 10. WDHSCP and partner agencies, including education, will increase the number of young carers identified 11. WDHSCP and partner agencies will increase the number of adult carers identified
Assets	12. ACSPs will be asset-based and outcome focused 13. YCSs will be asset-based and outcome focused 14. The number of HSCP staff trained in Equal Partners in Care will increase
Resilience	15. All carers with an ACSP will have robust emergency plans in place 16. The number of (adult) carers who feel able and willing to care (resilient) will increase 17. The number of young carers who feel able to care (resilient) will increase 18. The use of telecare options will increase
Inequalities	19. The proportion of young carers identified who are experiencing higher levels of deprivation will increase 20. The proportion of adult carers identified who are experiencing higher levels of deprivation will increase 21. The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will increase 22. Access to HSCP services will be more equitable through the implementation of eligibility criteria
Crosscutting	23. The HSCP and partners will ensure a Best Value approach to spend linked to the carers service and commissioning. All spend is recorded in a clear and transparent manner.

*we have used the terms 'all', 'adult' and 'young' to make distinctions between groups of carers where appropriate and will do so throughout the strategy.

There is a clear recognition that services across health, social care, education, and the third and independent sectors need to better support children, young people and adults in a caring role. This can be achieved through improving practices and culture, accountability, transparency and evidence-informed decision-making will all be vital to improving how we support all carers.

Each of the outcomes has clearly defined indicators which will report on the extent of which the outcome is being achieved. It is important that we can all see whether the strategy is delivering what it intended.

Further information on the Outcomes and Indicators and Governance and Implementation sections of this strategy.

Delivering health and social care services for our carers is no different to delivering health and social care services for any of our citizens insofar as we expect care to be delivered to a consistently high standard. To help with consistent standards of health and social care across Scotland, Scottish Government has provided National Health and Social Care Standards which set out the minimum standards people should expect when accessing health and social care. These include: dignity and respect; compassion; inclusive; responsive care and support and wellbeing. The successful delivery of our strategy will be anchored to these principles. Successful delivery of the strategy will support the achievement of the National Health and Wellbeing Outcome 6 , “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.”

The following section describes how the strategic priorities apply to carers and details the Local Carers Strategy outcome(s) related to that strategic priority.

Strategic Priority: Access

Information and advice
It is vital that carers have access to good information, timeous assistance and know how to access support. This is true both for carers known and unknown to social care or health care services. The HSCP is committed to ensuring that carers have access to advice, information and support.

Our main communications tool is through conversations with carers and through ACSP's/YCS's. These tools act as a way of identifying the outcomes carers hope to achieve, what barriers exist, and what support might be required to fulfil carer outcomes.

It is necessary to maintain a focus on the provision of timely, accurate and good quality assessment, information and advice, not only when someone is new to caring but also whenever information and advice is needed. WDHSCP and their key partners will ensure that there is a range of information and advice available in a variety of formats including in print and online. This information will be kept up-to-date and developed as appropriate to ensure all carers can access information and advice however it best suits their individual needs.

Assessment
All carers have the right to an assessment to identify what help they may need to continue in their caring role. The HSCP and partners are committed to working in a person-centred way that supports carers to look after their own health and wellbeing, including reducing any negative impact their caring role may have on their own health and wellbeing. Where appropriate, the HSCP will work with carers and families in a way that sustains them to continue to provide care in a safe way. Recognising the anxieties identified by young carers in particular it is important to emphasise that we aim to support young carers in a way that is safe, keeps families together and delivers outcomes for the whole family.

Assessment should be viewed as a meaningful and ongoing activity instead of a single or one-off event. The assessment also provides an opportunity to reflect on a carers situation and review what is working and what could work better.

WDHSCP has a responsibility to ensure that both carers and cared-for people receive an appropriate and proportionate assessment to identity the extent of their need in relation to their outcomes. The HSCP has a duty to support people to consider the needs, assets and risks of their situation and establish the extent to which the carer wishes and is able to be involved.

The following keys elements are essential to assessment:
- the person is listened to with the overall purpose of establishing their outcomes and needs
- appropriate pace and time are given to the assessment process
- recognition is given to the individuals strengths and limitations and the assets that exist in their immediate network and wider community
- reflective, accurate and appropriate recording

In West Dunbartonshire the HSCP operates a two tier process of assessment as per Table 3. All carers will be offered support based on their assessed need and the personal outcomes identified by the carer and the assessor during the assessment process. This support may range from or combine signposting to other universal services through to accessing HSCP services in their own right.

Adult Carers can self-refer directly to the HSCP or CWD and request that an ACSP be carried out. Similarly, young carers can directly refer to the HSCP or Y-Sort-it and request a YCS. ACSP's can only be completed by the HSCP or CWD when the cared for person lives in West Dunbartonshire.

In addition, if a cared for person is being assessed by a HSCP employee and the carer is identified during this process, they should be offered an ACSP or a YCS or be sign posted to CWD or Y-Sort-it.

If the young carer is a pre-school child, the health board for the area in which the child resides is responsible for the preparation of the YCS. If the young carer is not a pre-school child, it is the Local Authority for the area in which the child resides that is responsible for the preparation of the YCS. In West Dunbartonshire, the third sector organisation Y-Sort-It is the lead organisation for YCS's, though it is not exclusively their responsibility. If for example, another professional has a good relationship with a young person they could complete the YCS with support from Y-Sort-It.

The Assessment process is central to identifying carers needs and to putting the correct support in place to meet the carer's identified personal outcomes.

The Carers (Scotland) Act 2016 does not prescribe specific timescales for assessments to be completed. In West Dunbartonshire, the timescales for completion of an ACSP or YCS will vary depending on the urgency, complexity and risk factors of individual cases.

The preparation of the ACSP or YCS will always be prepared timeously with a focus on achieving the right outcomes for the carer based on their individual situation rather than adherence to a particular timescale. Young carers and their families assessment will cover both individual and family needs.

Eligibility Criteria for Carers

The HSCP is legally required to implement local eligibility criteria in relation to carers services. This is to ensure that support for carers is as transparent, equitable and consistent as possible. Eligibility criteria will support carers to access the right support from the right place, proportionate to their needs, risks, strengths and outcomes.

The National Carer Organisations have published A Framework for National Eligibility Thresholds (National Carer Organisations, 2015). This Framework suggests support should be accessible in tiers, and includes the breadth of services available, ranging from self-help and mutual aid/peer support to universal services and through to more specialist support.

At the time of writing, an eligibility framework similar to that suggested by the National Carer Organisations is **not** in place in West Dunbartonshire. As part of this strategy and during its lifetime, we commit to reviewing our current eligibility criteria

for carer support in collaboration with carers and partners to design equitable access to proportionate services and supports based upon an assessment of risks, needs, strengths and outcomes.

Table 3: Carers Assessment Process

Step 1 Tier One	Carer Conversation is recorded within the cared for persons Single Shared Assessment (SSA)	Workers should speak with the carer and record the details within the SSA for the cared for person which should then be input into Carefirst. This conversation and subsequent record will contain relevant questions around the caring role that the carer is undertaking detailing the type of support being provided by the carer. The final question will be - Is there a requirement for an ACSP or YCS? If the answer to this is YES the worker (HSCP professional should then move onto completing a Tier 2 ACSP).
Step 2 Tier Two	ACSP's or YCS's	Tier 2 ACSP's or YCS's should be completed after a Tier 1 Carer Conversation has taken place and it has been identified that the carer needs (or has requested an ACSP. The Tier 2 form will contain more detail than the initial Tier 1 Carer Conversation within the SSA for the cared for person and will detail the support required for the carer and the personal outcomes that the carer wants to meet. This form will be uploaded into Carefirst. What support is required from: • statutory sector • third sector • independent sector • Self-management / social prescribing?
Step 3 Outcomes	ACSP's or YCS's	Will be captured by the Tier 2 ACSP or YCS as above. What level of support will be provided by: • statutory sector • third sector • independent sector
Step 4	Self-Directed Services	Workers will explain how carers can have their support arranged i.e. the 4 self-directed support options and will assist the carer to choose from the 4 Self Directed

Service		Support options available.
Step 5 Service Review	ACSP's or YCS's	The Tier 2 ACSP or YCS will remain in place until a review is undertaken. Review of support will normally take place annually **or** when there has been a significant change to the carers or to the cared for persons circumstances. The review of the ACSP or YCS can be done by statutory services or third sector partners.

GP Referral Process
Every HSCP within Greater Glasgow and Clyde Health Board has the ability to refer carers directly from their GP practice. GPs and other primary care staff can quickly, and with the carers consent make an online referral direct to CWD or Y-Sort-it, depending on the age of the carer.

Self-Directed Support
The HSCP works with service users to offer more flexibility, choice and control over their support so that they can live independently at home. Local services create arrangements which will facilitate more choice and control over service provision and promote the opportunities for patients and service users.

This will include supporting individuals to access these services flexibly and creatively via Self-Directed Support (SDS) options. If assessed as eligible for this level of support, carers are able to use SDS to access health and social care for themselves in their own right not, for example, for the cared-for person but for the carer themselves. More information on Self-Directed Support is available here.

Short Breaks
A short break can take any number of forms in order to achieve the carer's desired outcomes. The short break allows carers to have a life outside or alongside their caring role, and is beneficial to their health and wellbeing. This can also benefit the cared-for person and other family members and may strengthen the caring relationship
.
WDHSCP is committed to providing flexible short breaks to carers to ensure that they can have time away from their caring role and are able to continue. WDHSCP will promote an individual, creative, personalised, person centred approach to short breaks that will meet the individual nature of the needs of each carer (and the cared for person).

The purpose of a short break is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members involved in the caring situation. Although there are important distinctions to be drawn between young carers, young adult carers and adult carers, there are similarities in the caring experiences. It is also recognised that breaks from caring responsibilities are key to carers of all ages. The type of short break taken must be based on the personal outcomes that the carer wants to achieve as detailed in their ACSP or YCS. Short breaks exist that suit all age groups but are specific and person centred to

meet the needs of each individual carer. WDHSCP is committed to ensuring that short breaks are for every type of carer regardless of their age.

More information on short breaks can be found here.

The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Access:

Carers Strategy Outcomes
1. Carers' awareness regarding the availability of short breaks and respite will increase
2. Carers will have access to a range of flexible options which will support a life alongside caring
3. The proportion of adult carers receiving HSC support in their own right by choosing SDS options 1, 2 or 4 will increase
4. The volume and quality of information available to all carers via social media will increase
5. The volume of information for all carers accessed online will increase
6. The availability of information for all carers in print format and other languages will increase
7. All carers will feel listened to regarding their own outcomes and needs
8. Access to resources will be improved through the implementation of eligibility criteria

Strategic Priority: Early Intervention

Identification of carers is a key focus for the HSCP. Only by effectively identifying carers can support be sought and offered. It is well documented that many carers do not recognise themselves as carers. Therefore providing a variety of information is vital to ensuring there are more opportunities for people in West Dunbartonshire to identify themselves as carers and recognise the support they can access.

Identifying carers and asking them to identify themselves is dependent on carers and services recognising:

- caring activities can often be seen part of an existing relationship for example a. friend, family member and the term 'carer' can seem alien to them
- caring often starts at a low intensity so can often go unnoticed
- accepting the identity of carer means acknowledging the other person needs care, which can be difficult for all concerned
- there may be a general lack of awareness of the role of a carer

The HSCP shares a responsibility with partners to ensure practitioners and staff are able to identify carers, and work alongside them where appropriate.

The HSCP also has a responsibility to inform carers of their right to identify themselves as a carer if they wish and what this would mean for them. Support for carers is available but if someone doesn't recognise their caring role they might not be aware of the available support.

To provide support, specifically early intervention, identification of carers must be efficient and effective, and done in an empathic and compassionate way. The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Early Intervention:

Carers Strategy Outcomes
9. Awareness of caring and the carer role will be raised within HSCP, and third and independent sector staff
10. WDHSCP and partners agencies, including education, will increase the number of young carers identified
11. WDHSCP and partner agencies will increase the number of adult carers identified

Strategic Priority: Assets

Taking an assets or strengths-based approach is something that has been discussed and implemented to varying degrees in health and social care for some time. Many people often find it difficult to talk about their strengths, to discuss what they're good at and to describe their skills and assets. The HSCP is committed to taking an assets-based approach across its services and through its assessments and interventions, empowering people to live well and to prevent, reduce or mitigate threats to health and quality of life.

Generally, traditional approaches to health and social care, and how carers are supported, involve identifying conditions, symptoms, and trying to reduce these. Known as a deficit-based approach, this is only part of the approach required to delivering effective care and support. In addition to reducing deficits and risks, it is important to clearly and deliberately identify strengths and assets. Starting with what is strong rather than with what is wrong can often lead to different outcomes and interventions. By systematically identifying assets through our approach to assessment and care planning we will increase the consistency with which an asset-based approach is taken.

The HSCP recognises in the overarching Strategic Plan that staff are our greatest asset. The role of unpaid carers is also a significant asset to the HSCP. When considered in monetary terms, the Office for National Statistics suggested typical unpaid adult carers in the UK provides care worth an estimated £56.9 billion a year. On a more personal level, the extent to which unpaid carers are considered an asset from the perspective of cared-for people is immeasurable.

By working collaboratively, staff and carers can achieve positive outcomes for carers and cared-for people. Working collaboratively with carers will involve supporting carers to participate in strategic planning and service delivery where possible. The Inequalities Strategic Priority, and providing person-centred support for carers. Two key aspects of working in closer and more effective partnership will involve the use of ACSP's and YCS's, and staff training in Equal Partners in Care (EPiC).

Our approach to assessing carers needs involves offering all carers an ACSP or YCS. These will be offered to all carers identified by the HSCP and partners. They can also be requested by carers who, may not be in regular contact with services but would like to discuss possible support options. The approach to undertaking ACSP's and YCS will be more asset-based; recognising the reason support is needed will remain central to any assessment and support plan but clearly focussing on strengths and assets will provide a holistic, balanced and person-centred approach. To ensure the assessment tools are best suited to this task, the HSCP will review and, if required, develop new tools to facilitate assessment and support planning as well as review the process described in Table 3 (above) for implementing these.

A key stage for young carers is when they transition from being a young carer to an adult carer. This age group is often characterised by life transitions, starting college, university or work and perhaps living away from home. These may impact upon and change their caring role and the need for support. The HSCP is committed to

ensuring this is reflected in the YCS. The YCS is considered relevant until an ACSP has been completed.

Equal Partners in Care - EPiC

To facilitate person-centred, asset-based and effective support for carers, relevant HSCP staff will be supported to undertake Equal Partners in Care (EPiC) training. EPiC is a learning resource for health and social care staff which aims to help staff to have better communications and interactions with all carers. The aim is to make a positive difference and improve outcomes for carers and the people they care for. EPiC is underpinned by six core principles which are aligned to our strategic approach to supporting carers and include:

- carers are identified
- carers are supported and empowered to managing their caring role
- carers are enabled to have a life outside of their caring role
- carers are fully engaged in the planning and shaping of services
- carers are free from disadvantage and discrimination in relation to their caring role
- carers are recognised and valued as equal partners in care.

Training in EPiC, delivering strengths-based assessment and support planning, and closer collaboration between staff and carers at various levels will help us develop and deliver our asset-based approach. The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Assets:

Carers Strategy Outcomes
12. ACSP's will be asset-based and outcome focused
13. YCS's will be asset-based and outcome focused
14. The number of HSCP staff trained in EPiC will increase

Strategic Priority: Resilience

Resilience refers to the ability to cope in the face and in the aftermath of adversity. This can be important for many carers who may find their caring role to be challenging. Factors that hinder resilience in individuals include unmanageable relationship pressures and levels of stress, which can be commonly be associated with those in a caring role. Other factors include limited opportunities for social interaction, lack of support from family and friends and lack of knowledge and information. To build resilience in carers these factors must be addressed.

People generally have different levels of resilience, and the same person may feel more or less able to cope on different days. Resiliency in carers is important; everyone can struggle at some stage in their caring role. The support that is offered to carers at all stages in their caring role, not just the difficult times, often brings carers through the most challenging times and helps sustain them in their caring role. WDHSCP is committed to building the resilience of carers and supporting them in a way that best suits individual carers needs and strengths. Resilience has been linked to quality of life and things that support it can include: feelings of social connectedness; opportunities for social participation; drawing on previous successes to help tackle future challenges; routine problem solving, and recognising when support is required, where and how to access it.

WDHSCP and partners will build resilience and capacity in carers by enhancing community level social supports, improving family relationships, and promoting good working relationships with health and social care professionals through the use of our ACSP's and YCS's. Working with carers, and where they agree support is required, the HSCP and partners can seek to strengthen carer social participation and assist to improve family relationships. Carers can be offered emotional support and access to peer support groups; contact with others in similar positions can assist carers to speak with someone who understands and can identify with what a caring role entails. Carers can be supported to reduce loneliness by developing a network of connections. WDHSCP and partners will also work to remove stigma and negative attitudes associated with the caring role whenever possible.

The completion of an ACSP or YCS will detail the needs and strengths of each individual carer and support will be put in place to help meet personal outcomes of the carer. All support offered will ensure the resilience of the carer is addressed and built upon to ensure they can be supported to sustain their caring role as long as they are willing to do so.

This may include the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. It may involve building and strengthening personal attributes and putting in place supportive relationships or community resources. It could also mean increasing the carers ability to remain psychologically and physically healthy.

Every carer and their needs are unique, there is no one-size-fits-all solution but the ACSP's and YCS's will ensure that carers are given opportunities for personal growth. A focus on self help and positive coping styles will be promoted to help mitigate the impact of stress on carers' health and wellbeing. Social support, engagement in pleasant activities, short breaks, enhancing self esteem along with

positive emotional support are all factors which may help reduce the effects of stress in carers. Young carers support provided must allow the young person to have a childhood similar to those young people who do not have caring responsibilities. It is important that young carers are not disadvantaged due to their caring role.

The completion of an ACSP includes a section on Emergency Planning. Carers have told us that completion of this section very often alleviates anxieties and worries around what would happen to the person they care for if something happened to the carer and they were unable to carry out their caring role.

Carers feeling able to cope with their caring role can be improved through the use of technology. Telecare is a system of sensors in the home which can detect household dangers like fires and floods, or risks to older and disabled people, who may fall or leave the house alone. When a risk is detected the sensors alert a monitoring centre that can contact family members, care professionals or the emergency services for assistance. Telecare is not only used to summons help in an emergency the service can also provide reassurance for an older or disabled person and peace of mind for their family to members who live alone. Research by Carers UK found telecare gave many carers peace of mind and helped them stay in or return to work alongside their caring role.

The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Resilience:

Carers Strategy Outcomes
15. All carers with an ACSP will have robust emergency plans in place
16. The number of (adult) carers who feel able and willing to care (resilient) will be increased
17. The number of young carers who feel able to care (resilient))will increase
18. The use of telecare options will increase

Strategic Priority: Inequalities

Health Inequalities

Public Health Scotland explain that health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. Health inequalities go against the principles of social justice because they are avoidable and do not occur randomly or by chance. Health inequalities are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer and healthier lives.

The existence of health inequalities in Scotland means the right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population.

Health inequalities are a result of the uneven distribution of wealth, income and power. This impacts on the availability of good housing, education and work opportunities. These environmental factors influence people's individual experiences of low income, discrimination, poor housing and access to health services.

Local Impact and Action

The West Dunbartonshire Strategic Needs Assessment states, "One of the most persistent and important challenges faced in West Dunbartonshire are inequalities between the health of people living in the most and least disadvantaged circumstance. People experiencing disadvantaged life circumstances are more likely to develop a long term condition at an earlier age, experience more health problems during their lives and have shorter lives". The Needs Assessment suggests the difference in life expectancy between those in the most and least deprived areas can be as much as 6 years whilst other data suggests it could be even higher than this.

Given the negative effects of health inequalities are experienced most acutely in the areas where people experience higher levels of deprivation. The need for carers is greater in these areas and people experiencing the negative effects of inequalities leads to more need for a carer. Carers are often family members or close friends in physical as well as emotional terms, meaning the need for care is often being met by other people who are experiencing the negative consequences of health inequalities. We have identified an outcome for this strategy that, in addition to increasing the overall number of carers identified, aims to increase a proportion of carers identified as experiencing higher levels of deprivation.

The HSCP is legally required to implement local eligibility criteria for carers services and social care services more broadly. This ensures all carers receive equitable and proportionate support based on their needs, assets, risks and outcomes. Our knowledge of people from areas experiencing higher levels of deprivation being disproportionately affected by health inequalities, the HSCP will assertively identify and engage with carers experiencing deprivation. The HSCP will engage with carers across the whole population, particularly as health inequalities are experienced in a gradated way. The HSCP will work in a way that reflects the public health principle of proportionate universalism – different approaches, within practical and practicable limits, will be taken to engage and support people proportionate to their needs.

In its work to reduce the inequalities in power, and linked to work on the strategic outcome 'Assets' regarding EPiC, the HSCP will provide support to carers to become more involved in policy, service design and delivery. We will include carers and building on the existing representation of carers on the CDG, working with services to ensure carers voices are heard and actioned as well as considering other governance structures where carers representation is required. Support for carers to actively participate in these opportunities will be developed with the aim of increasing the representation of carers views across the HSCP and to work collaboratively to problem solve and make decisions and drive improvements in services .

While the main driver of health inequalities is socio-economic status, people may experience inequalities and discrimination for a variety of reasons. To protect carers, this strategy has undergone an Equalities Impact Assessment (EIA) which has been published here: http://www.wdhscp.org.uk/media/2161/eqia-carers-strategy-published-march-2019.pdf. An EIA allows for the review of a policy or strategy and to consider its impact upon characteristics or groups protected under the Equalities Act 2010. The Act provides protection against discrimination based on the following nine protected characteristics: race, gender, sex, gender reassignment status, sexual orientation, marital/civil partnership status, age, religion or belief, disability, and pregnancy/maternity. The EIA for this strategy produced an action plan. The EIA action plan will be included in the action plan for the implementation of the strategy which, with support from others, will be developed and overseen by the West Dunbartonshire CDG.

The following Local Carers Strategy outcomes will support the delivery of the HSCP Strategic Priority of Inequalities:

Carers Strategy Outcomes
19. The proportion of young carers identified who are experiencing higher levels of deprivation will increase
20. The proportion of adult carers identified who are experiencing higher levels of deprivation will increase
21. The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will increase
22. Access to HSCP services will be more equitable through the implementation of eligibility criteria

Financial Information

This LCS aims to deliver a series of outcomes to help achieve the National Health and Wellbeing Outcome 6, “People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being”. It is important that our financial decision-making is conducive to achieving the LCS outcomes and the National Health and Wellbeing Outcome.

Since 2017/18 the Scottish Government has allocated funding for the implementation of the Carers Act 2016 through its annual financial settlements to both Local Authorities and NHS Health Boards, with the recommendation that this funding was transferred to HSCP’s. Table 4 shows the allocation of funding since 2017/18

Table 4: Funding Allocation since 2017/18

Financial Year	Scotland (£m)	WDC (£m)	Detail
2017/2018	2.0	0.039	In 2017/18 the Scottish Government allocated a total of £107m to support health and social care integration. Of this total £2m was identified as a one off to support the implementation of the Carers Act. The HSCP’s share of this amounted to £0.039m.
2018/2019	19.0	0.340	In 2018/19 the Scottish Government increased its investment in Integration by £66m and of this total £19m was to be directed to the enactment of the Carers (Scotland) Act from 1st April 2018. The HSCP’s share for 2018/19 was £0.340m.
2019/2020	10.5	0.177	In 2019/20 the Scottish Government increased its investment in integration by £148m and of this total £10.5m was to be directed towards continued implementation of the Carer’s (Scotland) Act. The HSCP’s share for 2019/20 was £0.177m.
2020/2021	11.6	0.200	In 2020/21 the Scottish Government increased its investment in integration by £96m and of this total £11.6m was to be directed towards continued implementation of the Carer’s (Scotland) Act. The HSCP’s share for 2020/21 was £0.200m.
Total	**43.1**	**0.756**	

It is currently unknown if further funding from the Scottish Government will be included in the 2021/22 budget settlement. Every public body in Scotland has a duty to deliver Best Value, and for Local Authorities it is a statutory duty. The duty of Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public. Subsequently, Best Value is the focus of the outcome in this section of

the strategy and it cuts across the whole strategy; resources must be used in a way that is both consistent with the duty Best Value as well as delivering the other outcomes within the LCS. More information on Best Value and how it is inspected can be found on Audit Scotland's website: Audit Scotland: Best Value.

Carers Strategy Outcome
23. The HSCP and partners will ensure a Best Value approach to spend linked to the carers service and commissioning and that all spend is recorded in a clear and transparent manner.

Outcomes and Indicators

Table 5 shows the initial indicators to be considered and, in some cases developed, by the CDG to evidence the extent to which the Local Carer Strategy Outcomes are being achieved. Over time, actions and indicators may require to be developed and updated. The outcomes will remain the same until the strategy reaches its review date.

Table 5: Local Carers Strategy Outcome and Indicators

Local Carers Strategy Outcome	Indicators
HSCP Strategic Priority – Access	
1. Carers' awareness regarding the availability of short breaks and respite will increase 2. Carers will have access to a range of flexible options which will support a life alongside caring	1. Number of carers reporting they are aware of short breaks and respite availability 2. Number of requests for short breaks and respite 3. Proportion of requests for short breaks and respite approved
3. The proportion of adult carers receiving HSCP support in their own right by choosing SDS options 1, 2 or 4 will increase	1. Number of carers opting for Option 1 Self Directed Support 2. Number of carers opting for Option 2 Self Directed Support 3. Number of carers opting for Option 3 Self Directed Support 4. Number of carers opting for Option 4 Self Directed Support
4. The volume of information available to all carers via social media will increase	1. Number of posts by CWD, Y-Sort-It and HSCP/WDC on twitter and facebook
5. The volume of information for all carers accessed online will increase	1. Number of hits on website 2. Number of resources online
6. The availability of information for all carers in print format will increase	1. Number of outlets where info is available
7. All carers will feel listened to regarding their own outcomes and needs	1. Carers report that they feel listened to as part of the ACSP and YCS process
8. Access to resources will be improved through the implementation of eligibility criteria	TBC: review of criteria required which will inform any indicators.
HSCP Strategic Priority – Early Intervention	
9. Awareness of caring and the carer role will be raised among HSCP, voluntary and independent sector staff	1. Number of awareness raising sessions 2. Breakdown of staff by organisation who attended sessions 3. Pre and post session evaluations re awareness
10. WDHSCP and partner agencies, including education, will increase the number of young carers identified	1. Number of YCS completed 2. Number of YCS completed by organisation

	3. Number of young people who have declined a YCS
11. WDHSCP and partner agencies will increase the number of adult carers identified	1. Number of ACSP completed 2. Number of ACSP completed by organisation 3. Number of carers who have declined an ACSP
HSCP Strategic Priority – Assets	
12. ACSP's will be asset-based and outcome focused	1. Work required to develop appropriate indicator
13. YCS's will be asset-based and outcome focused	1. Work required to develop appropriate indicator
14. The number of HSCP staff trained in EPiC will increase	1. Number of HSCP staff trained in EPiC 2. Number of partner organisation staff trained in EPiC
HSCP Strategic Priority – Resilience	
15. All carers with an ACSP will have robust emergency plans in place	1. % of ACSP with emergency plans in place
16. The number of (adult) carers who feel able and willing to care (resilient) will increase	1. % of adult carers who feel they are able and willing to care when asked as part of their ACSP
17. The number of young carers who feel able to care (resilient) will increase	1. % of young carers who feel they are able to care when asked as part of their YCS
18. The use of telecare options will increase	1. Number of telecare options available 2. Uptake of various telecare options increases
HSCP Strategic Priority – Inequalities	
19. The proportion of young carers identified who are experiencing higher levels of deprivation will increase	1. Young carer postcode data (not all people living in areas of high levels of deprivation are 'deprived')
20. The proportion of adult carers identified who are experiencing higher levels of deprivation will increase	1. Adult carer postcode data (not all people living in areas of high levels of deprivation are 'deprived')
21. The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will increase	1. Number of carers involved in various work streams
22. Access to HSCP services will be more equitable through the implementation of eligibility criteria	1. Development and implementation of eligibility criteria 2. Monitoring and evaluation of implementation of criteria
HSCP Strategic Priority – Crosscutting	
23. The HSCP and partners will ensure a Best Value approach to spend linked to the carers service and commissioning and that all spend is recorded in a clear and transparent manner	1. Development of a clear approach to recording spend 2. Monitoring of spend as part of the monthly financial reporting processes.

Governance and Implementation

Governance

The implementation, monitoring and evaluation of the LCS is overseen by the CDG. This is a multi agency group, which includes carers representatives, and key partners such as CWD, Y-Sort-It, and Educational Services. The group is also supported by HSCP personnel including Finance and Strategy to facilitate a broad representation of views in decision-making.

The CDG is accountable to the HSCP Strategic Planning Group (SPG) and the HSCP Board (HSCPB), through regular reporting of performance.

The CDG has been involved in the preparation of this strategy and has a Terms of Reference which supports and facilitates its role.

The CDG has the following remit:

- Lead role in the implementation and monitoring of the Local Carers Strategy;
- Report on the related performance of the Local Carers Strategy;
- To oversee the deployment of Carers Act funding in a way that is commensurate with achieving the Local Carers Strategy outcomes; and
- To identify and share opportunities for collaboration and, where appropriate, funding opportunities to support the delivery of the Local Carers Strategy

Implementation of the Strategy

The CDG is responsible for developing and reviewing an action plan to deliver the outcomes identified in this strategy. As part of their planning process, it is likely that the group will identify new indicators for outcomes and new methods of collecting data to measure implementation and impact of the strategy. It is anticipated that by December 2020 an action plan with finalised outcomes and indicators will be available on the HSCP website.

As a minimum, the CDG will report and publish monitoring and evaluation data regarding the implementation and impact of the LCS to the SPG annually and escalated to the HSCPB where required.

Services for Carers in West Dunbartonshire

Some examples of services available for carers are provided below. This is not an exhaustive list of all services available, nor is it an exhaustive list of the things these services do. It is provided as an indication of what is available. For more information on services for carers, please visit the HSCP website page: Services for Carers.

WDHSCP
The HSCP can provide the following support where appropriate:

- Assessment and support to develop an ACSP / YCS
- Access to respite and short breaks
- Access to Self Directed Support
- Advice and signposting to other services

More information and contact details for HSCP services can be found on the HSCP website: http://www.wdhscp.org.uk/

Carers of West Dunbartonshire
CWD is commissioned by the HSCP to provide a wide range of support for local adult carers. Support includes but is not limited to:

- Assessment and support to develop an ACSP
- Carer health and wellbeing self management
- Emotional support
- Hospital discharging arrangements
- Advocacy
- Signposting and support to access other services

CWD contact details:
Website: http://www.carerswd.org
Tel: 0141 941 1550.
Address: 84 Dumbarton Road, Clydebank.

Y-Sort-It
Y-Sort-It is an innovative youth project that provides information and support to young people between the ages of 12 and 25 in West Dunbartonshire. Support and services available to young carers includes but is not limited to:

- Assessment and completion of YCS's
- Accessing relevant information and support to understand information
- Provide on-going support and advocacy where required
- One to one, drop-in and group support
- Transition from youth to adult services (support from being a young carer, to a young adult carer, to an adult carer)

Y-Sort-It contact details:
Website: info@ysortit.com
Tel: 0141 941 3308

Address: 5 West Thomson Street, Clydebank, G81 3EA

West Dunbartonshire Community Volunteering Services - WDCVS

West Dunbartonshire Community Volunteering Service (WDCVS) is a social action support agency and the recognised Third Sector Interface (TSI) for the Local Authority area, working to ensure that the community and third sector is recognised as strong, vital and resilient, and is valued for its delivery of positive outcomes for local people and resilient communities.

In addition to the TSI role, WDCVS co-delivers two 'social prescribing' services. The Link-Up service and ACCESS Gateway services signpost and support citizens to a range of opportunities to support their health and wellbeing.

WDCVS contact details:
Website: www.wdcvs.com
Tel: 0141 941 0886
Address: Unit1, Arcadia Business Park, Miller Lane, Clydebank

West Dunbartonshire Macmillan Carer Services

Macmillan offer support to those with cancer and their loved ones through every step of their journey. If you are caring for someone with cancer, you can contact West Dunbartonshire Macmillan Carer Services for person-centred support. Macmillan can provide or link you with a range of services to provide, for example, emotional support, practical support, access to support groups and more.

West Dunbartonshire Macmillan Carer Services contact details:

Website: https://www.macmillan.org.uk

Tel: 01389 776439

Email: catherine.barry@west-dunbarton.gov.uk

Other Support

The services above have expertise in supporting carers and, in most cases, provide services exclusively tailored for carers. Carers may also require support from other services including but not limited to: citizen's advice, housing, energy, benefits or financial advice teams, and mental and physical health services. Each of the specialist services noted above are able to link carers with any of these services should that support be required.

Carers Development Group Terms of Reference

West Dunbartonshire Health and Social Care Partnership

Carers Development Group

Draft Terms of Reference July 2020

Aim of the Group
The Carers Development Group will bring together representatives from across the Health and Social Care Partnership and partners, including carers, to lead on the development of Carer related issues.

Purpose of the Group

- Implement and ensure compliance with the Carers (Scotland) Act 2016
- Continuously improve and develop the support services available to adult and young carers in West Dunbartonshire

Remit of the Group

- Assume a lead role in the implementation and review of the Local Carers Strategy
- Monitor the implementation and report on the related performance of the Local Carers Strategy
- To oversee the deployment of Carers Act funding in a way that is commensurate with achieving the Local Carers Strategy outcomes
- To identify and share opportunities for collaboration and, where appropriate, funding opportunities to support the delivery of the Local Carers Strategy

Membership
Membership include representation from:

- HSCP Senior Manager (Lead)
- Representation from all service areas across HSCP
- Education Representative
- Respite Co-ordinator
- Finance Representative
- Performance Team Representative
- Carers of West Dunbartonshire Representative
- Y Sort-it Representative
- 2 x Adult carer reps with appropriate caring experience*
- 2 x Young carer reps with appropriate caring experience*

*support and training will be provided where necessary to develop capacity required to undertake role

Members, via the Chair or at the request of the Chair, will have the ability to request the attendance of other representatives for specific support when required. For example, but not limited to, welfare rights organisations, Housing, WDCVS.

Responsibilities
Members are expected to:

- Attend all meetings or send a suitably briefed substitute with authority to make any decisions where appropriate

- Draw upon experience and expertise to contribute to and develop work streams where appropriate, ensuring decision making is transparent and evidence-informed
- Effectively represent their organisation and / or stakeholder group, ensuring communication flows both from and to the CDG efficiently and effectively
- Effectively represent their organisation / stakeholder group by regularly appraising the CDG of relevant developments and opportunities
- To declare and record as appropriate any conflict of interests as and when they arise and take appropriate action e.g. recuse from decision-making.

Accountability

- The group is accountable to the Health and Social Care Partnership Strategic Planning Group (SPG) and the Health and Social Care Partnership Board (Integrated Joint Board). The HSCP Board is responsible for all health and social care services in West Dunbartonshire. It is tasked with publishing and implementing a strategic plan. To support this work, the Board has a Strategic Planning Group. The SPG's role is to ensure all strategy work across the HSCP aligns to the HSCP's strategic direction and priorities. Consequently, as the group responsible for the delivery of the Local Carers Strategy, the CDG will report to the SPG and the HSCP Board.

Meetings

- The group will be chaired by Val Tierney, Chief Nurse and vice chaired by (TBC)
- Meetings will take place every 2 months, dates to be set for a year in advance
- Meetings will take place at times that allows Young Carers to be present (i.e. outwith school hours)
- The HSCP will provide personnel to record a minute of each meeting and support circulation of relevant papers
- Agenda items and relevant papers will be circulated at least 7 days prior to the meeting
- Minutes will be circulated no later than 7 days after the meeting

West Dunbartonshire Council | NHS Greater Glasgow and Clyde | West Dunbartonshire Health & Social Care Partnership

EQUALITY IMPACT ASSESSMENT FORM – LOCAL CARERS STRATEGY 2019-2022

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:	HSCP Carers Strategy 2019-22
Lead Team & other departments/sections/ partners involved:	West Dunbartonshire HSCP Strategy Planning and Health Improvement Team
Responsible Officer	Margaret Jane Cardno from April 2020
Impact Assessment Team	Jonathan Hinds, Julie Lusk, Jo Gibson, Karen Marshall, Wendy Jack , Ailsa King, Kim McNab
Is this a new or existing	New carers strategy replacing previous carers strategy
Start date: (the assessment should be started prior to PFD development/drafting or at the early stages of review): August 2018	
End date (this should allow for the assessment to inform decision-making): April 2019	
What are the main aims of the **PFD**?	To provide a framework for the implementation of the new Strategy for Carers 2019-2022 within West Dunbartonshire and across all services.

Appendix 3

	To identify both adult and young carers living within our communities To understand the care that they provide and their support needs To provide comprehensive and easily accessible information and advice on the type of support available as well as how and where to get it
Who are the main target groups/ who will be affected by the **PFD**?	Adult and young carers across 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	The HSCP has continued to engage and build relationships with carers through existing forums, local and national carers' organisations and carers groups over a number of years. A consultation period using a range of methods was undertaken to support the development of the Strategy for Carers 2019-2022– to identify key themes and areas of concern from carers. Members of the Carers Development Group were consulted on the development of the Carers Strategy and on the subsequent EQIA. HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf

	HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/ Challenges with identification of Ethnic minority carers within an overall small ethnic minority population Older male carers and Young carers https://carers.org/country/carers-trust-scotland less likely to access services
Research and relevant information	Guidance on the development of the Strategy for Carers is available from The Scottish Government and this information was used to support the development of the Strategy for Carers • Local and national information that Ethnic minority carers ,Older male carers and Young carers less likely to identify as carers and access support . • Young adults carers (aged 16-25) were identified as needing transitional support. • Strategic Needs Assessments for both Integrated children's services and adults and older people • Briefing sheet on Carers and Equalities https://www.vocal.org.uk/wp-content/uploads/2018/05/MECOPP-Briefing-Sheet-10-1.pdf
Officer knowledge	Officers involved in the EQIA have substantial knowledge of delivery of a range of services, including those for carers, as managers from across health and social care. Officers have also undertaken EQIA training from both NHS Greater Glasgow and Clyde and West Dunbartonshire Council.
Equality Monitoring information – including service and employee monitoring	West Dunbartonshire Council and NHS Greater Glasgow and Clyde both report on and publish this data on an annual basis. Both organisations also monitor its employees by disability, gender and age. Data from Carers Centre and Y Sort it suggests lower access for support by older male carers, and young carers which is in contrast to the proportion of carers expected in the population.
Feedback from service users, partner or other organisation as relevant	Members of the Carers Strategy Group were consulted on the development of the Strategy for Carers and on the subsequent EQIA. The needs of individual carers will continue to change as the health of the population changes e.g. the needs of older carers who are caring for someone with dementia.

Other	
Are there any gaps in evidence? Please indicate how these will be addressed	
Gaps identified	One of the key outcomes of the Strategy for Carers is the development of workstreams to collate and analyse data from a range of national and local sources. There is a lack of detail on specific groups of carers for example LGBT, gypsy travellers and BME communities. One of the challenges for West Dunbartonshire is the demographic make-up of our community as there are small populations of hard to reach groups Limited information in relation to the particular needs of LGBT , Gypsy/traveller carers
Measure to address these	Encouraging national and local organisations to collate and share information and data
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
General public consultation with older people (specific questions around carers)		From all the initial pre-consultation preparation with existing stakeholders, levels of satisfaction with current services have been high, There is also a need to ensure that wider issues affecting carers are included within the debate for example suitability and availability of housing, access to transport, leisure services and worklessness.	Race

Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Sex
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Gender Reassignment
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-	Disability

	May 2017	engagement-network/local-engagement-network-workshops/	
Y Sort it Management Group Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	Need to continue to identify young carers and ensure that the mental health needs of young carers are met. HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Age
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Religion/ Belief
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Sexual Orientation
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks	Civil Partnership/ Marriage

	May 2017	http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	Pregnancy/ Maternity
Wide engagement which focused on ensuring that the cross cutting needs of carers are included	November 2017 May 2017	HSCP Carers Event November 2017 http://www.wdhscp.org.uk/media/1972/carers-coproduction-event-workshop-feedback-nov-2017.pdf HSCP Carers local engagement networks http://www.wdhscp.org.uk/about-us/local-engagement-network/local-engagement-network-workshops/	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	Yes		
Sex	Yes		
Gender			No impact

Re-assignment			
Disability	Yes Reviewing current services to ensure we can meet the future needs of our growing older people's population, including older carers Reviewing the needs of older carers of people with learning disability		
Age	Yes Reviewing current services to ensure we can meet the future needs of our growing older people's population, including older carers. Also due consideration given to the needs of young carers and those transitioning between young carers and adult carers services. Also better identification at an early stage for young carers.		
Religion/ Belief			No impact
Sexual Orientation			No impact
Civil Partnership/ Marriage			No impact
Socio Economic Status	Positive impact as new legislation waives charges as appropriate for carers of all ages.		
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	No major change
2. Continue the PFD	
3. Adjust the PFD	
4. Stop and remove the PFD	

Give reasons:

There are no negative impacts across the protected characteristics at this time

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
Consider the future impact on BME	Wendy Jack	Ensure no negative impact		Race

communities on any changes as part of the annual review process				
Consider whether additional focus on identification of male carers needs to be specifically included in carers strategy action plan	Wendy Jack	Ensure no negative impact		Gender
No action				Gender Reassignment
Consider the future impact on disabled people on any changes as a result of the Carers Strategy as part of the annual review process	Wendy Jack	Ensure no negative impact		Disability
Consider the future impact on older carers on any changes as a result of the Strategy for Carers as part of the annual review process. Promote identification of young carers within Schools	Wendy Jack Y Sort it on behalf of the Carers Development Group	Ensure no negative impact Increase in the number of Young carers who are identified and also who are supported		Age
No impact				Religion/ Belief
Gather information and support future consultation specifically	Carers Development Group	Provide better information on service user profiles		Sexual Orientation

with LGBT carers				
No impact				Civil Partnership/ Marriage
No impact				Pregnancy/ Maternity
Improve equalities monitoring of services across all areas the Policy covers Continue to monitor data by protected characteristics of identification of carers and uptake of adult carers support plan and young carers statement Continue to analyse annual Carers Census and identify gaps in identification of carers of particular groups	Wendy Jack	To provide better data on service users profile and assess need To provide better data on service users profile and assess need and address gaps identified for service improvement To provide better data on service users profile and assess need and address gaps identified for service improvement		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 put in place?	Monitor via reports to the IJB
When will the PFD be reviewed?	January 2022
Is there any procurement involved in this PFD? Yes/No	No

Section 8: Signatures		
The following signatures are required:		
Lead/ Responsible Officer:	Signature: Wendy Jack	Date: March 2019
EQIA/EIA Trained Officer:	Signature: Ailsa King/Karen Marshall	Date: March 2019
Board Reporting: complete relevant paragraph on board report and provide further information as necessary	Signature: West Dunbartonshire Integration Joint Board	Date: March 2019

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	HSCPB000001MJC26112020
2	Date direction issued by Integration Joint Board	26/11/20
3	Report Author	Val Tierney/Margaret Jane Cardno
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	The Local Carers Strategy will affect all teams/services that support carers. This includes the learning disability service, addiction and mental health services, community care service (older peoples team, adult care team, hospital discharge team, residential care team, homecare team). Children's Services is also affected including the children and families team, children with disabilities team and children's health teams. Education staff may also be affected as will be health staff in a range of teams.
7	Full text and detail of direction	The Council and Health Board are being directed to implement the WDHSCP Local Carers Strategy.
8	Specification of those impacted by the change	Carers both adult and young carers, patients, people who use services, local communities, staff and others
9	Budget allocated by Integration Joint Board to carry out direction	Funding will come from the SG Carers Act funding. Specific funding will be agreed and allocated after completion of the detailed carers strategy implementation action plan.

10	Desired outcomes detail of what the direction is intended to achieve	Implementation of the local carers strategy will seek to improve service provision and support for carers in the West Dunbartonshire area. Outcomes will lead to improved support for carers, improved access to services for carers, improved health and wellbeing of carers as well as helping carers to thrive in all areas of their life whilst carrying out their caring role. The strategy will also seek to address and reduce health inequalities in West Dunbartonshire as well as building individual carer resilience. The strategy seeks to improve identification of carers. The local carers strategy links to the HSCP overarching 5 strategic priorities of early intervention, access, assets, resilience and inequalities as well as the National Health and Wellbeing Outcome 6 – "People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being".	
11	Strategic Milestones	Set up newly configured Carers Development Group with new Terms of Reference	October 2021
		Carers Strategy Implementation Action Plan finalised	January 2021
		Create a monitoring and reporting framework to show progress on the Carers Strategy Implementation Action Plan	March 2021
		Review and align activity of the Local Carers Strategy Implementation Action Plan against expected outcomes	October 2021
12	Overall Delivery timescales	Three years from implementation date of local carers strategy	
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	On 26/11/21	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Service – Health & Community Care

26th November 2020

Subject: Unscheduled Care – Joint Commissioning Plan – Progress Update

1. Purpose

1.1 This report provides an update to the Health and Social Care Partnership Board on the NHS Greater Glasgow and Clyde Joint Commissioning plan for Unscheduled Care and the progress of the local Unscheduled Care Action Plan across West Dunbartonshire Health & Social Care Partnership.

Key issues to be considered include:

- Urgent Priorities for managing Unscheduled Care
- Local Unscheduled Care Action Plan
- Impact of Covid-19 on progress
- Joint Commissioning Plan Engagement

2. Recommendations

2.1 The Integration Joint Board is asked to:

- Note impact of Covid 19 on the Joint Commissioning Plan and local Unscheduled Care Action Plan.
- Note that a further version of the plan, including a financial analysis will be brought on the Health and Social Care Partnership Board in early 2021.

3. Background

3.1 Work has been undertaken by all six HSCPs in NHS Greater Glasgow and Clyde to develop a system wide strategic commissioning plan in partnership with the NHS Board and Acute Services Division and in line with the Health and Social Care Partnership's Strategic Plan.

3.2 The draft plan was presented to the Health and Social Care Partnership in February 2020, and builds on the GG&C Board wide Unscheduled Care Improvement Programme and is integral to the Board-wide Moving Forward Together programme.

3.3. The GG&C Plan aims to ensure that what works well and has the greatest evidence base, is what we do, recognising that that does not necessarily require uniformity.

3.4 One key aspect of that work is learning from the pandemic which has seen a dramatic fall in unscheduled care activity. While the bulk of the draft plan itself is still relevant, the learning from what has worked well during the pandemic will be incorporated in the key actions along with the Frailty Programme. An updated plan will be shared in early 2021.

4. Main Issues

4.1 Impact of Covid on the progress on the activities captured within the local Unscheduled Care Plan.

4.2 Recognition of the unscheduled care response developed in response to Covid-19.

5. Options Appraisal

5.1 Not applicable

6. People Implications

6.1 There are no additional people implications in relation to this report

7. Financial and Procurement Implications

7.1 HSCPs have undertaken a financial review of the Unscheduled Care activity within the HSCP and reported to the Unscheduled Care Delivery Group.

8. Risk Analysis

8.1 Risks are captured within service specific or corporate register. Overall risks are highlighted in the paper.

8.2 There are no legal issues with this report.

9. Equalities Impact Assessment (EIA)

9.1 No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required during implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised.

10. Environmental Sustainability

10.1 Not Applicable

11. Consultation

11.1 The Joint Commissioing plan was discussed at the Locality Group in October with further discussion planned in November.

11.2 Further engagement with community groups and service users is being planned and this will help to identify any issues with the developments set out in the plan.

12. Strategic Assessment

12.1 At its meeting on 25 October 2017, the Council agreed that its five main strategic priorities for 2017 - 2022 are as follows:

- A strong local economy and improved employment opportunities.
- Supported individuals, families and carers living independently and with dignity.
- Meaningful community engagement with active empowered and informed citizens who feel safe and engaged.
- Open, accountable and accessible local government.
- Efficient and effective frontline services that improve the everyday lives of residents.

12.2 The unscheduled Care Joint Commissioning plan and local Unscheduled Care Action plan will contribute to a strong local response to patients with unscheduled health and social care needs.

12.3 The redesign of local services should improve the efficiency and effectiveness of frontline services.

13. Directions

13.1 There are no directions relating to this report

Name	Jo Gibson
Designation	Head of Health & Community Care
Date:	26th November 2020

Person to Contact:	Anna Crawford Primary Care Development Lead anna.crawford@ggc.scot.nhs.uk 07811247708

Appendices:	Joint Commissioning Plan and Local Unscheduled Care Plan Update – West Dunbartonshire HSCP NHSGGC Winter Plan

Background Papers: N/A

Joint Commissioning Plan for Unscheduled Care and Delivering the Local Unscheduled Care Action Plan
Update on Progress – West Dunbartonshire HSCP

Introduction

1. The health and social care system in Greater Glasgow & Clyde (GG&C) – the largest in Scotland – is facing unprecedented levels of demand.

2. Despite this the health and social care system in GG&C performs well compared to other systems nationally, and is relatively efficient in managing high levels of demand and dealing with complexity. However, an over-reliance on unscheduled care services can indicate that a health and social care system is not performing optimally in helping people to know where to go to for help.

3. Unscheduled care has been defined as:

   "… any unplanned contact with health and / or social work services by a person requiring or seeking help, care or advice. Such demand can occur at any time, and services must be available to meet this demand 24 hours a day. Unscheduled care includes urgent care and acute hospital emergency care."[1]

4. This draft GGC Joint Commissioning Plan was considered by the Health and Social Care Partnership Board in February. The plan is currently being updated to reflect the learning from the impact of the pandemic, and following a period of consultation with GPs and other stakeholders. In addition, an accompanying financial framework is being developed, to identify current and future spend in unscheduled care.

5. The purpose of the plan is to outline how Health and Social Care Partnerships (HSCPs) in Greater Glasgow & Clyde, in partnership with secondary care colleagues and other partners plan to support people better in the community, developing alternatives to hospital care that ensure hospitals are utilised only by those that require that level of medical care.

6. This draft plan describes the delivery of an integrated system of health and social care services that we believe will better meet patients' needs. The Joint Commissioning Plan outlines improvements for patients to be implemented over the next five years, it also included a number of immediate actions.

7. The Plan will also be updated to reflect the learning from Covid 19 and progress on the immediate actions set out in March 2020 draft.

Background

8. The ambition for unscheduled care is to change the complex system, to ensure it operates in a more integrated way, supported by new technology. The aim is to make it a more straight forward system to navigate for patients and clinicians alike. A major public awareness campaign is planned to support patients access the right

service for their needs, and which enables people to use services wisely. There is also plan to have a co-ordinated approach to health and healthcare literacy skills as this will help people make informed choices about their care.

Health Board Immediate Priorities

9. A number of Urgent actions have been identified as part of the Joint Commissioning plan and are currently being progressed across the NHS Greater Glasgow and Clyde health board area. These are:

- **COVID 19 Pathway – Specialist Assessment and Treatment Areas, Community Assessment Centres and Admin Hub Services**
  Continuation and development of the SATA and CAC models building on the recent experience with early telephone triage, clinical conversations and 'Near Me' scheduling and conversations

- **Digital Healthcare (Virtual Technology)**
- Early access to a senior decision maker which will optimise opportunities for 'Near Me' consultations and reduce the need for a face to face consultation where possible
- This will be optimised at all stages of the patient's urgent care journey including in, and out of hours and through professional to professional referral at Medical Assessment Units and at Mental Health Assessment Units.

- **Supporting GPs and Assessment Units**
- Create 2 clear routes to provide specialist advice for patients who require an urgent care response. SCI Gateway advice referrals to specific consultants should be made available for a 72 hour response with specialist telephone advice expanded to deliver a more immediate response.
- Development of an Assessment Unit booking system to facilitate direct access for patients who require immediate assessment.

- **Develop a consistent pathway in to urgent care for those who currently self present at Emergency Department**
- Developing alternative pathways that offer rapid access to a senior clinical decision maker who will optimise digital e-health opportunities and signpost callers to available local services (based on HSCP Urgent Care Resource Hub model and aligned to national work to establish Flow/Navigation centres
- Both National and NHSGGC public messaging campaign will support the pathways

Primary and Secondary Care Interface

10. The Joint Commissioning Plan recognises the need to ensure a whole system approach to Unscheduled Care Planning and a number of key actions (described below) have been captured to support this across primary and secondary care.

We will develop and apply a policy of re-direction to ensure patients see the right person, in the right place at the right time. 2020/21
We will test a service in emergency departments that offers patients who could be seen elsewhere advice and assistance in getting the most appropriate service (signposting and scheduling of low acuity unscheduled care). 2020/21
To improve the management of minor injuries and flow within emergency departments and access for patients, separate and distinct minor Injury Units (MIUs) will be established at all main acute sites. 2020/21
We will incentivise patients to attend MIUs rather than A&E with non-emergencies through promotion of shorter average treatment times. 2020/21.
We will optimise MIU hours of operation to ensure the service remains aligned to the pattern of demand. 2020/21
We will continue to improve urgent access to mental health services. 2020/21
We will reduce the number of A&E attendances accounted for by people who have attended more than five times in the previous twelve months equivalent to 2% of total attendances. 2020/21
We will reduce the number of people discharged on the same day from GP assessment units through the implementation of care pathways for high volume conditions such as deep vein thrombosis and abdominal pain. To enable this we will review same day discharges and to explore the scope for managing this activity as part of planned care. 2020/21
We will develop hospital at home approaches that strengthen joint working between consultant geriatricians and GPs in order to better support patients in the community at most risk of admission to hospital. Specific populations will be prioritised, including care home residents and people living with frailty. 2020/21

Joint Commission Plan Local Engagement

11. Part of the West Dunbartonshire's HSCP's commitment to the Joint Commissioning Plan for Unscheduled Care is to engage locally with our staff and partners. Within West Dunbartonshire engagement with our localities has been undertaken. Below is a sample of some of the feedback received to date. This feedback will be considered in terms of the next iteration of the plan. with the following Feedback being received:
    i. *"Where does mental health dovetail?*
    ii. *All looks good and supports smooth patient journey, very important public are on board*
    iii. *Patients see video consultation as a stop gap*
    iv. *Need for timely telephone advice, access to quick consultant advice welcome, although access and advice can be variable*
    v. *Current access to consultant advice is variable*
    vi. *Concern a number of the strands will result in redirection to General Practice which is already under pressure*

vii. *Report is acute focus rather than whole system, recognised need for robust General Practice data to inform whole system plan and response*
viii. *Training for A&E on Primary Care to support re-triage - important acute understand Primary Care*
ix. *Recording of "re-directed episodes" contacts should be recorded within acute even if patient redirected / signposted to other service (ensure audit purposes)*
x. *Where is time and resource to support this?"*

[1] *Commissioning a new delivery model for unscheduled care in London,* Healthcare for London, 2016

NHS GGC Unscheduled Care Delivery Group

12. West Dunbartonshire along with all HSCPs in NHS Greater Glasgow and Clyde has developed Unscheduled Care Action Plans to support the delivery of improvements locally to mitigate and reduce the complexity of the health care system. These plans are part of a shared programme of work overseen by the GGC-wide Unscheduled Care Delivery Group.

13. Regular reporting and monitoring of the Local Unscheduled Care Plan is driven through the monthly Unscheduled Care Group which has representation from services across the HSCP, partner agencies and Scottish Ambulance Service.

Unscheduled Care Action Plan – Progress

14. The West Dunbartonshire Unscheduled Care Action plan was developed across 3 priority areas; Avoiding Attendance, Managing the Front Door and Getting People Home Sooner from Hospital (following an admission.)

15. A number of work streams were identified for improvements, some of which cut across 1 or more of the priority areas recognising the patients varying presentations on their unscheduled care journey.

16. Detailed below is an update on each of the work streams:

17. **Frequent Attenders:** regular review is undertaken of the Frequent Attenders and where appropriate review of patients presentations are undertaken across services, including a weekly review of frequent attenders in mental health and addiction services.

18. **Focussed Intervention Team (FIT):** The focussed intervention team support patients in both avoiding attendance and also providing additional support at the front door.
    - Local assessment and intelligence is used to identify patients were short term intense interventions may support a period of crisis and avoidance of subsequent hospital admission. The team respond within 2 hours for urgent referrals and can stay involved for an average of 4 weeks.
    - A care pathway has been developed with the Vale of Leven Hospital to ensure referral pathways for patients that present at the front door of hospital and would benefit more appropriately, from FIT support in the community.

- Pathways have also been put in place to support local COPD patients who have previously had a high number of hospital admissions to anticipate and self-manage their conditions through early identification and anticipatory care medications

19. **Integrated working across HSCP services:** Services are developed and planned to ensure supports are in place to support patients to live in communities for longer. Services ensure plans are in place for clients and reviews are undertaken to increase or decrease the level of support relevant to patient needs. One measure of the success of this work is in our deceasing length of stay in residential care. As people with increasing complexity are cared for at home for longer, people can be admitted to residential care later in their lives' journey, thus enjoying their independence for as long as possible.

- Unscheduled care across West Dunbartonshire in the out of hour's period is managed by District Nursing, Care at Home and Community Alarm Service.

20. **Care Homes:** within West Dunbartonshire patients benefit from access to Care Homes managed by the HSCP and the independent sector.
    - The District Nursing service works collaboratively with Residential Homes to Implement a rolling programme of education for Residential Staff and Care at Home Organisers. Including topics such as continence care, basic wound management, pressure area management and palliative care, all of which have been identified as factors that have historically contributed to avoidable hospital admissions.
    - Work collaboratively with the community older people teams and Alzheimer Scotland Refresher on Falls Pathway and dementia training.
    - Working with the Hospital Discharge Team to support rapid admission from Hospital, ensuring that pre-admission assessments/ admission dates to Care Homes do not delay discharge.
    - Review of residents with frequent admissions to hospital, which helps to inform care planning and local training.
    - Care at Home prioritise packages to people being discharged from hospital, ensuring no unnecessary delays.

21. **Frailty and Anticipatory Care Planning:** Frailty has been a local priority for a number of years in West Dunbartonshire. The HSCP working collaboratively with Primary and Secondary Care has developed new approaches to the identification, management for local patients identified as frail. These include the use of the Rockwood Frailty Scoring System, frailty assessments and developing anticipatory care plans.

22. Joint working with GP colleagues across both Community nursing and community older people team has seen the local use of the Rockwood Frailty scale which has now been adopted by acute as part of their management of patients presenting at the Front Door of Hospitals.

23. The HSCP has also signed up to the frailty collaborative to develop systematic approached to identifying patient through General Practice for Anticipatory Care

planning. This approach has been paused due to Covid but is now being re-launched.

24. During the Covid-19 Pandemic we have seen a rapid increase in information being shared on vulnerable patients via the GP EMIS Key Information Summary. This supports patients to avoid unnecessary admissions and provides information that may support better decision making at the front door of service.

25. Work is underway with Scottish Ambulance Service to pilot a new approach in West Dunbartonshire, for people who have fallen, or who are experiencing breathing difficulties, but where transfer to hospital is not considered necessary. This is a new development and impact will be monitored.

26. **Mental Health:** The Vulnerable Adult Multi Agency Forum provides a multi-agency care coordination and risk management approach for those who frequently present in crisis, may struggle to engage with services and therefore use disproportionate amount of resources. This group of clients are reviewed along with patients that frequently attend A&E to ensure the systems are aligned and to identify appropriate supports for patients.

27. Scottish Government have introduced a self-referral NHS 24 stress and distress Service provided by SAMH which is available to residents in West Dunbartonshire.

28. During the Pandemic NHS Greater Glasgow and Clyde developed Mental Health Assessment Units to provide a direct mental health response to patients presenting with distress to Accident and Emergency. Mental Health are considering the expansion of the service to include all Mental Health Service emergency referrals.

29. The roll out of Mental Health Nurses within all GP practices (Wellbeing Nurses) is underway as part of the Primary Care Improvement Plan and feedback in terms of patient outcomes and reductions in GP and CMHT workload has been positive. Further expansion of this service is planned later in the year.

30. **Primary Care Out of Hours and the Unscheduled Care Resource Hub.** Engagement with local GPs has helped to inform potential future plans for Primary Care Out of Hours Service at the Vale of Leven Hospital. Building on the success of the integrated care model at the hospital, the plan would seek to recruit more GPs to work in a shared rota, with support from other professional disciplines. Further detailed plans are being developed.

31. The HSCP has worked with the Board Unscheduled Care Resource Hub which is being set up as single point of contact for complex unscheduled care presentations. Local Services working out of hours have been in discussion to ensure alignment and if required a local infrastructure will be put in place to support this.

32. **Community Hospital Discharge Team (CHDT):** CHDT identifies individuals early to facilitate safe and timely discharge from hospital, providing an integrated approach to care which optimises independence and maximises opportunities for recovery at home. A dedicated team of Social Workers who undertake assessments for those

who require complex packages of support/ facilitate discharge from hospital is in place and robust systems are in place to ensure alignment of Mental Health Officer support for Adults with Incapacity.

33. The CHDT have developed their earlier assessor response to ensure patients are identified and supported in hospital to plan their discharge earlier ensuring support services are in place. The team utilise the dashboard information with acute hospital and direct engagements with wards to support this activity.

34. The Community Older People Team along with the Hospital Discharge Team are monitoring the length of stay of patients with neck of femur fractures from day of admission to ensure robust supports are put in place.

35. **Palliative Care:** End of Life Care is provided by General Practice and the District Nursing Service, often supported by Care at Home. Clinical Directors are leading a discussion on local palliative care to improve opportunities for local provision.

Covid 19

36. The Covid-19 pandemic has impacted on the progress in some of the improvements identified, as the services prioritised responses to Covid and compliance with guidance such as PPE and social distancing

37. The Pandemic has offered the opportunity to inform new ways of working or has quickened the implementations of activity, such as Near Me (attend anywhere).

38. In response to patients presenting with Covid 19, and as part of the Scottish –wide strategy to keep covid and non-covid patients apart, the HSCP have developed Community Assessment Centres collaboratively with General Practice and Community Nursing, ensuring that an unscheduled response to patient presentation is available within our local community. West Dunbartonshire HSCP Community Assessment Centres have expanded and reduced its capacity in response to patient need. This will continue during the autumn and winter in response to the anticipated surge of patient presentations with Covid-19 like symptoms.

39. In addition a Local Testing Service and a Mobile Testing Unit have been set up to prevent transmission of the virus within our local community and with our most vulnerable client groups. Robust and regular testing pathways are in place for our Care Homes.

Financial Implications

40. The Financial impact of the Unscheduled Care Joint Commissioning Plan within HSCP was undertaken during summer 2020.

41. HSCPs were asked to detail the current financial spend on unscheduled care services and activities within Health and Social Care. These reviews were presented to the NHS Greater Glasgow and Clyde Unscheduled Care Delivery Group

42. The financial framework will be revisited and will align to the publishing of the Unscheduled Care Joint Commissioning Plan early in 2021

Benefits to Patients

43. The plan aspires to support patients to be seen by the right person at the right time and in the right place.

44. A significant number of patients who currently attend emergency departments could be seen appropriately and safely by other services within their communities.

45. Change and improve a range of services to better meet patients' needs

Next steps

46. HSCP will continue to progress and further develop the actions set out in the Local Unscheduled Care Action Plan.

47. The Head of Health & Community Care will share the updated NHS Greater Glasgow and Clyde Joint Commissioning Plan in early 2021 with the Integrated Joint Board

Previous Performance

Initial impact of Covid

Emergency Admissions 18+

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
9,275	9,164	9,620	8,626	9,656	11.9%	0.4%

Apr-May 20	Annualised	Reduction on 2019/20 to meet 2015/16 baseline	Average per month Apr 19 - Mar 20	Reduction on monthly average	**Annual based on monthly reduction**	% reduction
1,211	7,266	-3.9%	805	40	**9,180**	4.9%

Unscheduled Acute Bed Days 18+

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
64,696	73,353	73,327	63,402	73,984	16.7%	0.9%

Apr-May 20	Annualised	Reduction on 2019/20 to meet 2015/16 baseline	Average per month Apr 19 - Mar 20	Reduction on monthly average	**Annual based on monthly reduction**	% reduction
8,056	48,336	-12.6%	6,165	320	**70,140**	5.2%

Unscheduled Geriatric Long Stay Bed Days

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
1,549	148	365	0	700	#DIV/0!	91.8%

No 2020/21 data

Unscheduled Mental Health Bed Days 18+

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
25,428	20,804	18,452	22,241	17,748	-20.2%	-3.8%

No 2020/21 data

Delayed Discharge Bed Days 18+ All Reasons

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
4,832	3,439	3,512	3,440	5,839	69.7%	66.3%

Apr-Jul 20	**Annualised**	Reduction on 2019/20 to meet 2015/16 baseline	Average per month Apr 19 - Mar 20	Reduction on monthly average	**Annual based on monthly reduction**	% reduction
2,324	**6,972**	-17.2%	487	To 3% of total bed days	**2,100**	64.0%

Delayed Discharge Bed Days 18+ Code 9s

2015/16	2017/18	2018/19	2019/20	2019/20 v 2018/19
2,596	1,127	766	1,088	42.0%

Apr-Jul 20	Annualised
1,316	3,948

A&E Attendances 18+

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
22,348	23,315	25,268	22,348	24,984	11.8%	-1.1%

Apr-Jun 20	Annualised	Reduction on 2019/20 to meet 2015/16 baseline	Average per month Apr 19 - Mar 20	Reduction on monthly average	**Annual based on monthly reduction**	% reduction
3,667	14,668	-10.6%	2,082	289	**21,516**	13.9 %

Percentage of last 6 months of life spent in the community (all ages)

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
86.7%	88.8%	89.2%	89.0%	89.5%	0.5%	0.3%

Proportion of 65+ living at home (supported and unsupported)

2015/16	2017/18	2018/19	2019/20 Target	2019/20	2019/20 Target v Actual	2019/20 v 2018/19
95.5%	95.8%	95.9%	96.5%	N/A	N/A	N/A

NHS Greater Glasgow & Clyde

Winter Plan 2020/21

Introduction

1. Planning for this winter within the context of COVID-19 has been a continuous process, informed by extant and recent Scottish Government guidance, learning and adaptation from the service responses to the pandemic and external guidance such as the Academy of Medical Sciences "Preparing for a challenging winter 2020/21" report published in the summer. Our "Remobilisation Plan: August to April" included an outline of plans around unscheduled care with an appendix describing the approach to Winter Planning.

2. Seasonal winter demand is always challenging for our urgent care infrastructure. The necessity of responding to additional issues that COVID-19 introduces requires our plan to focus on managing demand safely at the earliest stage of a patient journey. The core theme throughout our preparations is the aim to convert emergency presentations, wherever possible, into scheduled urgent care, bringing clinical decision-making as early as possible to the patient journey and guiding patients into the most appropriate pathway. The redesign necessary to achieve this takes time but our responses to the COVID-19 pandemic have created opportunities for some developments to be in place for the winter period.

3. This paper gives an overview of the preparations for winter in the context of service improvement and developments introduced over recent months. The first section addresses demand with additional focus on community pathways reflecting the importance to our system of minimising avoidable presentations to hospital. The winter plan sections cover prevention and mitigation, pathways for urgent care, managing hospital capacity and supporting people in their homes.

Demand

4. Demand for, and the delivery of, urgent and emergency care changed in March 2020 in response to the COVID-19 pandemic. A number of new pathways were rapidly introduced to support primary and secondary care to safely deliver an urgent care response across the whole health system. These included the establishment of Mental Health Assessment Units; the development of Community Assessment Centres (CACs) and SATAs to provide 'red' community and acute pathways. There was also an increase in the pace of the redesign of the GP Out of Hours Service (GPOOH). These are priority services under the Scottish Government's programme of work to re-design urgent and emergency care pathways and are crucial pathways that will support the general winter surge, Flu and COVID-19 response.

5. The 6 HSCPs have worked together to develop a community response to the pandemic, delivering cross system services in and out of hours. At the peak week of the pandemic 766 patients attended the Boards CACs. This reduced over the summer months as the incidence of COVID reduced, and the number of centres were reduced. In view of increasing incidence of the virus, attendances at the centres are rising again.

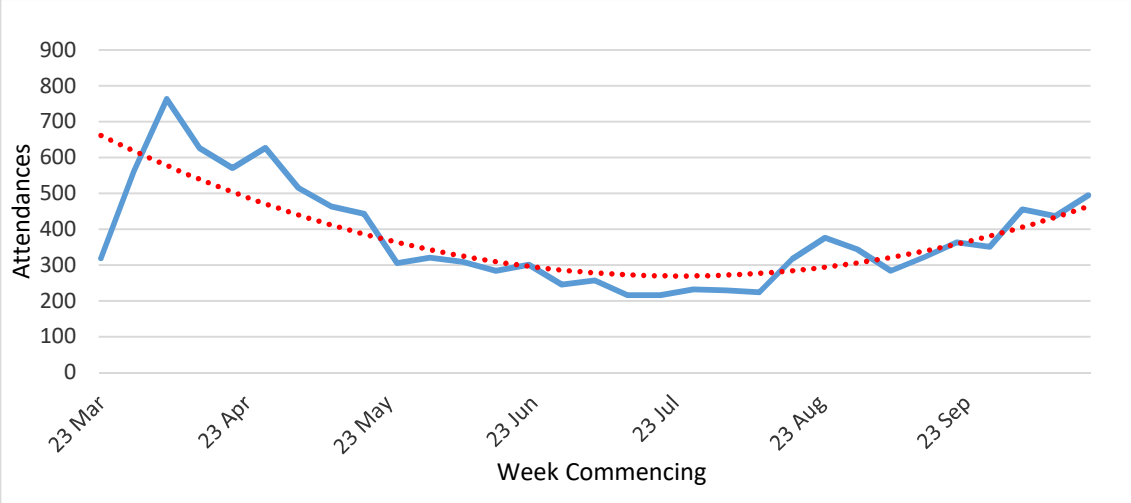


Fig.1 NHS GGC CAC Attendances to date

6. Determining future demand is complex and as we enter winter the difficulty in distinguishing between COVID and other respiratory like illnesses including Flu means the capacity within the centres will need to be expanded to accommodate the higher level of COVID-19 activity alongside additional demands through winter months.

7. Local Public health colleagues have modelled a number of potential surge scenarios to support capacity planning, providing a range of possible outcomes based on previous year's respiratory attendances and illnesses likely to present with symptoms similar to COVID-19 for adults and children. The most likely predictions, based on a higher R value result in a 10% infection rate which may then convert into demand for face to face assessment

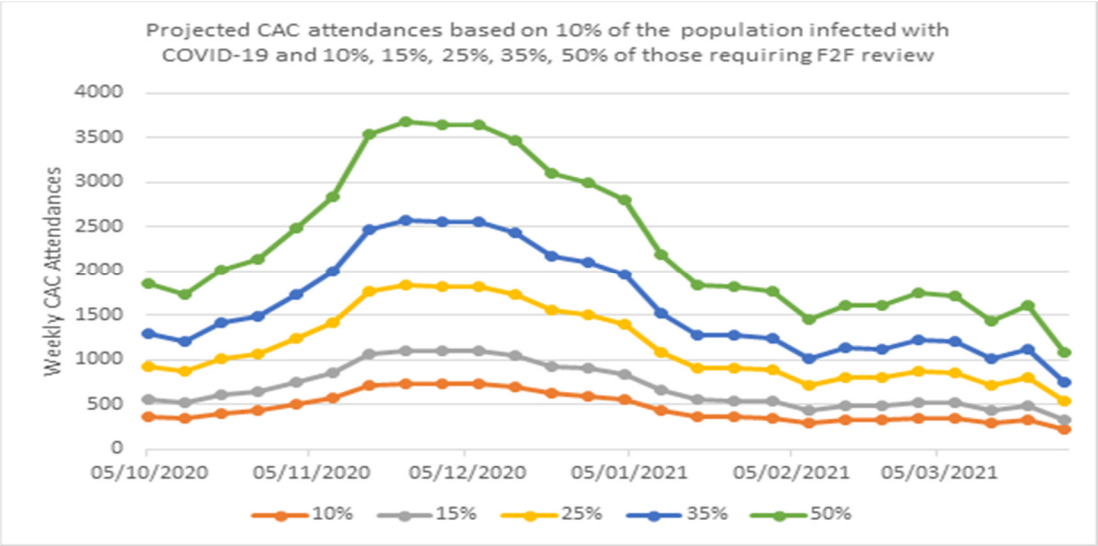


Fig. 2 Projected CAC attendances

8. GPOOH have averaged 2950 GPOOH direct contacts per week between April and September this year. Of these around 940 per week (32%) required a centre attendance. Overall urgent care activity has been gradually rising from May through to September. Centre attendance activity dropped in June when the new model was implemented. This introduced GP telephone based triage, along with ability to use Near Me technology, supported by an appointments based system. This has gradually increased as overall GPOOH activity increases.

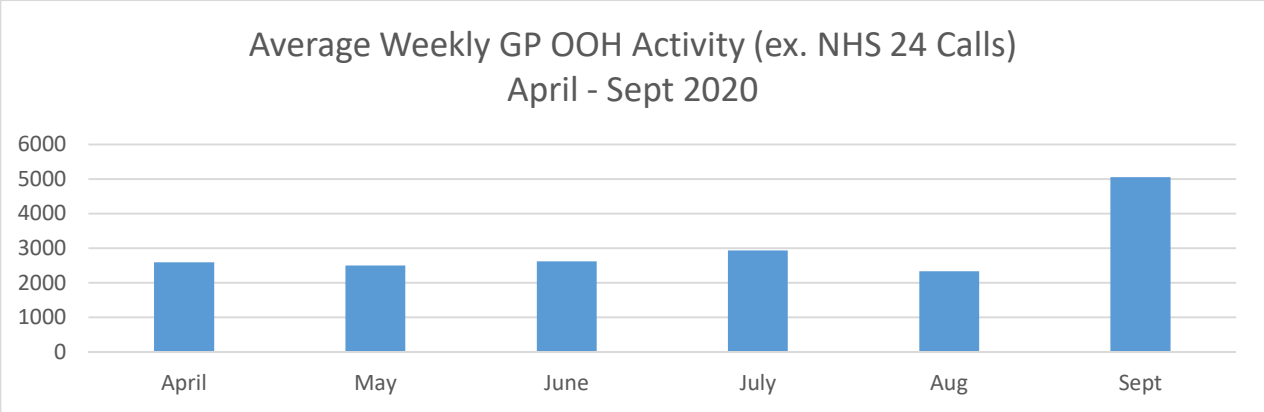


Fig 3: Average Weekly GPOOH Activity [Note: August data incomplete]

9. Performance against the 4 hour Emergency Department (ED) target from April to September 2020 has achieved the 95% target albeit with reduced levels of activity. As figure 3 indicates, ED/MIU attendances fluctuate between 36,000 and 38,000 per month but dropped significantly in March/April returning to around 75% of previous rates more recently.

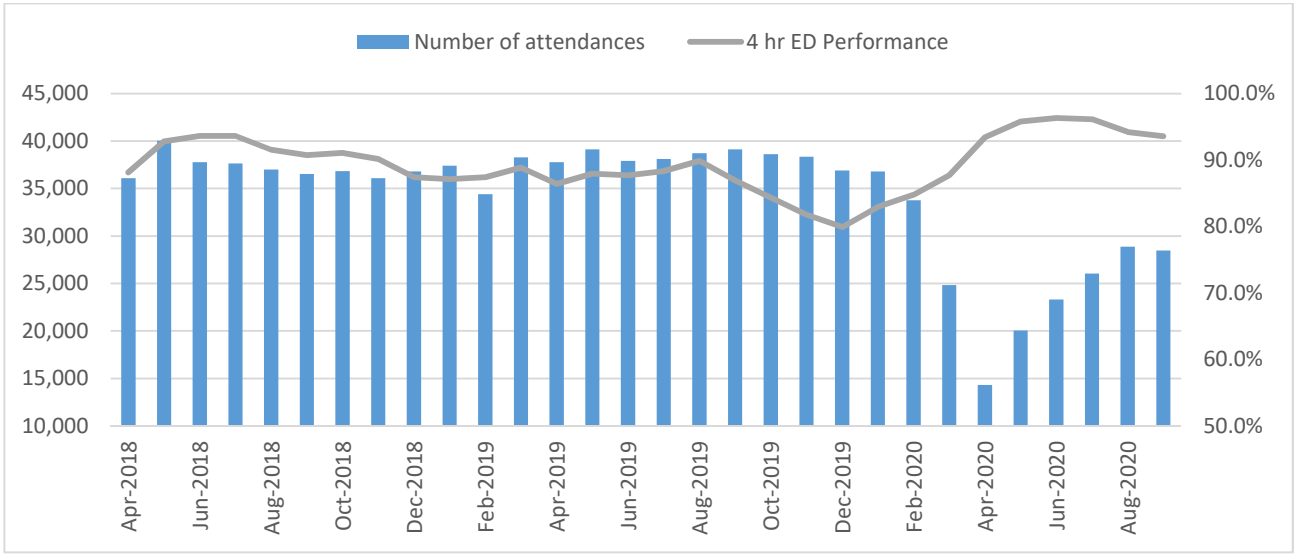


Fig 4: ED/MIU Attendances and performance against the 4 Hour ED Target [source: ISD National Statistics]

10. A new stream of demand was introduced in March 2020 for patients presenting with COVID-19 symptoms. The Specialist Assessment and Treatment Areas (SATAs) address patients who have contacted NHS24, their GP or have presented and been redirected from ED. The presentations are not included in the ED figures but resultant admissions would be included.

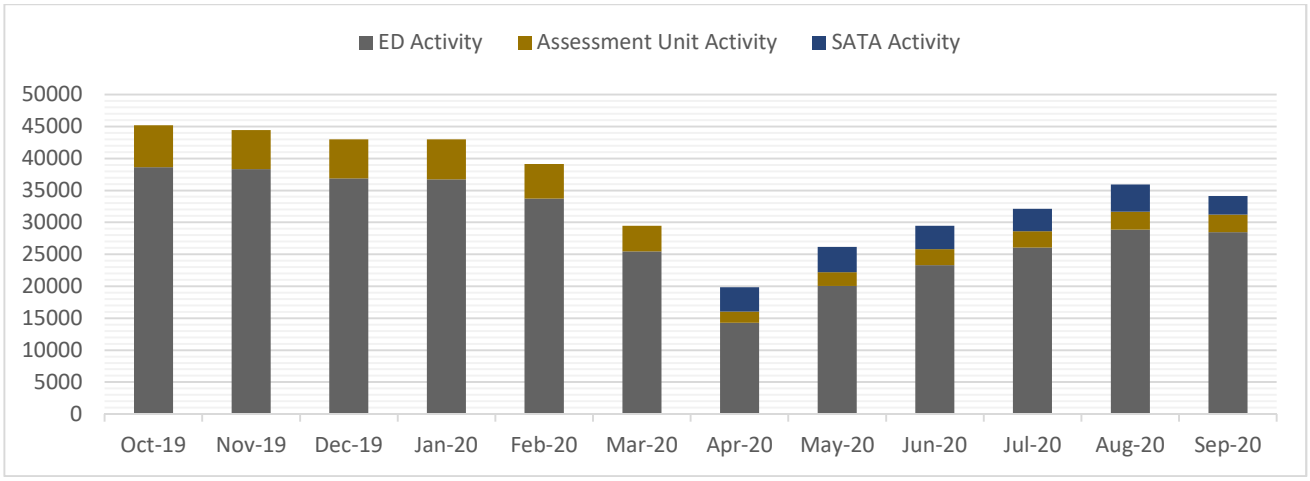


Fig. 5 Acute Unscheduled Care Activity (incl. SATA)

11. The implementation of the new Mental Health Assessment Unit pathways helped, in part, to reduce footfall through Emergency Departments. Monthly MHAU Contacts have incrementally increased through centres over the period March through to August and these are a combination of face to face and telephone contacts. Around 60% of all contacts are centre attendances.

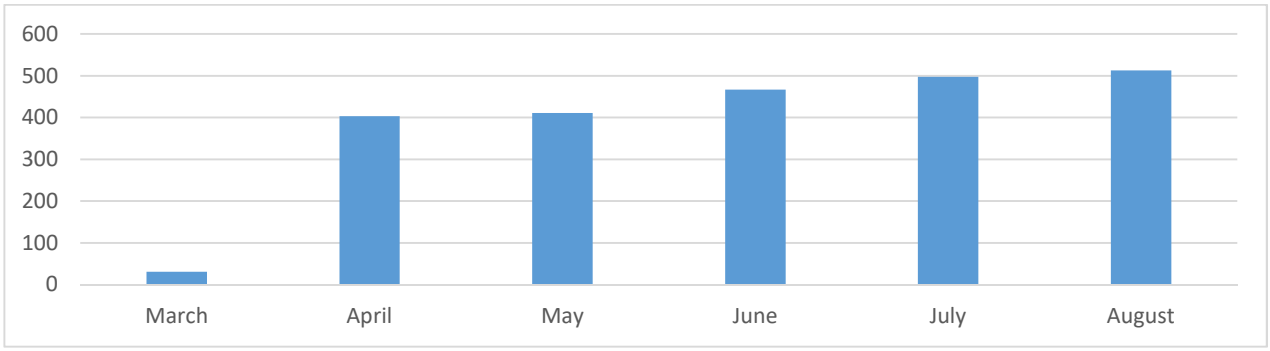


Fig. 6 Monthly Contacts: Mar-Aug 2020

12. Figure 7 compares the last 12 months of emergency admissions with the weekly average over the last 5 years. It demonstrates the impact of the COVID-19 pandemic on Emergency Admissions during the spring with admissions falling by approximately 1000 per week across NHSGGC in April.

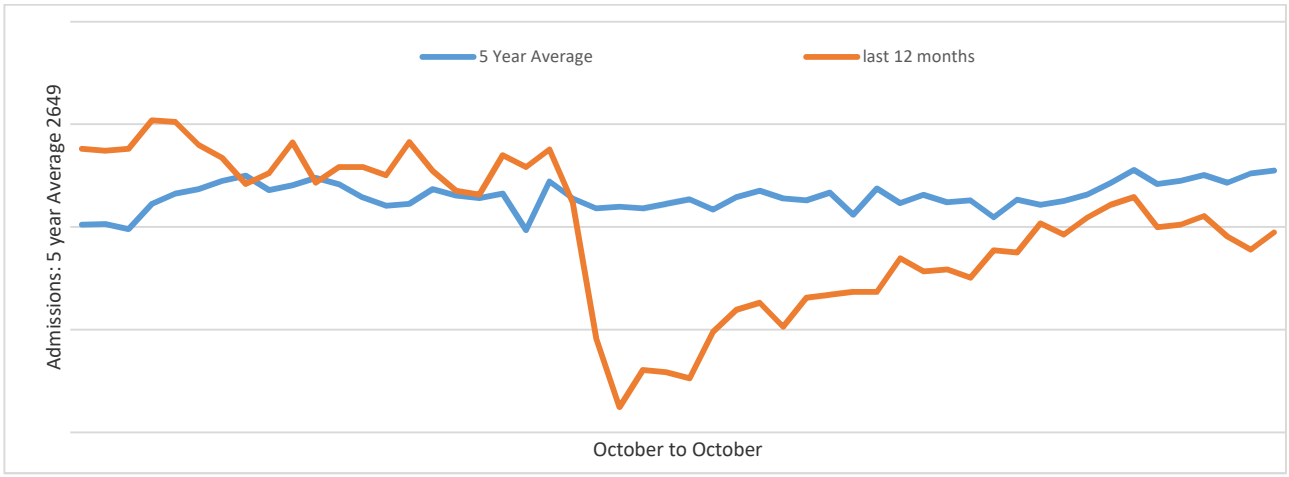


Fig 7: Unscheduled Care Admission 5 year weekly average v last 12 months (source: Systemwatch)

13. This followed a challenging winter period where demand had been higher than the previous 5 year average. Between October and December 2019, admissions climbed to a weekly average of 3153, an increase of around 150 admissions per week in the same period the previous year (fig.8) and placed pressure on our hospitals to open contingency arrangements that had been planned for the January period. Under normal circumstances, this volatility makes understanding of trends complex. A further consideration for this year is the impact of COVID-19.

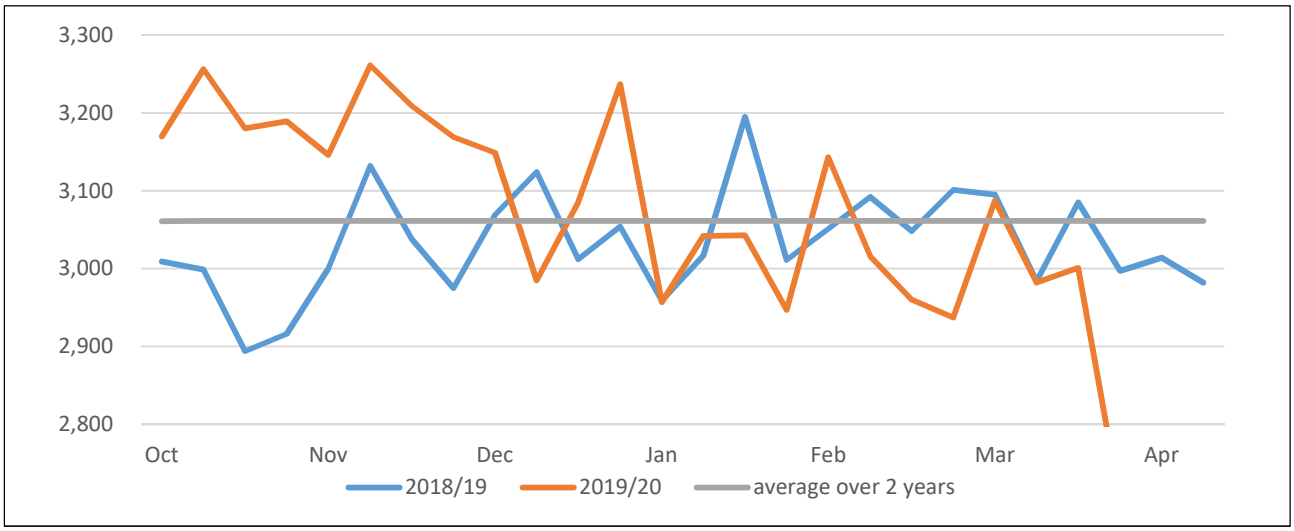


Fig 8. Fluctation of weekly admissions – Comparison Oct to Mar over 2 years.

14. Modelling work undertaken for the Scottish Government had produced two scenarios for the autumn/winter period, both with a surge during October/November followed by a sustained increase in COVID-19 admissions from January peaking in March 2021. This national modelling has been adapted on a pro rata basis for NHSGGC as a proportion of all Scotland admissions. The implications are described below.

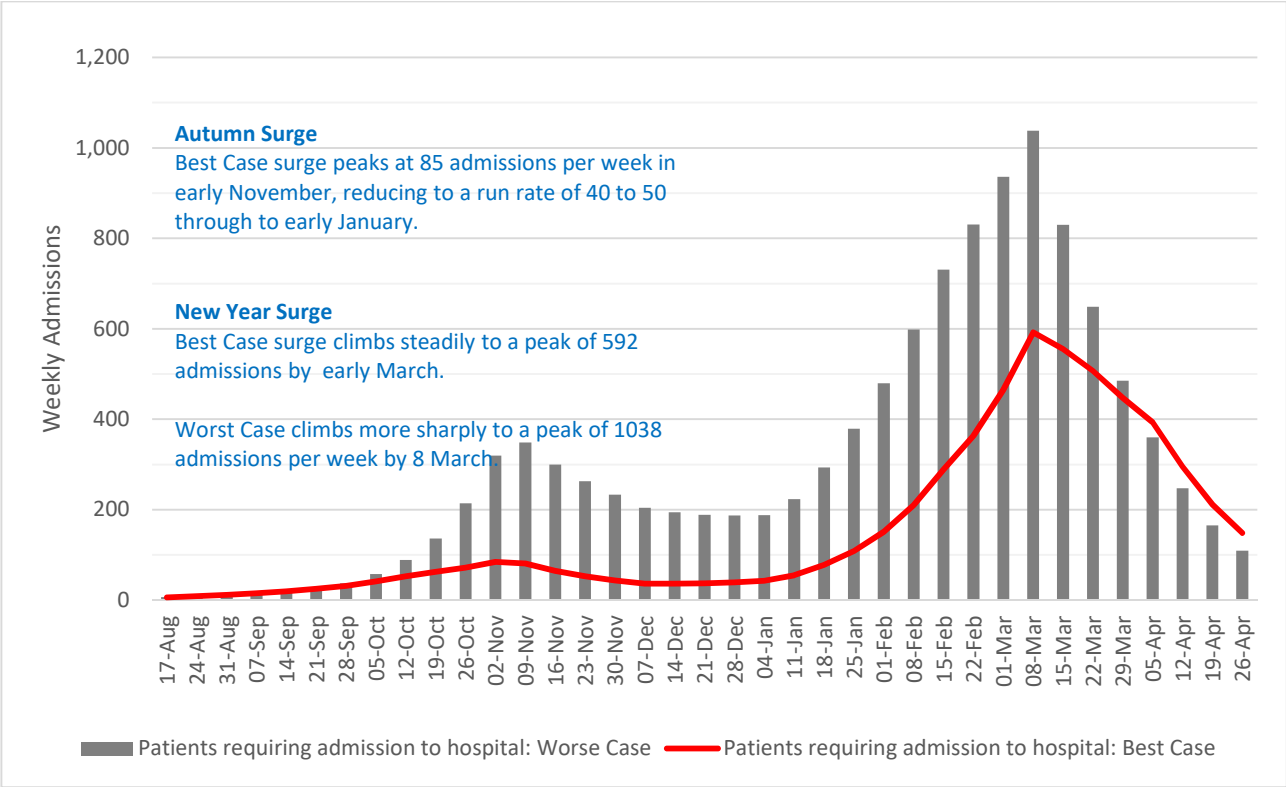


Fig. 9: COVID-19 Resurgence Scenarios based on Scottish Government (15 Sept. 20) modelling adapted for NHSGGC

15. Joint working with HSCPs to reduce delayed discharges is an ongoing work stream. The number of delayed discharges reduced at the peak of the pandemic and has risen again as attendances and hospital admissions have increased. Attendance and admission rates are still below the levels from the same period last year, but delays in acute beds are now higher than the same period last year.

16. A proportionate increase in Code 9 delays is significantly impacting with bed days lost 50% higher than last year. This group are currently accounting for 2,500 lost bed days across GGC with patients distributed across hospital sites and wards. Identifying an NHS solution for this group, outwith the acute bed complement would release up to 80 acute beds and is a priority workstream as part of the Board's contingency planning for winter.

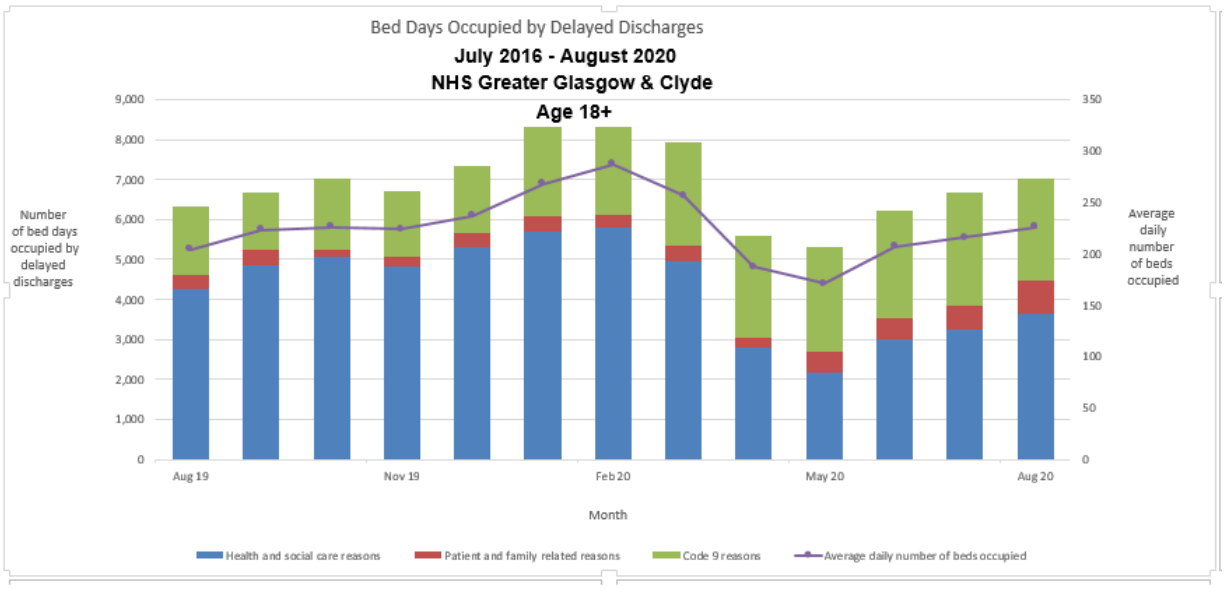


Fig. 10 Bed Days Occupied by Delayed Discharges

Prevention & Mitigation

Test and Protect

17. Our NHS testing capacity is now up to 20,000 tests per week operating alongside the UK Gov Lighthouse facilities. This will be further strengthened when the West of Scotland Regional Testing Hub comes on line in November. Current demand is circa 12,000 a week to the NHS labs inclusive of care home and NHS staff asymptomatic staff testing. This means that there remains capacity for increased demand over the coming weeks if needed.

18. Our Test and Protect contact tracing service now functions over seven days with in excess of 100 people on shift every day. From its commencement in May, this service has developed a high degree of expertise, working with both Local Authority Environmental Health teams and the National Tier 2 contact tracing service. We are continuing to strengthen this capability to ensure sufficient resilience for the continuing levels of high demand.

Flu Vaccination

19. The Influenza Vaccination Programme commenced at the beginning of October with intention of reaching an estimated 500,000 people across NHS GGC. Extension of the eligibility criteria has extended the normal volume by approximately 200,000 over those targeted in recent years, opening up access to the 55 to 64 age group, household members of those previously shielding and frontline social care workers. The programme will operate as two phases, the initial phase from October to December excludes the 55 to 64 cohort who will be addressed in the 2nd phase following on directly afterwards.

20. As a consequence of the COVID-19 infection control requirements, community vaccination centres have been established to compensate for the reduced numbers that GP Practices can accommodate. Community Pharmacies are also being used, particularly targeted at adult carers, household members of those shielding and frontline social care workers.

21. There are 32 Vaccination Centres in total, aiming to reach over 202,000 patients. Staffing of these centres requires in the region of 122 wte vaccinators and 55 wte support staff per week. Operational resourcing of these facilities has come from within HSCPs existing internal workforce with additional support through the nurse bank. Attendance rates at Vaccination Centres has been high with rates of around 70% and high levels of patient satisfaction reported.

22. The initial weeks of the programme have been challenging, particularly around scheduling and appointing patients. However, the Over 65 and 18-64 ‘at risk’ cohorts are on course to be complete by the end of November, with all appointments issued by the end of October. Phase 2, the 55 to 64 age cohort will be implemented from December.

23. The staff vaccination programme is also underway with a greater reliance on ‘peer to peer immunisers’ in the Acute Division and HSCPs. For non-clinical and corporate staff, appointments are offered within designated clinic sessions provided by the Occupational Health Team.

	Population	Target	Uptake @25 Oct	% of Population
Over 65	201900	75%	60941	30%
Under 65 at risk	182100	75%	51158	28%
Health Care Workers	40500	60%	10617	26%

Table 1: Progress with Flu Uptake as at 25th October.

Communications

24. Our Communications function has a central role to support our public in accessing urgent care. It has an established track record of running high profile campaigns each winter, with approaches that have been developed within NHSGGC but adopted nationally. Throughout the COVID-19 period, it has operated a responsive social media campaign with core messages on the patient facing arrangements within hospitals, direction on accessing testing facilities and flu vaccination. It will continue to deliver public messaging throughout the winter period.

Managing pathways for urgent care

25. Demand for urgent care has risen incrementally over recent years. Responding to this requires a combination of influencing public behaviour and ensuring effective direction of patients into appropriate destinations. The development of COVID-19 pathways has added complexity to this task but also provided new processes that we are building on.

26. NHS GG&C's aspiration is to schedule as many urgent care appointments as possible by maximising the use of NHS Near Me and telephone appointments. We want to deliver care in the right place, and to minimise the number of people waiting in busy Emergency Departments. Our data shows that 299,000 people self-referred and attended EDs last year. Of those, 190,000 were triaged to the Minor Injuries flow.

27. From the end of end of November, NHS GG&C will implement a Flow and Navigation Hub. Clinical staff will work with an administration team, to provide a triage and streaming function for ED and Minor injuries patients via Near Me or telephone consultation. All patients that require to be assessed within 1 hour will be directed to attend ED immediately. It will be a phased approach to implementation of our Navigation Flow Hub adding new clinical pathways as they are developed. Detailed understanding of the activity and demand passed from NHS 24 to GG&C's Navigation Flow Hub will inform our ongoing modelling work.

28. An Urgent Care Resource Hub (UCRH) and Local Response Hub model will be implemented across the 6 HSCPs within Greater Glasgow and Clyde by the end January 2021. The objective of this model is to facilitate integrated, person-centred, sustainable, efficient and coordinated health and social care OOHs Services across the Greater Glasgow and Clyde area. How does this integrate with GPOOHs?

29. The UCRH will continue to develop and enhance the way we work across the health and social care OOHs system by providing a single point of access to health and social care services for professionals working across the OOHs system. The UCRH will facilitate and coordinate a multi-service response when required during times of crisis and escalation

30. Changes that have been made in the approach to this winter are:

Restructuring of GP Out of Hours (GPOOH)	A new operating model has been introduced moving the service to an appointments based only service with access via NHS24. Telephone triage allows demand to be stratified with those requiring a 4 hour response will receive an initial telephone consultation by ANPs or GPs working in the service, including the use of 'Near me' capability. This has reduced the need for in person attendances by 60% freeing capacity to deal flexibly with other competing demands. The service now operates, on an interim basis, from 4 locations: 3 Primary Care Emergency Centres (at Stobhill, Victoria and the Royal Alexandra Hospitals) and the Vale of Leven Centre which also operates overnight

COVID-19 Community Assessment Centres (CACs)	Developed in response to the COVID-19 pandemic, these centres direct symptomatic patients who are potentially COVID positive to separate facilities for assessment outside of General Practice and Hospital. Access is via NHS24, who transfer the patient to the COVID-19 Hub for a telephone clinical consultation which then determines whether a booked appointment is necessary. Surge planning has been undertaken to enable escalation from the current 3 centres to a potential 5 in the event of increased prevalence of the virus in the community. The centres will provide point of care testing (POC) for influenza over the winter period
Mental Health Assessment Units (MHAU)	Two Mental Health Assessment Units (MHAU) were established in response to the COVID-19 pandemic specifically to reduce demand on secondary care services by reducing footfall through hospital Emergency Departments. The referral pathway provides an immediate route out of ED for those who present directly, with vulnerable patients largely being managed away from the stressful ED environment. The MHAUs also provide an alternative to patients who would otherwise have been conveyed to ED by SAS or Police Scotland.
Specialist Assessment & Treatment Areas (SATA)	Introduced in April to manage patients presenting with COVID-19 symptoms on our hospital sites Patients who have contacted NHS24, their GP or have presented and redirected from ED.
ED redirection & Minor Injuries Units (MIU)	The MIU facility established at the QEUH last year will continue. “Call Mia”: a new model of telephone access to MIU is going to be piloted whereby patients contact the ‘urgent care hub’ for triage and an allocated appointment in MIU. Redirection at the ‘Front Door’: senior nurses working at the entrance to ED, working to an agreed clinical protocol to redirect patients to an appropriate alternative to ED. ‘Pharmacy First’ – redirection for specific conditions that can be effectively delivered by a Community Pharmacist

Managing hospital capacity

31. Managing patient flow within the Acute Assessment Units in the main hospital sites is critical to delivering high quality effective health care. Arrangements for the winter normally include enhancement of staffing and access to diagnostic capacity to reduce delays. The Acute Division has revised this need for this year, taking into account the additional requirements with regard to medical, nursing and AHP staff of the SATA units and COVID-19 pathways.

32. The utilisation of ‘Consultant Connect’ has increased during the COVID-19 period, offering access to specialist opinion as a preliminary step to admission, in many cases preventing referral to Acute Assessment units. Work is progressing to further develop its application and to support scheduling of referrals into < 24 hour appointments or < 72 hour advice services (via SCI Gateway referral). This will enhance existing ambulatory care provision within assessment units and introduction of care pathways for high volume pathways such as deep vein thrombosis and abdominal pain.

33. To address delays to discharge, work has been progressing with the HSCPs to review processes, pathways and to develop a 'discharge to assess' approach. This approach recognises that support requirements for patients with a hospital stay less than 7 days are often unchanged reducing the value of a hospital social care assessment which can be rearranged to follow the patient's discharge home. Similar approaches have been embedded out with NHSGGC and our intention is to implement a standardised approach across the 6 Local Authorities. It will complement existing inpatient processes of recording an expected date of discharge at the start of a hospital stay around which discharge planning can be orientated.

Bed Capacity

34. Additional Bed capacity is critical to maintaining flow during the periods of high demand. In recent years we have planned in the region of 160 additional beds across the acute hospital sites. The Remobilisation Plan reflected planning assumptions for 174 beds for COVID capacity, in addition to 80-100 beds for winter pressures – up to 274 beds in total.

35. Further work has been undertaken, informed by the surge scenarios issued by the Scottish Government. We are now planning to make available 400 beds in the event of the worst case scenario surge. This capacity will be released by maximising our estate and reconfiguring wards, the elective programme will be affected should it be required.

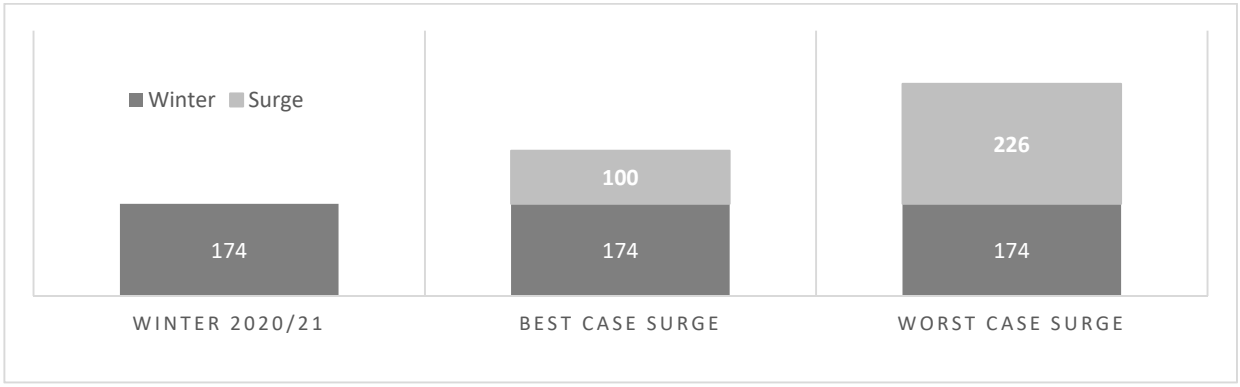


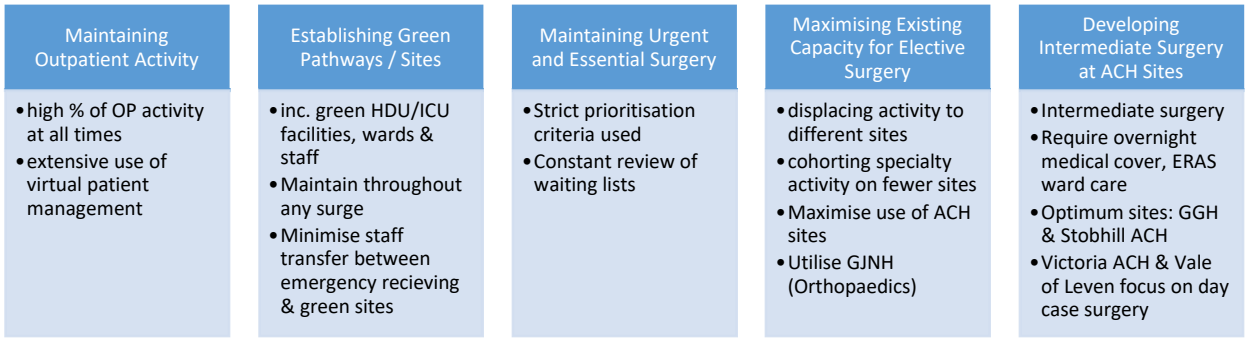
Fig. 11: Additional Bed Capacity Plans

36. Escalation plans are in place with an agreed Board wide escalation matrix. All sites have hospital management teams in place. Seven day site cover is in place on acute sites and there are daily calls with the Chief Operating Officer in the Acute Division who then links with colleagues in HCSP and with corporate colleagues. Daily hospital huddles are in place on acute sites with a designated manager of the day as a point of contact for any escalation issues.

Maintaining Planned Care

37. Arrangements for Planned Care over winter are normally for a reduction around the Festive Period and early January, with only urgent and cancer related surgery continuing. During the COVID lock down period, routine elective surgery was halted with services restarting later in the summer.

38. For this winter, NHSGGC has agreed a set of guiding principles in order to manage the elective programme as flexibly as possible over the winter period, taking account of surges in admissions from COVID-19 or other conditions:



I have changed some typos in the above diagram and deleted GGH hub as this is not agreed.

39. All main receiving sites in NHSGGC have put in place 'green pathways' to enable complex and cancer elective surgery to continue. These pathways are designed to minimise any contact with COVID-19 positive areas. In some cases this is being facilitated by establishing 'green' multi-specialty/purpose wards.

40. 'Green sites' have been established at GGH, Stobhill ACH, Victoria ACH and VoL enabling day surgery to be maximised and, at GGH and SACH, provide an increased range of intermediate surgery. Patient testing arrangements pre-surgery aim to reduce the risk of COVID-19 and staff movement between green sites and potential COVID-19 areas at other sites is minimised.

41. Cross-specialty and cross-sector arrangements are being put in place to ensure elective capacity is used for the most appropriate patients taking into account the clinical prioritisation of patients.

42. There has been, and continues to be, some movement of surgical specialty capacity across sites, either movement of surgical sessions or movement of patients, in order to make best use of all available capacity.

43. Discussions continue with the Golden Jubilee National Hospital to secure capacity.

44. All measures described above remain flexible and under regular review to ensure NHSGGC can safely maintain as much of the elective programme as possible at all times.

Supporting People at Home

<u>Community & Social Services</u>

45. HSCPs have focused attention and invested in in-reach services to commence discharge planning early with acute colleagues. Teams are co-located on acute sites. The utilisation of real-time dashboards is allowing community teams to identify patients early during their admission hence bringing forward discharge arrangements. Approaches such as the "Focused Intervention Team" (West Dunbartonshire), "Hospital to Home" (East Renfrewshire), "Home 1st" (Inverclyde) and "Home for me" (East Dunbartonshire) are examples of dedicated multidisciplinary teams including AHPs, Elderly Care Advanced Nurses or Specialist Nurses focused on closer working with hospital teams to address unnecessary delays.

46. Patients with respiratory illness are at high risk of emergency admission and infection from flu and COVID-19. The Glasgow City Community Respiratory Team provides a safe alternative to hospital admission for the chronic lung disease population with the awareness of nosocomial inpatient spread and potential poor outcomes for those with severe lung disease. During the COVID-19 lockdown period, the model of service was expanded to ensure patients from all parts of NHSGGC had access to a similar level of support. This was provided by staff redirected from core roles to meet the challenge. We are determining requirements to repeat this step up over the winter period.

Care Homes

47. Across GGC we have 196 care homes with 9,287 residents and approximately 15,000 staff. 142 (72.4%) of these homes provide services to older people, with approximately 9,000 staff delivering this care. The COVID-19 pandemic has required new and additional processes for scrutiny, testing assurance of practice to be put in place for all Care Homes.

48. Given the impact of COVID on Care Homes a range of support has been put in place to provide additional assistance to care homes. For example in GGC protocols are in place for Care Homes to access NHS bank staffing in addition to diverting community nursing staff to support Care Homes if required. The Cabinet Secretary set out additional requirements for enhanced professional clinical and care oversight of Care Homes during COVID-19 in May. NHSGGC has established a Care Home Assurance Governance Group which meets weekly. This provides support across the Board in relation to nursing leadership, professional oversight, implementation of infection prevention control measures, use of PPE and quality of care.

49. New hub models are being developed to provide support additional support to care homes. The additional support will be essential in order to manage the current workload which will include the requirement to complete the daily huddle information; analyse data and respond accordingly; providing direct support, training, advice to care homes across GGC and to support the wide range of activity associated with those care.

50. The Care Inspectorate, as the regulatory body, has a programme of visits arranged across the winter which are generally unannounced. The inspections continue to focus on COVID-19, placing particular focus on infection prevention and control, personal protective equipment, and staffing in the care settings. They also have a responsibility to ensure business continuity plans are in place in all Care Homes in GGC. These plans have been updated to consider the impact of COVID. All Care Homes have been asked to ensure all care plans are up to date to ensure the highest standards of care are in place and that this supports the smooth transfer from, and to, hospital if required.

51. Collaborative working with Care Homes in recent years has resulted in a number of quality improvements that have contributed to better management of patient care at the interface with hospital. HSCPs have a ‘dashboard’ allowing tracking and targeting of admissions to expedite care plans and the ‘red bag’ scheme ensures key information, medication and belongings are with the patient on admission. As with many other services, the use of digital means of communication and adoption of ‘Near Me’ is helping to bring specialist clinical review to patients limiting the necessity of hospital attendances.

52. A ‘Hospital at Home’ pilot working with 4 nursing homes in North East Glasgow is being developed with a view to implementation from January. Learning from this will shape a wider NHSGGC wide approach.

Workforce

53. Throughout the pandemic period, workforce has been a critical concern. The Board has supported measures to promote wellbeing in recognition of the impact the pandemic has had on working lives. All avenues to strengthen staff availability have been utilised and will continue throughout the winter period to ensure availability for core and surge capacity.

54. To support our workforce through the pandemic period and ensure sufficient reserve to underpin our winter surge plans, we have recruited continually with circa 4000 being introduced to permanent and staff Bank roles since April. This includes over 2000 Nursing and Midwifery / Health Care Support Workers. A further 1600 new recruits are currently within the live recruitment process (i.e. live advert, shortlisting and interviewing, pre-employment checks, etc.) There are also a number of ongoing recruitment campaigns in place.

55. The Staff Bank was successfully bolstered through additional recruitment activity during the pandemic, with approximately 12,000 nursing and midwifery staff now registered on the Staff Bank system.

56. Staff turnover has not materially changed. Throughout the period of increased recruitment, there have also been some increased numbers of staff leaving NHSGGC, for example, student nurses returning to their studies and staff coming to the end of fixed term contracts. However, there has been no impact to core staffing levels.

57. The above measures should help to maintain staff availability which has been around 77% throughout the year. This has been supported by encouraging staff to fully utilise annual leave throughout the year and by sickness levels (short and long term) which are broadly consistent or marginally better than long term trends.

Conclusion

58. In conclusion, it is anticipated that this winter will be a challenging one due to a range of factors outlined within this plan. Significant efforts have been made across a number of areas to ensure that plans are in place to address the potential COVID and winter surge, in addition to the traditional winter pressures.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

Date: 26 November 2020

Subject: Covid-19 Recovery Planning Update

1. Purpose

1.1 The purpose of this report is to provide the Health and Social Care Partnership (HSCP) Board with an update on Covid-19 recovery planning as we move through the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland.

2. Recommendations

2.1 It is recommended that the HSCP Board notes the progress made in standing up local services and plans to make further improvements as we move through the phases as outlined in the HSCP Recovery Plan.

3. Background

3.1 On the 23 September 2020 the HSCP Board approved West Dunbartonshire HSCP COVID-19 Recovery and Renewal Plan – Keep Building Better a Journey of Continuous Improvement and agreed that a progress report be submitted to the 26 November 2020 meeting of the HSCP Board.

4. Main Issues

4.1 Progress remains positive across the HSCP with the majority of services clearly within phase 3 of the road map, the exception being respite services which remain in phase 2. A summary of service progression together with details of good practice across the HSCP is highlighted in Appendix I of this report.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 There are no people implications arising from the recommendations within this report.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising from the recommendations within this report.

8. Risk Analysis

8.1 There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risk as contained within the HSCP Strategic Risk Register:

- Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the HSCPB is not being asked to take a substantive decision at this time and the report does not have a differential impact on any of the protected characteristics

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Chief Financial Officer and Monitoring Officer within Regulatory Services have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Not required for this report.

13 Directions

Not required for this report.

Name	**Margaret-Jane Cardno**
Designation	Head of Strategy and Transformation
Date:	7 November 2020

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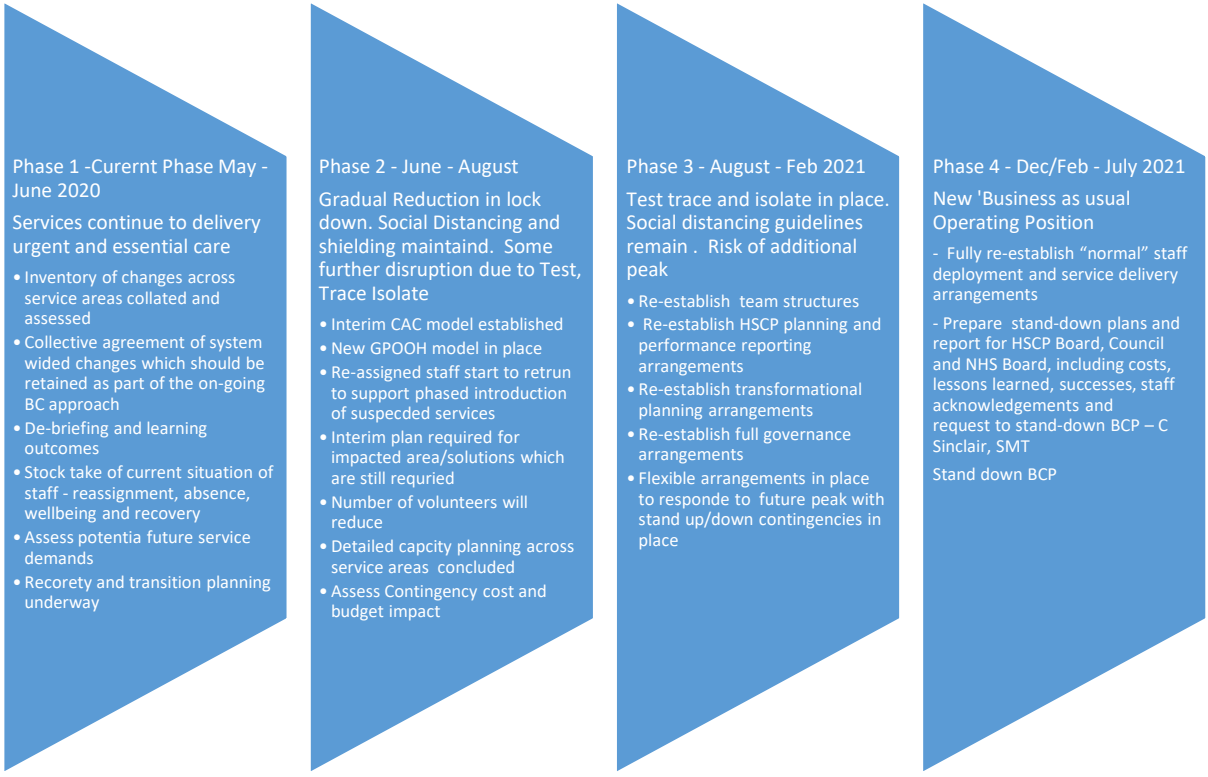
Appendices: Covid-19 Recovery Planning Update

APPENDIX I

Covid-19 Recovery Planning Update

West Dunbartonshire HSCPs overall anticipated planned approach to recovery is one where we learn and understand what the impact of our response to Covid-19 will, or perhaps should, have on how we deliver services in the future, and follows a phased approach to restarting services. The phases of the Scottish Government Road Map out of recovery are:



The following information is intended to inform the HSCPB of progress made in respect of the Partnerships transition through the phases of recovery.

Health Visiting
Phase: 3
Position Statement: o The service has experienced some ICT disruption due to the migration to Office 365 and EMIS corrections. o The service has experienced a reduction in staff due to sickness absence, maternity leave, annual leave and isolation as required. These concerns have been added to the HSCP Covid-19 Risk Register. o Face to face visits continue to be the default approach for the service in line with GGC NHS visiting guidance. o Workplace assessments and rotas have been developed for staff in order to apply a blended method of frontline service delivery with 50% footfall. o School Health CHS Screening has been postponed in lieu of further guidance from the Scottish Government.
Good Practice: Responsivity to prioritise contacts and visits based on risk and vulnerability. Shared database of 'most vulnerable' families agreed with Social Work and Education.
Challenges: Ongoing pressure on staffing levels and the skill mix between teams mean some re-balancing between locality teams is required.
Children and Family Fieldwork Activity
Phase: 3
Position Statement: o Audit of Initial Referral Discussions (IRD) for March to May 2020 completed and to be reported to Child Protection Committee. o Single agency quality assurance sample review of children with child protection plans underway. o Stable staffing; modelling for reduced cover in place if required. o Recruitment continuing for social worker and paraprofessional posts to augment staffing establishment and support recovery activity. o Increased demand anticipated for alternative care placements for children; local increase in Fostering enquiries – assessments and review of team capacity to support more fostering households taking place; additional staff member allocated to Family Placement Team. o Virtual fostering and adoption panels scheduled until the end of 2020.

- Recovery and redesign work scoping the blend of early help at our front door (locality team) and supports/interventions available via intensive support teams.

Good Practice:

Strong local guidance, informed by national and local provisions, reflecting Police and SCRA guidance.
Specific contact guidance to support scaling up of supervised contact.

Challenges:

Residential staff tested positive; significant work with PHS; strong collaborative response to support staff and young people; provides a template for use in any future scenario.

Adult Protection Activity

Phase: 3

Position Statement:

- Combined duty hub for adult services to monitor adult protection and vulnerable adult referrals and monitor adherence to timescales.
- All referrals from private care homes have been completed by the Care Home Review Social Worker to ensure continuity and to provide enhanced overview of private care home operations at this time, with oversight by Senior Social Workers.
- Referral rates returning to pre-Covid levels after initial reduction.
- ASP referrals to all services managed through one clipboard to ensure cover and review if staff are absent with SSW rota in place. ASP duty rota established within adult care.

Good Practice:

Combined Duty hub across adult services has provided important additionality and scrutiny to Adult and Risk referrals.

Challenges:

Challenge of recruiting to Lead Officer post during lockdown.
Increased level of ASP activity and potential impacts of staff absence whilst balancing other service priorities.

Multi Agency Public Protection Arrangements

Phase: 3

Position Statement:

- Continued risk assessment and monitoring of registered sexual offenders and those that pose a significant risk of serious harm.
- All MAPPA Level 2 offenders have been seen in person.
- Scaling up face-to-face contact for MAPPA Level 1 individuals and those subject to Licence conditions is a recovery priority to enable risk assessment, monitoring and focussed interventions.
- Strathclyde Strategic Oversight Group continues to oversee monitoring and supervision arrangements.

Good Practice:

Individual risk management meetings for all MAPPA offenders.

Challenges:

Limited opportunities for face-to-face contact with high risk offenders/fewer opportunities for partner agencies to directly contribute to risk management.

Care Homes

Phase: 3

Position Statement:

- All ICT equipment in place for three admin workers working from home.
- Visiting Risk Assessment and protocol for indoor visiting currently with Public Health for authorisation.
- Staff are being supported with their health and wellbeing and when appropriate referred to services.

Good Practice:

All up to date guidelines are in place.
All staff are following guidelines and being supported with well being.
Appropriate PPE is in place.
Risk Assessment and protocols compiled as required.
Training and regular briefings for staff.
Infection control visits carried out within all homes.
Regular contact with families/relatives through various mediums of communication.
Weekly testing for staff and 10% of residents.

Challenges:

Families dissatisfied with visiting guidelines and would like the service to commence indoor visiting now.
Staff absences due to track and trace.

Community Nursing Contract

Phase:3

Position Statement:

All regular work continues with appropriate PPE in place. This team is also supporting the Treatment Rooms and Flu Clinics and additional resource has been agreed in light of growing responsibilities

Good Practice:

Very positive feedback received on delivery of flu clinics.

Challenges:

The staff group is under pressure to cover all current areas of responsibility. Contingency plans are being developed should increased nursing and HCSW workforce be required to scale up the CACs.

End of Life Care

Phase: 3

Position Statement:

Palliative and End of Life Care continues to be provided by District Nursing supported by Care at Home staff.

Challenges:

It is likely that both staff groups will be impacted by the need to self isolate.

Homecare: In House Services

Phase: 3

Position Statement:

- Services provided based on need.
- Current recruitment campaign for front line carers, with planned induction programme adjusted to provide initial condensed training.

Good Practice:

Use of technology to actively engage with staff and ensure communication channels are operational.

Challenges:

Staff requiring to self-isolate impact on service provision, requiring immediate alterations to scheduled activity.

Home Care: Care at Home Services

Phase: 3

Position Statement:

External providers continue to deliver commissioned services. Approximately 10% of total provision is delivered externally in West Dunbartonshire.

Good Practice:

Access to PPE facilitated, and communication links strengthened through Scottish Care Development Worker.

Challenges:

Potential impact of staff self-isolating, as with internal service provision.

Day Care and Respite

Phase: 2

Position Statement:

- Day service hoping to commence alternative service pilot, delivered in client's own home, w/c 2 November. Mobile phones and tablets have been ordered to support this.
- Day Service team have completed client reviews and have compiled individual

programmes of activities.
- Risk assessments being compiled for day services as per guidelines.
- Older People: The HSCP is currently unable to offer care home based respite which is the traditional model. Services are exploring options with clients and carers on what support can be offered.

Good Practice:

Staff have been briefed on the new service.
Current guidelines shared.
Weekly wellbeing calls to all day care clients.
Older People: Use of "out of the blue" monies by carers centre to offer alternative supports including technology. Work underway to review what additional alternative supports could be offered.

Challenges:

Having appropriate equipment to commence service.
Staff resistance to change and the adoption of new work practices.

MSK

Phase: 3

Position Statement:

- Remobilisation on MSK service provision continues. Demand still lower than pre Covid but rising monthly.
- Threshold for face to face consultation with patients has lowered from when condition is "life altering" to when F2F is deemed "essential". Aim is for 30% F2F capacity by end Nov 2020.
- Staffing resource has diminished, 10 fte redeployed to support Acute pressures due to Covid demands. In total MSK 32 fte reduction in clinical staff at end October (e.g. vacancies; redeployment; maternity leave; sick leave).

Good Practice:

- Despite the pressures waiting times have significantly decreased: Longest wait (excluding outliers) is currently 5 weeks. Total number of patients waiting end Oct 2020 = 4464 (c/f >13,000 at start of remobilisation).
- Staff redeployed into Louisa Jordan to increase face to face capacity and support student Practice Education (n = 16 every 4 weeks) to ensure no delay in graduation.
- Shift to Virtual patient management (i.e. telephone/"near me") to ensure patient safety and clinical prioritisation for F2F consultation.
- 30 minute activity break incorporated into diaries to allow staff to have time to

have time away from screen and support staff wellbeing.

Challenges:

- Delays in IT provision (laptops; headsets).
- Staff redeployment to Acute (n= 10) and absorption of caseload difficult.
- Staff survey demonstrated 20% of staff with “poor or very poor” self reported wellbeing and 17% had “high or very high” stress levels.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report by Head of Health & Community Care

HSCP Board: 26 November 2020

Subject: Primary Care Improvement Plan

1. Purpose

1.1 This report provides an update to the Integration Joint Board on the implementation of the Primary Care Improvement Plans across West Dunbartonshire Health & Social Care Partnership and the submission of updated plans in line with Scottish Government guidance.

Key issues to be considered include:

- Impact of Covid-19 on progress
- Progress made on implementation across all priorities on the Memorandum of Understanding.
- Scale and complexity of development and implementation required to achieve the Memorandum of Understanding requirements.
- Financial trajectories and overall affordability.
- Workforce trajectories and requirement for effective workforce planning
- Premises requirements and Facilities
- IT

1.2 The report also contains the West Dunbartonshire Primary Care Improvement Plan (PCIP) Implementation tracker which covers the period to August 2020. The implementation tracker was shared with the Scottish Government on 16 October 2020 to provide assurance that implementation is progressing.

2. Recommendations

2.1 The Integration Joint Board is asked to:

- Note impact of Covid 19 and the implementation of the Primary Care Improvement Plans and the new GMS contract within West Dunbartonshire HSCP as per Appendix 1.
- Note the progress and planned next steps for the Primary Care improvement Plan year 3
- Note the Covid PCIP 3 tracker for the period up to August 2020.
- Note the HSCP position on the Primary Care Indicators in the Public Health Scotland Report - Monitoring and Evaluation of Primary Care in Scotland: the baseline position - September 2020

3. Background

3.1 The new Scottish General Medical Services (GMS) contract aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

3.2 West Dunbartonshire Primary Care Improvement Plan (PCIP) sets out the way the HSCP will use the available resources to deliver and to support these improvements to patient care, enabling access to the right professional at the right time and freeing up GP time to focus on more complex cases.

Local Update (Year 3 - 2020/21)

3.3 The HSCP is progressing Year 3 of the new GMS Contract implementation. The Tracker (Appendix 2) provides an overview of progress to date in delivering our local PCIP against the MoU commitments up to 31 August 2020. This return takes into account the impact of Covid-19 on our implementation. The continuing developments outlined within the tracker, builds upon our progress towards establishing new multi-disciplinary teams and related services.

3.4 Our progress on the key contractual continues and is set out in Appendix 1 in detail.

4. Main Issues

4.1 Impact of Covid on the progress of the PCIP priorities.

4.2 The ability to deliver the PCIP priorities for March 2021.

5. Options Appraisal

5.1 Not applicable

6. People Implications

6.1 The new Contract supports the development of new roles and muti-disciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. This requires robust workforce planning, support to the development of new teams and roles, and consistent approaches across Greater Glasgow and Clyde. Within West Dunbartonshire our Work force plan is being updated and will reflect the requirements of the Primary Care Improvement Plan workforce both within the NHS and across the 3rd Sector.

6.2 There are a number of roles that have been developed to deliver the PCIP priorities.

Post title	Number of posts			Grade/ SCP
	Existing	New	Difference (+ and -)	
Advance Practice Physiotherapist	2	1	+1	Band 7
Advance Practice Physiotherapist Clinical Lead	0.1	0.1	+0.1	Band 8
Staff Nurses	1.6	4	+4	Band 5
Health Care Support Workers	8	11	+11	Band 3
Nurse Team Leader	0	1	+1	Band 7

6.3 The Covid-19 response impacts on our staff, a number of whom were deployed to other roles in the frontline response to managing the Covid-19 pandemic.

7. Financial and Procurement Implications

7.1 Primary Care Improvement Plans have earmarked funding through the Primary Care Investment Fund. Potential challenges in delivering all required commitments within available funding are detailed in the paper.

7.2 Property remains in the ownership of the parent bodies. As a function of the PCIP, a HSCP wide accomodation and premises survey was undertaken to facilitate sharing of space and co-location of working within primary care. West Dunbartonshire has set up a PCIP Premises Group which works collaboratively with our stakeholders to identify the precise requirements to deliver the PCIP and look at solutions within our current estates to accommodate new ways of working within Health Centres and practices.

7.3 During the pandemic a wider premises group was formed to respond to the guidance required in ensuring our facilities were compliant with national guidance.

7.4 Managing information and making information available will require ICT input. Co-location of staff members within general practice requires updates to IT systems to ensure members of the multidisciplinary teams can effectively work together.

7.5 Procurement is required for the Community Link Worker and the HSCP is working with Local Authority collegues to progress this.

7.6 There are no legal issues with this report.

8. Risk Analysis

8.1 Risks are considered within the HSCP's plan. A risk register has been developed to capture the risks associated with delivery. Overall risks are highlighted in the paper.

9. Equalities Impact Assessment (EIA)

9.1 No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required during implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised.

10. Environmental Sustainability

10.1 Not Applicable

11. Consultation

11.1 The wellbeing of communities is core to the aims and success of Community Planning. Primary Care Improvement Plans, delivered as integral part of Integration Authorities Strategic Commissioning Plans will contribute to support this wellbeing agenda. Engagement with community groups and service users will help to outline any issues with new ways of working in primary care.

11.2 The Primary Care Improvement Plan will contribute to a strong local economy and improved employment opportunities through the development of new roles.

11.3 The redesign of local services should improve the efficiency and effectiveness of frontline services within General Practice and the additional services being developed in response to the GMS Contract 2018 will improve the everyday lives of residents.

11.4 The response to PCIP is in line with the local and national response to COVID-19.

12. Strategic Assessment

12.1 At its meeting on 25 October 2017, the Council agreed that its five main strategic priorities for 2017 - 2022 are as follows:

- A strong local economy and improved employment opportunities.
- Supported individuals, families and carers living independently and with dignity.
- Meaningful community engagement with active empowered and informed citizens who feel safe and engaged.
- Open, accountable and accessible local government.
- Efficient and effective frontline services that improve the everyday lives of residents.

13. Directions

13.1

Name	Jo Gibson
Designation	Head of Health & Community Care
Date:	26th November 2020

Person to Contact:	Anna Crawford Primary Care Development Lead anna.crawford@ggc.scot.nhs.uk 07811247708

Appendices:	Delivering the new General Medical Services Contract Update on Primary Care Improvement Plans – West Dunbartonshire HSCP
Background Papers:	N/A

Delivering the new General Medical Services Contract
Update on Primary Care Improvement Plans – West Dunbartonshire HSCP

Introduction

1. The new Scottish General Medical Services contract was agreed in January 2018. It aims to improve access for patients, address health inequalities and improve population health including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. The intended benefits for patients of the proposals in the new contract are to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.

2. A range of provisions were set out in the new contract documentation and accompanying Memorandum of Understanding (MoU). The MoU is an agreement between Integration Authorities, the Scottish General Practitioners Committee of the British Medical Association, NHS Boards and Scottish Government on principles of service redesign, ring fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. This included a commitment for each Health and Social Care Partnership (HSCP) to develop a Primary Care Improvement Plan (PCIP) setting out how new Multi Disciplinary Teams would be created, working with practices to deliver primary care services.

3. The contract and MoU set out a planned transition over three years commencing in 2018/19 which requires a substantial programme of change across 16 GP practices and 3 practice clusters across West Dunbartonshire HSCP.

4. The Integration Joint Board received reports in 2018 and 2019 setting out the requirements of the new contract and the initial agreement of Primary Care Improvement Plans. This paper provides a further update on progress with implementation of the new contract and the Primary Care Improvement Plans.

Background

5. Primary Care Improvement Plans were developed and agreed by the Primary Care Improvement Plan Steering Group, GP Subcommittee and approved by IJBs in July 2018. The Year 2 Plan was approved by the IJB in March 2019.

6. Regular reporting is undertaken by HSCPs in the form of PCIPs (annually) and local implementation trackers which are submitted to the Scottish Government's Primary Care Division. The next iteration of the PCIPs was due to be submitted by 15 May 2020 and of the workforce trackers by 24 April 2020. Due to the COVID-19 pandemic, Scottish Government postpone returns until October 2020. (Appendix 2)

7. The contractual commitments to be delivered by March 2021 are:
   - Transfer of responsibility for vaccination and immunisation delivery (Vaccination Transformation Plan or VTP).

- Provision of a comprehensive range of Pharmacotherapy Services through provision of practice support pharmacists.
- Community Care & Treatment Room Services' available to every practice. Community phlebotomy, chronic disease monitoring and wider treatment room services (e.g. wound dressing, ear syringing)

8. Additional requirements to be developed:
   - Urgent Care (ANP) Initially focused on new advanced practice roles to undertake home visits and other urgent care, the Primary Care Improvement Plan Steering Group agreed to deliver this in year 3.
   - Community Link Workers. Building on the existing community link worker pilots.
   - Other professional roles such as MSK physiotherapy and mental health workers.

9. The Primary Care Improvement Fund was £45.7m across Scotland in year one (2018/19), with an expected rise over the next four years to £50M in 2019-20, £105M in 2020/21 and to £155M in 2021/22.

10. Detailed within table 1 is the allocation to West Dunbartonshire HSCP for year 1 to 3 and the indicative allocation for year 4.

Table 1: **PCIP Funding Allocation** (based on West Dunbartonshire NRAC share)

Year	**PCIP Funding allocation**
2018/19 (Year 1)	£837,000
2019/20 (Year 2)	£1,001,312
2020/21(Year 3)	£ 2,007,459
2021/22 (Year 4)	indicative as £2.9m

11. Workforce and financial forecasting within the HSCP indicates that there will be a gap in resource to enable full rollout of all strands of the MOU to every practice. In addition rollout of some services will go beyond the 3 to 4 year plan as set out by Scottish Government. This has been highlighted in previous IJB and Scottish Government returns.

12. In August 2020 Scottish Government issued Covid PCIP 3, The key aim of this is to establish the current position with delivery at 31st August 2020, including the impact of Covid on existing plans, and to understand how the extended multidisciplinary team will continue to be developed to meet shared priorities between now and March 2021.

13. In addition HSCPs are require to provide financial return by 6th November 2020 which should show the balance of funding brought forward from 19/20 and the use of this in-year. The report should detail how this initial 50%, plus any underspends from 2019-20, has been spent, and what benefits have been created. In addition, these reports should set out what (if any) additional PCIF money will be required by IAs for the remainder of 2020-21 to ensure that funding is not an inhibitor to deliverable progress in primary care improvement by March 2021.

Covid-19 PCIP 3

14. The Covid-19 pandemic resulted in an unprecedented scale of change both locally and nationally resulting in the development of services and new approaches to respond to the pandemic.

15. The PCIP staff were key to supporting these developments locally. The staff were deployed to roles to enable the primary care response to Covid-19 including the development of 2 local community assessment centres which commenced on the 1st April 2020 and were staffed by local GPs and our Community Care & Treatment Room Nurses and Health Care Support Workers. In addition staff also supported the Covid -19 testing required for our local Care Homes.

16. Staff across the HSCP are commended on their flexibility and adaptability to working in the frontline of the Covid-19 response locally.

17. The HSCP will sustain and build on the opportunities brought about by Covid-19, and the lessons learned, are incorporated into our approach to Primary Care Services. The Covid-19 response saw greater use of telephone triage and telephone and video appointments, as a first choice to face to face thus reducing the risk of transmission, closer working across interfaces - primary and secondary care, nursing and social care. Along with changes in patient behaviour, demand for services and nature of presentation.

18. However it should also be recognised that the greater use of technology in our response particularly in our communities where health inequalities are a factor could impact on patients accessing services and we must ensure a broad spectrum of ways in which we respond to patients' needs.

19. The Covid response has impacted on PCIP delivery in a number of ways including:

- Postponement of PCIP implementation groups (at both NHS Board and HSCP level),
- Postponement or delay of recruitment to new Multi Disciplinary Team roles;
- Expansion of new services such as treatment rooms had slowed down, however we anticipate full delivery of service by March 2021 (Autumn/Winter covid-19 surge, premises and IT allowing).
- Premises availability within both GP practices and wider HSCP premises remains significantly impacted by the need to reduce footfall and maintain physical distancing.
- Deployment of existing MDT staff to support the Covid-19 response including the Community Assessment Centres and this continues as part of the winter/Covid response;
- The relationship between MDT staff and practices has been impacted by increases in MDT staff working at home or remotely to minimise footfall.
- Covid-19 has required changes to ways of working, with some new opportunities and challenges. These include virtual triage and assessment and use of NHS Near Me across all services, changes to prescribing arrangements to reduce footfall and paper, changes to existing services to support shielding patients and home visiting requirements, and adjusting to the need for social distancing and PPE use across all services and settings.

20. PCIP planning groups were re-established in August, in the context of both remobilisation and recovery and preparation for winter and expected ongoing Covid-19 impact. The PCIP3 updates and expected position for March 2021 are influenced by these short term mobilisation and winter planning priorities, the ongoing capacity and delivery constraints, and the longer term opportunities for redesign.

Implementation progress

21. The PCIP implementation trackers set out the detailed position for each HSCP. Progress on the key contractual commitments is set out below.

22. The IJB were informed of the Year 1 and 2 progress in the November 2019 report. The overall position in Year 3 is captured below.

23. **Vaccination Transformation Plan.** The current flu immunisation programme has to some extent accelerated the transfer of flu immunisation from practices to HSCPs, with all cohorts except the 18-64 at risk being immunised by HSCPs this year.

24. Within West Dunbartonshire working collaboratively with GPs we have developed a shared model of delivery ensuring arrangements were established in the context of Covid-19 physical distancing and PPE constraints. This will not necessarily be replicated in the same way in future years; learning from the current delivery will influence the future approach. This means that recurrent costings for the flu element of VTP cannot currently be finalised.

25. Adult Immunisations, Plan in place to transfer activity in 2020/21 excluding shingles, as await non live vaccines availability to ensure safety.

26. Pre School Flu, childhood immunisation and flu were delivered by Board centralised team.

27. Out of Schedule, plan in place to transfer this activity to Board centralised team for winter 2020/21

28. Travel, work on going, delivery not transferred 2020/21.

29. **Pharmacotherapy.** As a result of the first phase of the pandemic, the practice based pharmacy service was quickly moved to a mainly remote working model. The focus of work changed during the pandemic period with fewer IDLs and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. The Pandemic demonstrates the need for ongoing flexibility with the specification of Pharmacotherapy to ensure that the service can adapt to changing priorities and pressures within practices.

30. The HSCP has reported the recruitment and retention of pharmacotherapy staff has been an ongoing challenge and we reported that full delivery of this service will go beyond 2022 (this may take an additional 3-5 years). Recruitment has continued although has been slower than anticipated and pressures on accommodation which have been exacerbated by the need for social distancing has meant that some induction and training is being undertaken remotely. Work is currently underway to

implement the agreed programme of pre-registration pharmacy technician training. It is also worth noting that the amount of support required for full implementation has increased throughout the 3 years of the GMS contract as we have gained insight into the staffing and models of delivery.

31. Additional recruitment of pharmacists and pharmacy technicians is ongoing. Since 2017/2018 the HSCP has recruited 19.2 Whole Time Equivalent Pharmacy staff via Primary Care Improvement Fund, with 7 WTE moving to other roles out with the HSCP. There have also been nationwide concerns about de-stabilising other sectors of pharmacy with this occurring in other parts of the country. Further recruitment is planned for the next few months.

32. The HSCP and 4 GP practices commenced work with iHUB to work through the Pharmacotherapy level 1 collaborative. The Pharmacotherapy roles provide resource to practices to support delivery of IDLs, acute prescriptions and pharmacist led clinics. The iHUB collaborative has been paused due to Covid-19, however support and ongoing engagement with practices continues to enhance the service being delivered.

33. It was recognised and previously reported that the full pharmacotherapy service in West Dunbartonshire, and other HSCPs, will not be delivered by March 2021, this is as a direct result of workforce availability and has been reported to Scottish Government in tracker submissions.

34. **Community Care and Treatment Services**, including community phlebotomy. Community Treatment Rooms are operational in our 3 health centre and delivers a number of patient interventions previously delivered in GP practices. All practices currently have access to this service and the range of patient interventions we carry out continues to develop. During the last year we have recruited additional nurses and Health care support workers to support the service. It is anticipated by March 2021 a full Community Treatment Room Service will be in place for all practices.

35. During 2019/20 a collaborative quality improvement process was undertaken with practices to inform how the HSCP deliver the Phlebotomy Service along with Chronic Disease Monitoring. A dual model has been agreed with Health Care Support Workers based in GP practices to deliver Phlebotomy along with Chronic Disease monitoring, and the development of a community clinic in each of our Health Centre for routine bloods. Premises are currently being sought for this along with IT solutions.

36. Across NHS Greater Glasgow & Clyde the move to more virtual consultations has changed the demand for community phlebotomy, with a requirement to enable tests and investigations to take place to inform assessment or as a follow up from a virtual consultation. Shielding has also driven an increase in the demand for domiciliary phlebotomy. There continues to be a need to balance affordability, economies of scale and local access for patients and practices. Virtual consultations within acute services are also driving a need for community phlebotomy, however there is a risk of competing pressure for resources (staff and premises).

37. **Urgent Care.** The MOU requires HSCPs to develop an urgent response for Primary Care, the professionals will support General Practice to reduce the need for

unscheduled GP visits. In West Dunbartonshire scoping for Advance Nurse Practitioners commenced in year 2 in line with the HSCP's commitment to progress recruitment in year 3, thus taking the opportunity to learn from partner HSCPs' experience in this area. In summer 2020, 2 ANPs were recruited as trainees and have placements in 2 of our GP practices, 1 in each locality area. The staff commenced their ANP training in August 2020 and should be qualified in 2022. The HSCP will recruit a further 2 ANPs in 2021.

38. **Advance Physiotherapy Practitioner.** In year 1 the HSCP working collaboratively with the clinical lead for Advanced Physiotherapy Practitioners **(**APP) devised a plan to increase West Dunbartonshire resource by 1 WTE per year. In accordance with this plan we had recruited 2 WTE by July 2020. We subsequently had a staff member retire and 1 on maternity leave who subsequently reduced their hours. We have recruited an additional 2 WTE staff members and by mid November we will have 2.6 WTE staff in place extending our input from 3 practices to 9 practices.

39. Embedding APPs in the practice multidisciplinary teams provides patients with a safe and effective alternative to a GP consultation. Patients who have seen an APP have reported high levels of satisfaction in seeing a specialist clinician who is able to fully assess, diagnose and manage their MSK condition.

40. **Community Link Workers.** The planned expansion of our Community Link Worker Service was directly impacted by Covid-19. In March 2020 the HSCP was undertaking the tender process to increase our Community Link Worker service from 3 to 6 WTE for a 3 year period. As a result of Covid-19 this process was paused, and the current Pilot service was extended until 2021. The process for increasing to 6 Community Link Worker is underway and we will see this service increased in 2021.

41. Since September 2019 we have had 3 WTE Community Link Workers in 5 Practices (Population 32,709). However due to the short term nature of the pilot and the uncertainty of who will deliver the service we have had a number of community link workers resign. We anticipate this will improve when we extend the duration of the service in the new tender process and ensure a robust remuneration scale is in place.

42. Community Link Workers work to support people to live well through strengthening connections between community resources and primary care. Individuals are assisted to identify issues and personal outcomes, then are supported to overcome any barriers to addressing these by linking with local and national support services and activities. It should also be recognised that Covid-19 has had a direct impact on the availability of supports in our communities for our link worker service to engage with.

43. **Mental Health Strategy** - Action 15 Health & Wellbeing Nurses: The HSCP and Practices have been working collaboratively to develop the role of Wellbeing nurse. The Wellbeing Nurse will be based within the GP Practice and see patients referred by the receptionist or the GP. The Wellbeing Nurses commenced within 2 Clydebank Practices in October 2019. The phased roll out has been impacted by Covid 19 and recruitment has been delayed, work to develop this is currently underway. We

anticipate that all practices across West Dunbartonshire will have Practice Based Wellbeing Nurses by the end of 2021.

44. **Leadership.** To support the ongoing management and leadership of the various services a number of clinical lead roles have been developed including investment in the Nurse Team Leader role to manage and support, ANPs, Additional Staff Nurses and Health Care Support Workers, and to lead the develop of new services including; Phlebotomy, Flu Clinics and the Treatment Room expansion. Within the Pharmacy Team 2 senior roles that were previously temporary have been advertised as permanent. And the Advance Physiotherapy Service have invested in additional clinical lead capacity as there team increases year on year.

Enablers

45. Patient and public engagement is a key part of each of the PCIP plans. This includes communication of changes at practice and HSCP level, ongoing engagement about the rationale and expected benefits of the new MDTs, signposting to the most appropriate services, support to 'choose the right service / know who to turn to' and working with established engagement structures on the impact and outcomes of any changes. The plans highlight that this needs to be part of an integrated approach to engagement and culture change linking to Moving Forward Together messaging and national information and support campaigns.

46. A number of other enabling supports are in place including; education and training for advance practice and signposting. Information continues to be distributed locally to increase awareness and understanding of services and resources that can be accessed rather than presenting to the GP as first port of call.

47. Patient and public engagement will also remain a priority to ensure that we are fully engaging with patients and carers about any changes they may see over the next few years in their GP practices.

48. A programme of work is also underway to free up space within GP practices locally to enable more clinical and administrative space to be provided, as well as supporting digital infrastructure through the removal of paper records. In autumn 2020 all GP records across West Dunbartonshire HSCP were fully scanned and electronically accessible within practice.

Benefits to patients

49. The key patient benefits of the new GMS contract and MoU are intended to be:
    - Freeing up GP time to focus on those who most need it, usually people whose care needs are complex
    - Improved access to a wider range of professionals available in practice and the community
    - Direct access to the person or team with the most appropriate skills
    - More on line access (for appointments, prescriptions and advice)

50. **Expert Medical Generalist** is defined in the Scottish GMS contract offer document for 2018 the "Scottish Blue Book", this set out the GP focus on; undifferentiated presentations, complex care, local and whole system quality improvement, and local clinical leadership for the delivery of general medical services under GMS contracts. The HSCP Clinical Director will engage with local GPs around the focus of this role.

Strategic Connections

51. **Moving Forward Together**: PCIPs and MFT have been developed in parallel and are mutually reinforcing. MFT envisages the development of an enhanced community network of services and staff which go beyond the changes identified in the new contract and MoU. The PCIPs are an opportunity to build an infrastructure and base for further 'MFT' developments. In particular, there may be a case to accelerate or extend the scope of community treatment and care services, with additional resource, to link to emerging cases for change from the local care and planned care groups.

52. **EHealth**. There is a range of e-health enablers to ensure that the new MDTs can work effectively and that practices redesign their processes to make the most of the potential benefits. An information sharing agreement between practices and NHS Boards was implemented across NHS Greater Glasgow & Clyde.

53. **Premises**. The short term challenges in identifying suitable accommodation for the new MDT have highlighted a need for a more strategic approach (locally and across Scotland). There are a number of additional drivers which reinforce this:

    - The requirement for NHS Boards to include GP owned premises and premises leased by GPs from private landlords in their Property and Asset Management Strategies.
    - A national survey of GP premises will report shortly and will highlight pressures and opportunities within the GP owned/leased estate
    - Changes to the approach to independent contractor premises gives the NHS Board the option to take on practice leases and potentially to take on ownership of existing contractor premises in time through the loans scheme. There is a need for a clear strategic view to inform decisions in these areas
    - The premises requirements for MFT to support the vision of an enhanced community network
    - Scottish Government Capital Investment Strategy focused on 'local care'

54. Initial discussions have taken place about the process required to develop a comprehensive premises strategy to maximise the opportunities to attract funding and to make the most of existing assets. The HSCP has developed a joint premises group with the Local Authority which will ensure the management and development of our premises continues during 2021/2022.

Evaluation

55. The Primary Care National Monitoring and Evaluation Strategy was published in March 2019. This sets out a core set of high level indicators, as well as evaluation of specific elements of change in conjunction with the Scottish School of Primary

Care and Healthcare Improvement Scotland. This will consider how the changes brought in by the new contract contribute to the national Primary Care Outcomes.

56. A local evaluation framework was also agreed within NHS GGC. This is seeking to answer a number of key questions on the implementation and impact of the new contract and establishment of the multi disciplinary team. Progress on this has been paused due to the Covid-19 Response.

57. Local feedback from practices is positive and a formal process to gather local patient and GP feedback will be undertaken by March 2021 for a number of our work streams.

Health Scotland Monitoring Implementation PCIP

58. Within the Health Scotland, Monitoring and Evaluation of Primary Care in Scotland: the baseline position September 2020, Health Scotland advised they will report on progress of implementation of PCIPs against the PCIP indicators set out in table 2 below. As part of our reporting and monitoring the current West Dunbartonshire position is detailed below.

Table 2: Indicators used to measure progress towards implementing PCIPs in West Dunbartonshire

Service	Indicator to Measure Progress	Comments
Vaccination Transformation Programme	100% of practices covered by pre-school service 100% of practices covered by school age service 100% of practices covered by out-of-schedule service 0% of practices covered by adult service % of practices covered by adult flu service 100% of practices covered by pregnancy service 0% of practices covered by travel service	HSCP to deliver all >65's and Practice to deliver 18-64's at risk National model to be developed
Community Care & Treatment Service	94% of practices with access to phlebotomy service 100% of practices with access to community treatment service	1 practice not yet receiving Practice based HCSW through choice/space. Work ongoing to deliver full service by developing phlebotomy clinic. (Partial phlebotomy service being delivered).
Pharmacotherapy	100% of practices with prescribing support pharmacists in place	Each practice has partial coverage Based on current modelling this is between 25-33%. Modelling is

Service	Indicator to Measure Progress	Comments
		ongoing.
Urgent Care	0% of practices supported with urgent care services	2 practice have 2 trainee Advance Nurse Practitioners in post.
Additional Professional roles	19% of practices accessing mental health workers/support (Action 15 funded) 19% of practices accessing advanced practitioner physiotherapists	3 practice have access to Well Being Nurse, patient practice population of c17,300 3 practice have access to MSK APP, patient practice population of c16,000
Links Worker Programme	31% of practices accessing Community Link Workers	5 practices, patient practice population of c.35,300

Next steps

59. Implementation of PCIPs will continue in 2020/21 along with further progress on finalising models and trajectories. The tracker was submitted to Scottish Government mid October 2020 for period up to 31st August 2020.

Plan for 2021/22

60. During 2021/22 we aim to:
    - Increase the Pharmacotherapy the WTE workforce allocated to each practice and work with the Board and National service to develop new ways of working, work in a number of areas is already being progressed.
    - Monitor our Community Care and Treatment Room Service (including practice based phlebotomy) to ensure full delivery to all practices.
    - Develop phlebotomy community clinics ensuring suitable premises, agreed GP's practice referral pathways and suitable IT solution.
    - Work with acute colleagues to ensure a joined up approach to community phlebotomy for primary and secondary care phlebotomy as part of the Moving Forward Together programme.
    - Recruit a further 2 ANPs and work with GP practice to identify placements.
    - Start to consider the model of Urgent care Service supported by the ANPs.
    - Increase Advance Physiotherapy Practitioner to 4 WTE.
    - Extend the Community Link Worker team to 6 WTE and the number of patients and practice receiving support
    - Look at the models of delivery for our additional resources considering current model of practitioners placed directly in practice as part of the extended Practice team or develop hub model providing reduced access but to more GP practices.
    - Work with Mental Health Colleague to expand the Well Being Nurse Service to additional patients and practices.
    - Work with local GPs to inform the role of the Expert Medical Generalist
    - Embed the learning from Covid-19 in our developments within Primary Care
    - Utilise both local and national approaches to engaging and informing patients of the developments within Primary Care and the wider system.
    - Evaluate the PCIP workstreams.

Covid PCIP 3

Health Board Area: Greater Glasgow & Clyde
Health & Social Care Partnership: West Dunbartonshire HSCP
Number of practices: 16

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/8/20
Practices with PSP service in place	0
Practices with PSP level 1 service in place	0
Practices with PSP level 2 service in place	0
Practices with PSP level 3 service in place	0

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous p

As a result of the first phase of the pandemic, the practice based pharmacy service was quickly moved to mainly remote working model. This brou change during the pandemic period with fewer IDLs and outpatient requests to action but a changed focus to support the most important medici

A number of priorities have been identified to be the focus of local pharmacy teams over the next few months to ensure that primary care access prescribing).

Recruitment has continued although has been slower than anticipated and pressures on accommodation which have been exacerbated by the ne Pharmacy staff has been an ongoing issue in West Dunbartonshire and it is also worth noting that the amount of support required for full implem other roles out with the HSCP. There have also been nationwide concerns about de-stabilising other sectors of pharmacy with this occurring in o inductions, predominately onsite either in our base or within practices following their support and agreement. Further recruitment is planned fo

All practices receive partial support from PCIP. Based on current estimations of 2 WTE per 5000 patients all practices are currently between 25-3 approximately 50-66%. Modelling is ongoing.

Our services, CAPS and the central pharmacy desk in Clydebank both have continued, remotely during lockdown and has developed into a blende And finally, alongside the rapid implementation of PAMs our team worked on the implementation of the Dumbarton IDL Hub to help alleviate spa

2.2 Community Treatment and Care Services	Practices with no access by 31/8/20
Practices with access to phlebotomy service	2
Practices with access to management of minor injuries and dressings service	0
Practices with access to ear syringing service	0
Practices with access to suture removal service	0
Practices with access to chronic disease monitoring and related data collection	2
Practices with access to other services	0

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous p

The role out of the CTAC service is progressing. Our year 3 plan was to have a full CTAC service in place by March 2021, this is still our aim. Howe recruitment of CTAC staff has been impacted by the pandemic thus some recruitment catch up is needed (planned for Year 3, 2020/21). The pan plans developed pre-pandemic has been significantly affected. Accommodation is a greater challenge than it already was back in January 2020. (NHSGG&C.

In addition the HSCP CTAC service also provides: B12 injections, Catheterisation, Central Venus line maintenance, ECG (Clydebank), Leg Ulcer Mar

Chronic disease monitoring/ Phlebotomy - 2 Practice currently have no access, 1 practice has vacancy out to recruitment, 1 practice has no space

All practices are receiving some component of the service, with some receiving all that they would be allocated, this varied by practice based on v

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20
Pre School - Practices covered by service	4
School age - Practices covered by service	0
Out of Schedule - Practices covered by service	0
Adult imms - Practices covered by service	0
Adult flu - Practices covered by service	0
Pregnancy - Practices covered by service	0

Travel - Practices covered by service	0

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous p

Pre School Flu - pilot delivered for 4 practices in winter 2019/20., Childhood immunisations are delivered by centralised team across full HSCP
School Age - delivered by School immunisation service (at risk were covered by GPs until winter 2019/20. Plan in place to transfer this activity to
Out of Schedule, plan in place to transfer this activity to Centralised team for winter 2020/21
Adult Imms - Plan in place to transfer activity in 2020/21 excluding shingles, await non live vaccines availability
Adult Flu - National agreement in place for aspects to be delivered by HSCP / Practices. Locally HSCP and GP Practices are working on a collabora
Pregnancy - All activity to be delivered by board for winter 2020/21
Travel - work on going, delivery not transferred 2020/21.

2.4 Urgent Care Services	**Practices with no access by 31/8/20**
Practices supported with Urgent Care Service	14

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous p

In August 2020, 2 WTE ANP Trainees were recruited to the HSCP. 2 GP Practices are hosting and mentoring the Practitioners until fully qualified i

Additional professional services

2.5 Physiotherapy / MSK	**Practices with no access by 31/8/20**
Practices accessing APP	13

Comment / supporting information: Please detail the impact of Covid on implementation and where you are in this process, including the imp

APPs redeployed to assisted with Covid 19 response, leading to no service input for a period of time (now recovered). Staff movement created va
plans, with Year 2 commitment filled and 50% of commitment for year 3 filled. Covid 19 has also meant that the APP model of service delivery ha
access to IT (to be able to use attend anywhere and MS teams), service was very volatile as dependent on practice accommodation and IT.

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/8/20**
Practices accessing MH workers / support	13

Comment / supporting information: Please detail the impact of Covid on implementation and where you are in this process, including the imp

Service commenced in October 2019 with two practices and a further practice in January 2020. The initial 2 Practices were allocated two full days
Covid lockdown and the service went to emergency staffing. Direct access to PCMHT and wellbeing nurse support was introduced via telephone
identified in discussion with GP practice. The Service has recently employed more staff, when induction is complete service will recommence in 3
The number of practice that actually receive the service will be based on population size.
Patient satisfaction questionnaires were sent by text to participants and showed an overwhelmingly positive experience.

	Practices with no access by 31/8/20
Practices accessing Link workers	11

Comment / supporting information: Please detail the impact of Covid on implementation and where you are in this process, including the imp

Community Link Workers moved from in-practice to remote working on 23rd March 2020. Arrangements were made for daily practice contact ar
patient check-ins, shielded enquiries and maintaining contact with existing clients. Support for new referrals was also curtailed due to many refer
a general phased return to practice in September 2020.

The HSCP's ambition to increase our Community Link Worker service to 6 WTE in April 2020 was delayed as a direct result of Covid. The plan for

2.8 Other locally agreed services (insert details)	**Practices with no access by 31/8/20**
Practices accessing service	

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous p

2.9 Overall assessment of progress against PCIP

Specific Risks

Covid Pandemic delayed recruitment initially, however once the immediate response was addressed services resumed recruitment remotely via T
Staff from some of the services (i.e. MSK APP) were deployed to other roles to support the Covid Response resulting in support being assigned ou
In some services, i.e. Community Link workers and Well Being Nurses, there has been reduced referrals, this may be as a result of remote workin
(during lock down) and also some challenges with staff being set up for remote working.
Recruitment during year 3 is ongoing, however recruitment and retention of professionals is a concern particularly for Pharmacotherapy Staff.
Plans continue to progress with concern about delivery of
- the full Pharmacotherapy Service due to recruitment
- Phlebotomy due to premises
*Workforce availability
*Framework and funding model to support MDT supervision and DMP
*Suitable Accommodation as workforce increases
*Competing Board pressures (unscheduled care)/Covid response
*need to ensure no de-stabilisation of mainstream/Existing services.
*Additional Physio student capacity planned for HEIs delayed
* funding model to deliver full service to all practices

Barriers to Progress

Please detail any barriers to progress and what could be done to overcome those barriers.
*Covid resulted in the HSCP putting on hold the tender to increase the HSCP CLW from 3 to 6, this will now take place for April 2021.
*Accommodation (both within practices and Health Centre)
*Clydebank new health and community care and treatment centre planned prior to new PCIP/MDT models of working. Concern about accommoc
*e-health solutions
*Recruitment/retention
*Practice readiness to integrate new staff/service at current times with pressures surrounding COVID 19 and requirements for social distancing,
*Premises - limitations of suitable accommodation to host PCIP staff within practices, this is becoming increasingly difficult as the workforce exp
*IT – Lack of integration of different practice EMIS systems limiting options available to support hub/cluster based working,
*Software/Hardware limitations, limiting staff access to use MS Teams and Attend Anywhere
* Long term affordability of the MoU commitments remain a concern, PCIP updates and financial trajectories highlight an expected gap between
and expected available funding.

Issues FAO National Oversight Group

*Require nationally driven culture change campaign regarding public use of primary care
*Accommodation
*Mentorship of staff
*Designated Medical Practitioner MDT Support
*Workforce plan / staff availability and MOU timescales
*Challenges of staff recruitment to commence in April 2021 to enable full implementation of PCIPs
*Electronic prescriptions
*National Sharing Agreement not finalised yet
*Student training / recruitment

Workforce profile

Health Board Area: Greater Glasgow & Clyde
Health & Social Care Partnership: West Dunbartonshire HSCP

Table 1: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL headcount staff in post as at 31 March 2018	3	3	5	0	0	0	0	0	0	0	0	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	7	3	1	6	0	0	0	0	0	2	0.0	0
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	2	4	4	0	3	0	0	0	2	1	0.0	3
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	4	3	2	25	3	2	0	0	6	1	0.0	0
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	5	8	0	0	0	2	0	0	2	1	0.0	3
TOTAL headcount staff in post by 31 March 2022	21	21	12	31	6	4	0	0	10	5	0	6

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 2: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and Care Services			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	
TOTAL staff WTE in post as at 31 March 2018	2.8	2.2	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	7.0	2.2	1.0	5.6	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	1.4	4.0	3.2	0.0	1.5	0.0	0.0	0.0	1.0	1.0	0.0	3.0
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	4	3	2.0	11.0	1.5	2.0	0.0	0.0	3.0	1.1	0.0	0.0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	5	8	0.0	0.0	0.0	2.0	0.0	0.0	1.0	1.0	0.0	3.0
TOTAL staff WTE in post by 31 March 2022	20.2	19.4	11.2	16.6	3.0	4.0	0.0	0.0	5.0	4.2	0.0	6.0

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Comment:
- Planned increase in pharmacotherapy staff workforce in 2021/22 is currently under review. Based on experience, it is not anticipated that we will recruit this level of Pharmacy staff within 1 year. Template does not enable us to forecast beyond.
- Vaccinations/Community Treatment and Care - Increased Headcount and WTE for Leadership in nursing resource. Changes to HealthCare Assistant model for CTAC has resulted in increased Headcount but reduced WTE due to part time staffing numbers.
- breakdown of Vaccination staff isn't included as these are provided via centralised teams working across multiple site. Adult flu programme is being delivered by existing staff either existing or additional hour or staff recruited for 6-8 weeks via nursing bank. Costing for this activity are being developed separately with cross over to PCIP funding to be confirmed.
- Urgent Care - ANP planned recruitment increased by 1.0wte and headcount.

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by: Chief Social Work Officer

26 November 2020

Subject: Chief Social Work Officer's Annual Report 2019-20

1. Purpose

1.1 The purpose of this report is to present the HSCP Board with the Chief Social Work Officer (CSWO) Annual Report for 2019-20 which provides information on the statutory work undertaken and includes a summary of governance arrangements, service delivery, resources and workforce.

2. Recommendations

2.1 The HSCP Board is asked to note the content of the Chief Social Work Officer Annual Report 2019-20.

3. Background

3.1 The requirement for each Council to have a Chief Social Work Officer was initially set out in section 3 of the Social Work (Scotland) Act 1968 and is also contained within section 45 of the Local Government etc. (Scotland) Act 1994.

3.2 The role of the CSWO is to provide professional guidance, leadership and accountability for the delivery of social work and social care services – both those provided directly by the HSCP and also those commissioned or purchased from other providers.

3.3 The CSWO Annual Report has been prepared in line with national guidance: 'The Role of the Chief Social Work Officer' (Scottish Government: 2016). This report also fulfils the statutory requirement for each CSWO to produce an annual report on the activities and performance of social work services within the local area.

3.4 The CSWO Annual Report was presented to West Dunbartonshire Council for approval at its meeting on 30 September 2020. Following approval, the report was submitted to the Chief Social Work Advisor to the Scottish Government and will be posted on the Council and HSCP websites.

4. Main Issues

4.1 Each CSWO produces an annual report, based on a template agreed with the Office of the Chief Social Work Adviser, however this year, given the workload implications caused by the Covid 19 pandemic, an amended template has been provided which ensures local reporting arrangements continue whilst having due regard to current pressures being experienced across the sector.

4.2 The Office of the Chief Social Work Advisor will use completed reports to prepare a national overview later in the year.

4.3 The HSCP Strategic Plan for 2019-22 provides a vision for delivery of services in West Dunbartonshire, prioritised around early intervention, access, resilience, assets and inequalities.

4.4 Improvement planning following the inspection of Self Directed Support (SDS) and Justice social work services has progressed during 2019-20, supported by oversight and scrutiny by the HSCP Board and HSCP Audit & Performance Committee.

4.5 The report on the inspection of Justice services was published in August 2019 and highlighted areas for improvement, particularly around risk assessment, interventions with offenders, unpaid work and case management. The appointment of a dedicated Justice Service Manager in October 2019 has provided improved leadership for the service and for the improvement actions arising from inspection.

4.6 Joint working with Community Justice Scotland and other partners has led to the development of bespoke training opportunities for staff in the development of risk assessment and risk management practice to support individuals to reduce the risk of further offending and harm.

4.7 Meanwhile, the Care Inspectorate undertook inspections of 12 registered services and ongoing discussion with our Link Inspector will support and guide preparation during 2020-21 for the forthcoming programme of inspection of adult support and protection services.

4.8 Public protection arrangements were strengthened during 2019-20, with the appointment of an independent joint Chair for the Adult and Child Protection Committees to provide additional scrutiny, oversight and professional challenge to multi-agency partners.

4.9 In addition, a review of public protection support arrangements led to the creation of specific lead officer posts for adult protection and child protection. This will augment existing arrangements and provide dedicated co-ordination, strategic planning and monitoring of child and adult protection work on behalf of West Dunbartonshire Child Protection Committee and Adult Protection Committee and will promote and support all areas of work relating to public protection with staff and partners.

4.10 During 2019-20, recruitment to social work posts has continued, albeit in challenging and competitive conditions. Additional social worker and support worker posts have also been taken forward to increase service capacity.

4.11 This additional commitment reflects the continued demands upon statutory services alongside the importance of practice and performance improvement. This will also support service design for children's services within an integrated, targeted approach to improve outcomes for children, young people and families.

4.12 The Mental Health Officer team remained fully staffed during 2019-20 and this enabled staff to meet statutory deadlines across the range of activity. Close working relationships between adult services teams have also enabled a range of integrated practice across services. These included support to vulnerable women during pregnancy, to reduce hospital admissions and delayed discharges and the report provides further detail here.

4.13 Services have also identified further opportunities for service development and improvement during 2020-21, however these will undoubtedly be shaped by the impact of Covid 19 on our most vulnerable children, families and adults in the year ahead.

4.14 The report outlines how services have responded to the pandemic; whilst much of this falls outside the reporting period of the annual report, priorities for service delivery, support to staff and managers and details of recovery planning are included.

5. Options Appraisal

5.1 Not applicable to this report.

6. People Implications

6.1 The CSWO Annual Report refers to workforce planning and development which recognises activity to support staff compliance with professional registration as well as recruitment and retention activity.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising from the CSWO annual report, however the report highlights the financial implications upon the HSCP budget and the importance of spend that is compliant with procurement arrangements.

7.2 Budgetary oversight of services provided by the HSCP continues to be provided by the HSCP Board and senior officers continue to address these

issues to meet statutory duties – the current pandemic will undoubtedly shape the budgetary and financial arrangements for HSCP services during 2020-21 and beyond.

8. Risk Analysis

8.1 Provision of statutory social work services requires appropriately qualified and skilled staff – analysis of activity and future demand is intended to inform future service planning to continue to meet statutory duties.

9. Equalities Impact Assessment (EIA)

9.1 There is no equalities impact as the report does not recommend a change to existing policy, function or strategy.

10. Environmental Sustainability

10.1 There are no environmental sustainability considerations within this report.

11. Consultation

11.1 The CSWO Annual Report has been informed by information provided by managers across the HSCP; members of the HSCP Senior Management Team have also been consulted on the report content.

12. Strategic Assessment

12.1 Analysis of activity, resources and performance within the CSWO Annual Report provide assurance that the planning and delivery of social work services in West Dunbartonshire continue to reflect statutory requirements.

12.2 The report also demonstrates how services support the Council's strategic priorities and the HSCP Strategic Plan, working with local residents and communities to improve lives.

12.3 The strategic direction of services will undoubtedly reflect the wider implications of the Covid 19 pandemic during 2020-21 and shape how services are prioritised and designed to meet the needs of our communities in West Dunbartonshire.

Jonathan Hinds
Head of Children's Health, Care and Justice/Chief Social Work Officer
9 October 2020

Person to Contact:	Jonathan Hinds, Head of Children's Health, Care and Justice, Chief Social Work Officer; 16 Church Street, Dumbarton, G82 1QL; Telephone 01389 737320; email jonathan.hinds@ggc.scot.nhs.uk
Appendices:	Chief Social Work Officer Annual Report 2019-20
Background Papers:	None

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

Improving Lives with the People of West Dunbartonshire

West Dunbartonshire

Health and Social Care Partnership

Chief Social Work Officer Annual Report

2019-20

CONTENTS

1. GOVERNANCE AND ACCOUNTABILITY

Role of the Chief Social Work Officer (CSWO)

The requirement for each Council to have a Chief Social Work Officer (CSWO) was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc. (Scotland) Act 1994.

The role of the CSWO is to provide professional governance, leadership and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector. Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

West Dunbartonshire Council has resolved that the Chief Social Work Officer role is held by the Head of Children's Health, Care and Justice.

The Chief Social Work Officer is a 'proper officer' of the Council in relation to social work functions and is a member of the Senior Management Team within the HSCP and a non-voting member of the HSCP Board.

Population Profile

In 2019, the population of West Dunbartonshire was 88,930 (National Records for Scotland, 2020[1]). This is a decrease of 0.2% from 89,130 in 2018. Over the same period, the population of Scotland increased by 0.5%. The population of West Dunbartonshire accounts for 1.6% of the total population of Scotland.

In West Dunbartonshire, 17.6% of the population are aged 0-15, slightly higher than Scotland (16.9%), and 9.8% of the population are aged 16-24, which is smaller than Scotland (10.5%). In terms of overall size, the 45 to 64 age group was the largest in 2019, with a population of 26,075 (29.3%). People aged 65 and over make up 18.8% of West Dunbartonshire's population, which is slightly lower than the whole Scotland population (19.1%).

Currently West Dunbartonshire ranks the third most deprived area in Scotland (equal with North Ayrshire) with 40% of data zones being among the 20% most deprived areas of Scotland. Only Inverclyde (45%) and Glasgow City (44%) have higher deprivation (Scottish Government, 2020[2]).

Integration

West Dunbartonshire Health & Social Care Partnership was formally established on 1 July 2015; the HSCP Board is responsible for the operational oversight of the HSCP as the joint delivery vehicle for services delegated to the Integration Joint Board (except for NHS acute hospital services) as set out within its integration scheme.

During 2019-20, the HSCP vision of 'improving lives with the people of West Dunbartonshire' shaped the HSCP Strategic Plan for 2019-22, where the work of the partnership is focussed on the following five priorities:

- Early Intervention
- Access

[1] https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/west-dunbartonshire-council-profile.html

[2] https://www.gov.scot/publications/scottish-index-multiple-deprivation-2020/pages/5/

- Resilience
- Assets
- Inequalities

Partnership Arrangements

The Chief Social Work Officer participates in a range of groups and forums to ensure the proper delivery of social work functions. These include the 'Nurtured' and 'Safer' Delivery & Improvement Groups (DIGs) which lead on the relevant strategic priorities of West Dunbartonshire Community Planning Partnership as well as the Public Protection Chief Officers Group, West Dunbartonshire Council, the HSCP Board, HSCP Audit & Performance Committee and the Clinical & Care Governance group. These arrangements support work with a range of key partners including the Council, third sector, Police and Scottish Children's Reporters Administration to ensure that services are developed and provided across West Dunbartonshire that reflect local strategic priorities.

Clinical and Care Governance

The HSCP Clinical and Care Governance group has a responsibility to provide scrutiny, constructive challenge and oversight across health, care and social work services in West Dunbartonshire. The group meets quarterly to ensure that services provide quality, effectiveness and efficiency to meet the needs of local residents and communities, as well as evidencing good practice around professional standards, risk management, staff learning and development.

The Clinical and Care Governance group comprises the HSCP Chief Officer, Heads of Service, Chief Social Work Officer, Clinical Directors and is chaired by the Chief Nurse; the group also reviews progress around quality assurance improvement plans arising from inspections. Revised Terms of Reference are under development to guide the work of this group in 2020-21.

Self-evaluation and improvement activity is regularly reported in addition to compliance with statutory and mandatory training for staff across the HSCP. Furthermore, the group is a key part of the partnership governance arrangements for initial and significant case reviews and significant clinical incidents.

Public Protection Chief Officers Group (PPCOG)

West Dunbartonshire's multi-agency Public Protection Chief Officers Group (PPCOG) is responsible for the strategic co-ordination of public protection services in West Dunbartonshire and is chaired by the Council Chief Executive. Core membership includes the Chief Nurse: Head of Public Protection (NHS Greater Glasgow & Clyde), the Divisional Commander (Police Scotland), the Chief Officer (HSCP) and the Chief Social Work Officer. The Council's Chief Education Officer and the Locality Reporter Manager (Scottish Children's Reporter Administration) are also part of the PPCOG. The group scrutinises the strategic direction and performance of services for child protection, adult protection, multi-agency public protection arrangements (MAPPA) for the management of high risk offenders, violence against women and the Alcohol & Drugs Partnership.

The PPCOG regularly reviews the purpose and function of the group in terms of assurance and governance. The strategic risk register for the PPCOG is currently being updated by group members to reflect the multi-agency approach to risk management and to ensure that senior officers have appropriate oversight of actions and resources required to mitigate risks here.

During 2019-20, recruitment to the new role of joint independent chair for both Adult and Child Protection Committees was completed and Paula Godfrey was appointed to provide

independent scrutiny, professional challenge and enhanced capacity to drive forward strategic priorities.

The post of public protection co-ordinator became vacant in January 2020 and it was recognised that the span of responsibility of this post, to support the work of adult and child protection committees presented challenges in recruitment, alongside agreement of the need to enhance the capacity of public protection functions in West Dunbartonshire. As such, it was agreed to create two lead officer posts, one for adult protection and one for child protection. Work to recruit to these posts is now underway and further reflects the commitment to public protection in West Dunbartonshire.

The Performance and Assurance Reporting Framework (PARF), included at Appendix 1, provides performance against targets for child protection, high risk offenders, adults at risk and vulnerable adults. The main purpose of the report is to ensure that the PPCOG reviews performance, outcomes and demand levels and takes any necessary action required or request the provision of further analysis and review.

Within the above arrangements, the CSWO maintains oversight of social work practice and performance by a range of means, including:

- Monthly management meetings with senior managers for children's and justice services;
- Quarterly meetings with operational managers for adult social work services
- Monthly meetings with public protection co-ordinator (for child and adult protection)
- Weekly Senior Management Team meetings including HSCP Chief Officer, all operational Heads of Services, Head of Organisational Development & Change and Chief Finance Officer;
- Quarterly extended Senior Management Team meetings (including managers across all HSCP services).

A range of management information is also provided to the CSWO for analysis and to inform further discussion and service planning with operational managers including:

- Quarterly performance and review data for child protection, adult protection and MAPPA (also reported to the Public Protection Chief Officers Group);
- Monthly performance report for children's and justice services (including information pertaining to demand for services, initial response, case allocations, performance against key performance indicators) – this report is also shared with the HSCP Chief Officer and Council Chief Executive
- Registered practitioners subject to performance improvement plans or other formal measures including referral to the Scottish Social Services Council (SSSC);
- Professional practice discussion as part of quarterly meetings with the link inspector from the Care Inspectorate.

2. SERVICE QUALITY AND PERFORMANCE

The role of CSWO includes responsibility for ensuring that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC).

During 2019-20, the CSWO, HSCP Chief Officer and other Heads of Service continued to engage positively with the link inspector and other colleagues from the Care Inspectorate, where service performance, strategic planning and inspection activity were reviewed. Inspection activity supports quality of service within robust arrangements for governance and accountability.

During 2019-20, changes to the Terms of Reference for the HSCP Audit Committee were agreed, alongside expanded membership which enabled it to develop as the Audit and Performance Committee, as a sub-group of the Integration Joint Board. Here, inspection reports and improvement plans are presented, enabling Committee members to monitor progress.

Care Inspectorate Inspections

During 2019-20, 12 registered services were inspected and the summary of inspection outcomes is provided at Appendix 2. The Care Inspectorate looked at a range of issues including:

- wellbeing
- leadership
- staff
- care settings
- care and support planning.

Further information on performance across services is included in the following Appendices:

Appendix 1: Performance and Assurance Reporting Framework, Public Protection Chief Officers Group 2019-20;
Appendix 2: Care Inspectorate Inspection Outcomes 2019-20.

Justice Social Work inspection

The Care Inspectorate undertook an inspection of West Dunbartonshire justice social work services during early 2019, the second area to be inspected using the new justice inspection quality improvement model. The inspection focussed on the delivery of community payback orders from October 2016 to October 2018. Inspection activity included preparation of a self evaluation with supporting evidence, file reading of a sample of Community Payback Orders (CPOs) and a series of interviews, focus groups and observations by the inspection team.

The key themes for improvement within the inspection model related to:

- outcomes for individuals
- cultural change
- service improvement
- leadership and governance.

The report identified the following key messages as priority areas for improvement:

(a) The service needs to develop ways of being able to demonstrate the different support is making in improving outcomes for individuals and its contribution to community safety;

(b) Achieve a culture within the service which supports the prioritisation of, and adherence with, National Outcomes and Standards and FRAME guidance for all elements of a Community Payback Order;

(c) Achieve sustained improvements in the delivery of unpaid work service;

(d) Leaders to have greater oversight of performance across all justice social work services, supported by the development of systems and frameworks which identify priorities and inform decisions regarding service delivery and design.

A detailed improvement action plan has been developed and is regularly updated to reflect progress to achieve actions. The plan has been further informed by discussion with local managers and professional colleagues from the Care Inspectorate and Community Justice

Scotland who will continue to support local managers in the development of an improvement programme, focussed on:

- risk assessment tools
- accredited interventions
- unpaid work
- case management planning.

The plan incorporates staff engagement, reflects resource pressures and change management methodology.

Self Directed Support inspection

West Dunbartonshire was one of six local authority areas chosen as a pilot area for a review of the implementation of the principle of Self-Directed Support (SDS) and personalisation which took place in 2018 and the Care Inspectorate report was published in June 2019. The report found that commissioning, procurement and resource allocation had historically been modelled within a model that focussed on deficits, within a delivery model characterised by block contracts which limited personal choice and control. Areas of good practice within Learning Disability and Acquired Brain Injury services offer opportunities to extend this learning across wider adult and older people's services.

The Care Inspectorate found that staff were less confident in working to the principles of choice and control within existing systems and processes, whilst good practice around early intervention and sign-posting was not being fully captured in documentation which needed to focus more on asset building and personalised support.

An improvement plan was developed which includes continuing engagement with key partners and a programme of staff training for trainers. A Programme Board has been developed to support and monitor improvement activity, supported by an interim Lead Officer for SDS. Working groups have also been established to ensure improvements around financial arrangements, staff training, assessment documentation and public engagement.

Staff are working with Procurement colleagues to agree compatible processes to support flexibility and control for supported individuals whilst other activity around charging, free personal care, carers' legislation and respite provision is also being taken forward. Service users and partner agencies are represented in both the Programme Board and working groups, whilst public engagement opportunities and development of a service user forum are intended to ensure the sustained integration of the principles of Self Directed Support and personalisation into the culture, systems and process of the HSCP.

PUBLIC PROTECTION

Child Protection

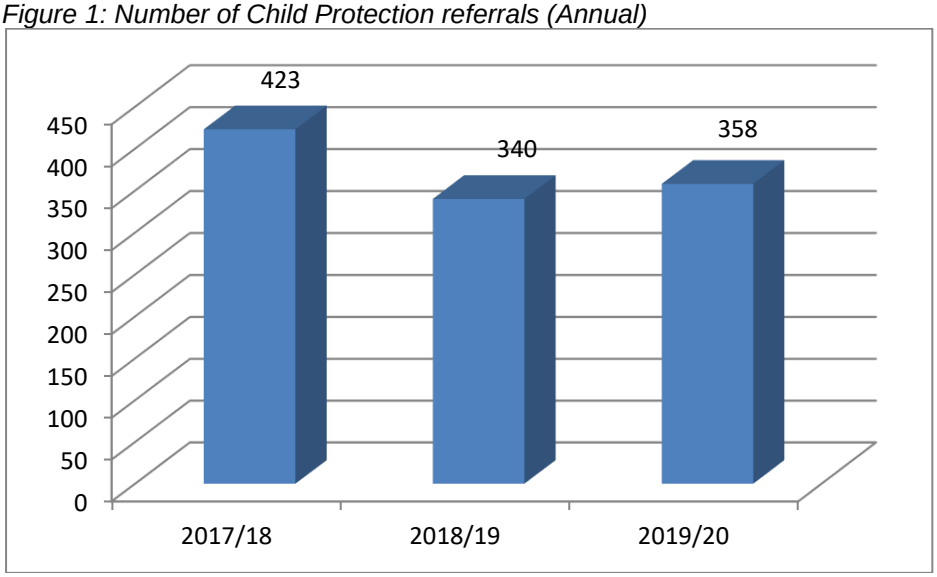
During 2019, the Public Protection Chief Officers Group (PPCOG) appointed an independent Chair to the multi-agency Child Protection Committee (CPC) and Adult Protection Committee (APC) to provide additional rigour and scrutiny. The Chair provides important leadership and direction to the Child Committee improvement plan, where child protection demand, responses and performance is scrutinised.

A monthly performance report has now been embedded for children and families social work which includes activity data, management information and key performance indicators. This report also includes workload information to support the PPCOG and senior leadership oversight.

The CPC improvement action plan continued to be a standing agenda item for the CPC, whilst the quarterly Performance and Assurance Reporting Framework (Appendix 1) includes key performance and monitoring information across child protection activity which is analysed and reported to the CPC and PPCOG.

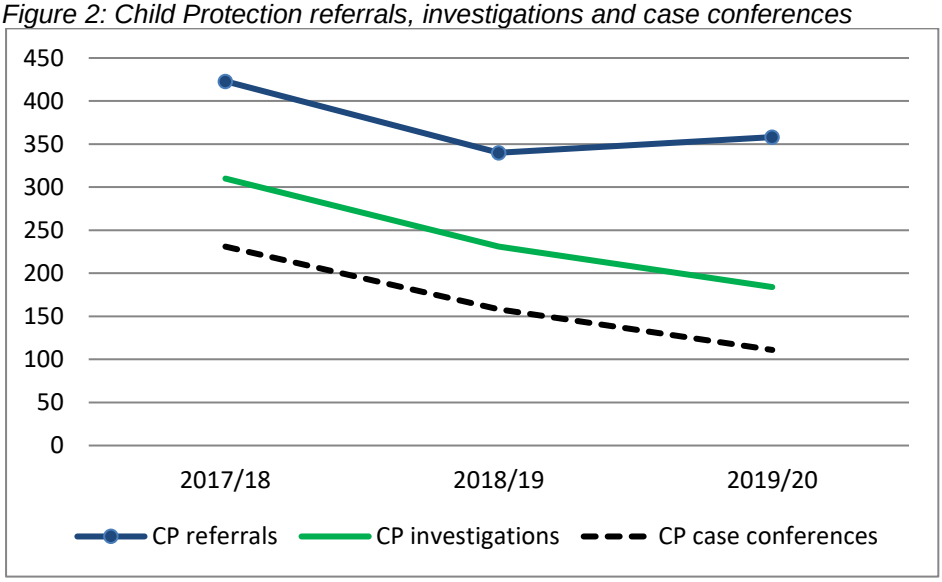
As indicated in Figure 1, below, the number of child protection referrals increased by 15 (5.3%) compared to the previous year:

Figure 1: Number of Child Protection referrals (Annual)



Quarterly data on child protection referrals, investigations and case conferences during 2019-20, within Figure 2 below, indicates an overall, continuing reduction:

Figure 2: Child Protection referrals, investigations and case conferences



The number of child protection investigations reduced by 53 (23%), whilst the number of investigations proceeding to case conference reduced by 47 (30%). Within this, 84.5% of investigations proceeded to case conference within 21 days, an improvement of 9.5% from the previous year. Whilst the target here is 95%, overall performance across 2019-20 shows an improving trajectory, supported by changes to processes and scheduling to reduce delay. Where case conferences took place out with timescales, this was primarily due to delays in information being provided by all organisations to inform the multi-agency decision-making process.

An initial review of practice across Team Leads as Chairs of case conferences indicated a broadly similar approach to risk, however a multi-agency audit in 2019-20 will be considered by the Child Protection Committee. Aligned to this, the number of referrals and investigations leading to child protection case discussion (and not to case conference) is not currently included within quarterly performance reports. As such, an audit of Initial Referral Discussions will be undertaken and a single agency review of cases for children subject to child protection registration will inform practice development and the review of quarterly performance reports to ensure relevant, meaningful performance information is included.

During 2019-20, 64 children were placed on the child protection register, compared to 88 in 2018-19, a reduction of 27%. As at 31 March 2020, there were 41 children on the child protection register, a reduction of 11 from the previous year. This reflects the reduction in child protection investigations and case conferences, although the indicators of risk and concern for those children remain at the centre of child protection activity and interventions, where local information continues to indicate the prevalence of domestic abuse. Whilst the number of child protection registrations has reduced, the number of children becoming looked after remained static overall.

Analysis of this trend data shows that 68% of children whose names were removed from the child protection register in 2019-20 returned home or remained at home, compared to 56% during 2018-19. This is an encouraging indicator of interventions to increase family capacity to address issues of concern and to enable more children to remain at home. Our Initial Referral Discussion (IRD) process, now streamlined with the other HSCPs across NHS Greater Glasgow and Clyde, means that the Child Protection Unit is the health representative at IRDs; Education colleagues are also a key partner within this shared response to the protection of vulnerable children and young people.

Adult Support and Protection (ASP)

During 2019-20, referrals for adults at risk increased by 218 (68%), from 321 in 2018-19 to 539 in 2019-20, whilst Vulnerable Adult referrals remained unchanged, with 713 referrals received in 2019-20.

The number of Inquiries taken to Investigation increased from 44 to 65 (47%) in 2019-20, and 91% of investigations were commenced within 8 working days of referral, again exceeding the target of 80%. Finally, the number of case conferences has remained static at 12 across all services, where 57% were held within 20 working days (target 75%).

All adult services teams experienced an increase in ASP referrals, however the most significant increase occurred in Older People and Adults (Physical Disabilities) where 292 referrals were received, compared to 142 referrals in the previous year.

Quality assurance work undertaken by Adult Protection Committee members was led by the Public Protection Co-ordinator, centred on case file audits to inform learning and improvement, including the training programme which also reflected cross-sector learning from a large-scale investigation at a private sector care home during 2018-19.

Working groups were established to develop local policies and procedures in relation to Large Scale Investigations, hoarding and financial harm – progress will be affected by the departure of the Public Protection Co-ordinator from January 2020, however recruitment is underway to enable continued support to the Committee Chair and to conclude this work on policies and procedures.

Statutory functions under ASP legislation require the ability to continue with the ongoing training of Council Officers and to provide regular refresher training to current Council Officers. This presents a particular challenge locally due to the Public Protection Co-ordinator vacancy, however the CSWO identified that a single co-ordinator post to support

both child and adult protection committees presented a significant organisational challenge, given the range of responsibilities and demands. As such, the HSCP Board has agreed to the creation of two lead officer posts, one each for child protection and adult protection. This will provide strengthen public protection arrangements in West Dunbartonshire and ensure local support to managers and practitioners, whilst enabling a continued contribution within national groups.

Re-establishing the training programme and the regular case file audit programme will therefore be a priority for the lead officer post, whilst preparation for the forthcoming inspection of adult support and protection (expected during 2020-21) will give operational services a particular focus around improvement activity.

Multi-Agency Public Protection Arrangements (MAPPA)

West Dunbartonshire is part of North Strathclyde MAPPA arrangements, along with five other local authority areas, supported by a dedicated MAPPA co-ordinator who provides professional advice and guidance. The MAPPA Unit team also support responsible authorities to fulfil their statutory duties around information sharing and joint working to assess and manage the risk of individuals managed within MAPPA.

The CSWO continued to attend the North Strategic Oversight Group and the Justice Service Manager is a member of the Management Oversight Group, where both groups include responsible authorities (local authorities, Police Scotland, Scottish Prison Service and Health).

The MAPPA Unit's Performance Report noted 100% compliance with key performance indicators for cases managed at level 2 and 3 (multi-agency risk management) being reviewed no less than 12 weekly. Furthermore, Justice Services were fully compliance with all national key performance indicators, where all MAPPA meetings were held and notifications submitted to the MAPPA Unit within fixed timescales – no exceptions were reported during 2019-20.

Strong multi agency partnership working under MAPPA protocols are in place within Justice Services, with good communication between all partner agencies involved in the supervision of High Risk Offenders. As part of ongoing staff development, there has been successful multi agency training throughout the year and a shared understanding developed in the risk management of service users with our partners. Joint training with colleagues from across the Justice sector including Police colleagues and the North Strathclyde multi-agency public protection arrangements (MAPPA) unit during 2019-20 further reflects a strong collaborative approach to maintaining public confidence.

The continued training of staff and development of interventions is also reflected in our inspection improvement action plan and supports a better informed and risk-responsive team, whilst continuing to meet our statutory duties as a responsible authority. Justice Services have registered their interest with the Risk Management Authority to be included in a pilot study for the implementation of a new risk assessment tool focused on assessment of offenders involved in accessing online abusive images during 2020-21.

CHILDREN AND FAMILIES

Locality Children's Services

The impact of poverty and associated issues for families such as mental health, addiction and domestic abuse were significant factors in interventions by the team to support children, young people and families during 2019-20. Partnership work in the delivery of statutory functions has continued to be central to the service's strategic approach, working closely

with partners in health, education and the Scottish Children's Reporters Administration, and Police Scotland.

Work with Police Scotland, the NHS Child Protection Unit and education colleagues further improved the provision and recording of Initial Referral Discussions (IRD) within child protection and work with vulnerable young people. Performance and trend information in respect of referrals of concern, child protection activity and registration demographics have indicated – as noted above – a decrease in children protection registrations, however the number of children being looked after has remains largely unchanged. To understand this better, Information team colleagues developed more detailed child protection information and case discussion reports during 2019-20. This will now include data on the number of child protection case discussions and associated activity which is particularly significant in respect of vulnerable young people and domestic abuse.

This improved analysis identified a potential emerging trend, both internally and externally, of referrals of concern at the point of crisis. This highlights the importance of collaborative work to identify opportunities for earlier intervention and the opportunity to redesign children's services, with specific focus on resources targeted at community supports to build family capacity and effective interventions to improve outcomes for children who are looked after.

Staffing was one of a number of issues within a collective grievance submitted by a Trade Union on behalf of their members within locality children's services and work to resolve these issues included analysis of the staffing establishment by Council HR and staff representatives to identify social worker vacancies.

Furthermore, in recognition of continued demand and to address the historical build up of cases awaiting allocation over time, senior managers committed to a further six social worker posts to create additional capacity and build resilience into the system to manage demand, meet timescales and professional standards.

Six additional support worker posts were also created to provide additional capacity for family support and early intervention work within the community. The development of this aspect of the service will continue in 2020/21 and is one strand of a redesign of children's services, underpinned by the commitment to redirect and refocus existing skills and resources to ensure interventions are targeted appropriately to improve outcomes for children, young people and families.

Improved monthly performance reporting has streamlined management information to support performance improvement and greater understanding of the specific challenges faced by the service during this period, which supports resource allocation.

Continued work with the national Performance and Care Excellence (PACE) programme assisted the service to improve their ability to prioritise and improve work with looked after children, specifically to improve timescales for children who require permanence decisions. Improvements led by the PACE project supported better outcomes for looked after and looked after and accommodated children and young people and locality services have strengthened the links between children and young people looked after at home and the Looked After Children's Health service.

Looked after Children and Young People

The number of children and young people who are looked after in West Dunbartonshire (503) remained unchanged compared to 2018-19, however within this, the settings and type of placements has varied. Figure 3, below, provides further information on the usage of key placements during 2019-20.

Figure 3: Placements for looked after children & young people 2019-20 and 2018-19

	2019-20	2018-19	Change(n)	Change (%)
Kinship care	208	202	+4	+2%
Fostering (internal)	54	59	-4	-7%
Fostering (external)	58	58	0	0%
Residential Schools	21	16	+5	+31%

This reflects the continued high usage of kinship and external fostering placements, whilst a significant number of children are looked after at home with parents. Kinship enables children to remain within family members, however improving earlier intervention approaches are expected to address this, whilst efforts to expand the number of local foster carers will be a priority for the Family Placement Service in 2020-21.

Family Placement Service

At 31 March 2020, children were placed with 113 foster placements, of which 54 were registered with West Dunbartonshire Council (a reduction of 5 from 2018-19) and 58 were provided by external agencies (unchanged). Carers provide a mix of short breaks, interim, long term and permanent placements and fostering is key to ensuring better outcomes for children within loving homes.

In the last year, changes to the structure of the local permanence panel included an established methodology, whereby the decisions about permanence and permanence routes for children are delivered separately from that of the matching process. This has clarified and improved the planning process for children. Membership of our monthly permanence panels has offered continuity in decision making, as well as building up local knowledge and confidence. Activity for 2019-20 is included in Figure 4, below:

Figure 4: Fostering Panel activity 2019-20

	2019-20	2018-19
Fostering Assessments	4	13
Approvals	4	9
Reviews	29	33
Changes in registration	13	3
De-registrations	5	4
Transfer from independent fostering agency	0	1

Over the last year, the Family Placement service, comprising Fostering and Adoption teams, has continued to assess people as foster carers and adoptive parents and supported carers. The service has also provided support and training to existing carers.

An additional social worker was added to the team to enhance capacity for the next two years, whilst recruitment to a new Fostering manager will be complete by June 2020. Furthermore, the appointment to the role of Senior Manager for services for looked after children in February 2020 has provided balance and strength to the senior management team for children's services.

Activity to increase the number of foster carers registered within West Dunbartonshire Council will build on some initial work during 2019-20, recognising both the improved outcomes for children being able to remain in their local area and the commitment to reducing the use of external fostering resources which is an area of significant spend by the service.

The Adoption service has continued to work co-operatively with other local authorities and approved voluntary agencies to provide and seek placements for children. The service

continues to work with the Scottish Adoption Advice Service (SAAS) in supporting post-adoption support to individuals and families. Activity during 2019-20 is included in Figure 5, below:

Figure 5: Adoption and Permanence Panel activity 2019-20

	2019-20	2018-19
Adoption assessments	5	8
Adoption approvals	5	7
Adoption reviews	0	1
Matches	7	12

During 2019-20, work with partners including the Children's Reporter, progressed the local PACE Programme which seeks to reduce drift and delay in securing better outcomes for children who are looked after. Improving performance here has been a key aspect of permanence planning for children in West Dunbartonshire, including regular reviews and tracking of decisions around plans for children, including formal legal processes. In September 2020, a PACE workshop will provide an opportunity to reflect on the value of our local PACE work, including new ways of working and agree how to take forward outstanding actions.

Finally, in August 2019, the Rt Hon Lady Smith, Chair of the Scottish Child Abuse Inquiry, issued a formal 'Section 21' Notice to all local authorities, requiring significant information to be provided on foster care arrangements from 1930 to the present. A working group has been established to identify relevant reports, locate historical case files, policies and other relevant information which will inform the response for West Dunbartonshire. This also includes tracing information from legacy organisations that pre-date West Dunbartonshire Council; as such, further time to complete the comprehensive report has been agreed, also reflecting the more recent impact of the Covid 19 lockdown.

Alternative to Care (ATC) Team

As a 7 day 24 hour support service, with staff working hours between 8am – 10pm, the focus of work is predominately undertaken outside normal working hours, when young people are more likely to require supports.

The team has continued to support young people to reduce the likelihood of them requiring a care placement, as well as responding to family crisis situations through intensive and early intervention. This is facilitated through both focused and diversionary work with young people, parents and carers.

During 2019-20, demand for the service remained at over 10 referrals per month, largely from the locality team and interventions included working to prevent young people being accommodated, addressing welfare and monitoring child protections concerns, reducing offending and anti-social behaviour and more recently responding to the needs of young people who have been trafficked and often required crisis support out of hours.

Intensive Support & Monitoring Services (ISMS) were also used with a small number of young people in the past year to either prevent young people from requiring secure accommodation or support young people back to the community, including partnerships with youth services and adult criminal justice colleagues.

Funding was secured for the Family Group Decision Making team to March 2021 which enables young people to remain in their local community and seeking to build family capacity and support and reduce the risk of family breakdown.

Children's Houses

Children and young people living in Blairvadach, Craigellachie and Burnside children's houses have continued to be supported within loving home environments, where there is a clear focus on positive outcomes, echoing the HSCP's commitment to working in a way that encompasses the impact of adverse childhood experiences (ACEs).

Children's Houses colleagues have maintained strong links with families, throughcare/aftercare and others including Young People in Mind (for mental health and wellbeing support) and other key third sector agencies.

Details of inspections of our children's houses are contained within Appendix 2.

Young people in our children's houses accomplished an impressive range of achievements, a small number of which are included below:

- Healthy Eating Award, level 1 – aiming for level 2 2020/2021 (Burnside)
- Gaining a HNC Web Development and enrolled to complete HND
- One young person now self-employed in the digital industry
- 100% attendance at school, on track to achieve Nat 3 & 4 in all subjects.
- Launch of "Our Own Words Matter" campaign to challenge the language used and perceptions about children and young people in care.
- Active involvement in community groups and building up relationships with local football clubs, churches and gym memberships provided.

Throughcare and Aftercare

During 2019-20, the Throughcare and Aftercare team, as a statutory service, supported approximately 90 young people as they prepared to move toward independent living, as well as offering support, advice and guidance to young people taking up after care support up to the age of 26.

The team has two registered services: adult placement and housing support which was most recently inspected in January 2020, achieving 'very good' gradings and no specific recommendations made by the Care Inspectorate – further details are contained within Appendix 2.

The team has continued to build on close working relationships with housing colleagues and through the development of the local care leavers housing protocol, young people have been able to access quality housing as a priority. Full rent abatement has been implemented for young people in full time education alongside promoting council tax exemption for care experienced young people.

These supports, along with the care leaver's bursary have supported young people into full time education: 12 young people are being supported to return to college courses and two are attending university.

During 2020-21, Continuing Care guidance will be further developed across services, with the ambition that this will improve transition planning in a more graduated way. This work will also consider eligibility for throughcare support from young people in kinship placements and the resource requirements of the team.

West Dunbartonshire Champions Board

The Champions Board further developed during 2019-20, including continued engagement with care experienced young people, including those within our children's houses, foster care, kinship care, children and young people who are looked after at home and older young

people who are supported by our Throughcare and Aftercare teams as well as those who have moved on to fully independent lives.

Activities and events have included Go Karting, meals out, pantomime/theatre outings, Christmas market outings, film nights, nail and makeup tutorials, visits to the safari park, escape rooms outing, paintballing etc. These activities and events allow for positive relationship building opportunities with our young people and some activities and events included attendance by their Corporate Parents too.

The Working4U team provided around 15 care experienced young people with the opportunity to have free driving lessons and West Dunbartonshire Leisure Trust continues to work alongside the Champions Board, enabling around 300 young people to be provided with leisure passes for swimming and gym use within the three local leisure centres.

Figure 6, below, illustrates the increasing number of children, young people and Corporate Parents who engaged with the Champions Board during 2019/2020:

Figure 6: Engagement with Champions Board

	2019/2020	**2018/2019**	**2017/2018**
Children and Young People in:			
Foster Care	16	12	1
Throughcare/Aftercare	19	14	8
Children's Houses	14	12	9
Kinship Care	13	4	1
Looked After at Home	11	7	1
External Placement or Secure Care	5	4	1
Previously Care Experienced	62	33	12
Corporate Parents attending activities	17	9	5
Number of groups in place	9	7	2

The development of the Champions Board in the next year will be shaped by the outcome of a funding application for a fourth year of funding, during which further development for corporate parents will seek to build on positive engagement with care experienced young people to better understand their issues and needs.

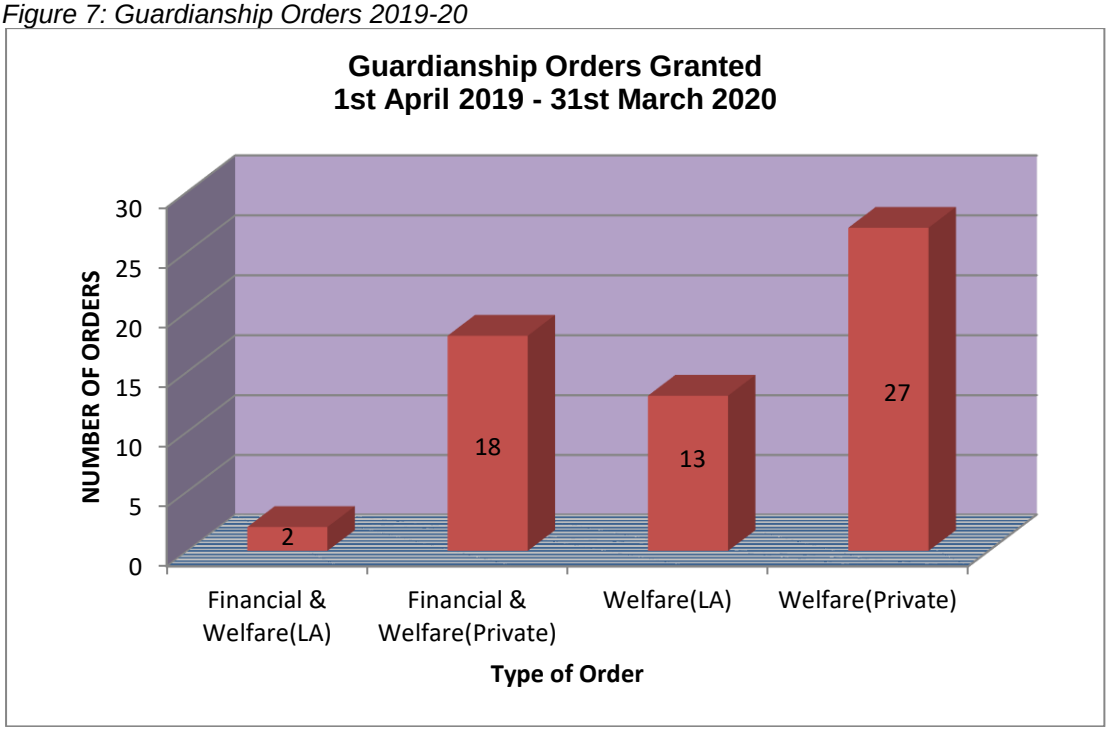
ADULT SERVICES

Mental Health Officer (MHO) Service

During 2019-20, activity related to interventions under the Mental Health (Care and Treatment) (Scotland) Act 2003 (2003 Act) did not markedly change from previous years.

Within the Adults with Incapacity (Scotland) Act 2000, the number of Guardianship Orders granted reduced, most likely due to a number of factors including increased use of Power of Attorney certificates and utilisation of the provisions contained within Section 13ZA of the Social Work (Scotland) Act 1968. It is also possible that restrictions on civil court business during the latter part of March 2020 due to the Covid 19 pandemic had some, limited, impact. Further details are included within Figure 7, below.

Figure 7: Guardianship Orders 2019-20



All critical statutory deadlines have been met, and there has been a sustained improvement in respect of the timescales in completing MHO reports to accompany Guardianship applications. Cases associated with hospital discharge continue to be prioritised, and this contributed to an overall decrease in delayed discharge periods.

During the past year, the MHO service developed an outreach link worker system to increase accessibility to services, where MHOs were assigned to each designated service area to offer advice, guidance, and support. Following an initial trail in the Learning Disability Service, it is expected that this will result in more streamlined and efficient collaborative working arrangements, while enhancing shared understanding of practice issues and outcome priorities.

During the next year, the service plans to develop a consultation/evaluation exercise with service users and carers as a key quality assurance and feedback activity.

The team, which remained fully staffed during 2019-20, made progress in terms of advancing the care plans of a number of service users subject to mentally disordered offender measures, with MHOs working collaboratively with individuals and multi-disciplinary care teams to support transfer to lower security settings and, ultimately, full discharge to the community. This complex area of work reflects the specific skills, experience and dedication of this important team who are central to the delivery of statutory social work services.

Mental Health Services

During 2019-20, a total of 4608 referrals were made to Mental Health Services, with 42,321 service user appointments offered.

The Adult Mental Health Service operates as an integrated team including social work and health colleagues to support a holistic model of delivery where joint working is embedded.

An immediate same day response service continued during the last year and joint working with Police housing, criminal justice, Addiction Services and third sector partners was key to the assertive outreach model for people with complex needs.

The service promoted mental health recovery through the Individual Placement and Support service for people wishing to return to the workplace, whilst the team also inputted to the Special Needs in Pregnancy Service (SNIPS) and planning around vulnerable women here.

In the last 12 months peer support was introduced, in partnership with a local third sector organisation where a Peer Support Worker supports a community asset model of working. Mental Health Services also introduced a Carer Support Worker who works with the local Carer Centre and mental health teams to support carer assessments, worker consultation and direct carer support.

The establishment of an Area Resource Group for mental health, meanwhile has offered greater consistency in care packages and incorporates Self Directed Support (SDS) principles and good governance.

Professional line management arrangements for social work staff and frontline managers has continued to be challenging within integrated management arrangements, however the appointment of a new Head of Mental Health Learning Disabilities and Addictions enables this to be progressed, alongside the development of the Lead Officer post for Adult Support and Protection. The CSWO will provide professional advice and support here to strengthen social work management arrangements here.

Priorities for policy and practice development during 202021 include progress in Self Directed Support, a clear charging policy, eligibility criteria and budget processes. It is also planned to advice the local Autism Strategy and operating procedures for Health and Social Care patient recording systems.

Community Hospital Discharge Team

During 2019-20, the service focussed on earlier assessment and hospital in-reach which enabled the team to target residents in hospital for earlier assessment and earlier identification of needs around supporting discharge. The temporary addition of Social Work Assistants from the Focussed Intervention Team further supported improved this activity.

Within this team, social work staff were focussed on commencing assessments as early as possible to alleviate pressures around reducing delayed discharges from hospital. Social work staff worked closely with colleagues in other HSCP teams to overcome late referrals for complex cases which required extensive social work input. During 2020-21, the service aims to target this area and further utilise the role of the early assessor at hospital sites as well as performing in-reach work to highlight the work of the team.

Community Older Peoples Team and Sensory Impairment Team

These integrated teams include a range of social work and health professionals, working with individuals aged 65 years and older to support them to live as independently and for as long as possible in their community.

The teams received on average 80 new referrals per week during 2019-20. The development of an integrated duty system has enhanced management oversight of referrals and triage/screening to allow urgent and high priority issues and concerns to be addressed, including adult support & protection and Vulnerable Adult referrals. All social workers across the teams continued to be involved in statutory work around the supervision of Guardianship Orders under the Adults with Incapacity (AWI) legislation.

Reflecting demographic trends, the number of people who are living longer with multiple complex health issues has continued to shape the development of the service during 2019-20, when staff were involved in the iHUB Frailty Collaborative: Living and Dying well with Frailty. This has improved how the team can identify and support people aged 65 and over

in their community working in partnership with GPs and the District Nursing service. Anticipatory care planning is at the core of this work to ensure information is available to all services and professionals.

Further work in the next year will include reviewing budgets and developments within local services to promote greater flexibility and support, particularly with third sector services to increase community-based provision.

Learning Disabilities Services

In 2019-20 there were approximately 473 people with a learning disability living in West Dunbartonshire. 52% were supported at home by a family carer and 44% were living in mainstream accommodation with support.

Over the last year, the service continued to work towards implementing the key recommendations from the national strategy (Keys to Life, 2013) and have embedded its four strategic outcomes: Independence, Choice and Control, Healthy Life and Active Citizen in support planning and care review processes.

The integrated approach to service delivery across community health and care, as well as third sector providers, has supported the delivery of effective and targeted specialist services which are prioritised around the key aims of people with a learning disability using an outcome-focussed approach to promote person-centred assessment and planning.

Close working relationships with colleagues from hospital inpatient services supported redesign of assessment and treatment services in 2019-20 to scope how to build local capacity and capability to reduce admissions to hospital. This work includes a focus on individuals currently in long stay beds or 'out of area' placements which have been highlighted as a priority within the Scottish Government's 'Coming Home' Report.

Over the past year, joint working with key partners including education, children's services and other adult services contributed to improvements in the transition of young people with additional support needs (including learning disability) into adult services. More young people had their adult service identified up to two years in advance, however the team will continue to expand this work during 2020-21.

Another continuing development has been the joint work with colleagues in Housing Services and housing developers to identify future housing stock that can support people to have homes that better meet their needs within a 'core and cluster' model of support.

The Work Connect cafe, in Levengrove Park, Dumbarton, continued to be used as a training kitchen for adults recovering from mental health issues and addictions as well as people with Learning Disabilities and Autism. This specialist supported employment service enabled trainees to develop employability skills and gain essential work experience to help them gain meaningful employment.

Work to progress the local Autism and Dementia strategies and scope a housing strategy for people with additional support needs will also be reflected in the service's priorities during the next year.

Addictions Services

During 2019-20, the service received 820 referrals for people experiencing problems with drugs or alcohol requiring assessment for treatments and support.

The team supported the Special Needs in Pregnancy (SNIPS) multi-professional model of care to vulnerable women throughout their pregnancy and post-birth. Furthermore, joint

working with Justice staff enabled an improved referral pathway for individuals subject to community-based orders, specifically those being managed under MAPPA and Life Licences. This strengthens the role of Addictions staff in pre-release planning and risk management in the community.

The assertive outreach service continued to be delivered by a Social Worker and Support Workers to 'hard to reach' vulnerable adults with chaotic and complex drug and alcohol use, often with co-existing mental health issues to support their engagement with services.

A further example of co-production during the last year was joint work with children's services colleagues to develop a Parental Capacity, Strengths & Support assessment. The assessment integrates well-being indicators and focuses on the adult service user's strengths and achievements as well as pressures and areas for improvement in relation to their child's well-being. Implementation is expected later in 2020.

JUSTICE SOCIAL WORK SERVICES

Improvement Activity

As referenced above, Justice social work services were inspected by the Care Inspectorate in January to March 2019. On the basis of the inspection team's findings, an improvement action plan, focussed on service improvement and staff development was implemented and further refined following review by the HSCP Board and in consultation with professional partners including Community Justice Scotland and the Care Inspectorate.

The creation of a dedicated Service Manager post was intrinsic to service improvement and was appointed to in October 2019. The Service Manager has a lead role in taking forwarding the improvement action plan with the team and also enables West Dunbartonshire to be represented in national policy developments and professional groups. This is already informing local work to develop services including Structured Deferred Sentences and Bail Supervision which will be taken forward in 2020-21.

A number of improvement actions taken forward since the publication of the inspection report in August 2019 include:

Risk assessment:

- Audit of training needs by staff and managers to inform workforce development;
- Training on Alcohol Brief Interventions Risk of Serious Harm;
- Updated LSCMI risk assessment guidance;
- Roll out of Justice Star tool to measure impact of interventions on desistance and community re-integration;
- MAPPA document set training.

Accredited interventions:

- research and scoping commenced; site visits to other areas; focus on domestic abuse and high risk offending.

Unpaid Work:

- Changes to allocation of Community Payback Orders within 48 hours of sentence;
- Unpaid work staff commenced community justice training as second pilot area (led by Community Justice Scotland): January 2020;
- New premises identified for unpaid work teams.

Caseload management planning:

- Caseload management analysis to develop team capacity model;

- Developing electronic feedback system for individuals completing Orders.

A forthcoming development session between managers and sentencers will explore how community sentencing options and accredited interventions can be developed, whilst regular meetings of the Sheriff Court Consultative Committee and between the Sheriff Principal, Sheriffs and Chief Social Work Officers have continued to take place.

During 2019-20, pathways to improve access for people with convictions to mental health and Working 4U (employability) services were developed in partnership and work with third sector partners has improved volunteering opportunities following completion of statutory supervision.

Workload

During 2019/20, criminal justice social work services experienced some notable increases in demand compared to the previous year, as indicated in Figure 8, below:

Figure 8: Criminal Justice Workload

	2019-20	2018-19	Change (n)	Change (%)
Criminal Justice Social Work reports	636	575	61	+10.6%
Community Payback Orders	426	409	27	+4.1%
Drug Treatment & Testing Orders	12	8	4	+50%
Diversion	30	14	16	+114%
Prison Throughcare (community)	50	26	24	+92%
Prison Throughcare (custody)	50	34	16	+47%
Home Circumstances Reports	143	124	19	+15%
Home Detention Curfew assessments	19	36	17	-47%

The greatest increases were for supervision of those released from custody on statutory licences (92%) and Diversion from Prosecution (114%). The rise in Diversion from Prosecution activity reflects the national policy direction of early intervention to reduce the risk of offending. This will also inform future service planning including scoping demand for additional services to reduce the risk of involvement in the Justice system.

Performance against the three key performance indicators for 2019-20 is included at Figure 9, below.

Figure 9: Justice Social Work Key Performance Indicators 2019-20 and 2018-19

	2019-20	2018-19	Variation
Reports submitted to Courts on time	100%	100%	n/a
First contact within one day of sentencing	76%	70%	+6%
Induction within five days	85%	67%	+18%
Placement commenced within seven days	60%	38%	+22%

Performance for individuals sentenced to unpaid work requirements who completed induction and commenced their placement within timescales both improved by 18% and 22% respectively, whilst reports to courts were submitted on time.

A monthly performance report on these indicators has been implemented for senior managers and this information is also reported to the HSCP Board on a quarterly basis as part of ongoing review and monitoring of improvement activity.

Unpaid Work

Unpaid Work was a requirement in 83% of all Community Payback Orders during 2019-20, during which time new projects were identified to offer an expanded range of placements that seek to offer greatest benefit to the local community.

An important development was working with partners to secure improved premises where a wider range of supports and learning can be delivered. Service user feedback also identified the need for post-supervision support which informed improved referral pathways to support individuals to access a range of community-based resources when their involvement with Justice services ends.

Diversion from Prosecution

During 2019-20, the service provided Diversion services to 30 people (an increase of 16 on the previous year). Here, individuals were supported to address the underlying causes of their behaviour such as addiction support, mental health and emotional wellbeing, housing, income maximisation and employability.

The service has taken forward improvements around the referral process; this and other earlier interventions from the point of arrest will be priorities for development in 2020-21.

Drug Treatment and Testing Orders (DTTO)

The service is provided by an integrated team of social work and health staff, where interventions seek to promote recovery, stability and reduced offending. During 2019-20, 12 new Orders were imposed, an increase of four from the previous year.

West Dunbartonshire provides the service across Argyll & Bute, East Dunbartonshire and West Dunbartonshire and close working with third sector partners assisted in service delivery to more rural communities.

A service plan, developed with third sector colleagues, identified the most appropriate supports for local service users, whilst regular meetings with sentencers have continued to provide openness and improvement scrutiny.

Prison Throughcare

The provision of services to individuals prior to their release from custody and into the community seeks to support successful reintegration to the local community. The number of people to be managed within Throughcare arrangements increased by 40 (40%) from the previous year.

Assessment and management of high risk offenders is central to this activity and, during 2019-20, updated protocols and procedures have enhanced managerial oversight. Work to improve access to evidence-based programmes to reduce re-offending is also being taken forward as part of the service improvement activity.

Community Justice

Justice Social Work Services are shaped by a range of criminal justice legislation and the Community Justice (Scotland) Act 2016, which outlines the partnership approach across the sector. An effective partnership approach is key to maintaining the confidence of our communities' key stakeholders and wider partners.

Successful to the implementation of the Justice Improvement Plan are the positive working relationships with a range of key partners involved in the development of services that focus on both reducing offending behaviour and supporting individuals to develop stronger community connections and an enhanced focus on living without offending.

During 2019-20, a demonstration project, 'Custody to Community' was implemented to support the service user journey to successfully reintegrate into their local community. The

support of Community Justice Scotland and the local community justice coordinator has been influential in work to establish collaborative Hubs, with a range of colleagues involved in the support of service users within the justice system including social work, addictions and Police Scotland.

Our Community Justice Outcome Improvement Plan was carried forward to 2018-20 and continues to be supported by working in partnership with Community Justice Scotland to deliver on improvements around community justice.

Violence against Women

Since last year, and building on the local Violence against Women Summit group, West Dunbartonshire's Violence against Women Partnership has been re-established, following a joint approach with Argyll and Bute partners. This recognised the particular high profile of domestic abuse and violence against women in West Dunbartonshire.

Like community justice, violence against women is located within West Dunbartonshire's Community Planning arrangements, within the Safer Delivery and Improvement Group (DIG), with the Scottish Government Equally Safe priorities included within the DIG action plan. Furthermore, violence against women is a key tenet of the PPCOG, with the work of the Violence against Women Partnership being reported here at each meeting to ensure oversight, scrutiny and progress.

Finally, work to launch the multi-agency risk assessment conference (MARAC) model in West Dunbartonshire was completed and MARAC meetings will commence from April 2020. MARAC involves representatives from local statutory and voluntary agencies meeting to discuss the highest risk victims and perpetrators of domestic abuse in the local area. Information about the risk faced by those victims, the risk posed by the domestic abuse perpetrators, the actions needed to ensure safety and the resources available locally to do so are shared and used to create a risk management plan involving several or all of the partner agencies.

During 2019-20, 14 MARAC Awareness Raising Sessions were delivered to key representative agencies and it is planned to hold twice-yearly MARAC Awareness Raising sessions on an ongoing basis for multi-agency partners.

West Dunbartonshire and Argyll & Bute share a MARAC Coordinator across Police Scotland 'L' Division which offers opportunities to support a smooth implementation of the MARAC process in West Dunbartonshire. Police Scotland currently chairs the MARAC in Argyll & Bute and colleagues have agreed to do likewise in West Dunbartonshire, bringing a consistent approach over both areas, informed by knowledge gained from Argyll & Bute.

Adverse Childhood Experiences (ACEs)

Tackling adverse childhood experiences (ACEs) continues to be a key priority in West Dunbartonshire. 'Resilience' film viewings were delivered to 158 attendees in 2019/20, bringing the cumulative total to 1000 attendees from across the whole system including HSCP (Children's Heath Care and Criminal Justice, Mental Health, Addictions and Learning Disabilities), Council Education, Learning and Attainment services, Action for Children, Who Cares Scotland, Skills Development Scotland and Family Nurse Partnership.

In addition, a Learning and Engagement event, 'Nurturing Individuals and Building Resilient Communities' was held in February 2020, a collaboration between Clydebank High School's Learning Festival and the HSCP. This involved 300 participants from all sectors, including the HSCP, West Dunbartonshire Council, SCRA, kinship carers, Police Scotland and Scottish Fire and Rescue, Children's Neighbourhood Scotland, Y Sort It, Richmond Fellowship and Turning Point. High profile speakers were Suzanne Zeedyk (Dundee

University & founder of 'Connected Baby') and James Docherty (the Scottish Violence Reduction Unit). The event saw the re-launch of West Dunbartonshire's ACEs Hub into a strength-based 'Resilience' Hub with 412 members and provides a significant opportunity to develop this work in 2020-21.

3. RESOURCES

Financial Pressures

The HSCP Board approved the 2019/20 revenue budget of £158.946m (excluding set aside notional resource of £18.673m) on 28 March 2019. After application of funding settlements from West Dunbartonshire Council and NHS Greater Glasgow and Clyde (NHS GGC) a funding shortfall was identified. The HSCP Board considered the budget gaps identified and accepted recommendations to balance the budget by the application of new funding streams (detailed in Figure 10, below), the release of funds from previously agreed savings programmes and additional resource transfer funds.

Figure 10: Recommendations to balance 2019-20 budget

Scottish Government Funding	2019/20
	£m
Primary Care Improvement Fund	1.037
Mental Health – Action 15	0.311
Alcohol & Drug Partnership	0.311
Integration Funding – including Scottish Living Wage	1.907
Carers Act	0.186
Free Personal & Nursing Care Under 65s	0.485
School Counselling (transferred to Education)	0.226
TOTAL	**4.463**

The first quarterly analysis anticipated an overspend of £0.954m (0.60% of total budget), primarily due to the cost of community placements and residential schools for children and young people. A recovery plan was developed and approved by the HSCP Board as follows:

- Review of Care at Home activity including client charging and maximisation of service provision based on identified need;
- Continued scrutiny of implementation of attendance management policy to reduce absence levels;
- Increasing the number of local foster carers to reduce 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 final outturn position as at 31 March 2020 was an overall surplus of £0.883m (0.46% of total budget), as indicated in Figure 11, below:

Figure 11: 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**

Key messages for 2019/20 were:

- Children and Families report a collective overspend of £2.767m mainly due to overspend of £1.767m due to high cost packages including £0.490m related to residential schools placements (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.

- Additional investment of £1.042m (6.3%) was added to the 2019/20 budget, however the overall number of community and residential placements at 31 March 2020 increased by 5.5% compared to 31 March 2019.

- Internal and External Residential Accommodation for Older People reported 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 reported an underspend of £0.457m mainly due to part-year impact of service redesign, including introduction of Focussed Intervention Team and cessation of purchased step up/step down Care Home beds.

- All other adult care 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 from Scottish Government contributed £0.277m to the outturn position.

- The movement in earmarked reserves is an overall increase of £0.531m, bringing the closing balance to £5.254m.

- 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.

Financial Modelling

The HSCP Board approved the 2020/21 budget on 25 March 2020 just as lockdown began in response to the impact of the Covid 19 pandemic. Prior to this, the main economic pressures were around the pending exit from the European Union and its potential impact on future funding, the health and social care workforce and inflationary risk.

Also approved on the 25 March 2020 was the HSCP Board's first Medium Term Financial Plan covering 2020/21 to 2024/25. The plan sets out the main cost pressures and funding assumptions under "Best", "Likely" and "Worst" Case scenarios using 2020/21 as the baseline (pre Covid 19 impact), as illustrated below in Figure 12, below:

Figure 12: HSCP Medium Term Financial Plan 2020-21 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 and the scale of the financial challenge is influenced by a number of factors including:

- Pay inflation and pension;
- Demographics – reflecting the increases in over 65+ and over 75 years population often coping with a range of health conditions and a challenging social and economic climate;
- Scottish Government Priorities;
- Contractual price increases – incl. National Care Home Contract and Scottish Living Wage;
- 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;

- Prioritising 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 disabilities, physical and mental health as well as children and families, in partnership with Housing services, third sector and local providers.

4. WORKFORCE

Workforce Planning

Significant recruitment activity took place in the 2019/20 reporting period with most new appointments within the Children and Families area appointed by the end of the financial year. A number of new recruits are newly qualified, therefore robust induction, mentoring and development measures are being put in place to support those new staff to attain their full potential. Other areas are still subject to ongoing recruitment campaigns which bring challenges in terms of resources. Within Justice Services a scoping exercise is being undertaken to ensure the workforce is targeted to where we predict demand will be most needed for future service provision.

The Cabinet Secretary has approved the deferral of publication of the first full 3 year workforce plans until March 2022 and replace this with a shorter template document to cover April 2021 to March 2022. The workforce plan will need a degree of flexibility to take account of any future increase in Covid 19 cases which may result in another period of lockdown. The shape of any future potential lockdown is unknown as restrictions could be lighter or more severe, however as this could come at very short notice the workforce plan should ensure that plans are in place should this happen. The plan should also consider that some of our existing services will change or may be delivered in a different way and some new services may be required.

Workforce Development

Supervision sessions continued to be the main opportunity for staff to discuss career development, learning and profession-specific training to support them in their roles.

Leadership programmes such as Project Lift were also provided to managers and this will be expanded during 2020-21 to enable relational leadership, developing leadership at all levels across health and social care.

A number of staff continue to be supported on other leadership programmes through both the NHS and West Dunbartonshire Council, representing positive opportunities for staff to develop into leadership and management roles.

Importantly, two social workers were supported to submit candidate applications to complete the MHO training programme and will commence this in autumn 2020. This is an encouraging development and provides some assurance about the future capacity of the MHO service.

Within Childrens and Families, collaborative work between the Looked After and Locality Services will be important to maximise early intervention opportunities in developing the additional support workers, social workers and Family Group Decision Making (FGDM) staff referred to above.

Meanwhile, joint work with all stakeholders including Trade Union colleagues resulted in the establishment of a programme board for the purposes of Duty and Supervision.

In relation to the regulatory registration of the social services workforce with Scottish Social

Services Council (SSSC), managers are now able to update staff records on the local electronic HR System.

West Dunbartonshire HSCP staff took part in the iMatter staff engagement survey once again this year, which saw an increase in overall response rates to 62% during 2019 compared to 47% the previous year. Team action plans were developed to support improvements to how teams operate and to identify what is important to staff. This offers notable benefits in terms of a single approach to staff engagement across the HSCP.

5. COVID 19

Early indications of impact on workforce and services

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

At the meeting of the HSCP Board on 25 March 2020, members approved the suspension of normal governance arrangements during the Covid 19 pandemic and accepted alternative Board meeting arrangements. Furthermore, the Board approved delegation of authority to the Chief Officer, in consultation with the Chair and Vice Chair of the HSCP Board and the Chief Financial Officer, to be enacted "if required", to meet immediate operational demand on decisions normally requiring Board approval. The Chief Officer and the Chief Financial Officer will meet weekly with the Chair and Vice Chair of the HSCP Board to provide an opportunity for scrutiny of the delegated responsibilities.

Operating Model

A daily HSCP Senior Management Team (SMT) meeting, chaired by the Chief Officer, reviews staffing, service and resource requirements, with a range of information collated from operational teams each day to inform service needs, capacity and deployment of resources.

In addition, the Local Resilience Management Team (LRMT) meets weekly to review the arrangements in place for service delivery across the HSCP and to co-ordinate service planning, changes to operational procedures and resource planning. This will be particularly important as the impact of Covid 19 is expected to increase demands upon critical services and reduce staffing capacity to deliver these services.

The wider range of networks and management activity around services is indicated below:

- SMT daily meeting;
- Daily management catch up (Children's and Justice Services);
- Weekly management meeting (Children's and Justice Services);
- Daily reporting by each team to Head of Service (resources and absence);
- Local Resilience Management Team – meets weekly;
- Joint Staff Forum (including representatives of Trade Unions);
- Strategic Resilience Group (Council) – meets three times per week;
- Heads of Children's Services (Health) – meets fortnightly;
- Professional networks eg: CSWO Committee – meets fortnightly;
- Workforce Development updates (issued by Council HR) and Core Brief (issued by NHS GGC).

The key focus for service planning and delivery remains on those individuals and families who are at substantial risk and will be kept under continuous review.

Social work services moved quickly to a remote model of working, with office space continuing to be available in Dumbarton where staff undertake core work at the direction of a Team Lead or Service Manager, primarily focussed on duty services for child protection, justice and adult services (where a joint hub for all adult services has been implemented).

This model reflects the moves of the wider Council to protect staff by supporting home working wherever possible and to limit the need for staff to travel to work or enter buildings where alternative, home-based working allows.

Team Leads collate numbers of staff available for work and those absent due to Covid 19 and other reasons on a daily basis; these are reported to the Senior Management Team and HR to ensure service continuity and to enable contingency planning, as well as informing any need to transfer staff to support other essential services within Children's and Justice services, the wider HSCP or other frontline services. HR colleagues also provide this information with some analysis to weekly meetings of the Joint Staff Forum.

Support to staff and managers

As staffing and management moved to home working, systems have been implemented to record who is self-isolating and working at home, who is unable to work due to illness, whether related to Covid 19 or other reasons.

Managers have established various means to check in with their staff by telephone, email, video call or group chat which enables updates to be provided, issues to be shared and appropriate support to be given, which is particularly important when people are working remotely. Managers continue to provide line management informal support and supervision within established processes, albeit utilising telephone or video calls and within the established frequency, reflecting relevant supervision policies.

The quality of our assessments, interventions and support to families will continue to be pivotal to how we assess and manage risk to our most vulnerable children, young people and families. Our practice and decisions remain subject to the same professional standards and practice requirements and accountability for our work remains unchanged. It is recognised, however that home working is new for most of us and contact with colleagues, managers and others is important to provide support.

Albeit at the initial stages, staff across services have demonstrated an admirable ability to work remotely from home. Managers recognise that this will present particular personal and professional challenges for their teams and the restrictions of lockdown have meant that, whilst most or all social work services are expected to continue, albeit largely remotely, the need to provide face-to-face contact with the most vulnerable and at risk children and adults is likely to continue.

Indeed, the inability to conduct face to face meetings with children, families and adults will require everyone to adapt and utilise different means of communication, including group calls, video technology and new processes to receive referrals from partners.

The impact of Covid 19 is also highlighting the extent of underlying health and childcare issues within teams which will exacerbate how services develop new operating procedures to meet demand, reduce risk and safely manage the needs of our staff.

Prioritising services is at the core of our work to respond to the crisis and is focussed on:

- Child protection (including ensuring pathways for new referrals from agencies and how to continue to see and support children on the child protection register);

- Adult support and protection (including pathways for referrals, methodology to progress investigations and provide robust decision-making);

- Justice social work (prioritising supervision of those deemed to require a higher level of supervision and support, suspension of unpaid work and the impact of the closure of Dumbarton Sheriff Court on routine business).

The range of services across the HSCP are reviewing their individual service delivery models to reflect the need for home working, consideration of how to respond to referrals and staff allocations to determine changes to sustain service provision, balanced against the wider need to redeploy appropriate staffing and other resources to support the development of local humanitarian assistance centres.

Expanded out of hours support is also being implemented: the Alternative to Care out of hours service to care experienced young people is being rolled out to foster carers and supported carers, in recognition that the reduced visibility and mobility of services will compound the anxieties of individuals and families. Furthermore, the mental health duty (on-call) service will continue to operate.

Addiction services, meanwhile, are reprioritising service delivery to high risk vulnerable client groups, such as those with underlying health issues, on Opioid Replacement Therapies, or households with parenting responsibilities for children, reusing a 'traffic light system'.

Key Priorities for Recovery

The key areas of priority for the West Dunbartonshire social work services are expected to focus on a number of key areas.

- Exploring how the plan for redesigning children's services can integrate to recovery work, including a community based family support model and redesign of the current "duty" service to improve how we manage referrals of concern and requests for assistance.

- Develop teams working towards a blend of home and office based work as part of longer-term recovery plans.

- Work with Council and Health assets teams to review the office/accommodation needs for services.

- Establish risk assessments for operational processes and contact with children, families young people and adults.

- Exploring how to recommence child protection and adult support & protection training if face-to-face training is not possible at least in the short term.

- Contingency planning to meet the demands of a spike in demand, including for child and adult protection as well as a backlog of demand for Justice social work and mental health services as the Sheriff Court relaxes restrictions on criminal and civil business.

- Managers will, as more information is known about the impact of Covid 19 and the capacity for recovery planning, scope how services can operate in ways that protect the health of the workforce, individuals using our services and the public by following

national and local guidance and protocols designed to reduce transmission, outbreaks and deaths from Covid 19.

- Securing appropriate technology to ensure ongoing flexibility of working and to promote digital engagement with services users where this is appropriate, safe and manageable.

- Identifying how we can support new members of staff and students within increased levels of home working.

- Options to recruit remotely to key social worker vacancies and the development of the Lead Officer roles for adult protection and child protection

Whilst the short and longer-term impact of Covid 19 on individuals, communities, pubic services, including social work services, is currently unknown, the current focus on responding to the current situation involves working with and adapting to the changing practices of key partners. Managers are therefore working closely with their colleagues in Health, Legal Services, Education, the Children's Reporter, Care Inspectorate, Crown Officer & Procurator Fiscal Service, amongst others, to ensure our models for service delivery are complementary.

As we transition from Covid 19 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 implications for staff, managers and communities.

The current HSCP Strategic Plan sets out the scale of the known challenges in West Dunbartonshire around effective delivery of health and social care services and this report seeks to reflect the considerable work undertaken during 2019-20 to meet these challenges, working with the people of West Dunbartonshire to improve lives.

Nevertheless, this annual report is being written at a time of immense and unknown global change. As Chief Social Work Officer, I will continue to work with managers and staff in the HSCP and with our partners to address the challenges we face together.

Finally, as we move into 2020-21 and as the full impact of the health, social and economic consequences of the Covid 19 pandemic become known to us all, I am confident that my social work colleagues, along with our social care and health colleagues will continue to respond positively and plan for the future with the same sensitivity, commitment and determination they have again demonstrated over the past year.

Jonathan Hinds
Head of Children's Health, Care and Justice
Chief Social Work Officer
September 2020

Appendix 1: Performance and Assurance Reporting Framework: Public Protection Chief Officers Group 2019/20

Safe

Key Performance Targets

Child Protection

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Note
Percentage of child protection investigations to case conference within 21 days	90.5%	56.25%	61.76%	83.33%	75%	85.71%	88.57%	90%	64.7%	84.5%	95%		87 of 103 case conferences were carried out within timescale.
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Adult Support and Protection

1. Adults at Risk - Referrals

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Note
Percentage of Adults at Risk enquiries completed within 5 working days from point of referral	89%	93%	80%	87%	87%	79%	77%	76%	75%	77%	85%		414 out of 539 inquiries were completed within 5 working days.

2. Adults at Risk - Investigations

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status	Note
Percentage of Adults at Risk Case Conferences held within 20 working days from point of referral	50%	100%	50%	N/A	58%	67%	33%	100%	33%	58%	75%		7 of 12 conferences held within 20 working days.
Percentage of Adult Support and Protection clients aged 16 to 18 who have current risk assessment and care plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%		There were no Adult Support and Protection clients aged 16-18 years.
Percentage of Adults at Risk Investigations started within 8 working days from point of referral	100%	100%	100%	100%	100%	100%	88%	86%	94%	91%	80%		

Multi-agency Public Protection Arrangements (MAPPA)

Exception Reporting

The following KPIs will be included should the target not be met; 85% of Level 2 MAPPA cases reviewed no less than twelve weeks, 90% of level 3 cases reviewed no less than once every six weeks, the level 2 meeting must be held within 20 days of receipt of referral by the MAPPA Coordinator or their administrator, if the offender is in the community the Level 3 MAPPP must be held within 5 working days of receipt of referral by the MAPPA Coordinator or their administrator, If the offender is in custody or subject to CPA the level 2 or 3 meeting must be held prior to release in the community, stage 1 notifications for community sentences must be made within 3 working days of receipt of community sentences, stage 2 referral of a community sentence must be made within 5 working days of a stage 1 notifications and draft minutes of level 2 and 3 meetings should be produced and sent to MAPPA chairs within 5 working days)

There are no exceptions to report during the period April 2019 to March 2020.

Monitoring Indicators

Child Protection

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Child Protection referrals	83	103	88	66	340	54	59	98	147	358	
Number of Child Protection investigations	68	61	44	58	231	47	40	54	37	178	
Number of children investigated	65	61	44	57	227	46	37	52	36	171	
Number of children investigated - Male	33	26	24	22	105	26	20	22	17	85	6 unborn at time of reporting.
Number of children investigated - Female	31	32	20	35	118	20	16	25	19	80	6 unborn at time of reporting.
Number of children involved in pre-birth case discussions but not progressing to pre-birth conference	0	0	0	0	0	0	0	0	0	0	
Number of children involved in pre-birth case conference	4	7	2	5	18	2	5	6	3	16	
Number of children registered pre-birth (as distinct from live child registration)	1	3	2	2	8	0	2	4	1	7	
Number of Child Protection investigations resulting in a case conference (No of case conferences held)	46	34	26	52	158	30	33	32	16	111	
Number of children on the Child Protection Register at year end	53	58	47	52	52	54	45	46	41	41	
Number of children on the Child Protection Register - Male (At Quarter End)	25	31	26	28	28	24	26	27	22	22	
Number of children on the Child Protection Register - Female (At Quarter End)	28	26	21	23	23	22	19	19	19	19	
Number of children with temporary registration (At Quarter End)	0	3	4	3	3	2	9	6	6	6	
Average length of time on Child Protection Register (Days) - All	143	142	135	148	148	143	154	129	191	191	
Average length of time on Child Protection Register (Days) - Male	153	152	145	167	167	132	149	131	193	193	

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Average length of time on Child Protection Register (Days) - Female	134	135	127	125	125	155	160	126	188	188	
Number of Child Protection registrations	18	24	22	24	88	13	16	24	11	64	
Number of Child Protection de-registrations	35	19	29	18	101	18	19	23	17	77	
Number of de-registrations where child moved into a formal placement	7	1	9	6	23	4	2	1	5	12	
Number of de-registrations where child returned home or at home with parents	21	14	13	9	57	11	16	20	6	53	
Number of de-registrations where child living with kinship carer	6	4	5	1	16	3	1	1	4	9	
Number of Child Protection referrals aged 0-2 years	12	21	15	5	53	8	7	17	11	43	
Number of Child Protection referrals aged 3-4 years	9	16	12	6	43	10	8	10	9	37	
Number of Child Protection referrals aged 5-8 years	22	32	24	14	92	18	20	55	44	137	
Number of Child Protection referrals aged 9-11 years	24	17	20	16	77	12	6	11	15	44	
Number of Child Protection referrals aged 12 years and over	16	17	17	25	75	6	18	5	4	33	

Adult Support and Protection

1. Adults at Risk Referrals

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Referrals	91	70	76	84	321	133	174	124	108	539	
Number of Adults at Risk Referrals by Type of Harm Reported	122	103	108	109	442	177	234	153	140	704	
Number of Adults at Risk Referrals that do not meet the 3 point test known and supported by other services	17	18	7	18	60	23	34	25	33	115	

2. Adults at Risk - Investigations

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Adults at Risk Investigations	10	11	15	8	44	12	16	21	16	65	
Number of Adults at Risk Orders applied for	0	0	0	0	0	1	0	0	0	1	
Number of Adults at Risk Orders granted	0	0	0	0	0	1	0	0	0	1	

Vulnerable Adults - Referrals

Performance Indicator	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20	
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Note
Number of Vulnerable Adult Referrals	205	203	157	148	713	148	165	197	203	713	

Appendix 2: Care Inspectorate Inspection Outcomes 2019-20

This appendix details the grades achieved for West Dunbartonshire HSCP services which were inspected and had reports published between 1st April 2019 and 31st March 2020. All Quality Themes are not routinely inspected at each inspection. Those Quality Themes which have not been included in the inspection have been recorded as N/A below.

Gradings:
1 – Unsatisfactory; 2 – Weak; 3 – Adequate; 4 – Good; 5 – Very Good; 6 – Excellent

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
Children's Health, Care and Criminal Justice						
Blairvadach Children's House	24 Jul 18	5 3 N/A N/A	Care and Support Environment Staffing Management and Leadership	28 Aug 19 ↑	5 5 5 4 6	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 0					
Burnside Children's House	26 Nov 18	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership	28 Feb 20 ↓	5 N/A N/A N/A 4	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 0					
Craigellachie Children's House	18 Sep 18	4 N/A N/A 4	Care and Support Environment Staffing Management and Leadership	15 Nov19 ↔	4 N/A N/A N/A 4	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 1 1. Young people's medication should be administered correctly and consistently by staff who are well trained and confident with the processes.					

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
Inclusive Support Service	No previous inspection			20 Dec 19	4 N/A 4 3	Care and Support Environment Staffing Management & Leadership
	Requirements: 0 Recommendations: 0					
Throughcare Housing Support Service	27 Mar 18	6 N/A 6 N/A	Care and Support Environment Staffing Management & Leadership	17 Jan 20 ↓	5 5 N/A N/A N/A	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 0					
Service	**Previous**	**Grade**	**Latest Inspection**		**Grade**	**Quality Theme**
Community Health and Care Services						
Care at Home Services	5 Oct 18	4 N/A 4 N/A	Care and Support Environment Staffing Management & Leadership	26 Sep 19 ↔	4 N/A 4 4	Care and Support Environment Staffing Management and Leadership
	Requirements: 0 Recommendations: 2 1. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will be provided. 2. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be available to people in their own homes. Where risk assessments are in place, these should be reviewed at least every six months or when changes to people's care and support take place.					
Service	**Previous**	**Grade**	**Quality Theme**	**Latest**	**Grade**	**Quality Theme**
Crosslet House	17 May 18	5 5 5 5	Care and Support Environment Staffing Management and Leadership	10 Oct 19 ↓	4 N/A N/A N/A 4	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 0					

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
Frank Downie House	17 Sep 18	5 N/A N/A N/A 5	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?	29 Jul 19 ↓	5 5 5 4 5	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Areas for Improvement: 0					
Mount Pleasant	11 Jul 18	3 N/A N/A 3	Care and Support Environment Staffing Management and Leadership	8 Apr 19 ↑	4 4 5 4 4	How well do we support people's wellbeing? How good is our leadership? How good is our staff team? How good is our setting? How well is care and support planned?
	Requirements: 0 Recommendations: 2 1. The provider should ensure that improvements are made to the admission process for respite stays. This is to ensure that proper provision for the health of visitors is made. Improvement should include: * Ensure that the preadmission/admission process includes a full assessment and how needs will be met; * Ensure that communications with the visitor and/or their representatives in advance of the visit consider how best to support the individual during their stay.					
WD Sheltered Housing	21 Dec 18	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership	11 Dec 19 ↔	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
	Requirements: 0 Recommendations: 1 1. Dementia training at skilled level should be completed by all staff.					
Mental Health, Learning Disability and Addiction						
WD Learning Disability Housing Support Service	15 Nov 18	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership	22 Nov 19 ↓	5 N/A 5 N/A	Care and Support Environment Staffing Management and Leadership
	Requirements: 0 Recommendations: 0					

Service	Previous	Grade	Quality Theme	Latest	Grade	Quality Theme
WD Learning Disability Service – Community Connections	7 Feb 19	5 N/A N/A 4	Care and Support Environment Staffing Management and Leadership	10 Jan 20 ↑	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
	Requirements: 0 Recommendations: 0					

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Nurse

26 November 2020

Subject: West Dunbartonshire HSCP Annual Clinical and Care Governance Report 2019-20

1. Purpose

1.1 To provide the HSCP Board with and overview of the Annual Clinical and Care Governance Report 2019.

2. Recommendations

2.1 The board is asked to note the content of the report and the impact of achievements around quality assurance and quality improvement.

3. Background

3.1 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible good performance is highlighted and poor performance is identified and addressed. The role of the Clinical & Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.

Each year the annual Clinical and Care Governance report reflects on the work of the clinical & care governance group of the HSCP and the progress it has made in improving the quality of care.

The report demonstrates a selection of our work to improve the quality of care across the HSCP through a sample of activities and interventions structured around the three quality ambitions of Person Centred, Safe, Effective clinical and care services.

4. Main Issues

4.1 The report illustrates the impact on service users across the three quality ambitions of safe, effective and person centred care. The examples are illustrative and not exhaustive.

- Safe: Describes efforts to avoid injury or harm to people from the care or services they receive. Datix is the software used by NHS Greater Glasgow

and Clyde for clinical and non-clinical incident reporting and forms part of our Risk Management Strategy. We encourage the open reporting of even minor incidents as this enables the identification, understanding and addressing of the factors causing incidents. During 2019 three incidents progressed to Significant Clinical Incident (SCI) investigation. These were commissioned by mental health services. All related suicide. Investigations identified actions to drive the necessary improvement to manage risk. This provided assurance that the appropriate actions were implemented alongside the essential learning and development.

- Clinical Effectiveness: Describes efforts to ensure the most appropriate treatments/ services /interventions / support is provided at the right time to those who will benefit and that harmful or wasteful variation is eradicated. It is noteworthy that West Dunbartonshire HSCP was the best performing HSCP in Scotland in relation to the proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections during 2019/20.

- Person Centred: This section outlines the work undertaken to establish mutually beneficial partnerships between service users, families and carers and those delivering care services to ensure that service user and carers' voices are heard and that they are involved in shared decision making and ultimately empowered to manage and maintain their health. The report demonstrates the strong commitment to securing the views of service users and carers and includes a sample of the various methods adopted by services across the HSCP. This provides a strong platform to ensure that service users and carers' views are captured and used to inform and rive service improvement.

  While we are committed to delivering high quality health and care services some-times things do go wrong and we ensure we garner the learning on these occasions. The main themes and lessons learned:

  - ✓ Importance of reviewing processes to ensure efficient and fit for purpose.
  - ✓ Importance of staff communicating timeously, clearly and respectfully with service users and family members.
  - ✓ Importance of staff adhering to the General Data Protection Regulations, ensuring proper use of systems with accurate record keeping and in relation to sharing personal data with third parties

5. People Implications

6.1 None

7. Financial and Procurement Implications

7.1 None

8. Risk Analysis

8.1 Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in

continuously improving the quality and safety of care and ensuring that wherever possible good performance is highlighted and poor performance is identified and addressed.

Consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity

9. Equalities Impact Assessment (EIA)

9.1 Not Undertaken. All aspects of clinical and care governance seek to address avoidable variations in outcomes for service users.

10. Environmental Sustainability

10.1 Not applicable

12. Strategic Assessment

12.1 This work is in line with the HSCPs five strategic priorities: early intervention; access; resilience; assets and inequalities. Considers matters relating to Strategic Plan development

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Designation Chief Nurse

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Appendices: **Clinical and Care Governance Annual Report**

Background Papers: **Nil**

West Dunbartonshire Council

NHS Greater Glasgow and Clyde

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire

Health and Social Care Partnership

Annual Clinical & Care Governance Report 2019

04.09.20	Draft Annual West Dunbartonshire CCG Report V4 04.09.20		
05.10.20	Final Annual West Dunbartonshire CCG Report		

1 Introduction

1.1 West Dunbartonshire Health and Social Care Partnership (HSCP) was established on 1st July 2015 as the Integration Authority for West Dunbartonshire in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. West Dunbartonshire has a population of 90,360.

1.2 Clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within those services delegated to the local HSCP Board.

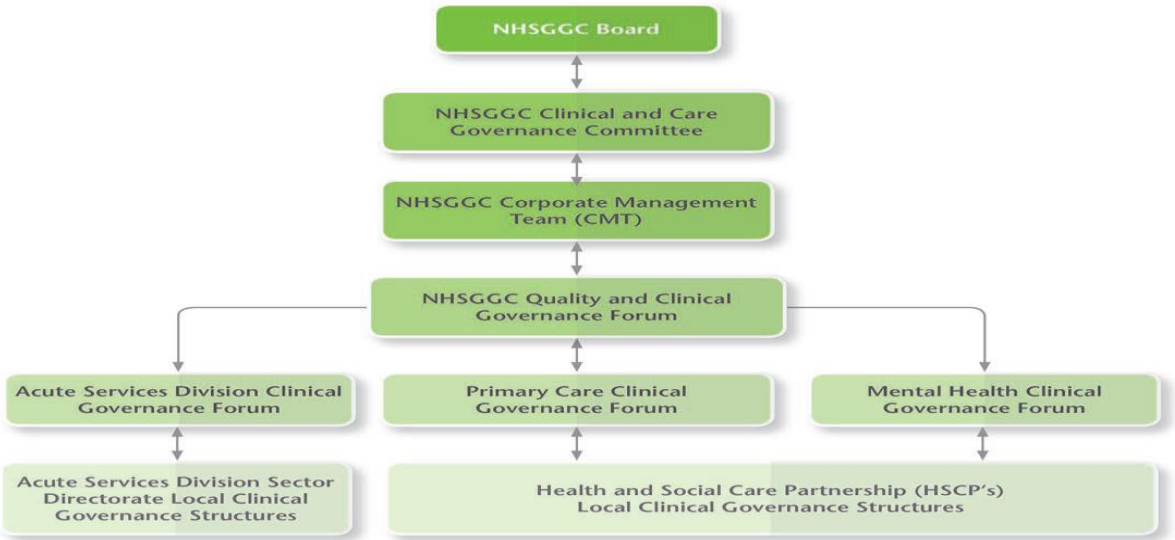
1.3 Clinical and care governance is the system through which accountability for the quality of health and social care is monitored and assured, and staff are supported to continuously improve the quality and safety of care and ensure that wherever possible poor performance is identified early and addressed.

1.4 Each year the annual report reflects on the work of the clinical & care governance group of the HSCP and the progress it has made in improving the quality of care.

1.5 This report describes the main framework for clinical and care governance and demonstrates some our work to improve the quality of care across the HSCP through a sample of activities and interventions structured around the three domains set out in the National Quality Strategy (2010), Person Centred, Safe, Effective clinical and care services.

2 Clinical and Care Governance Framework

Figure 1 Depicts NHSGGC corporate level clinic and care governance arrangements.



2.1 The role of the Clinical & Care Governance Group is to

- Consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.

- Provide assurance to the Health & Social Care Partnership Board, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place;

- Review significant and adverse events and ensure learning is applied;

- Support staff in continuously improving the quality and safety of care;

- Ensure that service user / patient views on their health and care experiences are actively sought and listened to by services;

- Creating a culture of quality improvement and ensuring that this is embedded in the organisation by facilitating improvement activity including self-evaluation and clinical governance actions.

- Provide oversight and assurance regarding the quality and safety of care including public protection, inspections and contract monitoring.

2.2 The group is currently chaired by the Chief Officer in the absence of a Clinical Director and the membership includes Chief Social Work Officer, Chief Nurse, Lead Allied Health Professional, Pharmacy Lead, and Heads of Service from all services and NHSGG&C Clinical Effectiveness representative.

2.3 The group meets on a bi-monthly basis and the agenda closely aligns to NHSGG&C clinical governance toolkit but reflects the inclusion of social care within an integrated partnership.

2.4 The Chief Social Work Officer has a core responsibility to provide professional oversight and leadership regarding the provision of social work services and to ensure that the social services workforce practices within the standards and codes of practice as set out by the Scottish Social Services Council (SSSC). This complementary activity is captured within the Chief Social Work Officers Annual Report.

2.5 The Ministerial Strategic Group for Health and Community Care, review of progress with Integration of Health and Social Care report (2019) emphasised the need for effective coherent and joined up clinical and care governance arrangements. A workshop was facilitated to support a review of our clinical and care governance arrangements towards the end of 2019 to ensure we

continued to reflect on and strengthen our Clinical and Care Governance approach.

3. Person-centred Care

These examples demonstrate efforts to ensure health and care services are focused on people, their families and carers. They incorporate information on how service users or carer's views have been elicited and used to drive improvement in services.

3.1 Mental Health, Learning Disabilities and Addiction Services

- West Dunbartonshire Addictions Team conducted a Survey of people with lived experience of services. Responses indicated that people were highly satisfied with the services they accessed and the support they received. Some suggestions for improvement were made and are detailed in the overall West Dunbartonshire Alcohol and Drug Recovery Service (WDADRP) Survey of People with Lived Experience of Services.

- Dumbarton Joint Hospital Addiction Team: 93% clients felt their views on their care and support were listened to. 94% strongly agreed that treatment options met their expectations. Findings from individual service reports will allow service providers to gain insight on what is working, what needs improved and if support is needed within the Alcohol and Drug Partnership (ADP) structures to facilitate further change.

- West Dunbartonshire Acquired Brain Injury (ABI) Service annual service user survey is used to provide feedback from individuals about their personal support and also to inform service development. This reveals service users value the coordination of their support. Health care co-ordination puts service users and families at centre of decision making when reviewing their health and well-being. It involves a multi-agency approach, with an identified health professional co-ordinating their care.

- ABI support a service user group, Brain Injury Extended Network (BIEN), offering practical support to enable the group to achieve its aims of providing leisure, cultural and educational activities. ABI also involve the group members in developing the service to meet the local need. BIEN members are co-trainers with the service in developing and providing ABI awareness sessions within other service teams.

- Learning Disability service providers, service users and their carers meet regularly to benchmark progress implementing the Keys to Life, (Scotland's Learning Disability Strategy) within our local services. Carer and service user participation is encouraged to drive future service provision based on local need.

- Housing Support Services (HSS) service users have Person Centred Plans. These are specifically produced in co-operation with the individuals

and their families where appropriate. Plans are constructed in a format that suits the individual with some being digitally stored on hand held devices and others in pictorial format. The Learning Disability service has introduced “easy read” photo-symbols that improve accessibility of care plans and communications with the people we support.

- HSS involve the individuals that we support in the recruitment of new support staff. A process has been developed and agreed with Human Resources to allow service users to take an active role in interviewing candidates; give feedback in a format that makes sense to them and can be incorporated into the scoring system used in the recruitment process.

- Community Connections hold annual ‘Conversation Cafes’ with service users and carers to help develop person centred approaches used within the service. Feedback is provided to the service users/carers about how their suggestions will be implemented. The Care Inspectorate has provided very positive feedback about this.

3.2 Children and Families and Criminal Justice Services

- Specialist Children’s Services (SCS) Physiotherapists populated the KIDS digital platform with information and advice regarding early year’s development patterns and normal variants. They use the Paediatric Care Measure to evaluate child/carer satisfaction with their service after each consultation.

- Specialist Children’s Services Occupational Therapists (SCSOT) secured funding to focus on engagement with families in an area where ‘did not attend’ (DNA) appointments were high. This involved increased use of direct outreach and social media in one education cluster in an attempt to increase engagement. Initial findings are positive and evaluation is ongoing.

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- Community Children’s Nurses (CCN) give people more choice and responsibility by asking them to opt in for disability appointments and choose when they want to be assessed.

- Child and Adolescent Mental Health Services (CAHMS) seek feedback from Children, Young People and Parent/Carers via their Experience of Service questionnaire (ESQ). The questionnaire can be accessed via hard copy given to parent/carer/young person, on-site electronic tablet, or online access. Most feedback has been positive and constructive. One example was that a young person commented "The waiting area was focused on babies. I found it boring to wait there". Plans are now in place to renovate our waiting area to suit all age groups.

- The Health Visiting Service developed promotional material for parenting groups using service users' feedback. A video made by group facilitators and parents telling of their experience using parenting groups in West Dunbartonshire 'Parents Voices' is now used within the community.

- Children and Families Social Work Teams continue to build on how we engage with parents prior to, during and following their Child Protection experience with feedback used to consider how best to place them and their children at the centre.

- The Criminal Justice Service reviews include service user views on the standard of the service and 'what works' for them. Use of multi - agency planning meetings ensures co-ordinated service delivery tailored to individuals needs including health supports and alcohol and drug recovery services. Staff have undertaken training in Trauma Informed Practice and Adverse Childhood Experience awareness training.

3.3 Health and Community Care

- The Adult Care Team (ACT) works with adults aged 18-64, with complex physical conditions and disabilities. The team provides person centred bespoke support and care packages a strong focus with a strong focus on rehabilitation and empowerment.

- District Nursing Services actively seek service user feedback every six months. This enables them to engage on a regular basis with patients and carers and seek feedback which can then be reviewed and changes implemented.

- Residential and Day Services ensure residents have person centred care plans, which outline all aspects of their care and how they wish to be supported. These plans are compiled with the resident, power of attorney, or family members of their choice and are reviewed and updated on a monthly basis or as situations change. A range of methods are used to engage with clients; six monthly reviews of their service, monthly resident's forum meetings, relatives meetings, menu planning meetings, medication reviews, newsletters, feedback questionnaires for residents, relatives and other professionals.

- Pharmacy Services issue patient satisfaction questionnaires completed at patient facing clinics and at Care at Home pharmacy visits.

- Diabetic Retinal Screening record Patient details on the call / recall system. Within the software system we can filter patients according to specific criteria e.g. interpreter required or mobility issues, requires more slots. This helps the service ensure the necessary arrangements and adjustments that patient may require for their visit are considered within their visit to the clinic.

3.4 Musculoskeletal Physiotherapy Service (MSK)

The service have progressed the following developments

- Exploring web based access for patients via a Scottish Government pilot carried out within GGC across four sites of differing demographics results are awaited.
- Ongoing development of NHS GG&C MSK Physiotherapy website and access to condition specific information and exercise programmes: this is to enhance supported self-management for patients with MSK conditions.
- Annual Care and Related Empathy Measures (CARE) are carried out for every clinician each year. The results continue to be exemplary with 2019/20 service average of 48 out of 50.

3.5 Complaints

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- There were a total of 49 stage 2 complaints received within the Partnership during the reporting year and 32 frontline complaints. Once a complaint has been dealt with at Stage 2 of the Complaints Handling Procedure, complainants may approach the Scottish Public Services Ombudsman (SPSO) if they remain dissatisfied. The SPSO is the final stage for complaints about public services in Scotland, including complaints about a Local Authority.
- In 2019 the SPSO felt it appropriate to investigate one complaint. The complaint investigated in 2019 was upheld by the SPSO and recommendations were provided to the HSCP which were carried out. A further 4 complaints were submitted to the SPSO by the complainants however the SPSO's decision was that an investigation would not be appropriate in these cases.

Table 2: Summary of Complaints Received and Outcomes 2019

Responded under NHSGGC Complaints Policy		**Responded under Social Work Complaints Policy**	
Fully Upheld	4	Fully Upheld	6
Fully Upheld	3	Fully Upheld	5
Partially Upheld	6	Partially Upheld	24
Not Upheld	0	Not Upheld	1
Unsubstantiated		Social Work Complaints Policy	
Mental Health. Learning Disability & Addictions	4	Mental Health. Learning Disability & Addictions	10
Children's Health,	2	Children's Health,	15

Care and Criminal Justice		Care and Criminal Justice	
Community Health and Care Services	3	Community Health and Care Services	10
MSK Physio	4	Joint Complaint with Housing	1
Total	13		36

- While we are committed to delivering high quality health and care services some-times things do go wrong and we ensure we garner the learning on these occasions. The main themes and lessons learned:
  - Importance of reviewing processes to ensure efficient and fit for purpose.
  - Importance of staff communicating timeously, clearly and respectfully with service users and family members.
  - Importance of staff adhering to the General Data Protection Regulations, ensuring proper use of systems with accurate record keeping.
  - Staff need to follow Data Protection Legislation in relation to sharing personal data with third parties

3.6 Locality Engagement Networks (LENs)

- We continue to strengthen our Local Engagement Networks (LENs) for each locality area. These offer opportunities for engagement with carers, patients, service users and their families. Each LENs looks at issues around distinct community health and social care services and gives people the chance to share thoughts on how the service could be improved.

- This year's LENs focused on Resilience in Older People, The Role of the Chief Nurse, the HSCP Strategic Plan and NHSGGC Moving Forward Together Programme, and the Substance Use Prevention Strategy which also included Carers organisations and Addiction organisations. In addition engagement on development of the new Clydebank Care Home and the naming of the new building was undertaken, and the new Clydebank Health and Care Centre which will be opening sometime in 2021.

- We have continued to develop our locality arrangements in tandem with our support for the development of local primary care quality clusters. These provide forums for professionals, communities and individuals to inform service redesign, transformational change and improvement. This provides a means for ongoing engagement with local residents.

4. Patient Safety : Examples of work that aim to improve the safety and reliability of health and care services and reduce harm

4.1 Mental Health Learning Disability and Addiction Recovery Services

- West Dunbartonshire Alcohol and Drug recovery Service
  - Achieved their goal for targeted distribution of naloxone medication administered by intra muscular injection to reverse opioid overdose and continue to be proactive in the supply of kits.
  - Trained family members/friends, individuals likely to witness an opioid overdose and statutory and non-statutory services working with individuals at risk of opioid overdose, all are supplied with naloxone kits at the time of training.
  - Optimised Medication-assisted treatment (MAT) for service users assessed as high risk i.e. those who are injecting are fast tracked into treatment and if suitable can be commenced on opiate replacement treatment within 24 hrs of presentation / assessment. These individuals will receive intensive support and monitoring so that they can be titrated to a therapeutic dose rapidly.
  - Assertive outreach team engage and provide support to vulnerable individuals who are most at risk.
  - Successfully delivered Hepatitis C treatment to 50 clients in partnership with Clydebank Health Centre.
  - Ensured equivalence of support for people within the criminal justice system by establishing a Justice Settings working group and have established a referral route for individuals in custody.
- Housing Support Service staff trained in Promoting Positive Behaviour (PPB), which enables better understanding of the factors that may trigger behaviours that challenge as well as strategies and best practice for supporting people with complex support needs. This has improved not only the safety and environment for our service users but has built a more confident and reflective staff team.

- At Community Connections all activities are routinely risk assessed by management team, staff, health and safety, and other multi -disciplinary team colleagues for all individual and group activities. Where required, contingencies are put in place to reduce the possibility of risk or harm.

- The Good Life Group are a group of people with learning disabilities who address the inequalities they face in order to educate about discrimination in all its forms via training, presentations, workshops, attending and meeting with other groups, and providing representation on interest groups. All training programmes are based on Group members' own experiences and members are actively involved in the development, delivery and review of this work. Their work has raised awareness on numerous issues and for many services locally or out with West Dunbartonshire. Their work has included Violence against Women, Safety in the Community, Palliative Care, Epilepsy Focus, Future Health Planning, Adults with Incapacity, Adult Support and Protection, Vision Awareness and Self-Directed Support.

- Dumbarton Day Centre worked in partnership with the Oral Health Improvement Team to roll out a programme that successfully addressed oral

health issues for people with a learning disability locally. It is called the 'Caring for smiles' project. The project has also improved the partnership working with the local community dental team.

- Multi-disciplinary and multi-agency approaches to the care of adults with learning disabilities in our local area has proved to be successful in reducing and managing the risks faced by our client group, as well as improving overall practice and understanding for those providing support. We have seen significant improvements over the last year in terms of adherence to Adult Support and Protection timescales.

- Significant Clinical Incident Review of all drug related deaths that occur within West Dunbartonshire are commissioned by the Alcohol and Drug Recovery Services. The main theme that emerged both nationally and locally was the increase in the prevalence of illicit benzodiazepines implicated in, or contributing to the cause of death. In response, the service provided a very clear harm reduction message to service users regarding the dangers of illicit benzodiazepines by providing 1:1 conversations, the provision of information booklets and posters and the sharing of information with partner agencies. They also encourage individuals to address benzodiazepine dependency by providing a detoxification treatment plan.

4.2 Children and Families Services and Criminal Justice Services

- The Special Needs in Pregnancy Service (SNIPS**)** piloted a multi-professional model of care support for six clients throughout their pregnancy and post-birth involving an addiction worker, a medical officer and a Children & Families social worker. All clients progressed well which resulted in their children being removed from the child protection register and social work services ending their formal involvement. This joint approach brought important specialist knowledge to the screening and planning for women who are vulnerable in their pregnancy. The social worker and addictions worker are working closely to further develop the service including potential group interventions with women and their babies to promote positive peer support.

- The Health Visiting Service worked in collaboration with the Scottish Cot Death Trust who delivered a programme of Sudden Unexpected Death in Infancy (SUDI) workshops for staff. Access to this programme was shared with Third Sector colleagues to standardise information shared with new parents. This work has evaluated well for a service provider perspective.

- Social Work and Health Team Leads meet monthly to discuss opportunities for development of services, this has included the roll out of Wellbeing Assessment completed by Adult Health Services to inform Child Protection Assessments; Ongoing joint development of Special Needs in Pregnancy (SNiPS) processes authority wide alongside health colleagues; Social Work staff demonstrating commitment to ensuring safety and reducing harm for Trafficked Young People by providing immediate care; Development of both

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Children with Disabilities and Children and Families Area Resource Groups (ARG) to have representation across Universal Services.

- Criminal Justice Services have developed early intervention processes to provide addiction support from point of arrest within the Justice system. They aim to strengthen joint working protocols with Mental Health and Adult Services in partnership with Justice Staff. A pathway was developed for Naloxone to be available via the Justice Service and agreement secured with Mental Health colleagues to offer supports pre-release from custody ensuring continuity of care for the service user.

- Domestic abuse continues to present a significant challenge for the residents, services and communities within West Dunbartonshire, which has one of the highest rates of domestic abuse per 10,000 of the population in Scotland. Work to develop the refreshed Violence against Women Partnership built on progress over the past year around the work of the local Domestic Abuse summit group and the 'No Home for Domestic Abuse' project. These developments align local priorities with the National Standards for Equally Safe.

4.3 Health and Community Care

- Pharmacy Services have improved safety and reliability via anticoagulant monitoring, enhanced post discharge medication compliance support for patients receiving Care at Home Services and, conducted safety searches to identify patients on dual antiplatelet therapy and at increased risk of bleeding.

- Care at Home Services have worked jointly with the police housing and trading standards during 2019 to ensure the people they support are kept safe. Multiagency walkabouts were undertaken in our sheltered housing complexes to raise awareness of bogus callers.

- In February 2019, the HSCP commenced a Large Scale Investigation under the auspice of the Adult Support & Protection (Scotland) Act 2007. Robust methodology was applied, including the involvement of advocacy to promote and ensure that residents of the care home were afforded the opportunity to participate in the review of their care, and have their voice heard in the Large Scale Investigation. Council Officers, nurses, and other appropriate clinical professionals from West Dunbartonshire and Argyle & Bute conducted reviews of the care and support delivered to all residents of the care home. This entailed consulting the individual; liaising, where appropriate with their legal proxy/ nearest relative; conducting a review meeting and reviewing care plans held and developed by care home staff in relation to each resident. This process incorporated learning from involvement with a previous failing care home, in terms of cross boundary working, the importance of the involvement of a range of professionals, and the need to work closely with residents, families and the staff, recognising the anxiety generated during such a period. The work has been time consuming for a range of staff and further thought

needs to be given to ensure the HSCP is appropriately staffed to ensure as commissioners and deliverers of service, we can be assured of the quality of service.

4.4 Musculoskeletal Physiotherapy Service (MSK)

- The Allied Health Professional clinical supervision policy was introduced to the service with each staff member required to participate in clinical supervision a minimum of six times per year.

4.5 Clinical Risk

- Datix is the software used by NHS Greater Glasgow and Clyde for clinical and non-clinical incident reporting and forms part of our Risk Management Strategy. We encourage the open reporting of even minor incidents as this enables the identification, understanding and addressing of the factors causing incidents. This can lead to an improvement in the quality of patient care and minimisation of future risk. Additionally, this allows trends to be identified and this investigated. The occurrence of an incident (or near miss) allows early recognition of weaknesses to be identified in the system, through which corrective action, for example, reviewing a work area or a particular practice, will minimise the chance of similar incidents in the future.

- The work of the HSCP Clinical and Care Governance Group (HSCP CCG) is supported by regular updates from the Clinical Risk Co-ordinator. These reports are a standing items on the agenda and cover the Datix reporting of patient related clinical incidents and incidents progressed to Significant Clinical Incident (SCI) investigation. During 2019 three SCI investigations were commissioned by mental health services and one was closed. All related suicide. The group reviews progress and Improvement Plans in order to seek assurance that the appropriate actions have been implemented alongside the essential learning and development.

- During 2019 three SCI investigations were commissioned and one was closed.

Incident Date	Speciality	Risk to focus on achieving more timeous ACI Description	Risk SCI Status
06.02.19	Community Mental Health	Suicide	Closed
17.04.19	Community Mental Health	Suicide	In Quality assurance
20.09.19	Community Mental Health	Suicide	Under Review

- Investigations identified the following actions to drive the necessary improvement to manage risk.
  - Standardised approach to Risk Assessment and Management has been implemented throughout NHSGG&C Mental Health Services via the introduction of CRAFT.
  - Remind staff of the need to work with families when developing risk management and crisis plans. Family involvement is a key principle of the Clinical Risk Assessment Framework in Teams (CRAFT), the new Risk Management Tool utilised across NHS GG&C Mental Health Services.
  - A review of policy and practice in relation to management of calls to the Out of hours Community Psychiatric Nurse particularly when patients voice suicidal intent.
  - Dissemination of details of supports and information sources available to families supporting somebody with Personality Disorder.
  - Ensure that family involvement and support is addressed in the Board-wide review of pathways for Borderline Personality Disorder.

5. Clinical and Care Effectiveness: This relates to examples of work which focus on measuring, monitoring and improving clinical and care quality.

5.1 Mental Health, Learning Disabilities and Addiction Services

- A collaboration between Clinical Psychologists and a Community Psychiatric Nurse designed a package of training entitled: “Managing Emotional Dysregulation: Trauma Informed Skills Training”. This training package consisted of a day’s face to face training which involved a refresher of the concepts of emotion regulation with a focus on how traumatic and adverse early experiences can affect this in later life. A resource pack containing explanations of these concepts and practical tools designed to help patients manage emotional dysregulation was also designed for patient use. This has increased the implementation of psychologically informed care in line with the Scottish Governments focus on increasing access to psychological therapies and developing a more trauma-informed Scotland.

- Housing Support Services support people to identify the outcomes they themselves would like to achieve. These outcomes are subject to regular review and measures are put in place to support individuals to meet or maintain these outcomes. Management regularly audit files, support plans, risk assessments and review records to ensure that these are kept updated and reflect the current status of and any changes to agreed outcomes.

- The ABI local Managed Care Network provides information and communication between statutory and third sector health and care services. The service develops research with Glasgow University through this network and this year has been taking part in research around use of smart technology. From this the service has developed use of technology in

rehabilitation for individuals based on their personal level of understanding and need.

- Dumbarton Day Centre increased uptake of bowel screening and breast screening amongst service users using service user friendly training and easy read materials. This has been delivered in partnership with clinical colleagues from the Learning Disability Service and also Health Improvement Team. The work involved small tests of change. This has resulted in access to required health interventions quicker than would traditionally been the case.

- Following the implementation of recommendations from the Multi-Disciplinary Universal Screening Tool adult nutrition audit, there have been significant improvements in the utilisation and embedding of the tool into day to day clinical practice within learning disability and mental health services.

5.2 Children and Families Services and Criminal Justice Services

- West Dunbartonshire HSCP has a Resilience Hub which has promoted the documentary Resilience across the West Dunbartonshire HSCP workforce, Third Sector, including Action for Children and members of the Children's Panel. This documentary viewing is followed by a panel and audience discussion. The planning group arranges events including speakers, at the quarterly Hub.

- A multi- agency Resilience – Nurturing Relationships event was held in Clydebank High School which attracted around 600 HSCP workers, Third Sector and Children's Panel members. The Resilience Hub aims to raise awareness of the detrimental impact of Adverse Childhood Experiences (ACEs) and develop evidence based collaborative strategies to mitigate this impact.

- The Pre 5 Immunisation Team and Health Visiting Service conducted a pilot designed to improve the uptake of the pre 5 Flu vaccination programme. This improved uptake by 10% in this group. There was also positive parental feedback and satisfaction with the service provided. The will inform the plan for full rollout of the pre 5 flu programme across all areas of NHSGGC.

- The Health Visiting Team instigated a breast feeding quality improvement (QI) network supported by the Scottish Government Quality Improvement section and linking with NHS Lanarkshire and NHS Borders. A QI test of change project is underway in West Dunbartonshire aiming to reduce attrition rates in breast feeding mothers in SIMD1. During 2019 a Small Test of Change took place in Alexandria. We are now moving on to roll this out in Dumbarton and Alexandria.

- Specialist Children's Service Speech and Language Therapists care plans incorporate a measure of whether the goals are met or not. Case audits take place twice a year and throughput is monitored monthly.

- Specialist Children's Service Occupational Therapists have established close links with the Additional Support Needs Base of a local Primary School. They delivered a package of training to staff over the first term and provided regular follow-ups with staff via telephone, email and regular school visits to support learning into practice. This has ensured only those children who require specialist intervention are referred to the service, with school staff more confident in managing more general issues.

- Occupational therapists conducted a review of referrals that revealed a pattern of referrals for P4 pupils with hand writing difficulties. In response they developed a 6 week programme that can be delivered in small groups tackling the specific difficulties the children are experiencing with letter formation, spacing, pencil control etc. Parental feedback from the pilot group was overwhelmingly positive. A pilot longitudinal study is underway working directly with P1 intake in one local primary school to highlight children who may require additional support and ensure good habits are developed by all from the outset. At the head teacher's request we are to replicate this again with subsequent school intakes.

- Specialist Children's Services Physiotherapists developed a drop in clinic for under 5's to improve access for parents and carers who had concerns regarding their child's development and were looking for advice. They offered a timely pre referral consultation with outcomes that included advice and reassurance, signposting and referral acceptance to the service if appropriate. They worked in partnership with Glasgow Life sports and Leisure to offer a bespoke rehab or fitness program to young people fourteen years and over to facilitate self - management and a healthier lifestyle in a forum accessible and suitable for the young person. Specialist Children's Service Physiotherapist measure clinical effectiveness as an integral part of the work they do as therapists. This is done by subjective and objective measures following each intervention.

- Health Visitors and School Nurses undertake record keeping audit annually. Audit results are discussed with staff, and action plans developed. Improvements in to record keeping standards have been demonstrated year on year.

- West Dunbartonshire HSCP are a Psychology of Parenting (PoPP) site. This means parents and carers of children can access early intervention and support in parenting of 3-6year olds using validated evidence based parenting programmes. With support from NHS Education Scotland (NES) robust analysis of data is undertaken to scrutinise the efficacy of parenting programmes, efficacy of delivery, and the impact of interventions on children and their families.

- Educational Psychologists facilitate regular supervision sessions with the Health Visiting Team to ensure effective delivery of The Webster Stratton Incredible Years Parenting Programme for West Dunbartonshire residents. These sessions support and monitor clinical effectiveness using video recordings of staff practice and self-evaluation questionnaires to facilitate reflective practice and develop plans for improvement.

- Children and Families Social Work use an audit tool to explore and address the experience of children on Compulsory Supervision Orders for more than 18 months through Permanence & Care Excellence (PACE) work with CELCIS (University of Strathclyde).

- Dates are identified for child protection case conferences 21 days in advance following Initial Referral Discussion agreement that child protection investigation is required. Development of Comprehensive Assessment to ensure consistency and with plans to integrate future the child protection risk assessment in an effort to streamline processes and improve productivity. Outcome letters are distributed shortly after child protection meetings to ensure all attendees are aware of decisions, actions and plans ahead of receiving minutes.

- Development of a local multi-agency strategy in respect of Trafficked Young People and re-evaluation underway of Secure Screening process.

- Social Work management reports have been reviewed and streamlined to ensure information received allows for overview and identification of trends which may be impacting on performance. As part of a process to review our service delivery arrangements, monthly management information and performance reports were introduced to track demand, identify opportunities for change and plan interventions to improve outcomes for children, young people and families.

- Our criminal justice social work services were the second area in Scotland to be inspected as part of the Care Inspectorate's new quality indicator model, focussed on Community Payback Orders. In advance of these inspection reports being published in 2019, teams were already working on improvement actions to develop practice, informed by pre-inspection activity.

5.3 Health and Community Care Services

- The Focussed Intervention Team is a rapid response team based in the community of West Dunbartonshire with a primary focus of preventing and avoiding admission to hospital where possible. This is achieved by visiting and assessing the person referred at their home within two hours, for those with an immediate need, and within twenty-four hours for those whose presenting situation requires rapid but not urgent intervention. Rapid intervention and assessment is carried out by this multi-disciplinary team to support a person through a period of illness or deterioration to remain at home with all required support in place.

- The Community Hospital Discharge Team assists the people of West Dunbartonshire by supporting safe and timely discharge from hospital to home or a homely setting. Referrals come to the team from acute hospital wards and departments, or via the teams own early assessors, who are on-site at hospitals to identify residents of West Dunbartonshire who may be soon discharged from hospital. This early identification allows a person centred plan to put in place to support each individual to a safe discharge from hospital, and to maintain safely.

- Community Nursing
  - Monthly Record Keeping audit.
  - Monthly review of dashboards to demonstrate compliance in 3 areas of care with Quality Indicator Tools in CNIS.
  - Monthly statutory / mandatory Learn Pro audit.
  - 3 monthly Hand washing audits.
  - Annual Education audit to demonstrate compliance as a place for student nurse learning.
  - Deaths at home to reduce hospital admissions for end of life care.
  - Review of Nurse prescribing to ensure compliance with GG&C Formularies.

- Diabetic Retinal Screening
  - The new National software – optimize has reporting functions inbuilt that enable reports measuring and monitoring the amount of technical failures. This will allow monitoring and help identify any staff training issues .The software system has quality control measures inbuilt to assess the grading skills of the Grading Staff.
  - External Quality Assurance - All levels of Graders 1, 2 & 3 complete twice yearly Quality Assurance exercise of grading 100 images each. These images are then assessed and they are given their results. Each Grader has to achieve an agreed national standard for Sensitivity and Specificity.
  - Optometrists need to complete National requirements for slit lamp examinations to be able to work within the service. These skills are then revalidated bi annually.

- Pharmacy technicians support of medicine stock management within care homes. They monitor General Practitioner and non-medical prescriber prescribing data to ensure safe and effective prescribing. Cluster work reviewing appropriate antibiotic prescribing is ongoing. Further examples of Pharmacy Services work which focus on measuring, monitoring and improving clinical and care quality includes Pharmacist led Chronic Pain clinic and Pharmacist led Hypertension clinic.

- West Dunbartonshire took part in a thematic review of Self Directed Support (SDS) by the Care Inspectorate and Healthcare Improvement .Work has been developed to support more consistent practice, whilst strategic accountability and governance arrangements are also being reviewed to shape and reform the policy arrangements for SDS. SDS has been embedded in the HSCP's assessment process across adults and children's services.

5.4 Musculoskeletal Physiotherapy Services

- The service linked with colleagues in the acute sector to support staff undertake three quality improvement projects this year these were Improvement of Staff wellbeing, Improved STarT outcome measures and Exploration of reasons for 'one off' attendance by clients.

- Measuring for Improvement work-stream using current data for performance reports. This project work has ensured closer monitoring of service delivery to try to standardise capacity and waiting times across GGC.

- Three MSK Managers were supported via the Scottish Clinical Leadership Improvement Programme.

    - A key component of the quality assurance work undertaken by the Adult Protection Committee continues to be the completion of regular case file audits for the purpose of learning and improvement. Learning from these audits prompts improved processes and is embedded into our training programme.

- The service collates and analyses Patient Reported Outcome measures (including pain; loss of function and work status) to ensure effective and equitable care is provided across GGC. These figures are used to drive excellence in clinical care. MSK Physiotherapy was shown to decrease pain; increase function and support people to return to the workplace.

5.5 The Quality Assurance Team

- Clinical and care governance requires co-ordination across a range of services, including procured services within the HSCP, our Quality Assurance team has an important role in monitoring the quality of care delivered by commissioned services.

5.6 The Care Inspectorate

- The HSCP senior management team meets regularly with our Strategic Link Inspector from the Care Inspectorate.

- The Care Inspectorate is responsible for registering a range of social care and social work services as well as providing scrutiny through inspection. From inspection, services are supported to evidence improvement based on action plans arising from recommendations from inspections.

- The CCGG monitor all inspections carried out by the Care Inspectorate (CI) for all our registered & Care Home Services. During 2019 the following inspections were carried out. Appendix 2 provides a summary of the results of all inspections undertaken during 2019.

- West Dunbartonshire HSCP is the best performing HSCP in Scotland in relation to the proportion of care services graded 'Good' (4) or better in Care Inspectorate Inspections during 2019/20. A full breakdown of all Care Inspectorate grading's for inspections carried out between during 2019 can be found at Appendix 1..

5.7 The Public Protection Chief Officers Group receives regular updates from the Child Protection Committee in respect of the analysis and findings of the National Child Protection Improvement Programme (CPIP) and its relationship to West Dunbartonshire's Child Protection Committee (CPC) Improvement Plan. This programme continues to guide the Child Protection Committee Improvement Plan to reflect national policy and learning.

5.8 West Dunbartonshire's Adult Protection Committee (APC) continues to meet on a quarterly basis, with an independent chair. Members include Police Scotland, Trading Standards, Care Inspectorate, Adult HSCP Social Work and Health Services, Community Health, Advocacy Services, Scottish Care, Scottish Ambulance Service and the Scottish Fire and Rescue Service.

6. Conclusion

This report demonstrates the widespread activity that has been undertaken by HSCP and hosted services in pursuit of the key quality ambitions of delivering safe, effective, high quality person centred care. Many innovative approaches have been adopted to enable the residents of West Dunbartonshire to inform the development high quality services, ensuring that they are responsive to local needs.

The HSCP Clinical and Care Governance Group has maintained oversight of the key areas of clinical risk and quality, creating connections with all governance structures in the Partnership to ensure we monitored and improved the quality of care provided in line with identified service improvement priorities across the HSCP.

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7. Exemplar Case Studies

Case Study 1

Specialist Children's Physiotherapists identified a cohort of young people who had been referred to our service, whom we felt that could be managed more effectively in terms of access to age appropriate services, time management, use of clinicians of varying skill mix to achieve better outcomes in terms of acute and chronic pain management and improved long term self- management. We contacted the local authority to discuss physiotherapist referral to Glasgow Live Active which would allow us to make a clinical assessment of a child, devise a bespoke plan of therapy and work alongside the young person and gym instructor to implement this therapy plan. The exercise plan would be carried out at a venue most suitable for the young person and would include a gym and/or a pool program. The identified goals would be discussed and agreed with the young person and reassessment would occur at agreed intervals. The physiotherapy support worker, gym instructor and the young person facilitate the therapy program. The desired outcome will see the young person benefit in the short term in terms of pain management and in the long term in terms of a healthier lifestyle and self- management strategies.

Case Study 2

A referral to the FIT Team where an individual was struggling at home following a recent surgical procedure. Multiple falls at home, poor oral intake post-surgery had led to weight loss, fatigue and dehydration. The GP was keen to readmit the client to hospital, but the individual declined readmission. The Focussed Intervention Team Nurse and Social Work Assistant visited the client within less than two hours of receiving referral, to find the person living in poor conditions, with not much food and parts of house in state of disrepair and/or in need of cleaning. Health professionals in the team worked immediately to encourage fluid and dietary intake, in the hope of improving dehydration, improving health and energy levels, and hopefully reducing falls risk. They made daily visits to monitor the client's condition and observations such as blood pressure and heart rate. The Physiotherapist worked to promote safety when mobilising around the home, and the rehabilitation assistant visited daily with light exercises aimed at improving mobility. Social Work Assistants quickly organised cleaning of house, access to food/shopping, and improvement of living conditions to maintain person's safety at home. This included sourcing a new bed and some new furniture. The team maintained close contact over a sustained period of time to reduce risk of hospitalisation. This integrated team were able to provide rapid input from multiple professions designed and prevent an admission to hospital.

Inspections Jan - Dec 2019

	Client section	Service Type	Inspection Date	Report Grades for K1 Q1	K2 Q2	K3 Q3	K4 Q4	K5 Service		Req
Balquhidder House	Older People	Care Home	07.08.19	5	n/a	n/a	n/a	5	0	0
Castle View Care Home	Adults & O.P.	Care Home	21.06.19	3	3	4	4	3	5	1
Clyde Court Care Home	Adults & O.P.	Care Home	27.11.19	3	n/a	n/a	n/a	3	0	9
Edinbarnet	Older People	Care Home	05.08.19	5	n/a	n/a	5	5	0	0
Hillview Care Home	Adults & O.P.	Care Home	13.09.19	2	2	2	4	3	2	8
Kingsacre Luxury Suites	Older People	Care Home								
Strathleven Care Home	Older People	Care Home	18.07.19	4	n/a	3	n/a	4	0	1
Sunningdale	Older People	Care Home	05.09.19	5	5	5	4	5	0	0
D.P.H.A.	Adults & O.P.	H.S.S. & C @ H	10.04.19	5	n/a	5	5		0	0
Ben View Community Bathing Service	Adults & O.P.	Supp Service	01.08.19	5	n/a	5	n/a		0	0
Key - Argyll & West Dunbarton	Adults & Y.P.	Supp Service	30.08.19	5	n/a	n/a	5		0	0
Caledonia Social Care (West)	Adults & O.P.	H.S.S. & C @ H	24.01.19	5	n/a	n/a	5		0	1
Cornerstone - Baxter View	Adults & O.P.	H.S.S. & C @ H	15.02.19	6	n/a	6	n/a		0	0
Cornerstone - WDS 1	Adults, O.P. & YP	H.S.S. & C @ H	08.10.19	5	n/a	5	n/a		0	0
Alternatives WD Drug Advice	Adults	Supp Service	19.07.19	6	n/a	n/a	n/a	6	0	0
SHARE Scotland - Glasgow	Adults	H.S.S.	11.10.19	5	n/a	5	4		0	2
Stepping Stones	Adults, O.P. & YP	Supp Service	30.10.19	5	n/a	n/a	5		0	0
Allied Health Services Greenock	Adults & O.P.	H.S.S. & C @ H	02.08.19	4	n/a	4	3		0	2
Alltogether Care Services Ltd.	Adults & O.P.	H.S.S. & C @ H	22.07.19	6	n/a	6	6		0	0
Upper Springland (Capability Scotland)	Adults & O.P.	Supp Service	09.08.19	6	n/a	n/a	n/a	6	0	0
Carewatch	Adults & O.P.	H.S.S. & C @ H								
Lanarkshire Care Partners	Adults & O.P.	H.S.S. & C @ H	14.02.20	5	n/a	n/a	4		0	2
C-Change Scotland	Adults	H.S.S. & C @ H	16.01.19	5	n/a	5	n/a		0	0
Carman Care	Adults & O.P.	H.S.S. & C @ H	06.11.19	5	n/a	n/a	5		0	0
C.I.C. Glasgow Area 2	Adults	H.S.S. & C @ H	11.09.19	4	n/a	n/a	3		0	6
Hands on Homecare	Adults & O.P.	H.S.S. & C @ H	18.11.19	5	n/a	4	n/a		0	1
Joan's Carers	Adults, O.P. & YP	H.S.S. & C @ H	18.07.19	4	n/a	5	n/a		0	1
RNIB - Alternative Day Opportunities	Adults	H.S.S. & C @ H	23.10.19	4	n/a	4	n/a		0	1
Sense Scotland - Glasgow 1 & area	Adults	H.S.S. & C @ H	04.06.19	3	n/a	3	2		2	7
Turning Point	Adults	H.S.S. & C @ H	25.11.19	5	n/a	5	n/a		0	0
TRFS- East & West Dunbartonshire	Adults	H.S.S & C @ H	01.07.19	5	n/a	n/a	5		0	0
Dunn St. respite	Adults	Respite/ C. H.	23.03.19	5	n/a	n/a	n/a	4	0	0
South Peak Services	Adults	Respite/ C. H.	08.01.19	5	n/a	n/a	4		0	1
Leuchie House	Adults	Respite/ S. B.	30.01.19	4	4	4	4		0	1
PHEW - Short Breaks	Adults & Y.P.	Respite/ S. B.	19.07.19	3	2	2	4	2	4	1
Quarriers - Riverview	Adults & Y.P.	Respite/ S. B.	18.12.19	5	n/a	n/a	n/a	5	0	0
Glasgow Connect (Quarriers)	Adults	H.S.S. & C @ H	04.10.19	3	n/a	3	3		0	2
Living Ambitions Ltd G/ow North & West	Adults	H.S.S. & C @ H	01.11.19	5	n/a	4	4		0	0
Neighbourhood Networks in Scotland	Adults	H.S.S.	08.01.19	6	n/a	n/a	6		0	0
Scottish Autism - West of Scotland Outreach	Adults	H.S.S. & C @ H	31.10.19	4	n/a	4	n/a		0	1
SACRO - National Intensive Support Package	Adults	H.S.S. & C @ H	18.12.19	5	n/a	5	5		0	0
Diamond Child Care	Adults & YP	Agency Service	30.08.19	5	n/a	5	n/a		0	0
Up-2-Us	Children & Y.P.	H.S.S. & C @ H	30.01.19	5	n/a	n/a	6		0	0
Enable (PALS)	Children & Y.P.	Support Service	01.05.19	5	4	n/a	n/a		0	2
Includem (West)	Childrens Services	H.S.S. & C @ H	28.02.19	6	n/a	n/a	6		0	0
Sense Scotland (Touchbase)	Adults & Y.P.	Supp. Service	29.01.19	5	n/a	n/a	5		0	4
Action for Children - Stoneside Project	Children & Y.P.	30.09.19		4	n/a	n/a	n/a	5	0	1
Sense Scotland - Ardlui House	Children & Y.P.	Short Breaks	25.4.19	4	n/a	n/a	n/a	3	0	2
Balnacraig School	Children & Y.P.	Res. Care	30.09.19	5	n/a	n/a	n/a	5	0	5
Curo Salus - Northview										

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

26 November 2020

Subject: HSCP Board Complaint Handling Procedure

1. Purpose

1.1 The purpose of this report is to provide the Health and Social Care Partnership Board (HSCP Board) with an update on the Scottish Public Service Ombudsmen's review and updated Model Complaints Handling Procedure (MCHP).

2. Recommendations

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

i. Note the content of the report;
ii. Encourage an improvement culture that welcomes complaints in any form so that we capture all expressions of dissatisfaction and use them to drive future improvements; and
iii. Approve the updated complaints handling procedure (Appendix A) which relates to complaints for Health and Social Care Partnership Board only.

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have a clear and accessible complaints procedure.

3.2 The Scottish Public Services Ombudsman (SPSO) Act 2002 (as amended) provides the legislative basis for SPSO to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction. The Scottish Government, Scottish Parliament and Associated Public Authorities in Scotland MCHP has been developed by the SPSO in partnership with relevant stakeholders.

3.3 For complaints relating to the actions and processes of the Integration Joint Board (IJB) itself, IJBs should adopt the MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities.

3.4 The updated MCHPs have been published under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by 1 April 2021.

3.5 All current members of the HSCPB must be familiar with this procedure and any new member must cover this as part of their induction to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure.

4. Main Issues

4.1 The complaints handling procedures reflect and emphasise the Health and Social Care Partnership Board's commitment to valuing complaints. The aim is to provide a consistent process to follow which makes it simpler for citizens to complain, builds staff and citizen confidence in complaints handling and encourages services to identify and make best use of lessons from complaints for service transformation.

4.2 The SPSO has reviewed the MCHP for all Scottish Public Services with the aim of standardising and streamlining complaint handling procedures, so all MCHPs are closely aligned, while retaining individualised sector-specific content and examples. Appendix B provides an overview of SPSO key changes.

4.3 The current two-stage process and timelines have not changed. The emphasis in the MCHP is on quicker and simpler complaints handling with local, early resolution by empowered and well-trained staff.

4.4 The aim is to help bodies 'get it right first time' with a focus on resolving complaints at the frontline wherever possible. There is also an emphasis on valuing complaints – recording all complaints, reporting key information and using the lessons learned to improve service delivery.

4.5 It also incorporates good practice in relation to using alternative resolution approaches, promoting positive complaint behaviours and improving access supports for vulnerable groups.

4.6 The changes to the core text of the revised Model Complaints Handling Procedures (MCHP), is consistent across all sectors. The key changes are summarised below (Appendix B provides full list of changes applicable across all public sectors).

i. Core text standardised across all sectors
ii. Complaints may be resolved by agreeing any action to be taken with the citizen, without making a decision on whether to uphold / not uphold
iii. Organisations must agree the points of complaint and outcome sought with the complainant at the start of stage 2 (investigation)
iv. Organisations should set out what kind of actions staff may take to support equal access to the complaints process (including for vulnerable groups)

v. Organisations' induction should include complaint handling training
vi. Where a complaint is brought by an MP/MSP, the organisation must handle it in line with the Complaint Handling Procedure and ensure they do not operate a two-tier system
vii. Organisations to report and publish on complaint statistics in line with performance indicators published by the SPSO

4.7 The changes outlined in Appendix B have all been considered and applied to the HSCP Board handling procedure.

4.8 West Dunbartonshire Council has also applied these changes in the development of the complaint handing procedure for local authorities, which now incorporates Social Work service complaints. This is the CHP that will be followed by HSCP complaint handling team when the complaint is about HSCP services. These changes do not apply to the equivalent NHS complaint procedure.

4.9 Implementation of the local action plan outlined in Appendix C ensures compliance with all requirements and is a catalyst for improvement in complaint handling, investigation and resolution. This ensures HSCP Board are fully aligned with the SPSO Model Complaint Handling Procedures required to be implemented by 1 April 2021.

4.10 Subject to HSCP Board approval, the revised MCHP will be live from 31 March 2021 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 complaint management and handling would place the HSCP Board in breach of its statutory duties.

7.2 There is an operational risk around the consistency of complaints handling, aligning to the MCHP will ensure a consistent approach to handling of complaints and provide clear guidance for staff and citizens using the MCHP.

7.3 There is a risk of reputational damage if complaints are not handled effectively. There can be an adverse effect on the public perception, which

can lead to a lack of trust and confidence in the services provided.

7.4 The proposed action set for local implementation will ensure compliance with the practice set out by SPSO. This will provide assurance and transparency for future audit activity.

8. Equalities Impact Assessment (EIA)

8.1 An equality impact assessment has been completed (Appendix D). Actions and recommendations contained within this report do not have a differential impact on any of the protected characteristics.

9. Consultation

9.1 Monitoring Officers within Audit and Fraud, Regulatory Services and Trades Unions representatives have been consulted in the preparation of this report.

9.2 The NHS GCC Board complaints manager and WDC Citizen Information Co-coordinator provided support and guidance on training and update of procedure.

10. Strategic Assessment

10.1 Effective complaint management and complaint handling procedures will support local and strategic priorities and national health and wellbeing outcomes. It will strengthen citizen relations, performance monitoring and outcome accountability, improving lives with the people of West Dunbartonshire.

11. Direction

11.1 A direction is not required for this report, as it is an update of current complaint handling procedure.

Margaret-Jane Cardno
Head of Strategy and Transformation
Date: 27 October 2020

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Appendices:

Appendix A – Health and Social Care Partnership Board Complaints Procedure
Appendix B – SPSO Key Changes
Appendix C **–** Local Implementation Plan
Appendix D – Equalities Impact Assessment

Background Papers:

Sinclair report (link is external)
Scottish Public Service Ombudsman Statement of Complaint Handling Principles - approved by Scottish Government
Guidance on a Model Complaints Handling Procedure.

West Dunbartonshire Health and Social Care Partnership Board

The Complaints Handling Procedure

Document Title:	HSCPB Complaint Handling Procedure	Owner:	Margaret-Jane Cardno
Version No.	2.0	Superseded Version:	1.0
Date Effective:	31 March 2021	Review Date:	31 March 2024

Document Management - Version Control

Policy Title & Reference	Health and Social Care Board Complaint Handling Procedure		
Version Number & Date	V2	31/03/2021	
Title, Version Number & Date of superseded version (if applicable)	HSCPB Complaint Handling Procedure	V1	2017-2019
Rationale for Introduction/driver for Change	The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have a clear and accessible complaints procedure. The Scottish Public Services Ombudsman (SPSO) Act 2002 (as amended) provides the legislative basis for SPSO to publish the Model Complaints Handling Procedures (MCHP) for bodies under the SPSO's jurisdiction. Scottish Public Sector Ombusman Review of Model Complaint Handling Procedures January 2020 To provide clear procedures for handling complaints rasied against the HSCPB		
Summary of Substantive Changes (if applicable)	Social work and Local Authority MCHPs combined Where a complaint is brought by a MP/MSP, the organisation must handle it in line with the CHP and ensure that they do not operate a two-tier system Full details of key changes are included at Appendix B SPSO Key Changes		
Summary of Technical changes (if applicable)	Report and publish complaints statistics in line with the performance indicators published by the SPSO New resolved outcome descriptor		
Lead Officer	Margaret-Jane Cardno, Head of Strategy and Transformation		
Final Trades Union Position	No issues or concerns raised.		
Consultation and Approval Process	Financial consultation		
	Legal consultation	October 2020	
	Audit and Fraud consultation	October 2020	
	Trades Union consultation	October 2020	
	Approval at HSCPB	26 November 2020	
Accompanying Documentation (incl EIA)	SPSO Key Changes Document		
Linked Policies and Procedures	WDC Model Complaint Handling Procedure Unacceptable Behaviour Document		

Contents

When to use this procedure

1. West Dunbartonshire Health and Social Care Partnership Board (HSCPB) is required to have its own complaints handling procedure (separate to those of West Dunbartonshire Council, which covers social work services, and NHS Greater Glasgow and Clyde's procedures) to cover its own activities and the decisions that it makes. This procedure has been developed from a Model Complaint Handling Procedure for Integration Joint Boards issued by the Complaints Standards Authority of the Scottish Public Services Ombudsman in 2020.

2. Our complaints handling procedure reflects HSCPB's commitment to valuing complaints. It seeks to resolve citizen dissatisfaction both as thoroughly and as quickly as possible and to ensure that any complaints received about the HSCPB in particular are considered in an objective, fair, rigorous and evidence-based manner. In following a standardised model developed by the Ombudsman, our citizens can be assured that we are pursuing those aims in line with recognised best practice.
3. Complaints raised directly with or about the HSCPB will be about the organisation and administration of the HSCPB, the strategic decisions that it makes and the measures it implements to achieve strategic objectives. Complaints about front-line services and the functions that support these will continue to be dealt with under the relevant health or local authority complaints procedure.

What is a complaint?

4. West Dunbartonshire Health and Social Care Board (HSCPB) definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about Health and Social Care Partnership Board action or lack of action, or about the standard of service provided by or on behalf of HSCPB'

5. For clarity, where an employee also receives a service from HSCPB as a member of the public, they may complain about that service.

6. Issues that are not covered by this definition are likely to be covered by other complaints handling procedures, notable those for West Dunbartonshire Council and the complaints policy of NHS Greater Glasgow & Clyde.

7. A complaint may relate to the following, but is not restricted to this list:

    - disagreement with a Partnership Board decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
    - dissatisfaction with one of the Partnership Board policies or its impact on the individual
    - Failure to follow the appropriate administrative or decision-making processes in coming to a decision.

8. A complaint **is not**:

    - a routine first-time request made to the Partnership Board
    - a request for compensation only
    - issues that are in court or have already been heard by a court or a tribunal

- disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector
- a request for information under the Data Protection or Freedom of Information (Scotland) Acts
- a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
- abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by Unacceptable Actions document or
- a concern about the actions or service of a different organisation, where we have no involvement in the issue (**except** where the other organisation is delivering services on our behalf).

9. We will not treat these issues as complaints, and will instead direct citizens to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.

10. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the citizen, and tell them what (if any) action we will take, and why.

Who can make a complaint?

11. Anyone who receives, requests, or is affected by our services can make a complaint. In this procedure these people are termed 'citizens', regardless of whether they are or were using a service.

12. We also accept complaints from the representative of a person who is dissatisfied with our service.

Supporting the citizen

13. All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some citizens may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Citizens may need support to overcome these barriers.

14. We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:

- the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and
- the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.

15. Examples of how we will meet our legal duties include:

- proactively checking whether members of the public who contact us require additional support to access our services
- providing interpretation and/or translation services for British Sign Language users; and
- helping citizens access independent advocacy (the Scottish Independent Advocacy Alliance website has information about local advocacy organisations throughout Scotland).

16. In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure, including:

- helping citizens access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen's Advice Scotland); and
- providing a neutral point of contact for complaints (where the relationship between citizens and HSCPB is significant and ongoing).

17. These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.

How complaints may be made

18. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.

19. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised. Where it is clear that a complex complaint will be immediately considered at stage 2 (investigation), it may be helpful to complete a complaint form with the citizen's input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.

20. Complaint issues may also be raised on **digital platforms** (including **social media**).

21. Where a complaint issue is raised via a digital channel, we will explain that we do not take complaints on social media, but we will tell the person how they can complain.

22. We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a youtube video or post on a private facebook group). In such cases we **may** respond, where we consider it appropriate, by telling the person how they can complain.

23. We must always be mindful of our data protection obligations when responding to issues online or in a public forum.

Time limit for making complaints

24. The citizen must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).

25. Where a citizen has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances they must request this either:

- within six months of when they first knew of the problem; or
- within two months of receiving their stage 1 response (if this is received more than four months after they first knew of the problem).

26. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the citizen or useful learning for the organisation.

27. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

What happens when I have complained?

28. We will always tell you who is dealing with your complaint. Our complaints procedure has two stages.

Stage 1: Frontline response

29. We aim to respond to complaints quickly (where possible, when you first tell us about the issue). This could mean an on-the-spot apology and explanation if something has clearly gone wrong, or immediate action to resolve the problem.

30. We will give you our decision at stage 1 in five working days or less, unless there are exceptional circumstances.

31. If you are not satisfied with the response we give at this stage, we will tell you what you can do next. If you choose to, you can take your complaint to stage 2. You must normally ask us to consider your complaint at stage 2 either:

    - within six months of the event you want to complain about or finding out that you have a reason to complain; or
    - within two months of receiving your stage 1 response (if this is received more than four months after they first knew of the problem).

32. In exceptional circumstances, we may be able to accept a stage 2 complaint after the time limit. If you feel that the time limit should not apply to your complaint, please tell us why.

Stage 2: Investigation

33. Stage 2 deals with two types of complaint: where the citizen remains dissatisfied after stage 1 and those that clearly require investigation, and so are handled directly at this stage. If you do not wish your complaint to be handled at stage 1, you can ask us to handle it at stage 2 instead.

34. When using stage 2:

    - we will acknowledge receipt of your complaint within three working days
    - we will confirm our understanding of the complaint we will investigate and what outcome you are looking for
    - we will try to resolve your complaint where we can (in some cases we may suggest using an alternative complaint resolution approach, such as mediation); and

- where we cannot resolve your complaint, we will give you a full response as soon as possible, normally within 20 working days.

35. If our investigation will take longer than 20 working days, we will tell you. We will tell you our revised time limits and keep you updated on progress.

What if I'm still dissatisfied?

36. After we have given you our final decision, if you are still dissatisfied with our decision or the way we dealt with your complaint, you can ask the Scottish Public Services Ombudsman (SPSO) to look at it.

The SPSO are an independent organisation that investigates complaints. They are not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

You can ask the SPSO to look at your complaint if:

- you have gone all the way through the *[organisation]*'s complaints handling procedure
- it is less than 12 months after you became aware of the matter you want to complain about; and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of our final response to your complaint. You can do this online at **www.spso.org.uk/complain/form** or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. See the section on **Getting help to make your complaint** below.

The SPSO's contact details are:

SPSO
Bridgeside House
99 McDonald Road
Edinburgh
EH7 4NS
(if you would like to visit in person, you must make an appointment first)

Their freepost address is: FREEPOST SPSO

Freephone:	0800 377 7330
Online contact	**www.spso.org.uk/contact-us**
Website:	**www.spso.org.uk**

Particular circumstances

Complaints by (or about) a third party

37. Sometimes a citizen may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a citizen, we must ensure that the citizen has authorised the person to act on their behalf. It is good practice to ensure the citizen understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves.

38. The provision of a signed mandate from the citizen will normally be sufficient for us to investigate a complaint. If we consider it is appropriate we can take verbal consent direct from the citizen to deal with a third party and would normally follow up in writing to confirm this.

39. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.

Serious, high-risk or high-profile complaints

40. We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk or high-profile complaints should normally be handled immediately at stage 2.

41. We define potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to an organisation's operations
- present issues of a highly sensitive nature, for example concerning:
    - a particularly vulnerable person, or
    - child protection.

Anonymous complaints

42. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by an appropriate manager

43. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.

44. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

What if the citizen does not want to complain?

45. If a citizen has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the citizen to submit their complaint and allow us to handle it through the CHP. This will ensure that the citizen is updated on the action taken and gets a response to their complaint.

46. If the citizen insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).

Complaints involving more than one area or organisation

47. If a complaint relates to the actions of two or more areas within our organisation, we will tell the citizen who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised.

48. If a citizen complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, the citizen should be advised to contact the appropriate organisation directly.

49. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint through the relevant CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection.

Complaints about contracted services

50. Where we use a contractor to deliver a service on our behalf we recognise that we remain responsible and accountable for ensuring that the services provided meets the standard (including in relation to complaints). We will either do so by:

    - ensuring the contractor complies with the relevant CHP; or
    - ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the citizen is signposted to the SPSO.

51. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.

52. HSCPB has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

Complaints about senior staff

53. Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent

of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

Complaints and other processes

54. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

Complaints and service requests

55. If a citizen asks the HSCPB to do something (for example, provide a service or deal with a problem), and this is the first time the citizen has contacted us, this would normally be a routine service request and not a complaint.

56. Service requests can lead to complaints, if the request is not handled promptly or the citizen is then dissatisfied with how we provide the service.

Complaints and disciplinary or whistleblowing processes

57. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.

58. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether HSCPB failed to meet expected standards and what we have done to improve things, in general terms.

59. Staff investigating such complaints will need to take extra care to ensure that:

- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)
- all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and
- we keep records of the investigation that can be made available to the SPSO if required. This can problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).

60. The SPSO's report **Making complaints work for everyone** has more information on supporting staff who are the subject of complaints.

Contact from MPs, MSPs or Councillors

61. Managers can provide guidance on distinguishing between elected member enquiries and complaints brought by elected members (on behalf of constituents). However, where a matter is being dealt with as a complaint against the HSCPB, it must be handled in line with this CHP.

Complaints and compensation claims

62. Where a citizen is seeking financial compensation only, this is not a complaint. However, in some cases the citizen may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.

Complaints and legal action

63. Where a citizen says that legal action is being actively pursued, this is not a complaint.

64. Where a citizen indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the complaints handling team and complaints manager that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the relevant CHP.

65. If an issue has been, or is being, considered by a court, we must not consider the same issue under any CHP.

What to do if the Complaints Handling Procedure does not apply

66. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the citizen why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.

67. Where a citizen continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to take action under our unacceptable actions document.

Appendices

Appendix B SPSO Key Changes.

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
- The Scottish Public Services Ombudsman (SPSO) Act 2002 - section 16B(5)
- Sinclair report (link is external)
- Scottish Public Service Ombudsman Statement of Complaint Handling Principles - approved by Scottish Government
- Guidance on a Model Complaints Handling Procedure.

Person to Contact:

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Appendix B SPSO MCHP Key changes

The changes outlined below are applicable to all sectors except NHS. These are changes to the core text of the revised Model Complaints Handling Procedures (MCHP), which is consistent across all sectors except NHS.

Structure and presentation

- Core text standardised across all sectors (with additional sector-specific text and examples in each version)
- Presented in five parts to make relevant information easier to find
- Social work and Local Authority MCHPs combined

Resolving complaints

- Organisations may resolve a complaint by agreeing any action to be taken with the customer, without making a decision on whether to uphold/not uphold
- There must be a clear record of the resolution agreed and signposting to next stage

Agreeing complaint and outcome sought at stage 2

- Organisations must agree the points of complaint and outcome sought with the complainant at the start of stage 2 (investigation)
- Where the points of complaint and outcome sought are clear, this can be done by setting these out in the complaint acknowledgement letter

Time limit for making complaints

- The six-month timeframe to make a complaint now applies where the customer wishes to escalate to Stage 2 because they are unhappy with the Stage 1 response

Supporting staff

- Organisations must share relevant parts of the complaint and response with any staff members complained about
- At stage 2, staff members must be given information about the complaint process and support available, and kept updated on any timeframe extensions

Equality and Accessibility

- Organisations should set out what kind of actions staff may take to support equal access to the complaints process (including for vulnerable groups)
- Organisations will customise this section to reflect local context

Complaints on social media (and other digital platforms)

- As a minumum, organisations must respond to complaints on the organisation's own social media channels by signposting to the complaint process and support available
- Organsations will customise this section to reflect local policy and approach
- Contact from MPs/MSPs
- Organisations can set out details of local procedures but must ensure they comply with relevant legislation
- Where a complaint is brought by an MP/MSP, the organisation must handle it in line with the CHP and ensure they do **not** operate a two-tier system.

Performance Indicators

- Organsiations to report and publish on complaint statistics in line with performance indicators published by the SPSO
- These are currently being developed, and will inlcude core performance indicators applicable to all sectors (similar to those released in the draft MCHP)
- Additional performance indicators to support benchmarking are being developed for some sectors (LA, FE and housing) in consultation with those sectors' complaint handling networks.

Appendix C: Local Implementation Plan Model Complaints Handling Procedure

No	Element	Improvement and Action
1	Structure and Presentation	– Updated procedure uploaded to staff intranet and internet for citizens
2	Resolving Complaints	– Incorporate new **'resolved**' option. Raise awareness of the new outcome option and incorporate into future training – Clear record keeping of resolution and signposting to stage 2
3	Agreeing complaint and outcome sought at stage 2	– New acknowledgement template with clear complaint headers and outcomes points identified
4	Time limit for making complaints	– Procedures aligned with SPSO time limits.
5	Induction	– HSCPB induction updated, new training supports – 'why are complaints important' for new board members induction
6	Equality and accessibility	– Updated access options – online, written, telephone and face to face. – Clearly signposting supports for vulnerable groups making a complaint – All those involved in complaints will have completed Equality and Human Rights Training – All those involved in complaints will be familiar with the 'Communicating Effectively' Guidance, and be aware how and when to use interpreting and translation services
7	Complaints on Social Media and other digital platforms	– Sign posting complaints made via social media to the complaints procedures. Early engagement seeking resolution
8	Contact from MP/MSP's	– These must follow standard procedures, we need to ensure we operate a one tier system (same procedure for all complaints)
9	Performance Indicators	– Reporting of performance and lessons learned from complaints
10	Quality Assurance and learning from complaints	– Improvements introduced as a result of review of complaints

AssessmentNo	280	**Owner**	LBUTLER	
Resource	HSCP		**Service/Establishment**	Joint
	First Name	Surname	**Job title**	
Head Officer	Margaret-Jane	Cardno	Head of Strategy and Transformation	
	(include job titles/organisation)			
Members	Linda Butler, Events and Engagement Lead Lyn Slaven, Information Lead Lorraine Payne, Council Information Co-ordinator Ricardo Rea, Performance &Strategy Officer			
	***(Please note: the word 'policy' is used as shorthand for stategy policy function or financial decision*)**			
Policy Title	Model Complaints Handling Procedure			
	The aim, objective,purpose and intended out come of policy			
	This is an update on the current Scottish Public Service Ombudsman's Model Complaints Handling Procedure (MCHP). The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have a clear and accessible complaints procedure for integrated functions and budgets. The updated MCHPs have been published under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by 1 April 2021. The aim is to provide a consistent process for staff to follow which makes it simpler for citizens to complain, builds staff and citizen confidence in complaints handling and encourages services to identify and make best use of lessons from complaints for service transformation			
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.			
	The procedure was developed by Scottish Public Service Ombudsman as a result of extensive engagement with a wide range of stakeholders nationally. Within HSCP, Head of Strategy and Transformation, Information Lead (responsible for complaint management), Events and Engagement Lead and WDC Citizen Services Co-ordinator.			

Does the proposals involve the procurement of any goods or services?	**No**
If yes please confirm that you have contacted our procurement services to discuss your requirements.	**No**
SCREENING	
You must indicate if there is any relevance to the four areas	
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)	**Yes**
Relevance to Human Rights (HR)	**Yes**
Relevance to Health Impacts (H)	**Yes**
Relevance to Social Economic Impacts (SE)	**Yes**
Who will be affected by this policy?	
All members of the Community, Citizens, Service Users and all WDC staff and HSCP Board members.	
Who will be/has been involved in the consultation process?	
Consultation was led by the Scottish Public Sector Ombudsman and Scottish Government.	

All Scottish Local Authorities and this has produced a common approach required to be adopted by Scottish Government and all public sector organisations by 1 April 2021

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

	Needs	Evidence	Impact
Age	Impact more likely across older and younger citizens. Both groups will need support to enable full participation with complaints process.	Digital Exclusion Scot Gov Digital Strategy 2011 - Realising Scotlands full potential : promotes digital participation. WDC Digital Strategy 2016/2021 .https://www.westdunbarton.gov.uk/media/4311599/digital-strategy.pdf A Fairer Scotland for Older People: Framework for Action. Older people want: "Opportunities to remain actively engaged with, and involved in, their communities"	Those unfamiliar or unable to use digital platforms will potentially be excluded from this process unless measures are taken to support their participation. Young people will need support to understand their right of access to the complaints process and to support them to do this.
Cross Cutting	Participation across all protected groups is essential to ensure comprehensive complaints data across all in society. Essential to ensure all have access to complaints process Websites, forms and Communication methods need to be accessible and GDPR compliant. Website content needs to be compliant with the latest requirements	People can simultaneously be members of more than one disadvantaged group, which can multiply negative outcomes Current complaints data suggests very low numbers of complaints recorded from many groups – e.g. young people, disabled. For 2018/19 no equalities complaints recorded. Complaints should be monitored by protected group	Accessibility - range of access channels. Online, face to face, telephone, written and email Understanding - support mechanisms and organisations will be sign posted. information can be provided in alternative formats. Encouraging complaints from across all groups ensures their views are listened to.
Disability	We have an anticipatory duty under the Equality	Ensure complaints process is accessible to all. Promote	Lack of support can lead to disengagement of

	Act to ensure that our services are accessible to disabled people This includes provision of BSL interpretation and translation	access to support such as advocacy services where needed	individual and wider groups. It means their concerns and impact of changes in services or service failures are not investigated or understood and opportunity to learn and improve is lost
Social & Economic Impact	Need to ensure complaints are welcomed and process is fully accessible to all	Involved, organised and empowered communities have greater economic and social strength.	Feedback is welcomed and acknowledged from all citizens. Enables effective learning from complaints to improve services
Sex	Ensure engagement across age and gender	Awareness of impact of different gender and associated challenges, such as single mothers with limited time and resources to access complaints process	Ensure complaints are accessible to all individuals and groups in society to enable their feedback through complaints to be noted and used to inform both learning from complaints and service improvements
Gender Reassign	Those under going or who have undergone gender reassignment can be particularly excluded from social and in civil society. It is important that people have an opportunity to participate and give their opinion on things that might affect them.	Evidence suggest that trans people can be more socially isolated and more at risk of discrimination	Lack of support can lead to disengagement of individuals and wider groups. It means their concerns and impact of changes in services or service failures are not investigated or understood and opportunity to learn and improve services is lost There is an opportunity to ensure that all staff involved in the complaints process, are aware communications best practice
Health	Health and social factors can affect	Our physical and social environment	Ensuring a fair and accessible

	ability to participate fully in society. Being represented and feeling able to make an impact on where you live can have an effect on both mental and physical health.	is the framework in which our lives take place and, depending on circumstances, it can provide us with opportunities or limit our potential (Scottish National Performance Framework)	complaints process protects mental and physical health
Human Rights	The proposals are especially relevant under article 8 of the European Convention on Human Rights, Family life etc	Awareness of Human Rights as part of everyday life is low, therefore its relevance, nationally there is increasing focus from the Scottish Government on giving Human Rights a more central place	Ensuring a fair and accessible complaints process protects human rights
Marriage & Civil Partnership	This area cross cuts with sex, and sexual orientation	This area cross cuts with sex, and sexual orientation	This area cross cuts with sex, and sexual orientation
Pregnancy & Maternity	This area cross cuts with sex, and sexual orientation	This area cross cuts with sex, and sexual orientation	This area cross cuts with sex, and sexual orientation
Race	We have a legal duty to eliminate discrimination and advance equality of opportunity	Potential language barriers for some people from some communities, we need to ensure that the Council's Communicating Effectively Guidance is followed with regard to interpreting and translation	There is an opportunity to ensure that all staff involved in the complaints process, are aware communications best practice, around translation and interpreting, and that service users are clearly informed about communication options
Religion and Belief	Though religion and belief and 'Race' are two separate Protected Characteristics, there can some times be cross over considerations	For example, around 90% of those identifying as Pakistani, Pakistani Scottish or Pakistani British also identify in Muslim in the 2011 census	There may therefore be an indirect cross over of impact with 'race' on some occasions
Sexual Orientation	Services need to be accessible including,	Evidence suggests that LGB people can	Lack of support can lead to

	those aiming to support participation and empowerment	be more socially isolated and more at risk of discrimination. Evidence suggests that there are still barriers to engaging with LGBT people	disengagement of individuals and wider groups. It means their concerns and impact of changes in services or service failures are not investigated or understood and opportunity to learn and improve services is lost

Actions

Policy has a negative impact on an equality group,but is still to be implemented, please provide justification for this.

The procedure will not have a negative impact on equality groups.

Will the impact of the policy be monitored and reported on an ongoing bases?

The model complaints handling procedure will be monitored every three years or when directed by the SPSO, which ever is first.

Q7 What is you recommendation for this policy?

Intoduce

Please provide a meaningful summary of how you have reached the recommendation

The Changes provide an opportunity to ensure we reviewed accessibility and ensure we adopt the best practice possible, therefore impacts are likely positive in terms of equality and human rights, especially in terms of disability . To support this, all staff involved in complaints will complete equality and human rights training, and Providing Accessible Services training and be aware of the Council's Communicating Effectively guidance. Complaints will be monitored by protected group to help assess impact.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

Date: 26 November 2020

Subject: Annual Complaints Summary Year Ended 31 March 2020

1. Purpose

1.1 The purpose of the report is to present for scrutiny West Dunbartonshire Health and Social Care Partnership (HSCP) Annual Complaints Summary for year ended 31 March 2020.

2. Recommendations

2.1 It is recommended that the Audit and Performance Committee consider and comment on the Health and Social Care Partnership (HSCP) Annual Complaints Summary for year ended 31 March 2020 (Appendix I).

3. Background

3.1 This report is primarily concerned with those complaints received by the HSCP during the period 1 April 2019 to 31 March 2020, which were considered in line with the appropriate complaint handing procedures, either NHS Greater Glasgow and Clyde Complaints Policy or the Social Work Complaints Policy.

4. Main Issues

4.1 There were a total of 45 stage 2 complaints received within the HSCP during the reporting year and 33 frontline complaints.

4.2 The HSCP considers all feedback, including complaints, to be a catalyst for improvement. In summary the main learning and improvement themes arising from this report are as follows:

- Importance of reviewing processes to ensure they are efficient and fit for purpose.
- Importance of staff communicating timeously, clearly and respectfully with service users and family members.
- Importance of staff adhering to the General Data Protection Regulations, ensuring proper use of systems with accurate record keeping.
- Staff need to follow Data Protection Legislation in relation to sharing personal data with third parties.

4.3 As can be evidenced by the complaints summary in Appendix I, only 35.5% of Social Work stage 2 complaints were investigated and responded to within the 20 working day time limit. Although this is a slight improvement on the previous reporting period (32%), it clearly falls far short of the performance target set.

4.4 Similarly, only 33% of NHS stage 2 complaints were investigated and responded to within the 20 working day time limit. This is a significant decrease on the previous reporting period (62%).

4.5 The complexity of particularly those which cover more than one service area can cause significant delays in the HSCPs ability to respond within prescribed timeframes. In those cases where the HSCP are aware that responses will be delayed a holding letter is issued to the complainant advising of the delay and confirming the date on which the Partnership will endeavour to provide a full response.

4.6 Work is ongoing to review the complaints handling procedures within HSCP with a view to improving the Partnerships ability to effectively respond to complaints whilst also meeting the target timescales.

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

6.1 There are no people implications arising from the recommendations within this report.

7. Financial and Procurement Implications

7.1 There are no financial and procurement implications arising from the recommendations within this report.

8. Risk Analysis

8.1 There are no risks identified as a result of the recommendations within this report. This report does however support the mitigation of the following risks as contained within the HSCP Strategic Risk Register:

- Performance Management Information: Failure to review and scrutinise performance management information; creates a risk of the HSCP being unable to manage demand analysis, service planning and budget management across totality of the organisational responsibilities.

- Information and Communication: Failure to maintain a secure information management network; there is a risk for the HSCP that the confidentiality of information is not protected from unauthorised disclosures or losses.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required at this stage as the HSCP Audit and Performance Committee is not being asked to take a substantive decision at this time and the report does not have a differential impact on any of the protected characteristics

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

11.1 The Chief Financial Officer and Monitoring Officer within Regulatory Services have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Not required for this report.

13 Directions

Not required for this report.

Name	**Margaret-Jane Cardno**
Designation	Head of Strategy and Transformation
Date:	7 November 2020

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

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Appendices: Health and Social Care Partnership (HSCP) Annual Complaints Summary for year ended 31 March 2020 (Appendix I)

West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire HSCP Complaints Summary
1 April 2019 – 31 March 2020

There were a total of 45 stage 2 complaints received within the Partnership during the reporting year and 33 frontline complaints.

Responded under NHSGGC Complaints Policy		**Responded under Social Work Complaints Policy**	
Fully Upheld	4	Fully Upheld	6
Partially Upheld	4	Partially Upheld	4
Not Upheld	3	Not Upheld	21
Unsubstantiated		Unsubstantiated	
Ongoing	1	Ongoing	2
NHSGGC Complaints Policy		**Social Work Complaints Policy**	
Mental Health, Learning Disability & Addictions	5	Community Health and Care Services	11
Children's Health, Care & Criminal Justice	1	Children's Health, Care & Criminal Justice	16
Community Health and Care Services	4	Mental Health, Learning Disability & Addictions	6
MSK Physio*	2		
Total	**12**		**33**

*NHSGGC-Wide Hosted service

Summary of main themes evident from lessons learnt:

- Importance of reviewing processes to ensure efficient and fit for purpose.
- Importance of staff communicating timeously, clearly and respectfully with service users and family members.
- Importance of staff adhering to the General Data Protection Regulations, ensuring proper use of systems with accurate record keeping.
- Staff need to follow Data Protection Legislation in relation to sharing personal data with third parties.

	Value	**Target**	**Note**
Percentage of complaints received and responded to within 20 working days (NHS)	33%	70%	12 complaints received, with 4 responded to on time. 1 complaint is outstanding and will be responded to in Quarter 1 2020/21.
Percentage of complaints received which were responded to within 28 days (WDC)	35.5%	70%	33 complaints received, with 11 responded to on time. 2 complaints are due to be responded to in Quarter 1 2020/21.

Complaint Subject and Outcome

Service Area	Complaint Subject	Outcome
Social Work Complaint Policy		
Children's Health, Care & Criminal Justice	Communication	Upheld
	Failure to Provide Service	Not Upheld
	Policy Implementation	Not Upheld
	Failure to achieve standards/quality of service	Not Upheld
	Failure to Provide Service	Not Upheld
	Failure to Provide Service	Not Upheld
	Failure to achieve standards/quality of service	Not Upheld
	Failure to achieve standards/quality of service	Partially Upheld
	Failure to Provide Service	Not Upheld
	Failure to fulfil statutory responsibilities	Not Upheld
	Communication	Not upheld
	Policy Implementation, Failure to Provide Service, Failure to fulfil statutory responsibilities, Communication	Partially Upheld
	Failure to Provide Service, Failure to achieve standards/quality of service	Partially Upheld
	Employee Attitude	Not Upheld
	Failure to Provide Service, Failure to achieve standards/quality of service	Not Upheld
	Policy Implementation, Failure to Provide Service, Failure to fulfil statutory responsibilities, Communication	Partially Upheld
Community Health and Care Services	Administration/Communication	Upheld
	Administration/Communication	Upheld
	Administration/Communication	Upheld
	Communication	Partially Upheld
	Failure to provide service	Not Upheld
	Failure to provide service	Not Upheld
	Communication	Upheld

	Other	Upheld
	Failure to provide service	Not Upheld
	Policy	Not upheld
	Communication	Upheld
Mental Health, Learning Disability & Addictions	Policy	Not Upheld
	Policy	Not Upheld
	Policy	Not Upheld
	Policy	Not Upheld
	Policy	Not Upheld
NHS Complaints Policy		
Mental Health, Learning Disability & Addictions	Access/Action Plan/Communication/ Policy	Upheld
	Conduct	Upheld
	Conduct	Partially Upheld
	Communication	Partially Upheld
	Employee Attitude	Not Upheld
Community Health and Care Services	Conduct	Upheld
	Communication	Not Upheld
	Systems	Upheld
Children's Health, Care & Criminal Justice	Communication	Partially Upheld
MSK Physio	Communication	Partially Upheld
	Attitude and Behaviour	Not Upheld

Complaints considered by the SPSO

Once a complaint has been dealt with at Stage 2 of the Complaints Handling Procedure, complainants may approach the Scottish Public Services Ombudsman (SPSO) if they remain dissatisfied. The SPSO is the final stage for complaints about public services in Scotland, including complaints about a Local Authority.

In 2019/20, the SPSO felt it appropriate to investigate one complaint. This was upheld and the SPSO provided recommendations to the HSCP which were carried out. There was a further three complaints that went to the SPSO but they did not take these further.
In 2018/19 the SPSO did not take forward seven complaints received.
In 2017/18 the SPSO investigated 0 complaints.

SPSO ID	Service Area	SPSO Outcome
201800860	Children's Service – Adoption	Upheld
201902683	Children's Services	Not taken further by the SPSO – no further action
201810522	Mental Health	Not taken further by the SPSO – no further action
201905992	Care at Home	Complaint not taken forward as complainant had not exhausted Partnership's complaints process

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report by Head of Strategy and Transformation

26th November 2020

Subject: Climate Change Report 2019/20

1. Purpose

1.1 To present the Partnership Board with the Climate Change Report prepared on its behalf in accordance with the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

2. Recommendations

2.1 The Partnership Board is asked to approve the Climate Change Report prior to formal submission to the Scottish Government in advance of the 30th November 2020 deadline.

3. Background

3.1 The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as 'major players' to submit a climate change report to the Scottish Government using a standardised online template by 30 November each year.

3.2 Integration Joint Boards (IJBs) appear on schedule 1 within the Order as 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

3.3. In order to comply with the duty to prepare a Climate Change Report, the Head of Strategy & Transformation has prepared a Climate Change Report 2019/20 for consideration and approval by the IJB prior to formally submitting it to the Scottish Government by the deadline of 30th Nov 2020. (see report appended).

4. Main Issues

4.1 Following dialogue with Scottish Government, Health Facilities Scotland and the Sustainable Scotland Network (SSN) involving the six HSCPs in the Greater Glasgow and Clyde area it has become clear that due to the nature of IJBs – and specifically the fact that they are not directly responsible for staff or capital estates, and locally do not directly procure services – very few areas of the standardised template are directly relevant to IJBs. HSCP contributions to the requirements of the Order will properly be captured within the distinct reports that the NHS Health Board and the Council are separately obliged to

submit. It has also been accepted that a degree of proportionality should be applied to the completion of the reports. The content of the appended report then consequently reflects this.

5. Options Appraisal

5.1 Not Required

6. People Implications

6.1 None

Post title	Number of posts			Grade/ SCP	Hourly Rate	Annual salary	Gross costs (incl.on-costs25%)
	Existing	New	Difference (+ and -)				

These posts have been evaluated in accordance with the SJC Job Evaluation/NHS Agenda for Change Scheme (delete as appropriate to reflect JES used).

7. Financial and Procurement Implications

7.1 None

8. Risk Analysis

8.1 The submission of a Climate Change Report is a statutory obligation for the Partnership Board as per the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015.

9. Equalities Impact Assessment (EIA)

9.1 None

10. Environmental Sustainability

10.1 Not Required

11. Consultation

11.1 None Required

12. Strategic Assessment

12.1 The submission of a Climate Change Report supports the commitment of the Partnership Board to good governance and transparent public reporting.

13. Directions

13.1 None required

Name: Margaret Jane Cardno
Designation: Head of Strategy and Transformation
Date: 26th November 2020

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e-mail: Margaret-Jane.Cardno@west-dunbarton.gov.uk

Appendices: Climate Change Report – West Dunbartonshire Health and Social Care Partnership Board (IJB)

Background Papers:
Public Sector Climate Change Reporting – Scottish Government
http://www.gov.scot/Topics/Environment/climatechange/publicsectoraction/publicsectorreporting

Climate Change Reporting webpages
http://www.keepscotlandbeautiful.org/sustainabilityclimate-change/sustainable-scotland-network/climatechange-reporting/

Audit Committee (June 2017): Climate Change Reporting and Integration Joint Boards

Wards Affected: All

Appendix 1

West Dunbartonshire Health and Social Care Partnership - Climate Change Report 2019/20

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
West Dunbartonshire

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
0

1(d) Metrics used by the body			
Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.			
Metric	**Unit**	**Value**	**Comments**
Other (Please specify in the comments)	other (specify in comments)	0	West Dunbartonshire Integrated Joint Board does not report on any performance in relation to climate change or sustainability.

1(e) Overall budget of the body	
Specify approximate £/annum for the report year.	
Budget	**Budget Comments**
191955000	This is the total budget allocation for the financial year

1(f) Report year	
Specify the report year.	
Report Year	**Report Year Comments**
Financial (April to March)	

1(g) Context
Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Public Bodies (Joint Working) Act (Scotland) 2014 sets out the arrangements for the integration of health and social care across the country. The Scottish Government-approved Integration Scheme for West Dunbartonshire details the body corporate arrangement by which NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire is known as the West Dunbartonshire Health & Social Care Partnership Board. The Health & Social Care Partnership Board is responsible for the operational oversight of West Dunbartonshire Health & Social Care Partnership (WD HSCP), which is the joint delivery vehicle for those integrated services delegated to it (except

for any NHS acute hospital services, as these are managed directly by the Health Board). These arrangements for integrated service delivery are conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both those organisations can continue to discharge their retained governance responsibilities.

At the 28th March 2019 West Dunbartonshire Health & Social Care Partnership Board meeting, members approved the third HSCP Strategic Plan. The Strategic Plan (2019-2022) sets out the commissioning priorities for the next three years with a clear commitment to the delivery of effective clinical and care governance and Best Value. It has been shaped by the Annual Performance Report for 2018/19; the strategic needs assessment, which illustrates the growing complexity of need and demand within the diverse local communities; the active engagement with stakeholders at locality, community planning and national levels; and our understanding of the broader policy and legislative context. West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. The population of West Dunbartonshire accounts for 1.7% of the total population of Scotland. The population mid-year estimate for 2017 was 89 610, a decrease of 0.3% from the 2016 estimate of 89,860 and the trend over the last 10 years has seen a decrease from 91,370 a change of - 1.9%. National evidence indicates that the population of West Dunbartonshire is aging due to a combination of factors. that the number of births in the area is dropping, the number of people migrating to other council areas is within the 15-44 age group is increasing and the number of deaths registered annually is falling.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY							
2(a) How is climate change governed in the body?							
Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.							
The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. With respect to NHS Greater Glasgow and Clyde: the Health Board has in place a Sustainability, Planning and Implementation Group, chaired by the director of Property Management who is also the Boards Sustainability Champion. With respect to West Dunbartonshire Council: issues relating to climate change are predominantly reported to the Infrastructure Regeneration and Economic Development Committee or the Housing and Communities Committee.							

2(b) How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body.
The accountability and responsibility for the management of decision making for climate change action in relation to Health Board Services (including community health and social care) lies with West Dunbartonshire IJB's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. With respect to NHS Greater Glasgow & Clyde: NHS Greater Glasgow and Clyde Sustainability Manager is responsible for sustainability and environmental issues. He provides professional support (including technical and managerial advice) to the Health Board to identify, plan, develop and implement strategies an policies in relation to climate change. He monitors the Health Boards Performance and NHS objectives for sustainable development and environmental management including performance reporting. With respect to West Dunbartonshire Council: the Council's senior leadership team includes the Chief Executive, two Strategic Directors, a Chief Officer (HSCP), and twelve Strategic Leads who collaborate to oversee all of the Council's activities.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
West Dunbartonshire Health & Social Care Partnership Board does not have specific climate change mitigation and adaption objectives. However reference is made to the objectives contained in the plans of West Dunbartonshire Council and NHS Greater Glasgow and Clyde.	See reports submitted by West Dunbartonshire Council and NHS Greater Glasgow and Clyde	

2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

The accountability and responsibility for the management of decision making for climate change action in relation to Health Board Services (including community health and social care) lies with West Dunbartonshire IJB's partner statutory bodies ie West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements. Please see associated documents within these partners reports.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period	Comments
Adaptation	N/A			Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board.
Business travel	N/A			As Above
Staff Travel	N/A			As Above
Energy efficiency	N/A			As Above
Fleet transport	N/A			As Above
Information and communication technology	N/A			As Above
Renewable energy	N/A			As Above
Sustainable/renewable heat	N/A			As Above
Waste management	N/A			As Above
Water and sewerage	N/A			As Above
Land Use	N/A			As Above
Other (state topic area covered in comments)	N/A			As Above

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?
If yes, please provide details of the key findings and resultant action taken.
The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.

2(h) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.
The accountability and responsibility for climate change governance in relation to the delivery of Council and Health Services lies with West Dunbartonshire Health & Social Care Partnership Board's partner statutory bodies i.e. West Dunbartonshire Council and Greater Glasgow and Clyde Health Board. These partners have governance and decision making structures in place to support sustainability planning and a range of climate change adaptations and improvements. Both these partners will submit Public Bodies Climate Change Duties Reports that will detail their arrangements.

PART 3: EMISSIONS, TARGETS AND PROJECTS

Please note West Dunbartonshire Council Health and Social Care Partnership is not responsible for providing this information. Please refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

PART 4: ADAPTATION

Please note West Dunbartonshire Council Health and Social Care Partnership is not responsible for providing this information. Please refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?
Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.
The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.

5(b) How has procurement activity contributed to compliance with climate change duties?
Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.
The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.

5(c) Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.
The West Dunbartonshire Health and Social Care Partnership Board (IJB) has not and does not as its usual practice procure services directly. Any procurement required by the Health and Social Care Partnership is undertaken through the arrangements and in accordance of the relevant policies of either West Dunbartonshire Council and NHS Greater Glasgow and Clyde (as appropriate). Both these bodies will submit a Public Bodies Climate Change Report that will address this. Please refer to these reports for this information.

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process
Briefly describe the body's internal validation process, if any, of the data or information contained within this report.
The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information. However, this report and associated cover paper will be presented to the WD HSCP Partnership Board in November 2020 for approval prior to submission to Sustainable Scotland Network

6(b) Peer validation process
Briefly describe the body's peer validation process, if any, of the data or information contained within this report.
The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information. However, this report has been consulted on with colleagues across other HSCP's prior to submission.

6(c) External validation process
Briefly describe the body's external validation process, if any, of the data or information contained within this report.
The accountability for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

6(d) No validation process
If any information provided in this report has not been validated, identify the information in question and explain why it has not
Refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

6e - Declaration		
I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.		
Name	**Role in the body**	**Date**
Margaret-Jane Cardno	Head of Strategy and Transformation	26/09/2020

RECOMMENDED – WIDER INFLUENCE

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.
The accountability and responsibility for climate change governance in relation to the delivery of the delegated services remains with West Dunbartonshire Council and NHS Greater Glasgow and Clyde. Please refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

OTHER NOTABLE REPORTABLE ACTIVITY

Please note West Dunbartonshire Council Health and Social Care Partnership is not responsible for providing this information. Please refer to the Climate Change Reports from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board for this information.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Mental Health, Learning Disability & Addictions

26 November 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 development of an Autism Strategy.

2. Recommendations

2.1 The board is asked to note the advances made in developing an Autism Strategy.

3. Background

3.1 The original Scottish Strategy for Autism was published in 2011 setting out 26 recommendations that by 2021 individuals on the autism spectrum are respected, accepted and valued by their communities and have the confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives. This national strategy was refreshed in 2015 and following consultation a further Scottish Strategy for Autism: Outcomes and Priorities 2018- 21 was produced.

4. Main Issues

4.1 The HSCP has established an Autism Strategy Steering group that will be delivered on the Scottish Government Strategy's four key outcomes: people with autism are supported to lead a healthy life, with choice and control, be independent, and be able to participate in all aspects of community and society, through active citizenship.

4.2 The steering group consists of statutory adult and children's services as well as police, housing and carer representatives. Further expansion of the group will include advocacy services, although we now have service user representation. The group met for the first time on the 6th October. Draft terms of reference were shared pending ratification at the next meeting on the 10th November. The group agreed to review strategies and other related documents from West Dunbartonshire and other HSCPs as well as Scottish Government publications with a view to extracting key principles of the planned local strategy, as well as relevant examples of innovation from elsewhere.

Group chair agreed to link with lead officers in other HSCPs and explore successful initiatives elsewhere with West Dunbartonshire's Care Inspectorate Link Inspector. These findings will be shared with the group, for their consideration.

4.3 The Steering Group aims to deliver on its objectives by end March 2021.

4.4 In addition all group members have been asked to complete a survey to further understand each member's views on developing our action plan.

5.0 Financial and Procurement Implications

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

6. Risk Analysis

6.1 There are no identifiable risks.

7. Equalities Impact Assessment (EIA)

7.1 All agreed actions will be subject to Equalities Impact Assessment.

8. Environmental Sustainability

8.1 **T**here are no direct environmental factors identified at this stage.

9.0 Consultation

9.1 Membership of the group consists of partners from multiple agencies including statutory and non- statutory services: including patient and carer representation. The HSCP public engagement officer also supports the group and will assist with stakeholder engagement as required.

10. Strategic Assessment

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 Strategy.

11. Directions

11.1 No directions from this report.

Name: **Marie Rooney**
Designation: Interim Head of Mental Health, Addictions and Learning Disability Services
Date: 6th November 2020

Person to Contact: Marie Rooney

Appendices: N/A

Background Papers: N/A

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report by Head of Mental Health, Addictions and Learning Disability

26 November 2020

Subject: Dementia Strategy Implementation Plan

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 The board is asked to note the advances made in developing a Dementia Strategy.

3. Background

3.1 The Dementia Strategy 2017-2020 is the third National Dementia Strategy with a focus on diagnosis; care co-ordination including post diagnostic support; end of life care; workforce development and capability, data, information and research. Crucially within the strategy was the recognition of taking a person centred and flexible approach to providing support at all stages of the care journey.

4. Main Issues

4.1 The Dementia Strategy Implementation Group has been re-established with a refreshed membership following the Covid Pandemic lockdown phase. This group has agreed to meet every four weeks.

4.2 West Dunbartonshire Community Volunteer Service has supported the development of a new framework tool for developing our Dementia Services across West Dunbartonshire. All relevant HSCP and community partners have been asked to identify current progress and identify potential areas for improvement by the 30th of October 2020. The framework considers all stages of a person's dementia journey including prevention, being supported by Services, living well with dementia and end of life.

4.3 The Implementation Group have agreed on the following outcomes:-

Risk of people developing dementia is minimised**.**

Timely accurate diagnosis, care planning and review is achieved.

Access to safe, high quality health & social care for people with dementia and their carers is in place.

People with dementia live in safe, supportive and accepting communities.

End of life care is provided with dignity and in the place of choosing.

4.4 In addition all Implementation Group members have been asked to complete a survey to further understand each member's views on developing our action plan.

5.0 Financial and Procurement Implications

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

6. Risk Analysis

6.1 There are no identifiable risks.

7. Equalities Impact Assessment (EIA)

7.1 All agreed actions will be subject to Equalities Impact Assessment.

8. Environmental Sustainability

8.1 **T**here are no direct environmental factors identified at this stage.

9.0 Consultation

9.1 Membership of the group consist of partners from multiple agencies including statutory and non- statutory services including patient representation and carer representation

10. Strategic Assessment

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 Strategy.

11. Directions

11.1 No directions required

Name Fraser Downie
Designation Integrated Operations Manager
Date: 26th of October 2020

Person to Contact:	Fraser Downie
Appendices:	None
Background Papers:	National Dementia Strategy

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: **Thursday 10th September 2020 at 2 p.m.**

Venue: **Microsoft Teams**

Attendance: Peter O'Neill, Unison (co-chair); Diana McCrone, (co-chair); Audrey Slater, Head of OD and Change; David Scott, GMB, WDC; David Smith, Unison, WDC; Gillian Gall, HR Manager; Helen Little, MSK Service Manager; Jo Gibson, Head of Community Health and Care; Jonathan Hinds, Head of Children's Health and Care and Criminal Justice; Margaret-Jane Cardno, Head of Strategy and Transformation; Sandra Cowie, Unite, NHS; Sandra Goldie, Unison, NHS; Sean Davenport, Unison, WDC; Shirley Furie, GMB, WDC; Susan Walker; Val Jennings, Unison, WDC; Marie Rooney, IOM Mental Health, Addictions and Learning Disabilities; Allan Wallace, RCN; Hazel Slattery, PA (minutes).

Apologies: Beth Culshaw, Chief Officer (co-chair); Ann Cameron Burns, Unison, NHS; Anne Marie Cosh, HR Business Partner; Paul Carey, GMB; Nazerin Wardrop, NHS.

DRAFT MINUTE

Item	**Description**	**Action**
1.	**Welcome, Introductions, Apologies** P O'Neill welcomed everyone to the meeting and noted apologies. P O'Neill spoke about the announcement from Nicola Sturgeon, restrictions will stay in place locally until 5th October 2020, working from home will be the default position where possible. Further household restrictions have been put in place.	
2.	**Standing Agenda Items** a) Minutes of Last Meeting Minutes of 27th August 2020, were reviewed, amendments will be noted and recirculated. D Smith advised that the discussion re deputies for head of services who could not attend meeting was not included in the minutes.	**HS**
	D Smith requested that guidance be passed on to managers reflecting today's announcement from the First Minister. A Slater confirmed that communication would be sent this afternoon and will be shared with the JSF.	**AS**
	D McCrone asked how the Pulse survey was being distributed to staff as she had not received it, G Gall confirmed that this link has been sent	

out via core brief and through webpropol. Webpropol is set up and distributed through line management structures, D MCrone was advised to speak her line manager if this had been received.

MJ Cardno agreed to share draft recovery plan, which are going to the IJB later this month. **MJC**

P O'Neill asked if a minute was available from the emergency meeting held on 2nd September 2020, H Slattery advised that due to technical issues joining the meeting and hearing discussion a full minute was not available, members asked for the partial minute to be shared. **HS**

P O'Neill asked if a decision had been made on whether or not the JSF should return to weekly meetings, it was agreed it would be stood up if significant operational issues arose.

b) Rolling Actions from Previous Meeting

- Acute Staff Movement impact on MSK Staff

H Little advised that an initial meeting took place this week and that services are keen to work together to seek resolution. MSK staff within the Vale of Leven have had discussion with manager, this will be temporary move and accommodation will be given back to MSK. A walk round of the site is being planned for 21st September. H Little will provide outcome at next JSF. **HL**

- Aurora House

As agreed A Slater sought a statement from V Rogers, no statement is available as a formal decision from NHS24 has not yet been made. A Slater will continue to ask for a resolution, members have stated that it has been reported in the local press that this move is no longer taking place.

MJ Cardno advised that Aurora House and Church Street would be remaining closed for the foreseeable future. S Cowie asked if arrangements could be made for her team to have access to the building to collect required equipment, she was advised that this could arranged through her line manager and Asset Management. A Slater will share the process with S Cowie.

- Student health visitors

V Tierney was taking this forward. It was confirmed that this is not an issue locally and will be closed.

- Access to Welfare Facilities

A Slater advised the communication is being sent to teams today advising that facilities can be used at Goldenhill and Riverview Resource Centres, along with the procedure to be used. Masks must be worn in buildings and details completed for the track and trace system.

A Slater further advised that discussions are ongoing to agree suitable secure touchdown spaces for staff. D Smith asked if a timescale could

be provided, this was not available however he was given assurance that work is ongoing to solve this issue.

- Shared Proforma – Area Partnership Forum

D McCrone shared papers and template from the Area Partnership Forum, pre Covid the template was submitted to the Area Partnership Form detailing 3 top actions that were being discussed at the JSF. D McCrone asked members if this information could start to be provided. Members agreed that this would be helpful however a discussion would be required on reporting frequency and when it would be helpful to provide reports. D McCrone will seek further guidance from Area Partnership Forum. V Jennings was keen that this did not distract from live Covid issues. **DM**

c) Chief Officer Update

Unfortunately B Culshaw was unable to attend due to national and GGC issues on the back of the First Ministers announcement today. J Gibson had confidence that the SMT would be able to cover all issues within their own reports.

MJ Cardno confirmed that all requests for IT equipment had been received, a final check of this list is taking place just now, requests will start to be processed once this piece of work is complete. Procurement processes are in place for WDC and NHS. MJ Cardno is discussing a potential new piece of equipment to aid those working in the community. Timescales could not be provided, H Little stated that NHS had provided her with a six week turnaround of requests.

d) PPE

PPE stores continue to go well. Work is ongoing to mainstream stores with WDC. No issues in relation to supply, quality or delivery.

e) Service Updates

i) Children's Health & Care and Criminal Justice

J Hinds advised that staff continue to work remotely and following local and national guidance. Nationally there is an increase in the number of Children & Family contacts taking place. Contact visits continue to be risk assessed on a case by case basis. There has been a gradual increases of referrals to the Duty system due to the re-opening of schools which mimic national trends.

The Looked After and Accommodated Service have some staff isolating and test carried out, there have been no positive tests. Support work interviews are due to take place next week.

Criminal Justice Services continue to have 100% staffing, they are now seeing demand in Courts as activity stands up.

For Children's Health is having an impact on overall capacity for the service. Face to face appointments continue. School screenings are on hold. For SCS staffing remains stable, coivd-19 test has taken place however all negative. Demand is increasing.

D Smith asked if it would be helpful to share with JSFD progress on additional space. J Hinds advised that this ties in with wider recovery work, the next phase focusses on buildings re-opening, there are a number of different options of buildings that can provide contact space. Identified premises are undergoing relevant processes, it is hoped that this will be finalised next week with Asset Management. D Smith asked if this could be communicated to staff as soon as it was agreed.

ii) Mental Health, Addictions and Learning Disabilities
Service continue to adhere to maximum staffing levels within buildings, M Rooney has been able to offer some touchdown space for other services. Staff absence remains positive across services, however a challenge is being felt in inpatient care due to staff isolating through the track and trace service.

Activity is up to 79% of pre covid referral levels, staff are carrying out appointments face to face, by telephone and attend anywhere. Treatment through attend anywhere is becoming routine across service area.

M Rooney offered to support members who encountered any difficulties using the facilities at Goldenhill or Riverview.

D McCrone asked if any provision had been made on re-starting learning disabilities day care services, M Rooney advised that she was working closely with M Lynn to secure access to 118 Dumbarton Road which would provide additional resources to the Learning Disabilities Team.

iii) Health and Community Care
J Gibson stated that since restrictions have been imposed in West Dunbartonshire it has changed the landscape for Care Homes, visiting is no longer allowed indoors within Care Homes.

It was acknowledge that there have been delays in providing test results to staff and care homes, this has been recognised nationally, Jane Freeman has sent out communication about this and has assured everyone that this is high priority for resolving. V Jennings expressed her serious concerns about the length of time it is taking to receive test results. She felt that as an HSCP we should be taking this forward as a risk, and asked if a different laboratory could be sourced at the issue seems to be with a laboratory. J Gibson assured V Jennings that his has been raised at a number of forums and with Scottish Government. J Gibson advised that with schools going back there had been a major increase in demand for tests which caused the delay in results, the group were reassured that resources had been put in place to deal with this. S walker advised that other testing platforms are being looked at, with new equipment being introduced over the next couple of months. The Lighthouse service does not have capacity to carry out additional test, however the NHS have no issues with capacity.

Care Home and Care at Home are starting to see increases in staff requiring to self isolate due to the track and trace system. This continues to be monitored for impact on services.

The mobile testing unit is now operational at the Meadow Centre, this has been well used and can accommodate 200 test per day, this will continue.

The team have been extremely busy working on the flu vaccination plan for the winter. Three community centres have been secured (Concord, Alexandria CE Centre and The Hub). The community will be sent appointment letters and guidance. GP's have been extremely supportive of this project and have committed resources to ensure clinics take place.

D McCrone asked if staff had been identified to carry out flu clinics and if this would have an impact on other duties being carried out. J Gibson confirmed that nurses from other areas would be redirected to flu clinics. Additional voluntary staff have been sought from physios, dentists and podiatrists. Around 100 bank staff nurses are also available. GP practices are also providing staff to carry this out.

A Wallace asked if the potential impact of track and trace had been factored in to flu clinic programme, J Gibson advised the group that this had been identified as a risk and was being monitored.

The Community Assessment Centres continue to operate one afternoon per week, alternating between Renton and Clydebank, discussion are ongoing with GP's and practice managers on increasing this provision,

Plans are underway to move forward with the Care Home, visits have taken place over the past week and discussions are taking place with residents and families on decoration and moving dates.

D Smith stated that during the call members had been in touch regarding the statement released today from Jason Leitch stating that the testing programme was not sufficient and was providing a high number of false negatives. S Walker stated that the test J Leitch referred to was the anti-body test which cannot decipher between live and unlive anti-bodies , this test is not being provided in GG&C, this is a different to the covid-19 test.

D Smith asked if going forward communications for staff could include a date and time stamp. Members agreed this would helpful, emails have a date and time stamp.

iv) HR Report

A Slater advised that there is a steady increase in number of people contacted by track and trace a close eye is being on this, this is being monitoring closely and do anticipate that numbers could jump dramatically in a short period of time which would have an impact on services.

In terms of mental health wellbeing initiatives continue via online programmes and web page information. In addition SAMH are all delivering virtual training programmes on maintaining mental health and building resilience, once full details are received, links will be distributed to share with teams.

v) Trade Union Updates

P O'Neill advised the meeting, discussions have been taking place nationally on the impact of the pandemic and the need for a new system for social care following Covid-19 and the actions that need to be taken in pursuit of a national care service "Care after Covid: New System for Social Care" references Unison's Ethical Care Charter (ECC)/Fair Work principles and is a broader piece of work pulling together the Residential Care Charter and Homecare reports all supporting a national care service. The ECC has previously been discussed and agreed at both the JSF and IJB.

Members have raised that they are not being involved in risk assessments and have not provided with risk assessments despite requests to line managers. D Smith asked if managers could be reminded that employees should be involved in carrying out risk assessment and have sight of any risk assessments put in place. D Scott agreed to take this to the ORG. A Slater agreed that this message was being constantly reinforced and that all risk assessment and building protocols should be available to staff.

3. Rolling Agenda Items

a) Recovery Planning

Covered above.

b) Testing

Covered above.

c) GRI Relocation

Covered above.

d) Headsets, Telehealth and ICT Equipment

Covered above.

e) Aurora House

Covered above.

4. New Agenda Items

No new agenda items.

5. Any Other Business

D Smith asked in finance sessions would be taking place as in previous years. J Slavin was not present to confirm if these would be going ahead, however it was agreed that finance would be added to agenda of the next meeting, MJ Cardno agreed to seek guidance from J Slavin. It would be decided if an additional meeting of the JSF would take place to **MJC**

review finance.

6. Date of Next Meeting

Thursday 24th September 2020
2 p.m. – 3.30 p.m.
Microsoft Teams
Chair: B Culshaw

West Dunbartonshire Health & Social Care Partnership

Meeting: **Meeting of Joint Staff Forum**

Date: **Thursday 24th September 2020**

Time: **2:00pm**

Venue: **Microsoft Teams**

MINUTE

Present: Beth Culshaw, Chief Officer (co-chair); Peter O'Neill, Unison (co-chair); Ann Cameron Burns, Unison NHS; Audrey Slater, Head of OD and Change; David Scott, GMB, WDC; David Smith, Unison, WDC; Gillian Gall, HR Manager; Helen Little, MSK Service Manager; Margaret-Jane Cardno, Head of Strategy and Transformation; Sean Davenport, Unison, WDC; Shirley Furie, GMB, WDC; Andy McCallion, Unison; Vivienne Warner (Minute).

Apologies: Jo Gibson, Head of Community Health and Care; Jonathan Hinds, Head of Children's Health and Care and Criminal Justice; Julie Slavin, Chief Financial Officer; Sandra Goldie, Unison.

Item	Description	Action

1. Welcome, Introductions, Apologies

2. Standing Agenda Items

a) Minutes of Last Meeting

- Access to welfare facilities

Unsuccessful with the bid therefore need to review again. Need to think creatively how we can do this differently. Not aware of any problems accessing the building or number of staff who are using the facilities, however all staff need to sign in.

b) Rolling Actions from Previous Meeting

D Smith raised the issue of providing touchdown spaces for those living outside West Dunbartonshire. In light of latest restrictions we are looking at the appropriateness of this. Need should be exceptional. In light of information received earlier this week it should ease matters. D Smith thanked B Culshaw for resolving the Communications issue. L Fitzpatrick had set up a group email for all staff as there was a lag with information coming down to the front line staff. Members have fedback that this is working well. Jacquie Pender had been responsible for updating staff details however this

had not been maintained since she left. MJ Cardno felt there must be an easier way to keep this updated and will ask someone in her team to look at this.

Action: V Warner to add to the rolling action list

VW

c) Chief Officer Update

West Dunbartonshire has featured strongly in daily Covid reporting. Significant effort has been made to look at this including increased access to mobile testing at Church St as well as a venue at Clydebank. Deloitte looking at specifications for the Clydebank site. The Clydebank site will be for people who do not have easy access to transport. Some people being redirected to other areas instead of Church St; this is apparently due to high numbers at certain times of the day. We will be undertaking more communication. B Culshaw has reported the rise in the number of cases to full council. Early indication is that we are seeing some positive results due to the restrictions. Need to take every measure we can. It was noted that we are not seeing a large number of people becoming unwell although numbers are increasing.

Sign off of the final accounts at the Audit Committee yesterday.

Flu vaccination programme started today with Care at Home staff. Opened up to all Social Care staff in West Dunbartonshire. Also working with the local GPs to vaccinate patients including those under 65. Positive start to the flu vaccination programme. A Cameron praised the group of nurses and Fiona Taylor who worked with GPs. A Cameron also noted how very supportive Fiona is of her nursing teams and their common sense approach; a pleasure to work with. The core brief is advising non clinical staff to book their appointment at the Vale of Leven. Looking for 60% of NHS staff to get their flu vaccination. Staff will be allocated a specific time.

d) PPE

Advised that the store at Kilbowie will be moved this week to Bridge St. Both stores will be closed Monday. There will be some PPE available at Kilbowie for unpaid carers etc. Mainstreaming now into Bridge St. Health Improvement Team will revert back into their substantive posts. This is due to there being no emerging issues for a few weeks.

e) Service Updates

i. Children's Health & Care and Criminal Justice

It was felt that due to the scale and confidentiality of issues to be raised that perhaps it would be better to have a separate meeting to discuss.

There has been a positive result in one of the Children's Houses. Everyone has been working really hard to ensure we have taken Public Health advice. TUs were thanked for keeping lines of

communication open and for their help. There was a brief discussion around whether the isolation date in the home would be pushed back from 1st – 5th October due to second person testing positive. Appear to have got the results back quickly. B Culshaw thanked staff for being so accommodating in changing shifts etc.

Issues in children's homes are similar to those in adult residential homes. It would perhaps be good to do similar zoom meetings with these staff as Care at Home have done with their staff. With improved communication TUs would have answers to basic questions posed by members. Managers have been speaking by way of phone calls to staff and ensuring children are safe. P O'Neill noted an improvement in communication and that A Slater has been very helpful. Also reiterated the importance of the risk assessments. Agreed a meeting tomorrow would be helpful.

A McCallion discussed staff being tested each week in Residential homes and felt that the children's homes are missed out. Would ask for some consideration to be given to testing the staff from children's homes.

Letter from Public Health discussed by P O'Neill, which advised that families should self isolate while worker can still go in and out of work. Need further discussion on this complex issue and will discuss further tomorrow. Unison will be raising this issue, with regards to partners having to isolate and not being paid, nationally.

Advised that TUs are awaiting a written update from J Hinds with regards to additional contact centres in Clydebank and Dumbarton, however noted that timescales will not be set in stone. B Culshaw advised that J Hinds is on leave and she will follow this up. Advised that additional space has been agreed at Queen Mary Day Centre in Clydebank and furniture was being moved around yesterday to accommodate this. Would like to look at getting the room in Hartfield up and running again plus one other room there to be used for contact. No one available to confirm this.

ii. Mental Health, Addictions and Learning Disabilities

F Downie discussed the planned incremental return of staff to 118 Dumbarton Road in Clydebank, allowing them to increase capacity to Dumbarton Day Centre. No particular issues within Mental Health. In-patient services – staff are tested weekly and this is helped by trakcare within the wards. Modernising how we get the test results. **BC**

iii. Health and Community Care

L McKnight updated the meeting on behalf of J Gibson. Residential Care Homes still only having external visiting. Care at Home are looking at those who get meals. Some clients may have been having issues with mobility.

Flu – very quickly managed to pull together two large events to vaccinate Care at Home staff. 133 staff attending Clydebank today and 151 in the Concord Centre in Dumbarton tomorrow. 3 members of District Nursing staff are administering vaccinations. These are the 2 venues for mass vaccinations of patients and are a good test for how this will work.

Trialling doing zoom meeting with staff – people were able to go into rooms with their organiser. Over 100 came on to zoom. Regular meetings with Shop Stewards have helped to resolve issues quicker. Staff asked to advise what worked well for them, what gave them the passion and drive to keep going. D Smith advised that working with Care at Home has been fantastic.

iv. HR Report

A Slater provided the update. NHS absence showing a downward trend but slight increase in WDC. Colleagues within NHS Occupational Health are getting involved. Pulse survey closed last night with a response rate currently at 51%. There is still time for paper responses.

Employee wellbeing – important we look after our colleagues around anxiety and wellbeing. Lots of options available to staff. SAMH taking forward a programme in October/November. A Cameron requested that the core brief sent out on Wednesday be shared with WDC colleagues as it is easy to understand and has clear graphics.
Action: A Slater advised this could be done. **AS**

f) Trade Union Updates

P O'Neill discussed payment of sick pay in private care homes; discussions are taking place nationally. Opening up a national care service and this will be discussed further in the future. B Culshaw advised that it had been discussed with Chief Officers last week. B Culshaw is happy to share the Terms of Reference. P O'Neill will share the Homecare Charter and Ethical Care Charter document. **BC** **PO**

3. Rolling Agenda Items

a) Recovery Planning

MJ Cardno discussed the survey which came out to JSF by separate email. Background of survey:

- Reflecting on restrictions & how we support staff.
- Only 1 or 2 questions and any additional thoughts.
- Could be issued electronically next week.
- A Cameron noted it would be good to know what the results are once it closes.
- Minority of staff not wearing masks or keeping a distance – keen to know how we can encourage staff to comply. There are no policies in the NHS if you break guidance. Issues arise when

large amount of staff meet. Should we put in a suggestion that there is a sanction for not adhering to this? Need to support staff to change their views. This resulted in an in-depth discussion around whether it is agreeable to punish staff for not complying. After some debate it was agreed that the question would not be added to the survey.

- MJ Cardno felt that a week's turnaround would be sufficient for responses.
- Recovery plans went to IJB yesterday and have been signed off. To report back in November and March.

b) Testing

c) GRI Relocation

d) Headsets, Telehealth and ICT Equipment

Update sent by MJ Cardno with regards to purchasing laptops. MJ Cardno has all the information she requires. Taking a business case to council next week to get higher spec laptops to make it easier using teams and Office 365. Also looking at digital note taking for staff working in the field. This will allow staff to write straight onto the screen instead of having to find touchdown space to type up written notes. Will be able to update after Tuesday.

e) Aurora House

No position change.

f) Flu Vaccination Clinics

Covered above.

4. New Agenda Items

a) Finance

Agreed we would have a separate formal session. Looking at suitable dates.

5. Any Other Business

None

6. Date of Next Meeting

Thursday 8th October 2020
2 p.m. – 3.30 p.m.
Microsoft Teams

West Dunbartonshire Health & Social Care Partnership

Meeting: **Clinical and Care Governance**

Date: **17th September 2020**

Time: **12.30pm**

Venue: **Teams Link in Diary Invite**

DRAFT MINUTE

Present:
Sheila Downie
Fiona Wilson
Helen Little
Jo Gibson
Fiona Rodgers
Beth Culshaw (Chair)
Marie Rooney

Apologies:
Jonathan Hinds
Val Tierney
Philip O'Hare
Marie Rooney

In Attendance: Lorna Fitzpatrick (Minute)

Item	Description	
1.	Welcome and Introductions	
2.	Minute of Previous Meeting	Attached
	The Minute was accepted as an accurate record	
3.	Matters Arising	
	There were no matters arising not covered elsewhere on the agenda	
4.	Terms of Reference – draft and guidance	
	The group approved the Terms of Reference.	Approved
	Agreed to build in a policy review date in two years' time.	
	Agreed to include recommendation that every service should provide a deputy when the HoS is not available.	

Exception Reports
Lorna to agree a schedule for next main reports.
MSK first, followed by Children and Families

5. Children and Families

   There was an incident of a 19 month old baby who had an accident but agreed an SCI was not necessary. CSWO has provided a written brief for the Chief Officer.

6. Mental Health/Learning Disability/Addictions

   By way of an update for the SCI/Severity 4/5 forms. These have all been updated as required and submitted to Philip O Hare. So this will show up in his next report to the SMT.

   There is a change in how these incidents are being dealt with in response to a backlog of SCIs. Only those which are clear suicides will go to full SCI. The other incidents/near misses etc will be dealt with by local learning reviews which use the same documentation framework but are carried out by the service involved. They are still captured within the GG&C CCG and the ADRS CCG. This brings mental health into line with ADRS and will hopefully lead to a more timely turnaround for learning and sharing required improvements.

7. Health and Community Care

   Community Assessment Centres. Work is underway re capacity and trying to make the best use of the workforce.

   Some care homes are feeling a little alone because of the changes to visiting restrictions in West Dunbartonshire. Agreed to update advice for relatives and loved ones re visiting.

   Jo will clarify the process around risk assessments and approvals for exceptional visits.

   Working towards siting a local testing centre in West Dunbartonshire. Will arrange a meeting with SG next week to finalise location and it was noted that it will be important to update the CE of the Council once final location is sleected.

   Fiona Wilson. Staff testing. Apparently Glasgow have a number of staff tests which will be processed locally. They are working on improving the turnaround of staff testing. Because of issues, bringing it in house is being considered.

At the moment, they are working through lab capacity with a paper going to SEG tomorrow. Fiona Taylor to be sighted on that.

Huge amount of work going on to try and speed up the results.

8. Strategy and Transformation

We now have all the information from all services in terms of ICT requirements with a capital budget which we can utilise to meet some of those requirements, albeit with varying procurement processes.

SMT paper going to SMT on Wednesday to try and encourage colleagues to upgrade specification to include digital note taking. Business Case will go to ICT Board after approval from SMT.

9. MSK Physiotherapy

Helen Little updated on the current premises issues re sharing space while trying to ensure equity of access.

SLA with Louisa Jordan is in place with a cohort of staff moving in November.

10. Chief Nurse Update

a) CCG Annual Report
Final opportunity to submit comments ahead of submission to health board.

b) CCG Workplan
Put on forward planner for HSCP Board in November.
This should reflect previous areas of concern that have been highlighted from previous audits or clinical issues throughout the year.

If clusters identified areas of concern, these would be included on the workplan.

This is an early draft and Jo noted that the guidance was about GGC Clinical Governance forums so it is not very integrated.

Agreed all to feedback updates and contribution to Val within the week.

Sheila Downie spoke about the routine audit

work that takes place within specialist children's services.

Helen to link in with Val and Marie to ensure that every service that sits below this plan will have its own CCG plans. In terms of timing, keen to ensure every head of service provides an update within the month.

c) Clinical Governance Update (SEG)
Noted

d) Update from PCCGF
Noted

e) Scott Nursing Update
Chief Nurse has briefed Chief Officer

f) Clinical Care Governance Review
Carry forward to next meeting.

11. Covid 19 Update exception report

a) CACS
Still running alternate sessions between Clydebank and Renton with one GP. Since schools return, figures have increased locally as well as nationally. Looking at predictions for what winter will look like to consider how we can provide for that. Challenging in terms of staffing due to reduction of availability of support staff. General practice has also increased its exposure to routine work. Meeting going ahead today to discuss further.

Sheila Downie. Sense is that there has been an increased impact on staff as a result of test and trace. There is a sense within the community of annoyance about the guidance not being followed. Continuing to have as many people working at home as feasible.

Resilience levels are starting to ebb a little.

Self isolation is going to be a major problem but hopefully the turnaround time on testing will improve.

Margaret-Jane. Looking to develop a short workforce survey to get a temperature check from our staff and review how we can offer further support.

b) Care Homes Update – enhanced assurance
Fiona Taylor. Tuesday afternoon meeting reported

Edenbarnet in amber with all others green in the RAG. No further concerns.

Meeting with Castleview has taken place.

Moving towards flu immunisation programme for our homes and private care homes.

Kingsacre have had an unannounced inspection which may result in a reduction in scores. Agreed we would provide some additional support if required.

c) Testing Update
Continuing weekly testing for care home staff. This is the only group that have regular testing.

Mobile unit has been moved to Church Street – expecting a report on attendance levels.

d) Guidance Updates (Mobilisation) – letter attached
Noted

Infection Control Guidance Link

Safe Care/Risk Management

12. Partnership Clinical Risk Report

    Completed suicides will be addressed through the full SCI process with everything else being dealt with via severity 4/5 route. This will mean that local learning will be shared and escalated to this group.

13. Datix Learning Summary – Fall from Bed

    This relates to an incident and is shared for information and learning. District nurses in our area have been made aware but Fiona will reinforce.

14. Clinical Risk report – Incomplete SCI Investigations and actions update

15. SCI Policy – New – Actions required

    Circulate the new policy on Boardwide SCI guidance. Complete

Person Centred Care

16. Compliments, complaints and feedback — To follow
    Formal update to come to next meeting.

    Jo has requested a review of complaints and

enquiries to establish whether there has been an increase since the start of the pandemic..

There is development work underway with the complaints procedures.

We also need to consider that we also get compliments which should be celebrated.

Medicines Governance/ Infection Control

17.

General Business/Items to Note

18. a) PCCCGF Minute

Noted

b) Publications

Noted

Date of Next Meeting: 19 November 2020