

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Thursday, 25 March 2021

Time: 14:00

Format: Zoom Video Conference

Contact: Lynn Straker, 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: 18 March 2021

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

THURSDAY, 25 MARCH 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETING 5 - 11

Submit for approval as a correct record the Minutes of Meeting of the Health & Social Care Partnership Board held on 25 February 2021.

(b) ROLLING ACTION LIST 13 - 16

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 WEST DUNBARTONSHIRE HSCP CARERS STRATEGY ACTION PLAN 17 - 50

Submit report by the Chief Nurse providing an update on the development of the Carers Strategy Action Plan designed to support implementation of West Dunbartonshire's Carers Strategy.

6 NHS GREATER GLASGOW AND CLYDE MENTAL HEALTH STRATEGY 51 - 58

Submit report by Head of Mental Health, Addictions and Learning Disability providing an update on the development of the NHS Greater Glasgow and Clyde Board-wide Mental Health strategy. Similar reports are being considered by the other five Integration Joint Boards in NHS Greater Glasgow and Clyde.

7 STRATEGIC RISK REGISTER 59 - 69

Submit report by Head of Strategy and Transformation seeking approval of the Strategic Risk Register.

8 2021/22 REVENUE BUDGET AND 2020/21 YEAR END UPDATE

Submit report by Chief Financial Officer providing: **71 - 102**

- a) An update on the financial performance as at period 11 to 28 February 2021;
- b) A proposed 2021/22 revenue budget based on indicative budget offers from our funding partners;
- c) Information detailing the financial impact of the Covid-19 pandemic on health and care services.

9 MINUTES OF MEETING FOR NOTING 103 - 106

Submit for information the Minutes of Meeting of the Joint Staff Forum held on 12 February 2021.

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held via Video Conference on Thursday, 25 February 2021 at 2.10 p.m.

Present: Bailie Denis Agnew and Councillors John Mooney, Marie McNair, West Dunbartonshire Council; 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); Jonathan Hinds, Head of Children's Health, Care & Criminal Justice/Chief Social Work Officer; Diana McCrone, NHS Staff Side Co-Chair of Joint Staff Forum; Kim McNabb, Service Manager, Carers of West Dunbartonshire; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer – WD CVS; Julie Slavin, Chief Financial Officer; and Val Tierney, Chief Nurse.

Attending: Margaret-Jane Cardno, Head of Strategy and Transformation; Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities; Jo Gibson, Head of Health and Community Care; Audrey Slater, Head of People and Change; Jennifer Ogilvie, HSCP Finance Manager; John Burns, Service Improvement Lead; Kate Kerr, Manager (Quality & Service Development); Nigel Ettles, Principal Solicitor and Nuala Borthwick and Lynn Straker, Committee Officers.

Also Attending: Richard Smith, Senior Audit Manager and Jack Kerr, Trainee Auditor, Audit Scotland.

Apology: An apology for absence was intimated on behalf of John Kerr, Housing Development & Homelessness Manager.

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 26 November 2021 were submitted and approved as a correct record.

ROLLING ACTION LIST

A Rolling Action List for the Partnership Board was submitted for information.

Having heard the Chair, and following discussion on review of the Rolling Action List, the Board agreed:-

- (1) that the action from 26 November 2021 entitled 'Item15 – Climate Change Report 19/20' be closed off given the response provided to Members from the Scottish Government Reporting Team of plans to modernise and streamline the climate change reporting system; and
- (2) that given the situation operationally at present, the action from 26 November 2021 entitled, 'Request for Live Streaming of Partnership Board' would be considered at a future meeting.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on the recent business of the Health & Social Care Partnership predominantly related to the Covid-19 pandemic and on some of the situations and challenges that the Partnership continue to face.

The Partnership Board noted the following key points:-

- On a daily basis the management team and the HSCP as a whole continue to manage and respond to the issues in relation to prevalence, continue to roll out testing (since last meeting testing has been rolled out to Home Care Staff).
- In terms of Care Homes, which have been a key concern throughout the pandemic, there were currently 4 care homes in the area which had been classed as 'amber' in the RAG (Red, Amber and Green) status agreed by the Health Board's Public Health Department. This was due to a small number of positive cases still prevalent amongst staff and residents throughout West Dunbartonshire.
- At present, the overall rate in terms of Covid in West Dunbartonshire was sitting at 173 per 100,000 which was disappointing but it continued to slowly reduce.

- That good progress was being made in the vaccination programme and management continued to work with all staff and trades union colleagues to ensure that everyone is aware that whilst the numbers being vaccinated increase, we also still have to fully ensure that staff act in relation to use of PPE and appropriate infection control measures so that everything possible can be done to continue to reduce the risk in association with Covid.
- That in relation to new guidance received in relation to Care Home visiting, that the Partnership Board continued to work with local care homes, both those managed by the local authority and those managed by the independent sector, to ensure they are prepared and ready to roll out new guidance from early March 2021.
- That the Independent Review of Adult Social Care had been published, as seen in recent media reports, and that this would moved forward to a white paper and implementation within the next parliament. That the report sets out a whole range of priorities, many of which build upon work already ongoing in West Dunbartonshire, particularly in relation to carers and more effective engagement with communities and more active commissioning.
- In relation to Independent Review of Adult Social Care, it was suggested that the Informal Session for Members scheduled for 22 April 2021 be used to consider the report and consider if well placed in West Dunbartonshire to take matters forward in this regard.
- To thank the management team and all staff for their continued hard work and response to the changing situation faced in the current pandemic. Every week, sometimes daily, brings new challenges and the Partnership Board continues to see that staff on the frontline and in all layers throughout the organisation continue to prioritise service over and above their own personal commitment.

The Chair, on behalf of Partnership Board, echoed the Chief Officer's thanks and gratitude to all staff who continued to deliver services above and beyond. The Chair advised that the continued commitment of all staff was undoubted and the Board Members as well as the public of West Dunbartonshire were very grateful for the ongoing service at this time.

Ms Thompson, as Chair of the Area Clinical Forum for NHS Greater Glasgow and Clyde, on behalf of the Area Clinical Forum voiced recognition of the hard work of the management teams across the Partnership Boards, noting the willingness of the management teams to engage with and work collaboratively with the clinical teams throughout this difficult period and wished to record their thanks to them.

VACCINATION PROGRAMME

A report was submitted by the Head of Health and Community Care providing an update on the arrangements to deliver the Vaccination Programme.

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

- (1) to congratulate staff on the delivery of the vaccination programme which has been excellent;
- (2) to welcome the news that care home residents have now received their second vaccination;
- (3) to thank the public in West Dunbartonshire for coming forward to be vaccinated and commend staff and welcome the ongoing dedication of staff across the HSCP Board and the Council.
- (4) to note that to date there was no evidence to suggest that any particular communities were less likely to come forward to be vaccinated and that a 'Hard to Reach Working Group' had been established across the Council and the HSCP to help think through any barriers and to aid communication/direct contact with any such groups so that any particular issues can be addressed;
- (5) to note that work was ongoing with Greater Glasgow & Clyde and the Scottish Government on a communication plan and an action plan to share information in order to alleviate any particular concerns of individuals or groups;
- (6) to note that at present the Head of Community Health and Care was not aware of any local issues in relation to external contractors on vaccinating teams however was happy to respond to any specific examples provided outwith the meeting; and
- (7) to otherwise note the contents of the report.

FINANCIAL PERFORMANCE UPDATE 2020-2021

A report was submitted by the Chief Financial Officer providing an update on the financial performance as at period 9 to 31 December 2020 and a projected outturn position to 31 March 2021 together with an update on the 2021/22 annual budget setting process.

A short powerpoint presentation, encapsulating the main elements of the detailed report, was provided for Members' information.

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

- (1) to note the updated position in relation to budget movements on the 2020/21 allocation by WDC and NHSGGC and the direction back to partners to deliver services in order to meet the strategic priorities approved by the HSCP Board;
- (2) to note that the revenue position for the period 1 April 2020 to 31 December 2020 was reporting an underspend of £2.454m (1.94%);
- (3) to note the projected outturn position of £2.722m underspend (1.47%) for 2020/21 and the main movements since last reported to the HSCP Board;

- (4) to note that the Covid-19 cost for the period 1 April 2020 to 31 December 2020 was £5.277m;
- (5) to note that the projected costs of Covid-19 were currently estimated to be £7.748m;
- (6) to note that Covid-19 funding of £11.265m had now been allocated to fund both 2020/21 and future Covid-19 costs for 2021/22 with funding in advance of £3.517m to be placed in an earmarked reserve;
- (7) to note the update on the monitoring of savings agreed for 2020/21;
- (8) to note the analysis of the reserves balances;
- (9) to note the update on the capital position and projected completion timelines; and
- (10) to note the progress made on the 2021/22 budget setting process, the initial planning assumptions and the expected timeline in relation to partner bodies budget offers.

CONSULTATION ON PROPOSED AMENDMENTS TO MODEL CODE OF CONDUCT

A report was submitted by Chief Officer – Regulatory and Regeneration providing information on a consultation paper produced by the Scottish Government on proposals for amendments to the Model Code of Conduct.

After discussion and having heard the Principal Solicitor, West Dunbartonshire Council in further explanation and in answer to Members' questions, the Committee agreed:-

- (1) to accept the terms of the consultation response submitted by the Principal Solicitor which explained the difficulties that could be caused by paragraph 3.10 of the amended Model Code of Conduct for Members of Devolved Public Bodies and proposed that paragraph 3.10 be deleted; and
- (2) to note the terms of the views expressed and the terms of discussion thereon.

UNISON'S ETHICAL CARE CHARTER

A report was submitted by the Head of Strategy and Transformation presenting an update on Unison's Ethical Care Charter implementation in West Dunbartonshire Health & Social Care Partnership.

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 note the update on progress with implementation of the Unison's Ethical Care charter;
- (2) to approve the Ethical Charter Improvement Action Plan (Appendix B); and
- (3) in relation to (2) above, that officers would: (i) review the level of Trade Union involvement that would be appropriate, and also look at having this involvement through the Practice and Development Group; and (ii) look at a more appropriate review period for a collaborative review of less than 24 months which was considered to be overly long.

UPDATE ON THE IMPLEMENTATION OF ELIGIBILITY CRITERIA FOR ADULT SOCIAL CARE

A presentation was provided by John Burns, Senior Improvement Lead, Strategy – Planning and Health Improvement on the implementation of eligibility criteria for Adult Social Care on 1 April 2021.

In this regard, a report was submitted by the Head of Strategy and Transformation providing an update on preparatory activity ahead of the implementation of eligibility criteria for Adult Social Care on 1 April 2021, including preliminary findings in relation to the potential impact.

After discussion and having heard from both the Head of Strategy and Transformation and the Service Improvement Lead, Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note that an Assessment would be the primary vehicle which would facilitate the implementation of eligibility criteria;
- (2) to note that a pilot of a new assessment tool (My Life Assessment) had been undertaken which involved stakeholders from the HSCP, third sector and people with lived experience;
- (3) to note that the pilot had helped to shape the design of the assessment;
- (4) to note that the assessment had been evaluated and was found to possess good content validity;
- (5) to note that in relation to risk/eligibility and in comparison to previously assessed levels, the new assessment resulted in some differences across a sample of 29 clients;
- (6) to note that the HSCP Project Management Office (PMO) had agreed to constitute an Evaluation Advisory Group (EAG) to oversee the evaluation of the implementation of the new assessment (and eligibility criteria therein); and

- (7) that a report providing monitoring data from the implementation of the new assessment would be provided to the Board in 6 months from launch and data will be published annually in the HSCP Performance Report.

IMPROVEMENT ACTION PLAN FOR JUSTICE SERVICE: UPDATE ON ACTIVITY

A report was submitted by the Head of Children's Health, Care and Justice providing an update on activity surrounding the Improvement Action Plan for Justice Service.

After discussion and having heard the Head of Children's Health, Care and Justice in further explanation of the report, the Board agreed to note the ongoing improvement activity in relation to the key findings from the Care Inspectorate report.

MINUTES OF MEETINGS FOR NOTING

The undernoted Minutes of Meeting were submitted and noted:-

- (1) Minutes of Meetings of the Joint Staff Forum held on 22 October 2020;
- (2) Minutes of Meeting of the Joint Staff Forum held on 19 November 2020;
- (3) Minutes of Meeting of the Joint Staff Forum held on 3 December 2020;
- (4) Minutes of Meeting of the Joint Staff Forum held on 17 December 2020;
- (5) Minutes of Meeting of the Joint Staff Forum held on 14 January 2021;
- (6) Minutes of Meeting of the Joint Staff Forum held on 28 January 2021;
- (7) Minutes of Meeting of the Clinical and Care Governance Forum held on 25 November 2020; and
- (8) Minutes of Meeting of the Clinical and Care Governance Forum held on 27 January 2021.

The meeting closed at 4.45 p.m.

WEST DUNBARTONSHIRE HSCP BOARD ROLLING ACTION LIST

Board Meeting – 25 February 2021					
Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/ Outcome	Status
Unison Ethical Care Charter	The Board agreed that, in relation to the Ethical Charter Improvement Action Plan, officers would: (i) review the level of Trade Union involvement that would be appropriate, and also look at having this involvement through the Practice and Development Group; and (ii) look at a more appropriate review period for a collaborative review of less than 24 months which was considered to be overly long.	Head of Strategy and Transformation	Ongoing	To be discussed with Trade Unions	Open
Update On The Implementation Of Eligibility Criteria For Adult Social Care	The Partnership Board agreed that a report providing monitoring data from the implementation of the new assessment would be provided to the Board in 6 months from launch and data will be published annually in the HSCP Performance Report.	Head of Strategy and Transformation	October/ November 2021	On forward planner	Open

Board Meeting - 26 November 2020

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
Local Carers Strategy Review	To note that a formal update on the Local Carers Strategy outcomes and indicators would be provided to the Partnership Board in March/April 2021. (Now included so to be closed after 25/03/21 meeting).	Head of Strategy and Transformation	March/April 2021	On forward planner for 25 March 2021	Open
Unscheduled Care – Joint Commissioning Plan Progress Update	To note that a further version of the plan, including a financial analysis, would be submitted to a future meeting in early 2021.	Head of Health & Community Care	March 2021	On forward planner for 25 March 2021. UPDATE: now potentially going to be 27 May 2021 meeting.	Open

Board Meeting – 5 August 2020

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
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

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Chief Nurse****25 March 2021**

Subject: West Dunbartonshire HSCP Carers Strategy Action Plan**1. Purpose**

- 1.1** To provide the HSCP Board with and update on the development of the Carers Strategy Action Plan designed to support implementation of West Dunbartonshire's Carers Strategy

2. Recommendations

- 2.1** The board is asked to note the content of the report and associated efforts to evidence ongoing quality improvement during the lifetime of the Carers Strategy.

3. Background

- 3.1** West Dunbartonshire Carer's 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 action plan demonstrates intentions to improve the quality of support for carers across the HSCP with actions structured around the key ambitions of the HSCP strategic plan.

4. Main Issues

- 4.1** This action plan 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".
- 4.2** The implementation of the Act was a significant change to practice and has required changes to the data that is collected by HSCP's, Local Authorities and Carer Centre's and the design of new systems to collect and record that data. Progress both locally and nationally has been interrupted by the Covid 10 Pandemic.

4.3 Recommencement of the annual carer’s census in 2021 will support our endeavours to strengthen future reporting. Note intention to evidence improvement and address the lack of available data by supporting the development of systems to accurately collect and record the required information to inform development of a robust performance framework.

5. People Implications

5.1 None

6 Financial and Procurement Implications

6.1 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 (see table 1 below). It is important that our financial decision-making is conducive to achieving the LCS outcomes and the National Health and Wellbeing Outcomes.

Table 1 – Additional Investment in Carers 2017/18 to 2021/22

Carers Act Funding	Scotland (£m)	WDC (£m)	Comments
2017/18	2.0*	0.039*	One-off Implementation Funding
2018/19	19.0	0.340	
2019/20	10.5	0.186	Revised Scot Govt figure (originally £10m)
2020/21	10.0	0.200	Scotland share originally notified as £11.6m.
2021/22	28.5	0.492	As per 2021/22 Budget Setting Report on this agenda
Total (* not included)	68.0	1.218	

7. Risk Analysis

7.1 The action plan will support progress and 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. Equalities Impact Assessment (EIA)

8.1 EQIA was undertaken during the creation of the Carers Strategy for West Dunbartonshire. The action plan takes cognisance of all recommendations identified. The action plan develops the opportunity for us to collectively tackle and reduce the impact of health inequalities.

9. Environmental Sustainability

9.1 Not applicable

10. Consultation

The Carers Development Group (CDG) has been involved in the creation of the action plan. 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.

11. Strategic Assessment

This work is in aligned to the HSCPs five strategic priorities: early intervention; access; resilience; assets and inequalities.

12. Directions

12.1 Nil

Name: Val Tierney

Designation: Chief Nurse

Date: 08.03.21

Person to Contact: Val Tierney, Chief Nurse West Dunbarton HSCP, Church Street Dumbarton.

Tel: 07785762201

E Mail: Val.Tierney@ggc.scot.nhs.uk

Appendices: Carers Strategy Action Plan

Background Papers: Carers Strategy Report to HSCP Board November 2020

Localities Affected: All

Local Carers Strategy - Action Plan 2020-23 V10 28.02.21

West Dunbartonshire

Health & Social Care Partnership



HSCP Strategic Priority Access	Measure – How will we know Baseline where possible 2019-20 financial year	What will we do	Who will do it (name & organisation)	By When	Progress Update (insert date of CDG Meeting)
					What have we done
(Outcome 1) Carers' awareness regarding the availability of short breaks (respite) will increase	1.1 measure the number of carers reporting they are aware of short break availability Measures: (Source Multiagency WD Survey of Carers) <ul style="list-style-type: none"> The number of carers completing the annual survey. Baseline 2021 The proportion of carers who respond who are aware of short breaks 	1.1. Design and update and annual carers survey for adults and children and young people – include specific question to measure awareness of short breaks	CWD KM HSCP	July 2021 Carers Week to launch in June 2021	

	<p>Measure: (Source) Annual Census returns to Scottish Government from WD</p> <ul style="list-style-type: none"> No of short breaks supported during assessment period (baseline 2018-19) No of Carers who have had a short break supported provided or arranged by LA HSCP or Carers Centre (baseline 28/19) 				
		1.2 Agree key partners to progress – identify Lead	CWD KMc Y Sort IY HSCP Education	End Februar2 021	
	1.3 Measure number of hits on websites – re short breaks (establish baseline 2021)HSCP Website and CWD	1.3 Promote awareness of existing short breaks services statement (2018) and ensure this is accessible via link carers website CWD /HSCP	CWD/ HSCP	May 2021	
	1.4 Record the number of information packs issued per annum by (Baseline 2021) .CWD . HSCP by service – older people	1.4 Ensure written information on existing short breaks services statement is included in carers information packs	CWD KM	March 2021	

	<ul style="list-style-type: none"> - Addictions - Mental health - Learning Disability - Older People 	(link within HSCP website)			
	<p>1.5 Number of carers reporting they are aware of short break availability increases</p> <p>Measures: Baseline 2021</p> <ul style="list-style-type: none"> • The number of carers completing the annual survey. • The proportion of carers who respond who are aware of short breaks 	<p>1.5 We will develop a communication strategy for consultation and information sharing with Young Carers and Young Adult Carers (YC / YAC)</p> <p>1.6 We will promote and disseminate information in respect of YC and YAC rights and entitlement to short breaks.</p> <p>1.7 We will work with adult services to ensue YC and YAC entitlement to short breaks supported by each service</p>	Young Carers Steering Group		
<p>(Outcome 2) Carers will have access to a range of flexible options which will support a life alongside</p>	<p>2.1 Proportion of requests for short breaks approved , will increase (from 2018 baseline each year until 2023) Source: Annual Census (Baseline</p> <p>2.1 Map the number and type of</p>	<p>2.1 Review roll of HSCP respite review group - Develop and embed a short break bureau service, across HSCP(MM)</p>	<p>HSCP Respite Group MM</p> <p>CDG</p>	TBC	

caring	options available (as per census)–as at 2018 as baseline - review increase in number and uptake of various options annually to 2023				
		2.2 Secure CDG representation on respite review group	MM/KMc	April 2021	
		2.3 Review existing short break provision –Update 2018 short break statement based on outcome of review	HSCP Respite Group MM	August 2021	
	2.4 Identify Current number of carers accessing short breaks p.a. (baseline 2018-19 census). 2.5 Identify no. of carers by client group cared for (Baseline 2018 – census)	2.6 Extend the existing short breaks across all client groups	HSCP Respite Group /CDG	March 2022	
	2.5 Carers Survey Question baseline to be established 2020 Measure 1.Proportion of carers who perceive and improvement in the range of options and flexibility of short breaks	2.5 Update annual carers survey to include questions about range and flexibility of options for short breaks available	KM CWD	July 2021	

	<p>available</p> <p>2. Annual audit of reviews ACS & YCS commence 2021 – baseline – measure the number who reported the range of options and flexibility of options for short breaks met their needs</p>				
	<p>2.6 Annual increase in external funding secured to support short breaks (baseline 2020)</p> <p>We will establish external funding secured by partner agencies annually</p>	<p>2.6 Explore external funding opportunities to increase short break options</p>	<p>Y Sort It CWD</p>	<p>March 2022</p>	
		<p>2.7 We will explore external funding options and create opportunities in partnership and consultation with YC and YAC</p> <p>2.8 We will work with adult services to ensure YC and YACs entitlement to short breaks and other services are supported by those services supporting the cared for person, including ensuring that support for the cared for person is commensurate with the needs and rights of the YC / YAC.</p>	<p>Young Carers Steering group</p>	<p>TBC</p>	

		<p>2.9 Improve access and pathway to short break information for key partners</p> <p>2.10 Feedback from weekly partner reports on short break availability – weekly brief produced by respite group for partners</p>	HSCP respite Group	June 2021	
<p>(Outcome 3) The proportion of adult carers receiving HSCP support in their own right by choosing SDS options 1, 2, 3 or 4 will increase</p>	<p>We will aim to increase in number of clients choosing SDS options (Baseline 2020) annually until March 2023</p> <p>1. Number of carers opting for Option 1 SDS 2. Number of carers opting for Option 2 SDS 3. Number of carers opting for Option 3 SDS 4. Number of carers opting for Option 4 SDS</p>	3.1. Ensure CDG has representation on the SDS Improvement Action Planning Group	CDG /HSCP	March 2021	
		3.2 Implementation of SDS Action Plan	CWD/HSCP/	Tbc	
		3.3 Carers will have access to up to date SDS information both written and electronic via HSCP website , CWD Website, Carers Information Pack	CWD/HSCP/	Tbc	

<p>(Outcome 4) The volume of information available to all carers via social media will increase</p>	<p>Number of posts by CWD, Y-Sort-It and HSCP/WDC on twitter and Facebook will increase annually from baseline of 2020 baseline</p>	<p>4.1 Establish baseline data for twitter and Facebook posts from each organisation</p>	<p>All partners</p>	<p>April 2021</p>	
	<p>CWD</p>	<p>4.2 Request and establish HSCP twitter account/Facebook with carer information</p>	<p>HSCP</p>	<p>August 2021</p>	
	<p>YSort It</p>				
	<p>HSCP (2021 baseline)</p>	<p>4.3 HSCP Communication Officer to be invited to join CWD Group</p>	<p>VT</p>	<p>March 2021</p>	
		<p>4.4 Add carers preferred method of communication to care first / carers assessment</p>	<p>HSCP /LS</p>	<p>TBC</p>	
		<p>4.5 We will further develop and maintain existing social media and online platforms accessible to YC and YAC</p>	<p>Young Carers Steering Group</p>	<p>TBC</p>	
	<p>4.6 Develop and implement a communications strategy and message calendar to increase information flow and traffic</p>	<p>CWD/Y Sort It / HSCP</p>	<p>TBC</p>		

<p>(Outcome 5) The volume of information for all carers accessed online will increase</p>	<p>1. Number of hits on CWD/HSCP/YSI Sort It will increase by annually from baseline March 2021 (need baseline each agency) on website (monitor monthly hits each partner agency)</p> <p>2. Number of online sources will increase. Map how many and what resources currently 2020</p>	<p>5.1 Review all online information available to Carers</p>	<p>HSCP MM G YSI KM CWD</p>	<p>June 2021</p>	
		<p>5.2 Development of carers information page on West Dunbartonshire web-site</p> <p>5.3 Promote usage of website through HSCP staff</p> <p>5.4 All partners to monitor use of online resources and report regularly (KM)</p>	<p>HSCP</p>	<p>TBC</p>	
		<p>5.5 Carer's information pages will include information and advice / signposting for YC / YAC.</p> <p>5.6 We will develop services for YC / YAC a pipeline approach to support ease of access to</p>	<p>Young Carers Steering Group</p>		

		information and services			
		5.7 Explore use of solus screens	HSCP	August 2021	
		5.8 We will monitor uptake and impact of online resources 5.9 Further development and impact review of all online resources will be undertaken in consultation with YC/ YAC.	Young Carers Steering Group	TBC	

		<p>5.10 Digital App specifically for carers to be investigated and implemented - Jointly App presentation to be done to CDG with recommendations made (KM) to SMT</p> <p>5.11 Presentation to CDG to include carers</p>	HSCP/CDG	March 2021	
<p>(Outcome 6) The availability of information for all carers in print format will increase</p>	<p>Number of outlets where info is available will increase annually from baseline as at March 2021 until end March 2023</p>	<p>6.1 Review all information available to Carers in print format (KM)- conduct gap analysis – develop as required</p> <p>To include SDS, Carers Act, Local Carers Strategy, Mirror electronic information</p>	CWD Across all Partnerships	May 2021	
		<p>6.2 All partners to identify existing outlets and collate master list</p> <p>6.3 Identify further outlets to distribute carers</p>	All	August 2021	

		information to			
(Outcome 7) Carers report feeling listened to regarding their own outcomes and needs	We will measure the number of Carers who report that they feel listened to as part of the ACSP and YCS process via an audit of annual reviews of ACSP and YCSP – establish baseline 21-22	<p>7.1 Include a question within ACSP /YCSP %outcomes met/ %felt listened to – collate result</p> <p>7.2 Annual review ACSP/YCSP – review questions</p> <p>7.3 Baseline to be established following first audit – annual audit of random sample of ACSP/YCSP</p> <p>7.4 Include question in annual carers survey –</p> <ul style="list-style-type: none"> - Felt listened to - Outcomes of plan met 	CWD/ YSort it HSCP	<p>April 2021?</p> <p>April 2022</p> <p>June 2021</p>	
	Also include as a question in annual survey –Baseline established 2021 Collate from responses in annual survey	7.5 We will produce a YC / YAC consultation strategy	Young Carers Steering Group	TBC	

(Outcome 8) Access to resources will be improved through the implementation of eligibility criteria	Review of criteria required which will inform any indicators 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.	8.1 Conduct review of eligibility criteria	HSCP	TBC	
		8.2 CDG to review the draft and pilot with carers			
		8.3 Publish and raise awareness of eligibility criteria	HSCP	TBC	
		8.4 Review and evaluate impact of use of eligibility criteria one year following implementation evaluate learning and refine	HSCP/ CWD	TBC	
		8.5 We will work with adult services to develop a process for the transition of parent carers into adult services and development of their AC statement.	Young Carers Steering Group		
		8.6 We will work with parent carers to ensure their needs are met within their child's plan, including development of their AC statement in this context.	TAG group		
HSCP Strategic	Measure – How will we know	What will we do	Who will	By When	Progress Update

Priority Early Intervention			do it (name & organisation)		<div style="background-color: red; height: 20px; width: 100%;"></div> <div style="background-color: yellow; height: 20px; width: 100%;"></div> <div style="background-color: green; height: 20px; width: 100%;"></div>
(Outcome 9) Awareness of caring and the carer role will be raised among HSCP, voluntary and independent sector staff.	<ul style="list-style-type: none"> • Number of awareness raising sessions delivered annually (baseline 20-21) • Breakdown of staff by organisation who attended sessions • We will measure % of eligible staff trained each organisation EPIC (baseline 2020) 	9.1 Establish baseline of sessions delivered and no. of staff attended	CWD	TBC	
		9.2 Develop and provide L&D training schedule sessions. Prepare training and awareness raising schedule for delivery across all care groups and partners. Include Pre and post session evaluations re awareness demonstrates increase in confidence and awareness <i>Also re YC/ YAC</i>	CWD HSCP Young Carers Steering Group	TBC	

		9.3 Awareness raising and training in respect of the identification of YC and YAC will be developed and rolled out across all service areas.	Young Carers Steering Group		
		9.4 Staff to undertake EPiC training (KMc) – what is EPiC 9.5 Followed up by localised training(KMc) 9.6 Involve carers in awareness raising sharing their own story/situation, localised training	HSCP CWD Young Carers Group	2021 Target all HSCP teams 2022 Target vol orgs via CRD, Carers Week, etc.	
		9.7 Monthly bulletins to teams from CWD, video promotion of and services,	CWD	Ongoing	

		<p>9.7 Contribute to Evaluation of the impact of co-located posts</p> <p>Report and recommendations for future development to be produced</p>	CWD HSCP	TBC	
<p>(Outcome 10) WDHSCP and partner agencies, including education, will increase the number of young carers identified</p>	<ul style="list-style-type: none"> We will measure The Number of YCSP completed baseline year April 2020- March 2021- (Number of YCS completed by organisation) We will measure the number of young carers identified who have declined an YCS by organisation <p>7% of young people in Scotland are carers (SNA) 4% of YP from areas of dep (SNA WD)</p> <p>SNA WD = 10 000 carers (GHS 13000)</p> <p>The term 'young carer' refers to children and young people aged 4-15 years. The term 'young adult carers'</p>	<p>10.1 Agencies to implement routine enquiry re caring responsibilities as part of GIRFEC assessment</p>	All partners		
		<p>10.2 Agencies to develop mechanisms to extract data required re young people identified as carers from assessment for routine reporting this should be linked to referring on mechanisms and data extracted here and include data re further take up of supports</p>			

<p>refers to people aged 16-24 years. In 2017 Scottish Government estimated there were approximately 29,000 young carers in Scotland.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. 	10.3 Establish baseline data for each agency – each agency to agree improvement target			
	10.4 Develop and implement a communications strategy to raise awareness of the role of young carers			
	10.5 Develop and provide L&D sessions for service staff on YCS			
	10.6 Y Sort-it to liaise with Education and Children and Families SW to prepare plan for improving the identification of young carers (KM)	Young Carers group		
	10.7 Health staff to identify code from EMIS to help identify young carers and ensure data reporting available	Mary Steele		
10.8 <i>Young carers / Young Adult Carers steering group to be further developed to include wider partners and</i>	Nurtured DIG Young Carers Steering			

		<i>stakeholders</i>	Group		
		10.9 Health / Education and SW children's to develop information systems which will identify young carers and ensure data reporting available Requires oversight group (Nurtured DIG			
(Outcome 11) WDHSCP and partner agencies will increase the number of adult carers identified	<ul style="list-style-type: none"> • Number of ACSP completed (total and by organisation) 2018/19 base year from census) • We will increase the number of new ACSPs completed each year • We will record the number of adult carers declining an ACSP (annually) • We will record the number of impact of caring conversations 2018/19 base year – home care staff • Carers of terminally ill service users – time taken to completed assessment from identification in line with new regulations – July 31st 2021 (baseline – establish how this will be collected) • WDHSCP primarily provides support to carers through Impact of Caring Conversations and 	11.1 Establish baseline for number of ACSP's offered by CWD.	WDHSCP Carers of West Dunbartonshire		
		11.2 Establish baseline for number of ACSP's & Impact of Caring for HSCP teams			
		11.3 Undertake Scoping Exercise and develop SOP- for completion of carers	HSCP KM		
		11.4 Alcohol and Drug Recovery team Review current working partnerships and improve links to more efficiently combine resources and ensure clear , easily accessible	Clare Murray WDHSCP ADRS Team	August 2021	

	<p>ACSPs (these are explained in more detail below). The number of each of these completed in 2018/19:</p> <ul style="list-style-type: none"> • Number of Tier 1 Impact of Caring Conversations taken place by HSCP Staff was 1200 • Number of Tier 2 ACSP's Completed by HSCP staff was 98 <p>Further data will be available when the carer's census data for 2019/20 is completed for the Scottish Government. This return has been suspended due to the Covid-19 pandemic</p> <p>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):</p> <ul style="list-style-type: none"> • 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% <p>Measure timescales running from when the authority was first aware of a carer of someone who is terminally ill until Carer has CSP</p>	<p>pathways to full assessment and support</p>			
		<p>See also outcome 8 above.</p> <p>11.5 We will work with adult services to develop a process for the transition of parent carers into adult services and development of their AC statement.</p> <p>11.6 We will work with parent carers to ensure their needs are met within their child's plan, including development of their AC statement in this context.</p>	<p>Young Carers Steering Group</p> <p>TAG group</p> <p>Children with Disability Team</p>		
		<p>11.7 Ensure that carers of terminally ill people are offered carers assessments in line in line with the time frames of (draft) regulations</p> <p>11.8 Raise awareness of legislation across agencies</p> <p>11.9 Establish means of capturing this data and measuring improvement</p>	<p>HSCP CWD GP All partners</p>	<p>July 2021</p>	

	created .Baseline to be crated from 31 st July 2021				
HSCP Strategic Priority – Assets	Measure – How will we know	What will we do	Who will do it (name & organisation)	By When	Progress Update
(Outcome 12,) ACSP’s will be asset-based and outcome focused	We will develop an annual audit of YCSP to assess quality and outcome focus	12.1 Develop Multiagency Annual audit tool audit of to assess quality of CSP	HK &LD	Dec 22	
		12.2 CDG reps to ensure linkage with roll out of new SSA and training on asset based outcome focused work	CDG	April 2021	
(Outcome 13) YCS’s will be asset-based and outcome	We will Audit YCSP to assess quality and outcome focus	13.1 Ensure all YC and YAC documentation is GIRFEC compliant, asset and rights based, and is outcome focussed.	Young Carers Steering Group		

<p>focused</p>		<p>13.2 Further develop the Young Carers / Young Adult Carers statement to ensure it is GIRFEC compliant, asset and rights based, and is outcome focussed.</p>	<p>Young Carers Steering Group</p>		
		<p>13.3 Develop Multiagency Annual tool audit of YCSP to assess outcome focussed</p>			
<p>(Outcome 14) The number of HSCP staff trained in EPiC will increase</p>	<ul style="list-style-type: none"> • Number of HSCP staff trained in EPiC 2021 • Number of partner organisation staff trained in EPiC 2021 • We will record the number of young carers identified by adult service 	<p>14.1 Develop and provide L&D sessions for service staff on EPiC</p>	<p>HSCP</p>		
		<p>14.2 Link with HSCP training and HR to roll out Epic Training as mandatory for all HSCP staff</p>	<p>HSCP</p>		
		<p>14.3 All partners to ensure their staff trained in EPiC (KM) and forms part of their services TNA /plan</p>	<p>HSCP</p>		
		<p>14.4 Explore introduction for mandatory training for <u>all</u> Health Staff at induction</p>	<p>HSCP</p>		
		<p>14.5 ADRS Review staff knowledge and identify gaps</p>	<p>HSCP</p>		

HSCP Strategic Priority Resilience	Measure – How will we know	What will we do	Who will do it (name & organisation)	By When	Progress Update
<p>(Outcome 15) All carers with an ACSP will have robust emergency plans in place</p>	<ul style="list-style-type: none"> Establish baseline as at March 2018/19 from census 97.9 % of existing ACSP with emergency plan in place Report annually the no of adult carers with emergency plans in place via annual audit of ACSP 	<p>15.1 Review existing carer cohort for up to date emergency plans 15.2 Anticipatory care planning in place</p>	<p>WDHSCP (Marie Malt & Lorraine Davin) Y-Sort It & West Dunbartonshire Champions Board Carers of West Dunbartonshire <i>Young Carers Steering Group</i></p>	<p>TBC</p>	

		15.3 L&D sessions for staff to include emergency planning (including GPs)	TBC	TBC	
		15.4 Include this question in annual review of ACSP	CDG, CWD, WDCVS, Y Sort-it	TBC	
(Outcome 16) The number of (adult) carers who feel able and willing to care (resilient) will increase	<ul style="list-style-type: none"> • % of adult carers who feel they are able to care when asked as part of their ACSP (Baseline Census 2018/19 98%) • % of adult carers who are willing to care when asked as part of their ACSP review (Baseline Census 201/19 98%) 	<p>16.1 Baseline to be established through auditing data from assessments which capture this information.</p> <p>16.2 Data on those carers unable and/or unable to carry out their caring role will be audited and followed up.</p> <p>16.3 Adapt annual carer survey to capture this information annual carer survey questions to include question on ability to care – report and monitor</p>	<p>LS</p> <p>HSCP</p> <p>Hazel Kelly /Kmc</p> <p>CWD/HSCP</p>	<p>April 2021</p> <p>Dec 2021</p> <p>July 2021</p>	

		16.4 Include question in annual review of ACSP			
<p>(Outcome 17) The number of young carers who feel able to care (resilient) will increase</p>	<ul style="list-style-type: none"> % of young carers who feel they are able to care when asked as part of their YCSP 	<p>See outcomes 5 and 13 above</p> <ul style="list-style-type: none"> We will ensure that we utilise a range of methodologies to triangulate feedback in order to be assured in respect of positive outcomes for YC and YAC. <p>This will include;</p> <ul style="list-style-type: none"> Engagement Consultation Audit 	<p>CDG , CWD, WDCVS, Y Sort-it</p> <p>Young Carers Steering Group</p>	<p>July 2021</p>	

<p>(Outcome 18) The use of telecare options will increase due to the transition to Digital from Analogue</p>	<ul style="list-style-type: none"> • We will establish the number of telecare options available • Increase in no adult carers with telecare in place –(Baseline 2018/19 from census 392) • We will measure the % change in uptake across various telecare options increases • Digital systems will generate more detailed information 	<p>18.1 Establish list of current telecare packages as at March 2020</p>	<p>WDHSCP HSCP Telecare team</p>	
<p>18.2 Review and refresh potential telecare packages available March 2021</p>				
<p>18.3 Telecare Team Promote telecare options available to all HSCP staff and partners</p>				
<p>18.4 Provide guidance and advice sessions on full range of Telecare solutions (LM)</p> <p>18.5 Link to telecare options to be included on carers websites</p> <p>18.6 Written information on telecare options to be included in carers information pack</p> <p>18.7 HSCP staff to offer telecare as a support option in carers support</p>				

		packages (KM) include on paper work ACSS. Offer a citizen centred telecare package, utilising new, more advanced digital equipment to support citizens safely at home			
HSCP Strategic Priority Inequalities	Measure – How will we know	What will we do	Who will do it (name & organisation)	By When	Progress Update

<p>(Outcome 19) The proportion of young carers identified who are experiencing higher levels of deprivation will increase</p>	<ul style="list-style-type: none"> Review of Young carer postcode level data Establish Baseline % of known carers by deprec (2019-20) Set target to increase annually Take up rate of Young Carers Support Grants (increase uptake from Nov 20- Oct 2021) From 21/10/19 to 31/10/2020, 55 Applications received, 45 processed and 30 authorised total award for West Dunbartonshire is £8,446. (figures include uprating in April 2020) 	<p>19.1 Develop equalities focussed annual young carers survey</p> <p>19.2 Link postcode data for carers into annual carers survey and analyse and support as part of survey findings</p> <p>19.3 Promote uptake of young carers support grants</p> <p>19.4 Ensure opportunities are built into various outcomes described above for participation and co production</p>	<p>Young Carers Steering Group will include W4U for young people</p>		
<p>(Outcome 20) The proportion of adult carers identified who are experiencing higher levels of</p>	<ul style="list-style-type: none"> Review of Adult carer postcode level data via survey Establish Baseline % of known carers by deprec (2019-20) Set target to increase annually 	<p>20.1 Develop an equalities focussed annual adult carers survey</p>	<p>Welfare Rights Lynn</p>	<p>April 2021 for 200/2021</p>	

<p>deprivation will increase</p>	<p>Measure the number of carers offered benefit maximisation review – baseline data to be established from ACSP</p>	<p>20.2 ACSP to cover Provision of benefits maximisation reviews</p> <p>20.3 Establish baseline of carers in WD in receipt of carers allowance</p>	<p>Slaven</p>		
<p>(Outcome 21) The number of carers, including young carers, represented at strategic and operational levels of service design and delivery will increase</p>	<ul style="list-style-type: none"> • Number of carers involved in various work streams use ladder of participation to map activity (% change 2019/20 base year) • Increase in no of carers involved per year • Increase in opportunities for carer engagement 	<p>21.1 Map existing levels of involvement</p> <p>21.2 Ensure that carers involved receive feedback with outcomes.</p> <p>21.3 Develop opportunities to enable carers to participate in strategic and operational to discussion in service redesign</p> <p>21.4 Ensure opportunities are built into various outcomes described above for participation and co production</p>	<p>WDHSCP GM PIOCWD</p> <p>WDHSCP</p> <p>HSCP George Murphy CWD</p> <p>Young carers Steering Group</p>	<p>June 2021</p>	

Outcome 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	22.1 Develop eligibility criteria /framework	HSCP CDG Y sort it	TBC	
		22.2 Following development of eligibility criteria/framework consult with CDG			
		22.3 After approval raise awareness of and implement new eligibility criteria	CWD YSortIt HSCP	TBC	

		22.4 Evaluation of implementation one year on. Compile a report to SMT- learning to inform future action planning	Service Improvement Leads		
HSCP Strategic Priority – Crosscutting	<ul style="list-style-type: none"> Measure – How will we know 	What will we do	Who will do it (name & organisation)	By When	<div style="background-color: #ADD8E6; height: 20px; width: 100%;"></div> <div style="background-color: #FF0000; height: 20px; width: 100%;"></div> <div style="background-color: #FFD700; height: 20px; width: 100%;"></div> <div style="background-color: #008000; height: 20px; width: 100%;"></div>
<p>(Outcome 23) The HSCP and partners will ensure a Best Value approach.</p> <p>The spend linked to carers services and</p>	<ul style="list-style-type: none"> Development of a clear approach to recording spend Monitoring of spend as part of the monthly financial reporting processes. (KM) <ul style="list-style-type: none"> Reporting of external funding brought in for the benefit of local carers 	Financial presentation to WDC group around resources available/allocation process and regular /quarterly updates provided around carers	WDHSCP Already in place for		Currently cannot be reported on at the same time which would be the preferred option

<p>commissioning thereafter will be done in a clear and transparent manner</p>		<p>spend.</p> <p>Establish a method of regular reporting to CDG for scrutiny. Develop a clear approach</p> <p>Identify training needed for CDG members in relation to Best Value and Scrutiny</p> <p>Annually report on commissioning patterns</p>	<p>LD services. Ongoing. (MM)</p>		
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**Report by Head of Mental Health, Addictions and Learning Disability****25 March 2021**

Subject: NHS Greater Glasgow and Clyde Mental Health Strategy**Purpose**

To provide an update on the development of the NHSGGC Board-wide Mental Health strategy. Similar reports are being considered by the other five Integration Joint Boards in NHS Greater Glasgow and Clyde

1. Recommendations

- 1.1 That the HSCP Board note this report, including the financial framework, note the further work being undertaken to develop the strategies and receive an updated report in June 2021.

1. Background

- 2.1 Work on a Board-wide mental health strategy was commenced in 2017 as a key part of the Moving Forward Together Programme. This work is also key to delivering on the IJB's Strategic Plan and specifically shifting the balance of care. The Adult Mental Health Programme Board to oversee the strategy was set up that year and work on a specific older people's mental health strategy began in 2018. The Programme Board includes clinical, managerial and staff representatives from across the mental health system in GG&C. The approach has been to view mental health services as one integrated system albeit serving different needs with specific care pathways. Supporting work streams have been set up on:

- Covid recovery planning;
- capacity, effectiveness and efficiency of community services;
- inpatient bed models and estate;
- workforce planning;
- unscheduled care;
- overall financial framework; and,
- engagement & involvement.

- 2.2 In recent months a specific focus has been reviewing and re-freshing the draft strategy in the light of our response to the pandemic. A key assumption in our

recovery planning is that demand for mental health services and support will increase post the pandemic; the scale of which is difficult to quantify at this juncture.

2.3 It is planned to conclude this work later this year in time for a period of service user and stakeholder engagement details of which will be reported to IJB.

3. OPMH Update

3.1 The focus of the OPMH strategy has been to design a system of care that is patient-centered, with professional and organisational arrangements working in support, with a presumption that a shift in the existing balance of care is possible. Specifically the strategy group has focused upon the need to:

:

- develop the community social care and health infrastructure required to meet future needs and changes in inpatient care including a coordinated system of unscheduled care;
- review the inpatient bed model for NHSGG&C, including commissioned beds and residential care models;
- design an efficient and sustainable overall OPMH system of care underpinned by an agreed financial framework; and,
- develop an HSCP older people mental health performance and accountability framework.

3.3 Progress on the two key strands of the strategy – community services and the inpatient bed model and the key issues to emerge are summarised below.

3.4 The emerging thinking on the community model is that:

- we take a staged approach in line with but in advance of changes in inpatient services (bridging resources might be required);
- needs as a consequence of future demographic changes in the over 65 population should be met through the development of community services rather than more inpatient beds;
- we should build on learning from the impact of the Covid 19 pandemic taking into account the changed environment within which services now operate; and,
- include commissioning intentions for third and independent sector support including housing.

3.5 The specific areas of focus for development of community services include:

- early intervention & prevention and health education messages, particularly highlighting healthy lifestyles with prevention or delay of onset of dementia;
- implement the efficient and effective teams model so that community teams have capacity to focus on patients with more complex needs; and,
- as a first step, prioritise community based “crisis” or “intensive support services”. It has been highlighted that there is a gap in crises response

services for older adults, both for those in the community and in care homes.

- 3.6 In respect of dementia it is proposed that HSCPs build on the pathfinder approach to care co-ordination in Inverclyde and develop similar care co-ordination pathways for people with dementia, as an integral part of the community model for OPMH.
- 3.7 A detailed analysis has been undertaken of bed occupancy rates, bed usage, data on so-called “boarders” both external and internal to GG&C, the results of last year’s day of care audit, and local and UK benchmarking data. The day of care audit show that:
- of acute admission beds 13% were occupied by patients who did not meet the day of care audit criteria; and,
 - in Hospital Based Complex Care beds it was 11%.

The conclusion from this work was that compared to other healthcare systems, GG&C it is possible to reduce bed numbers over time without destabilising the care system, and that there is considerable scope for a more efficient use of existing bed capacity.

- 3.8 The future bed model for both acute admissions and HBCC beds is currently being worked through to take account of:
- the optimum split between organic and functional beds;
 - with adult mental health, the estate impact, potential capital requirements and workforce implications;
 - develop a timeline for any changes so that implementation is a ‘stepped process’ and is managed in a way that has patient safety and quality at its core; and,
 - clarify whether the needs of neighbouring Health Board’s should be factored into our future bed model, and if so the numbers involved and financial arrangements (this also applies to adult mental health inpatient services).

4. Adult Mental Health Strategy Update

- 4.1 The focus of the adult mental health strategy has been on:
- prevention, early intervention and health improvement including up-scaling mental health training, support community planning partners to address child poverty, and work with multiple partners to build awareness of and promote mental wellbeing including a focus on higher risk groups;
 - implementation of the physical healthcare and mental health policy including improved assessment and referral pathways, and staff training/development;
 - recovery-oriented and trauma aware services and co-production approaches to promoting recovery;

- primary care ensuring mental health contribution to primary care improvement plans, including work to support those with long term conditions;
- community & specialist teams with a focus on maximising efficiency and effectiveness of CMHTs in order to manage increases in demand, including exploiting the opportunities of integration with social care services;
- in unscheduled care the potential development of a single adult mental health Liaison/Out of Hours service across NHSGGC, including crisis resolution and home treatment / OOH to provide a consistent model of treatment across the Board area as an alternative to hospital admission; and,
- inpatient bed model a combined reduction to adult mental health inpatient bed capacity in line with benchmarking analysis and proposed reinvestments in community services including pathway development, a proactive approach to discharge planning, including closer integration with community and social care services for smoother patient flow across inpatient and community settings.

- 4.2 In respect of patient flow it was recognised that increased patient flow was required to better match capacity to demand, and that some wards included unplanned mixes of people with a range of different needs. Work is needed on the development of care pathways across all adult acute inpatient sites, and the application of more clearly defined standards with a greater focus on addressing delays in discharge and closer integration with community and social care.
- 4.3 Closely linked to the work on inpatient flow is the future bed model including proposals for intensive and high dependency rehabilitation and HBCC recognising the increased pressure on inpatient services from the pandemic. This work is currently underway.
- 4.4 There are also a range of health and safety design issues that have been identified and which are part of a longer term process of assessment of mental health inpatient accommodation. This includes safety risk assessments and minor capital works that will require temporary closure and remediation work. The short-term identified work will impact on mental health wards on the Dykebar, Leverndale and Stobhill Hospital sites. It is anticipated that further remedial work will be identified in the short-medium term on the majority of mental health in-patient sites for which minor and capital works costs will be identified. Any medium term changes in mental health specialty use of accommodation may also require additional financial investment.
- 4.5 Specific developments are also planned in respect of forensic mental health service at Stobhill managed jointly between Adult Mental Health and the Forensic Directorate.

5. Next Steps

5.1 This report updates the IJB on both the OPMH and adult mental health strategies. Similar reports are being considered by the other five IJBs in GG&C. The next steps include:

- further work on both the community and inpatient service models, including the commissioning implications for third and independent sector support including housing;
- building on learning from our response to the pandemic;
- developing a sustainable workforce plan that reflects the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges;
- progressing with Scottish Health Council and GG&C community and wider stakeholder involvement and engagement on the strategy;
- developing an overall financial framework to support delivery of the strategies, and a performance management framework. This will be done within the existing budgets of £150.318m and £38.383m which exist for both Adults and Older People. Details are attached in Appendix One and Two;
- development of proposals for the future delivery of inpatient services; and,
- progressing forensic low secure bed developments with the Forensic Directorate and low secure adult rehabilitation at Stobhill Hospital.

6. Options Appraisal

6.1 Not required for this report

7. People Implications

7.1 Not applicable at this stage for this report

8. Financial and Procurement Implications

8.1 Not applicable at this stage for this report

9. Risk Analysis

10. Environmental Sustainability

10.1 Not applicable for this report

11. Consultation

12. Strategic Assessment

13. Directions

13.1 Directions are not required for this report.

Name Sylvia Chatfield
Designation Head of Mental Health, Addictions and Learning Disability
Date 10 March 2021

Person to Contact Sylvia Chatfield
Appendices: Financial Framework Adults
Financial Framework Older People
Background Papers

Appendix One Financial Framework for Adult Mental Health

	Site	No of beds	Gross Exp Budget 2021 £000's	Income budget 2021 £000's	Net Exp Budget 2021 £000's	
Men Health - Adult Inpatient beds:	Leverndale	164	11,665	-2,919	8,745	
	Gartnavel Royal	122	9,129	-769	8,359	
	Stobhill	112	8,823	-398	8,425	
	Inverclyde Royal Hospital	40	3,819	-178	3,641	
	Dykebar	35	3,006	-3	3,004	
					0	
	Supporting services:	Adult Mh Management & Admin		5,534	-176	5,358
		Adult Mh Ahps		3,265	-2	3,263
		Adult Mh Medical		4,654	-421	4,233
		Adult Mh Accommodation		1,651	-340	1,311
Men Health - Adult Inpatient Total		473	51,545	-5,206	46,340	
Men Health - Adult Community	Adult Mh Psychology		4,308	-124	4,184	
	Crisis		4,917	-392	4,525	
	Community Mh Teams incl CRT		19,543	-710	18,833	
	Primary Care Mh		5,150	-208	4,943	
	Other Community Services		1,688	-253	1,434	
	Comm MH Medical		7,463		7,463	
	Management		1,957		1,957	
Men Health - Adult Community Total			45,026	-1,687	43,339	
Men Health - Specialist Service	Mh Community Specialist Serv		10,854	-1,081	9,773	
	Mh Inpatient Specialist Serv		4,342	-743	3,599	
Men Health - Specialist Service Total			15,196	-1,824	13,371	
Men Health - Central	Advocacy Services		1,169		1,169	
	Mh Clinical Psychology		2,645	-2,497	147	
	Mh Management Services		416	-142	275	
	Mh Central Nursing		2,203	-461	1,741	
	Mh Medical Central Services		1,117		1,117	
	Primary Care Junior Doctors		8,572	-6,672	1,900	
Men Health - Central Total			16,123	-9,772	6,351	
Other indicative funding:	Action 15 allocations		7,144		7,144	
Total Health Budget			135,034	-18,489	116,545	
Social Work	Expenditure					
Men Health - Adult Residential & Community	Social Care Purchased Services		4,836	0	4,836	
	Payments to Other Bodies		158		158	
	Purchased/Commissioned Services		25,522	-121	25,401	
	Health Board Resource Transfer			-2,973	-2,973	
	SW Direct Care		440	-72	368	
	SW Operational		6,302	-50	6,252	
	Any other SW Funded Services which may incorporate an element of MH			-269	-269	
Men Health - Adult Residential & Community Total			37,258	-3,484	33,774	
Total Social Work Budget			37,258	-3,484	33,774	
Grand Total Health			135,034	-18,489	116,545	
Grand Total Social Work			37,258	-3,484	33,774	
Adult MH Strategy in-scope budget £000's			172,292	-21,974	150,318	

Appendix Two Financial Framework for Older People Mental Health

	Site/Ward	No of Beds	Gross Exp Budget 2021 (£000)	Income Budget 2021 (£000)	Net Exp Budget 2021 (£000)
OPMH Acute Admission Beds:	Stobhill - Isla	24	1,321	- 116	1,205
	Stobhill - Jura	20	1,391	- 116	1,275
	Gartnavel Royal - Cuthbertson	20	1,405	- 9	1,396
	Gartnavel Royal - Timbury	25	1,279		1,279
	Leverndale - Balmore	18	1,530	- 251	1,279
	Leverndale - Banff	20	1,342	- 251	1,090
	Inverclyde Royal - Larkfield - Ward 4	20	1,455	- 141	1,315
	Royal Alexandria - RAH Ward 37	20	1,618		1,618
	Royal Alexandria - RAH Ward 39	20	1,484		1,484
	Vale of Leven - Fruin	12	1,402	- 780	622
	Vale of Leven - Katrine	6	479	- 267	212
OPMH Acute Admission Beds		205	14,706	- 1,932	12,774
OPMH Hospital Based Complex Care Beds:	Stobhill - Appin	20	1,481		1,481
	Gartnavel Royal - Iona	20	1,231		1,231
	Darnley Court - Fleming	28	1,441		1,441
	Rogerpark - Woodburn	10	709	- 159	550
	Rogerpark - Millhouse	10	709	- 159	550
	Orchard View - Willow	30	1,875		1,875
	Dykebar - North	21	1,421		1,421
	Dykebar - East	21	1,320		1,320
	Dumbarton Joint Hospital - Glenarn	12	907	- 127	780
OPMH HBCC Beds		172	11,093	- 446	10,647
OPMH Beds Total		377	25,798	- 2,377	23,421
Supporting Services:	Medical		1,866	- 35	1,832
	AHP's		302		302
	Other Support Services		112		112
OPMH Inpatient Supporting Services			2,280	- 35	2,245
OPMH Inpatient Total Budget			28,079	- 2,412	25,667
OPMH Community Services:	Glasgow City HSCP		8,262	- 135	8,127
	East Dunbartonshire HSCP		1,245	- 161	1,084
	East Renfrewshire HSCP		867	- 42	825
	Inverclyde HSCP		583	-	583
	Renfrewshire HSCP		1,077	-	1,077
	West Dunbartonshire HSCP		1,201	- 182	1,019
OPMH Community Services Total Budget			13,236	- 520	12,716
Total OPMH Budget			41,315	- 2,932	38,383

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

25 March 2021

Subject: Strategic Risk Register

1. Purpose

1.1 The purpose of this report is to present the Strategic Risk Register for the Health & Social Care Partnership Board approval.

2. Recommendations

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

- i. Approve the Strategic Risk Register (Appendix A) including new pandemic strategic risk; and
- ii. Select a current strategic risk to be presented in greater detail to the HSCP Board in August 2021;

3. Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board (IJB) must have effective governance arrangements in place, which includes systems for managing strategic risks.

3.2 The Integration Scheme confirms that a key element of the required risk management process is the preparation, scrutiny, approval and then six monthly review of the strategic risk register by the Health & Social Care Partnership Board.

3.3 The Chief Officer is responsible for ensuring that suitable and effective arrangements are in place to manage both strategic and operational risks relating to the Health & Social Care Partnership.

3.4 The HSCP Board's Financial Regulations reflect the recommendations of the national Integrated Resources Advisory Group which confirms the responsibility of the Chief Officer to develop a West Dunbartonshire Health & Social Care Partnership Risk Management policy and strategy, which was approved by the Partnership Board at its August 2015 meeting and internally reviewed in November 2017. An updated Risk Management Policy and supporting strategy will be presented for approval to a future HSCP Board.

3.5 In February 2021, members of the Audit and Performance Committee considered and then endorsed, following discussion, the Strategic Risk Register and that HSCP Board will select one risk for more detailed presentation to the HSCP Board in August 2021.

4. Main Issues

4.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects. It is pro-active in understanding risk and uncertainty, it learns, builds upon existing good practice, and is a continually evolving process that has an important role in ensuring that beneficial and defensible decisions are made.

4.2 The attached Strategic Risk Register (Appendix A) has been prepared in accordance with the Risk Management Policy and supporting strategy. Similarly, in accordance with that Policy and supporting strategy, standard procedures are applied across all areas of activity within the Health & Social Care Partnership in order to achieve consistent and effective implementation of good risk management.

4.3 Strategic risks represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically, these risks require strategic leadership in the development of activities and application of controls to manage the risk.

4.4 The mitigating actions for the strategic risks have been updated to reflect Covid-19 response, recovery and rebuild. A new risk of pandemic has been included reflecting Covid-19 response and impact. All other risks within the Strategic Risk register have been further strengthened through additional mitigating actions.

Internal Audit of Strategic Risk Assessment

4.5 An internal audit was conducted during February 2021 in accordance with the 2020/21 Annual Internal Audit Plan. The objective was to provide HSCP management with an assessment of the adequacy and effectiveness of the governance and controls surrounding IJB Risk Management.

4.6 Whilst it focused on the high-level processes and procedures in relation to the Risk Management Policy and supporting strategy and concentrated on identifying areas of perceived higher risk, such as whether risk management is actively supported and promoted by senior officers. It also looked at the approach to identifying and prioritising risks and whether matching them with appropriate responses is reasonable; and whether risks and the actions taken to mitigate them are regularly monitored. The Strategic Risk Register was reviewed and formed an element of this internal audit.

5. Option Appraisal

5.1 There is no requirement for an option appraisal for the content of this report.

6. People Implications

6.1 Key people implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

6.2 The Risk Management Policy and supporting strategy affirms that risk management needs to be integrated into daily activities, with everyone involved in identifying current and potential risks where they work.

6.3 Individuals have a responsibility to make every effort to be aware of situations, which place them, or others at risk, report identified hazards and implement safe working practices developed within their service areas

7. Financial and Procurement Implications

7.1 Key financial implications associated with the identified strategic risks are addressed within the mitigating actions of the Strategic Risk Register.

7.2 The Risk Management Policy and supporting strategy affirms that financial decisions in respect of these risk management arrangements rest with the Chief Financial Officer.

8. Risk Analysis

8.1 Failure to comply with the legislative requirement in respect of risk management would place the HSCP Board in breach of its statutory duties.

8.2 The HSCP Audit and Performance Committee reviewed, scrutinised and approved the Strategic Risk Register in February 2021.

8.3 The Chief Officer and Senior Management team reviewed the Strategic Risk Register in December, as part of the formal annual review and now present this to the HSCP Board for final approval, as an appropriate Strategic Risk Register for the Health & Social Care Partnership, which is prepared in accordance with the HSCP Risk Management Policy & supporting strategy.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required for the content of this report.

10. Environmental Sustainability

10.1 There is no environmental sustainability impact for the content of this report.

11. Consultation

11.1 The Strategic Risk Register has been reviewed and confirmed by the Health & Social Care Partnership Senior Management Team and the HSCP Audit and Performance Committee.

11.2 Relevant Monitoring Officers, including internal auditors, have been consulted in the preparation of this report.

12. Strategic Assessment

12.1 Effective risk management will support local and strategic priorities and national health and wellbeing outcomes. It will prevent or mitigate the effects of loss or harm; and will increase success in delivery of the HSCP Strategic Plan, improving lives with the people of West Dunbartonshire.

13. Direction

13.1 A direction is not required for this report, as it is an update on the annual Strategic Risk Register.

Margaret-Jane Cardno

Head of Strategy and Transformation

Date: 26 February 2021

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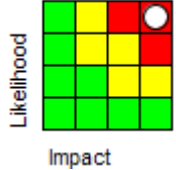
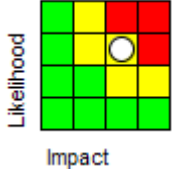
Appendices: Appendix A – Strategic Risk Register

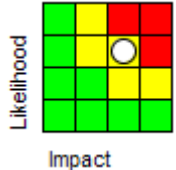
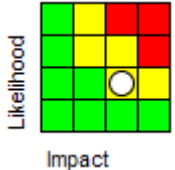
Background Papers: Risk Management Policy and Strategy 2015
HSCP Management Policy 2021
HSCP Risk Management Strategy 2021

Localities Affected: None

West Dunbartonshire Health & Social Care Partnership Strategic Risk Register 2021 – 2022

Financial Sustainability/Resource Allocation and Savings Targets	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets.</p> <p>Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver on the Strategic Plan priorities, impact on quality or reduction of service; failure to meet statutory requirements; and potential impact on staff resilience.</p> <p>Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings programmes implemented by other service/divisions of WDC or NHSGGC.</p>	Beth Culshaw; Julie Slavin		Critical - Certain		Critical - Very Likely
			Alert		Alert
Mitigating Actions					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
Financial position monitored through regular reporting to Health & Social Care Partnership Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme. Including the preparation of the Annual Accounts in line with all statutory requirements and the implementation of any recommended actions identified by external auditors.					
The Integration Scheme requires a recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Active engagement with Partner Bodies in budget planning process: Scottish Government, WDC and NHSGGC including identifying dependencies and risks on any organisational savings programme and ensure that, where appropriate, HSCP budget managers implement initiatives e.g. FIP (Financial Improvement Programme).					
To continue to engage with forums/groups to identify proposals and consolidate approved policies including eligibility criteria, assessment, charging and financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings, service transformation or withdrawal of service.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health & Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP and refreshed on an annual basis to reflect the impact of new budget settlements on the delivery of strategic priorities and agreed service improvement programmes.					
With regards to Set Aside Resources, agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date. This will be implemented through the development of an Unscheduled Care Commissioning Plan which will more clearly align finance and planning work streams across all areas including acute hospital bed usage.					

Procurement and Commissioning	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver contract monitoring and management of commissioned services; creates a risk to the financial management of the HSCP and there is a risk to delivery of high quality services and the delivery of quality assurance across all areas of service delivery</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP has commissioned services which may be out-with contract or contracts are not fit for purpose.</p> <p>Failure to manage contracting arrangements; there is a risk that the HSCP is unable to demonstrate Best Value.</p> <p>Failure to adhere to Financial Regulations and Standing Financial Instructions when commissioning services from external providers.</p>	Margaret-Jane Cardno		Critical - Certain		Significant - Very Likely
Mitigating Actions					
Regular Care Inspectorate reports on independent and third sector providers are presented to the HSCP Audit Committee and HSCP Clinical and Care governance Forum					
Regular Complaints reports are presented to the HSCP Audit Committee, following scrutiny at SMT and HSCP Clinical and Care Governance Forum					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement partners to progress the Procurement pipeline work, linking procurement and commissioning of internal and external services. Regular procurement reports will be presented to the HSCP Board jointly by Chief Finance Officer after presentation at WDC Tendering Committee.					
Continued commitment by Heads of Service and Integrated Operations Managers to ensure robust contract monitoring, service review and management as part of the procurement pipeline work linked to the development and review of service led service specifications, reporting mechanisms and the agreed terms and conditions of all contracts.					
Continued commitment by Heads of Service and Integrated Operations Managers to work with procurement colleagues and with service providers to negotiate finance and contractual arrangements including requirement to pay all adult social care workers the Scottish Living Wage. This will be managed on a priority based process agreed with the Heads of Service and the Chief Officer.					
All budget managers and commissioners of services to attend procurement training and have procurement progress as standing item on HOS team meetings.					

Performance Management Information	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>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.</p>	Wendy Jack		Significant - Very Likely		Significant - Likely
Mitigating Actions					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; this ensures data and information can be considered in terms of legislative developments, financial reporting/governance and the need to prioritise use of resources effectively and anticipate demand.					
Improved performance management reporting presentation, including detailed analyses of those performance indicators that are red and underperforming. Focused scrutiny and challenge					
Quarterly Organisational Performance Review meetings are held with Chief Executives of WDC and NHSGGC.					
Development of robust management information available at service level for frontline staff for ongoing demand management quality control and assurance and to support transformational change.					
The Commissioning Plan will support the links between finance and planning to meet demand and service delivery within the current financial envelope.					
New 20/21 - Regular performance reports are presented to the HSCP Board by Chief Officer and Heads of Services; providing members of the Board with a range of data and performance information collated from across Health & Social care systems; this supports governance and accountability; as outlined within the requirements of the Act.					
New 20/21 - Quarterly and Annual Performance reporting has been more closely aligned with HSCP Board meeting schedule to improve the timeous updates on performance across the Partnership, strengthening scrutiny and challenge by the HSCP Board members.					

Information and Communication	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
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.	Margaret-Jane Cardno		Significant - Certain		Significant - Likely
Failure to maintain a secure information management network; there is a risk for the HSCP if this is unmanaged of breaches as a result of a GDPR breach; power/system failure; cyber-attack; lack of shared IT/recording platforms; as such being unable to manage and deliver services. Inability to provide service.			Alert		Warning

Mitigating Action

Continued commitment to information management by the Chief Officer and Heads of Service; Integrated Operational Managers and their direct reports must demonstrate adherence to both NHS and Council policies for ICT and data management and procedures; regular learning session on breaches if they occur by individual service areas.

Confirmation of the appointment of Data Protection Officer for the HSCP Board to support governance arrangements.

Continued training available for staff groups from both NHS and Council to reflect changes in Data Protection Legislation in May 2018; staff must demonstrate their attendance at Data Protection awareness sessions. Staff are supported to safeguard the data and information which is collected and stored in the course of delivering services and support; there are continued reminders of the need safeguard and manage information.

Continued training available for staff groups from both NHS and Council with online courses available which staff must demonstrate they have completed via the Council's iLearn or NHS Learn-Pro courses. Staff within the HSCP will complete the course of their employing authority on either an annual (Council) or bi-annually (NHS) basis.

New 20/21 - Autocomplete email address option has been disabled, this is an additional safeguard introduced to mitigate data breaches.

Outcomes of external scrutiny: Inspection recommendations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to deliver on recommendations within reports by Care Inspectorate and other relevant scrutiny bodies.	Jonathan Hinds		Significant - Likely		Moderate - Likely
			Warning		OK

Mitigating Action

Improvement action plans for Self Directed Support and Community Payback Orders are being implemented, reflecting findings and recommendations from inspections including specific actions linked to improvement.

Review groups for SDS and CPO improvement activity monitor achievement of objectives and service improvements.

Regular performance and monitoring reports are presented to the HSCP Board/Audit Committee /HSCP Clinical and Care Governance Group as appropriate to support governance and continued scrutiny.

Staff development and training reflects learning from each inspection report to ensure consistent understanding of duties around delivery of SDS and CPOs.

New 20/21 – Additional external scrutiny has been introduced in response to Covid 19 – reporting to HSCP board and ongoing monitoring through the internal quality assurance team and external bodies.

Delayed Discharge and Unscheduled Care	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to support timely discharge and minimise delayed discharge; creates risk for the HSCP to effectively manage patient, client and carer care.	Jo Gibson		Critical - Very Likely		Significant - Likely
Failure to plan and adopt a balanced approach to manage the unscheduled care pressures and related business continuity challenges that are faced in winter; creates risk for the HSCP to effectively manage patient, client and carer care.			Alert		Warning

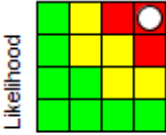
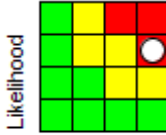
Mitigating Action

A Management Action Plan has been developed to review activity and manage specific actions linked to improvement of planning for delayed discharge.

A monthly performance report is provided to the Integrated Operations Managers; this includes updates on the early assessment model of care and support; effective use of the NHS acute Dashboard; delivery of rehabilitation in-reach within ward settings; provision and usage of Red bags; promotion of Power of Attorney arrangements; commissioning of services linked to free personal care for those under 65 years old and Adult with Incapacity requirements and; delivery of an integrated approach to mental health services.
A local Flu Management Plan is in place; this reflects the HSCP unscheduled care plan for community services which addresses the 12 critical areas outlined in the national Preparing for Winter Guidance.
A Primary Care Improvement Plan has been developed to review activity and manage specific actions linked to improvement of planning for GP contracting arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.
An Improvement Plan to deliver actions linked to Action 15 mental health monies has been developed to review activity and manage specific actions linked to improvement of planning for localised mental health arrangements; this supports effective multi-disciplinary team working within primary care and as part of management of delayed discharge.
Formal and regular formal scrutiny by SMT and reported to joint NHS and HSCP scrutiny and planning groups linked to UC and winter planning.

Workforce Sustainability	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to have an appropriately resourced workforce to meet service demands, caused by the inability to recruit, retain or deploy the workforce with necessary skills, which could potentially lead to disruption of services .	Audrey Slater		Significant - Certain		Significant - Very Likely
			Alert		Warning
Mitigating Action					
Preventative Controls					
Continued commitment to the implementation of HSCP Workforce and Organisational Development Strategy and Support Plan.					
Robust Operational Management Structures in place and Business Continuity Plans to support service delivery.					
HR policies which reflect best practice and relevant employment legislation to support manager and staff development needs.					
Attendance Management Policies and Staff Health and Well Being Strategies in place. Initiatives accessible to all staff such as Healthy Working Lives, Occupational Health Services and Counselling Services.					
Staff Engagement and feedback through I Matter Survey and action planning.					
Agreed processes for revalidation of medical and nursing workforce and Professional Registration .Policies and procedures in place to ensure staff are meeting professional bodies and organisational requirements for registration.					
Direct Controls					
Sickness absence reporting available to service managers through HR21, Micro strategy, SSTS and Workforce Information Departments.					
Agency / overtime reports					
Health and Wellbeing Post approved for one year following report submitted to HSCP Audit and Performance committee.					
HR reports provided to SMT and Joint Staff Forum on HR metrics					
Workforce reporting integrated into HSCP Performance report to IJB					
Statutory and Mandatory Training reports					
I Matter reports					
KSF/ PDP and Be the Best Conversations					

Waiting Times	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Failure to meet waiting times targets e.g. MSK Physiotherapy, Psychological Therapies, Child and Adolescent Mental Health Services and Drug and Alcohol Treatment.	Beth Culshaw		Significant - Certain		Significant - Very Likely
			Alert		Warning
Mitigating Action					
Regular performance reports are presented to the HSCP Chief Officer and Heads of Services for their specific areas of responsibility; to review activity and manage specific actions linked to improvement of planning for localised arrangements.					
Promotion of self-management and co-productive community services including access to online supports and advice and preventative					
Implementation of effective triage processes in place for patients across all areas.					
Regular performance data collection and monitoring is scrutinised to ensure effective and robust performance management and demand management.					
Consistent workforce and attendance management across all service areas.					

Financial Sustainability/Resource Allocation and Savings Targets	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>Failure to deliver HSCP Board priorities within approved budget incorporating allocated savings targets.</p> <p>Failure to operate within financial parameters in context of continuing and new demand; there is a risk of not being able to (safely) deliver on the Strategic Plan priorities, impact on quality or reduction of service; failure to meet statutory requirements; and potential impact on staff resilience.</p> <p>Failure to deliver efficiency savings targets, as approved by HSCP Board, including as a consequence of savings programmes implemented by other service/divisions of WDC or NHSGGC.</p>	Beth Culshaw; Julie Slavin	 <p>Likelihood</p> <p>Impact</p>	<p>Critical - Certain</p> <hr/> <p>Alert</p>	 <p>Likelihood</p> <p>Impact</p>	<p>Critical - Very Likely</p> <hr/> <p>Alert</p>
Mitigating Actions					
A process of managing and reviewing budget by the Senior Management Team is in place; including application of earmarked reserves, analysis of monthly monitoring reports, securing recurring efficiencies, vacancy management, turnover targets and overtime restrictions.					
Financial position monitored through regular reporting to Health & Social Care Partnership Board and HSCP Audit and Performance Committee as set out in the Financial Regulations, Terms of Reference and the Integration Scheme. Including the preparation of the Annual Accounts in line with all statutory requirements and the implementation of any recommended actions identified by external auditors.					
The Integration Scheme requires a recovery plan will be implemented to address areas of significant in-year overspend across all service areas. HSCP SMT, all budget managers/commissioners of service working with WDC and NHSGGC procurement teams on the priorities identified within the procurement pipeline, to ensure that externally purchased services are delivering Best Value.					
Active engagement with Partner Bodies in budget planning process: Scottish Government, WDC and NHSGGC including identifying dependencies and risks on any organisational savings programme and ensure that, where appropriate, HSCP budget managers implement initiatives e.g. FIP (Financial Improvement Programme).					
To continue to engage with forums/groups to identify proposals and consolidate approved policies including eligibility criteria, assessment, charging and financial savings and/or service redesign that may have a negative impact on HSCP services and/or budgets.					
As required by the Ministerial Steering Group, continue to work with Scottish Government, West Dunbartonshire Council, NHS Greater Glasgow and Clyde & Greater Glasgow and Clyde Board-wide Integrated Joint Boards to bring forward notification and approval of budget allocation before the start of the financial year to allow for early identification of actual funding gap to be filled by efficiency savings, service transformation or withdrawal of service.					
A continued commitment to due diligence in all roles; communication and consideration within and between all areas of service; consultation and communication with the public; staff groups and representatives; Health & Social Care Partnership Board members including elected members.					
The delivery of a medium to long term budget strategy for the HSCP and refreshed on an annual basis to reflect the impact of new budget settlements on the delivery of strategic priorities and agreed service improvement programmes.					
With regards to Set Aside Resources, agree a financial framework which reflects actual activity and associated budgets including a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date. This will be implemented through the development of an Unscheduled Care Commissioning Plan which will more clearly align finance and planning work streams across all areas including acute hospital bed usage.					

Brexit	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
Risks across services from BREXIT include difficulty in resourcing some medications, medical devices (instruments and equipment in Hospital) and clinical consumables including disposable and short life goods. There will be an impact on patients and service users and on recruitment to and retention of non-UK EU nationals given that EU citizens require to apply for settled status before 30 June 2021. Prescribing costs and procurement impact.	Beth Culshaw		Critical - Certain		
			Alert		
Mitigating Action					
Establish register of staff that may be at risk, raise issue with Workforce Planning colleagues, core briefs for staff					
Continue to monitor Brexit status and implement advice and guidance from the Scottish Government to HSCP areas. Reflected in the HSCP EU Exit Action Plan presented to the November 2019 HSCP Board and considered alongside the Council and Health Board plans.					
New 20/21 National Services Scotland (NSS) has significantly increased their stock levels and secured the supply chain for consumables in response to Covid 19 and Brexit challenges					
New 20/21 After some initial delays in the first few days imports and exports seem to be operating well and no major shortages identified, this will continue to be monitored.					
New 20/21 Continue to work with our corporate partners, strong representation at local authority, health and Scottish government groups is essential to help mitigate ongoing risks arising from Brexit					

Risk of future Pandemic – Covid 19 variations	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>New 20/21 Risks across services from a future pandemic include difficulty in resourcing medications, medical devices (instruments and equipment in Hospital) and clinical consumables including PPE, disposable and short life goods. There will be an impact on patients and service users and on recruitment to and workforce.</p> <p>Financial Impact – rapid response, prescribing costs, commissioning and procurement impact.</p> <p>Human diseases can take a variety of forms and consequently their impacts can vary considerably both in scale and nature. The main types of human disease that represent new or additional risks to the UK are outlined below. The examples have been chosen to give an impression of the range of possible diseases that would have a significant disruptive effect, but are by no means exhaustive.</p> <p>Pandemic - Influenza pandemics are natural phenomena that have occurred from time to time for centuries. Including Covid 19, this has happen four times in the last century. The symptoms are similar to those of seasonal influenza but may be significantly more severe.</p> <p>Influenza pandemics arise as a result of a new influenza virus that is markedly different from recently circulating influenza viruses and therefore to which few people, if any, have immunity. As a result of rapid spread from person to person, pandemics have significant global human health consequences. In addition to the severe health effects, a pandemic is also likely to cause significant wider social and economic damage and disruption.</p>	Beth Culshaw		Critical - Certain		
			Alert		
Mitigating Action					
Develop, implement and monitor recovery plans for each service –reported to HSCP Board on a regular basis throughout pandemic.					
Develop and monitor pandemic risk framework based on reflection, experience and learning from Covid 19.					
Pandemic objectives that focus on service continuity - workforce health, workforce effectiveness, essential service delivery continuity, citizen/community engagement, financial continuity, partner continuity (both commissioned and third sector), security – physical and digital, reputational monitoring community, workgroups and stakeholder (are the framework elements effective)					
Agile response to monitor continuity of operations and relationships including decision logs and resilience					

Normal life is likely to face wider social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties.
Individual organisations may suffer from the pandemic's impact on staff absenteeism therefore reducing the services available
The post- pandemic years provide a very important opportunity to develop and strengthen preparations for the potentially serious impact of an influenza pandemic. The Government is collaborating actively with international partners on prevention, detection and research, and is taking every practical step to ensure that the UK is prepared to limit the internal spread of a pandemic and to minimise health, economic and social harm as far as possible. This includes purchasing and stockpiling appropriate medical countermeasures.
Apply and comply with Scottish Government and Public Health Scotland guidance and advice – for example Covid-19 the Scottish Government Covid19 Advisory Group, Scientific Advisory Group for Emergencies (SAGE)
Follow NHS and Social Care mobilisation and planning guidance in Scotland
Apply integrated emergency management principles, develop flexible and adaptable arrangements for dealing with emergencies, whether foreseen or unforeseen. This will be informed in future by Covid 19 reflection and recovery work.

Public Protection – Legislation and Service Risk	Risk Lead	Pre-Mitigation Assessment	Pre-Mitigation Risk	Post-Mitigation Assessment	Post-Mitigation Risk
<p>1. Legislative requirements Failure to meet legislative duties in relation to child protection, adult support & protection and multi-agency public protection arrangements (MAPPA).</p> <p>Failure to ensure that Guardianship cases are appropriately monitored, supported and reviewed by social workers.</p> <p>2. Service risk and delivery requirements Public Protection Co-ordinator post (vacant from January 2020) provides limited resilience to ensure continuity of public protection functions across West Dunbartonshire HSCP and other responsible agencies</p> <p>Failure to ensure compliance with relevant risk assessments and evidence-based interventions.</p> <p>Failure to ensure that staff are appropriately trained and adhere to standards for risk assessment and risk management across child, adult and public protection work.</p> <p>Failure to monitor commissioned and other partnership services which could impact on an individual's safety or risk to themselves or others.</p> <p>Failure to monitor and ensure the wellbeing of adults in independent or WDC residential care facilities. Failure of staff to recognise, report and manage risk.</p>	Jonathan Hinds		Critical - Likely		Significant - Likely
Mitigating Action					
Review of interim and longer-term arrangements to support child protection and adult protection activity and multi-agency practice arising from vacant Public Protection Coordinator post.					
West Dunbartonshire's Child Protection and Adult Support and Protection Committees ensure child and adult protection procedures are followed and have a scrutiny role over compliance linked to implementation of relevant policies and procedures.					
Chief Social Work Officer attends the North Strathclyde MAPPA Strategic Oversight Group; responsible manager attends the Management Oversight Group which monitors local compliance with national standards and legislative duties.					
Chief Social Work Officer and Heads of Service ensure that child and adult protection plans as well as MAPPA risk management plans are regularly reviewed; themes and trends from local audit activity are reported to clinical and care governance structures, the Child and Adult Protection Committees and the MAPPA Strategic Oversight Group.					
West Dunbartonshire Nurtured Delivery Improvement Group (DIG) – which includes the Chief Social Work Officer – continues to review progress to achieve the recommendations from the joint strategic inspection of children and young people's services (2017).					
Chief Social Work Officer and Heads of Service ensure appropriate systems and processes are in place to ensure that findings of external scrutiny (e.g.: Care Inspectorate) processes are acted upon timeously and appropriately, including forthcoming inspection of adult support and protection (April 2020 – March 2021: date to be confirmed).					
Chief Social Work Officer oversees compliance with the PVG scheme.					
Operational teams regularly review their training and development needs, Business Continuity plans and operational risk registers.					
Reviews of children & families and criminal justice social work services reflects actions to reduce risk and uphold professional practice standards.					
Ensure staff are aware that whistleblowing policies and procedures are in place to ensure concerns can be raised and investigated.					

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

24 March 2021

Subject: 2020/21 Financial Performance Update and 2021/22 Annual Budget Setting Update

1. Purpose

- 1.1 To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 11 to 28 February 2021.
- 1.2 To provide a proposed 2021/22 revenue budget based on indicative budget offers from our funding partners.
- 1.3 The financial impact of the Covid-19 pandemic on health and care services continues to evolve as services respond, adapt and renew, therefore the outturn projection to the end of 31 March 2021 will be subject to change.

2. Recommendations

2.1 The HSCP Board is recommended to:

- **Note** the updated position in relation to budget movements on the 2020/21 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- **Note** that revenue position for the period 1 April 2020 to 28 February 2021 is reporting an underspend of £2.191m (1.53%);
- **Note** the projected outturn position of £2.701m underspend (1.46%) for 2020/21 and the main movement since last reported to the HSCP Board.
- **Note** that the Covid-19 cost for the period 1 April 2020 to 28 February 2021 is £5.277m with full year projected costs of £7.032m resulting in a revised projected earmarked reserve of £4.092m;
- **Note** the analysis of the reserves position and the projected balances as at 31 March 2021;
- **Approve** the extension of the 3 Service Improvement Lead posts for a further year until 2022/23;
- **Approve** the application of earmarked reserves totalling £0.323m as one of the actions required to balance the social care budget;
- **Accept** the 2021/22 indicative revenue budget contribution of £71.921m anticipated to be agreed at Council on 22 March 2021 and **note** that this budget contribution together with agreed management actions and the recommended application of earmarked reserves, results in a balanced budget for social care;

- **Accept** the 2021/22 indicative budget contribution of £97.853m from NHS Greater Glasgow and Clyde (NHSGCC) subject to any final adjustments to the recurring budgets at month 12 and **note** that this budget contribution together with agreed management actions, including service improvements, results in a balanced budget for health care;
- **Approve** an indicative 2021/22 revenue budget of £170.097m required to deliver the strategic priorities of the HSCP Board;
- **Approve** the indicative set aside budget of £30.851m, based on the 2020/21 projected activity and actual costs with a 1.5% uplift;
- **Accept** the 2021/22 budget allocations for Housing Aids and Adaptations of £0.250m and the Care of Gardens budget of £0.462m, held and managed by WDC's Housing and Employability and Roads and Neighbourhood directorate respectively; and
- **Note** the update to the WDC's 10 Year Capital Plan from 2021/22 to 2029/30 and the programmes linked to the strategic priorities of the HSCP Board.

3. Background

- 3.1 The 2021/22 revenue budget estimates have been constructed to reflect the impact of inflationary and demographic demand on HSCP services coupled with any agreed changes to service delivery models implemented and to be retained in response to the Covid-19 pandemic. It should be recognised that extraordinary costs resulting from the response to the pandemic are still being incurred and will continue to be incurred for the foreseeable future. The assumption is that these will continue to be funded by the Scottish Government given that additional funding has already been received in 2020/21 that will be earmarked for use in 2021/22.
- 3.2 This report is a continuation of the 25 February budget report and sets out a proposed 2021/22 revenue budget subject to board approval. It also provides an update on the financial performance as at period 11 to 28 February 2021 including the projected outturn position and the impact on reserves.
- 3.3 The Scottish Government announced their 2021/22 financial settlements to local authorities and health boards on 28 January 2021. Both settlement letters (presented to the 25 February HSCP Board) contained specific reference on funding to be directed to Integration Joint Boards.
- 3.4 The following funding gaps were reported to the February HSCP Board:
- Social Care - £1.008m
 - Health Care - £0.015m
- 3.5 The Chief Officer and Chief Financial Officer highlighted that the level of funding gap was indicative as negotiations continued with partner organisations both locally and nationally.

3.6 The level of both earmarked and general reserves was also detailed and the proposal to apply an element of reserves was also discussed.

4. Main Issues

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

4.1 A detailed Covid-19 financial tracker is completed at 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.

4.2 Table 1 below provides a summarised version of the 2020/21 financial tracker actual and projected costs based on February ledger data. The projected costs will be subject to change as the year end position is finalised, in particular the cost of additional provider sustainability, which will extend into 2021/22.

4.3 Table 1 below details the Scottish Government Covid-19 funding received and spend incurred to date along with full year forecast spend.

Table 1: Summary of Covid-19 Costs and Funding to 28 February 2021

Covid-19	Forecast Full	Year to Date	Projected Future
	Year	Actual	Commitment
	£000's	£000's	£000's
Delayed Discharge Reduction - Additional Care at Home Packages	675	249	426
Personal protection equipment	442	472	(30)
Additional staff overtime and Enhancements	629	558	71
Additional temporary staff spend	594	471	123
Community Hubs / Assessment Centre	713	300	413
Mental Health Services	221	118	103
Provider Sustainability Payments - Care Homes	2,332	1,256	1,076
Provider sustainability Payments - Other Social Care Providers	87	120	(33)
Digital, IT & Telephony Costs	198		198
Other external provider costs	218		218
Provider Sustainability Payment - Hospice	396	396	0
Loss of Social Care Income	421	268	153
Expected underachievement of savings (HSCP)	792	600	192
Winter Planning	121	12	109
CSWO Funding	38		38
Offsetting savings - HSCP	(1,447)		(1,447)
Additional FHS Prescribing	51		51
Payments to FHS Contactors	437	343	94
Other	114	114	0
Total Spend	7,032	5,277	1,755
Social Care Funding received to date	(5,880)	(5,880)	0
NHS Funding received to date	(1,751)	(1,751)	0
Hospice Funding	(396)	(396)	0
GP Funding	(343)	(343)	0
Covid-19 Funding received in advance	(2,754)	(2,754)	0
Total Income	(11,124)	(11,124)	0
Net Expenditure	(4,092)	(5,847)	1,755

4.4 Table 1 above shows that the HSCP has now received funding in advance of need totalling £4.092m which will be placed in an earmarked reserve at the end of the financial year to start to address Covid-19 future expenditure commitments.

2020/21 Financial Performance Update

4.5 Since the start of the financial year there has been a number of budget adjustments, including full funding for the additional costs responding to the pandemic and other new funding allocations. A total net revenue budget of £185.938m is now being monitored as detailed within Appendix 1.

4.6 The current year to date position as at 28 February is an underspend of £2.191m. The projected outturn position (reflecting the February ledger position), with all identified Covid-19 costs being fully funded, is a potential underspend of £2.701m heavily caveated based on finalisation of provider sustainability and other demand pressures. This consolidated summary position shown in Table 2 below is also presented in greater detail within Appendix 2, with the individual Health Care and Social Care reports detailed in Appendix 3.

4.7 Members should note that the projected underspend takes into account £8.648m of income and expenditure identified at P11 to be transferred to earmarked reserves which has mainly arisen from various new tranches of funding allocated to the HSCP between December and January as detailed in Appendix 1. Further detail on the anticipated level of reserves is provided within Appendix 4.

Table 2 : Summary Financial Information as at 28 February 2021

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	107,621	93,962	93,610	352	103,141	3,368	1,112	1.0%
Social Care	98,870	68,169	67,384	785	96,228	1,060	1,582	1.6%
Covid-19	11,124	3,744	5,277	(1,533)	7,032	4,092	0	0.0%
Expenditure	217,615	165,875	166,271	(396)	206,401	8,520	2,694	1.2%
Health Care	(3,679)	(3,342)	(3,342)	0	(3,680)	0	1	0.0%
Social Care	(27,998)	(19,598)	(19,603)	5	(28,132)	128	6	0.0%
Covid-19	0	0	(2,582)	2,582	0	0	0	0.0%
Income	(31,677)	(22,940)	(25,527)	2,587	(31,812)	128	7	0.0%
Health Care	103,942	90,620	90,268	352	99,461	3,368	1,113	1.1%
Social Care	70,872	48,571	47,781	790	68,096	1,188	1,588	2.2%
Covid-19	11,124	3,744	2,695	1,049	7,032	4,092	0	0.0%
Net Expenditure	185,938	142,935	140,744	2,191	174,589	8,648	2,701	1.5%

4.8 The overall projected net revenue position has improved by £0.957m from the £10.392m financial projected reported to the 25 February HSCP Board

Meeting. The main change is related to a reduction in anticipated Covid-19 spend for provider sustainability payments of £0.716m.

2020/21 Capital Expenditure

- 4.9** The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership were impacted by the lockdown restrictions through the end of March to end of May. The February HSCP Board was fully briefed on the impact of these delays and no further update is provided in this report.

Review of HSCP Reserves

- 4.10** The Reserves Policy recommends that as part of the annual budget setting exercise the Chief Financial Officer should review the current level of reserves, estimate the year end position and assess their adequacy in light of the medium term financial outlook. The opening 2020/21 reserves position is detailed in Table 3 below

Table 3: Reserves Balances as per 2019/20 Audited Annual Accounts

Reserves Balances as at 1 April 2020	£m
Unearmarked (General) Reserves	2.809
Earmarked Reserves	5.254
Total Reserves	8.063

- 4.11** The HSCP Board's Reserves Policy recommends that its aspiration should be a general reserves level of 2% of its net expenditure. This is considered a prudent reserves level capable of underwriting any unexpected financial risk to the HSCP Board's approved budget. The opening general reserves position of £2.809m equated to 2% of the 2020/21 opening budget position.
- 4.12** The total projected underspend of £11.349m will be transferred to reserves at the year end and split between earmarked and general reserves as appropriate. The main risk areas (as detailed throughout the financial year) which could impact on this projected position are projected Covid-19 costs, increased demand for children & family placements, payment of the Scottish Living Wage, absence and workforce issues and the cost of short supply on the prescribing budget could still adversely impact this projected position by 31 March 2021.
- 4.13** At present it is anticipated that £8.648m will be added to earmarked reserves and this is reflected in the Period 11 financial position. While the year end process is yet to commence a further review of all earmarked reserves will be undertaken and reflected in the 2020/21 draft annual accounts. Table 4 below provides a summary of the anticipated year end reserve position with further detail contained within appendix 4.

Table 4 : Anticipated Reserve Position as at 31 March 2021

Anticipated Reserves Balances as at 31 March 2021	£m
Unearmarked (General) Reserves	5.510
Earmarked Reserves	13.902
Total Reserves	19.412

- 4.14** As stated in section 4.11 the current policy recommends a general reserve level of 2% of the net expenditure budget. Based on the 2021/22 indicative net budget position of £170.097m (less £28.027m for family health services) this gives a general reserve target of £2.841m. The anticipated general reserve detailed in Table 5 is in excess of this target.
- 4.15** As stated section 3.1 above the 2021/22 revenue estimates only reflect known Covid-19 recurring impacts as at March 2021. While the rollout of the vaccine has had a positive impact on infection rates which in turn has accelerated the dates on the easing of restrictions, the legacy impact of the pandemic has yet to fully reveal itself. It is likely that there will be increased demand for mental health and primary care services as well as the knock-on impact of a depressed economy on wider social care supports. Therefore for the period of 2021/22 an excess of reserves over the 2% target will provide the HSCP Board with a level of reassurance that any increases in demand could be met in tandem with earmarked reserves supporting Scottish Government policy commitments in Primary Care, Mental Health and Addiction Services.
- 4.16** The HSCP Board previously approved the use of earmarked reserves to fund 3 Service Improvement Lead posts for 2 years from 2020/21 to 2021/22 to support the Heads of Service through service redesign and transformation projects. The impact of responding to the Covid-19 pandemic has meant that that these transformation projects have not yet been fully scoped, however this additional resource has been directed towards supporting the Covid-19 pandemic response and taking forward the refresh of eligibility criteria, the assessment process and self directed support and day care review, incorporating charging. Given the timescales involved in delivering this ambitious programme of service redesign it is proposed that the HSCP Board support the extension of these temporary posts for a further year until 2022/23 from available earmarked reserves.
- 4.17** The February report also gave an indication of potential budget gaps for 2022/23 and 2023/24. These will be refreshed in greater detail later in the financial year as part of a refresh of the Medium Term Financial Plan (MTFP). As detailed in the current MTFP the maintenance of a healthy level of reserves will support the HSCP through service redesign and transformation and maintain financial sustainability.

2021/22 Budget Setting

Justice Social Work (JSW) Services

- 4.18 The 2021/22 allocation for Justice Social Work Services was confirmed on 15 March 2021 as £1.997m. This funding is ring-fenced under sections 27A and 27B of the Social Works (Scotland) Act 1968.
- 4.19 The funding awarded for 2021/22 overall is an increase of £0.041m on 2020/21 funding levels. This includes new funding of £0.081m to support Bail Supervision, Diversion from Prosecution and Structured Deferred Sentences while the core grant has reduced by £0.040m. Funding levels are based on reported Criminal Justice Social Work workloads, rurality and the economic and social costs of crime. The workload figures are an average for 3 years that have been provided to Justice Analytical Services (JAS) and the economic and social costs of crime are published annually by Justice Analytical Services (JAS).
- 4.20 The reduction in the core grant funding along with staffing budget pressures in have resulted in a 2021/22 budget gap for Criminal Justice of £0.139m. This budget gap was fully accounted for in the indicative budget gap presented to the February HSCP Board.

Scottish Government

- 4.21 The February HSCP Board considered the main messages from the Scottish Government's 28 January letters and the impact on health and social care funding, including "*The funding allocated to Integration Authorities should be additional and not substitutinal to each Council's 2020-21 recurring budgets for adult social care services that are delegated. **This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.***"
- 4.22 Since the settlement announcement on 28 January 2021, the Scottish Government budget has progressed through the three parliamentary stages by 9 March 2021 via agreements with both the Green Party and the Scottish Liberal Democrats. Through this process the SNP agreed a range of additional earmarked revenue funding streams to local government and an enhancement to the Public Sector Pay Policy.
- 4.23 The February HSCP Board Report had reflected the original pay policy however the revised policy offers a:
- Flat rate uplift of £800 for those earning up to £25,000;
 - 2% uplift for those earning between £25,000 and £40,000;
 - 1% uplift for those earning between £40,000 an £80,000; and
 - Flat increase of £800 for those above £80,000.

4.24 At the 12 March 2021 COSLA Leaders meeting it was agreed to make a pay offer that aligns with the Scottish Government Public Sector Pay Policy as a basis for negotiations with the trade unions; however there was no additional core grant funding for local government to support this. West Dunbartonshire Council have included the additional cost impact of this policy, over and above the 2% already included within original budget estimates, across all council employed staff including those within HSCP services. The impact of this on the HSCP gap is explained in greater detail below.

Social Care

4.25 The 25 February report on the 2021/22 budget identified a budget gap of £1.008m for social care (before agreed application of reserves), which included an assumption that West Dunbartonshire Council would apply a £0.260m reduction to the budget offer while still remaining compliant with the Scottish Government direction. This overall gap figure also included an estimate of the impact of the Public Sector Pay Policy – as was originally announced on 28 January 2021 of £0.180m.

4.26 There have been a number of budget adjustments since the draft budget was presented to the February HSCP Board reducing the indicative budget gap from £1.008m to £0.323m with details provided below.

- The effect of applying the uplifts as described in the revised Public Sector Pay Policy to the social care budget adds an additional cost of £0.252m to the funding gap for 2021/22. The total impact of the Public Sector Pay Policy for social care is estimated to cost £0.432m (£0.180m+£0.252m) in excess of the original 2% assumption on pay award. However as stated above at 4.24 the additional cost impact has been included in the Council's budget setting assumptions in the 22 March 2021 Council report. This burden will therefore will be funded by the Council reducing the HSCP original budget gap by a net figure of £0.180m.
- Further review of a number of social care packages including transitions in adult services has resulted in a net increased cost of £0.057m
- A review of the HSCP fostering strategy including increasing the number of local foster carers has already commenced in and is expected to reduce the HSCP budget gap by £0.108m in 2021/22 increasing to £0.215m in future years.
- A review of office space within Learning Disabilities has taken place and as a result the HSCP will vacate 118 Dumbarton Road when the lease expires in October 2021. This will reduce the HSCP budget gap by £0.029m in 2021/22 increasing to £0.072m in future years.
- Work on the Care at Home service redesign slowed as the service directed all management resource to maintaining front line service delivery. Scoping work will recommence early in 2021/22 covering a

range of areas across scheduling, overtime, absence management and review of staff contracts. Indications are that this will reduce the HSCP budget gap by £0.425m.

West Dunbartonshire Council

- 4.27** As detailed in the February report (prior to funding the impact of the revised Public Sector Pay Policy) an indicative funding allocation to the HSCP Board of £71.489m was assumed. This total included new funding of £1.177m (WD share of the £72.6m for Carers, Living Wage and Free Personal Care), the proposed additional savings target to the HSCP of £0.260m and redetermination reduction adjustments of £0.068m.
- 4.28** West Dunbartonshire Council are due to meet on 22 March to set their 2021/22 budget including their funding contribution to the HSCP Board. At the time of writing this report the commitment from the Council to fully fund the impact of the Public Pay Policy revises the indicative funding allocation to £71.921m thereby reducing the Social Care budget gap to £0.323m. This shortfall represents the annual cost of 6 Children and Family social worker additional posts first discussed by the HSCP Audit Committee on 19 June 2019.
- 4.29** The HSCP Board had previously agreed to fund these posts with earmarked reserves to allow the impact of the additional posts to be assessed and to report to a future Board on the level of permanent resource required in future years. By continuing to fund from earmarked reserves this provides the HSCP Board the ability to set a balanced budget across Social Care services pending Council approval. A detailed breakdown is included within Appendix 5 while Table 5 below provides an update on the indicative budgets and gaps for 2021/22 to 2023/24.

Table 5 : Indicative Budgets for 2021/22 to 2023/24

	2021/22 £m	2022/23 £m	2023/24 £m
Indicative Revenue Budget	72.244	74.424	76.717
Indicative Funding (inc. reserves)	72.744	71.211	72.226
Indicative Budget Gap	nil	3.213	4.491

Health Care

- 4.30** There have been a number of budget adjustments since the draft budget was presented to the February HSCP Board effectively removing the budget gap £0.015m with a summary provided below and a full reconciliation detailed in Appendix 6 while Table 6 provides an update on the indicative budgets and gaps for 2021/22 to 2023/24.

- The effect of applying the uplifts as described in the revised Public Sector Pay Policy to the health care budget adds an additional cost of £0.091m to the funding gap.
- A report was presented to the Glasgow IJB on 27 January 2021 providing an update on the progress of, and seeking approval for, the implementation of a model for the West of Scotland Sexual Assault and Rape Service which is hosted for the west region within NHS Greater Glasgow & Clyde. While some funding was been provided by the Scottish Government an annual contribution is required from each IJB towards the maintenance of the service. For West Dunbartonshire HSCP this equates to £0.046m which increases the budget gap.
- Other minor budget adjustments have reduced the budget gap by £0.056m.
- Included within the original budget estimates was an indicative cost of £0.096m relating to specific support for Care Homes through the creation of a Care Home Hubs model across Greater Glasgow and Clyde. This Hub model was proposed in response to additional requirements set out by the Cabinet Secretary of the Scottish Government for enhanced professional clinical and care oversight of Care Homes during Covid-19 in a letter to NHS Boards. The letter outlined immediate actions required to progress this and proposed the need for a longer term supporting structure. It is assumed that the cost of creating and maintaining the Hub model will be fully funded by the Scottish Government thus reducing the budget gap by £0.096m.

Table 6 : Indicative Budgets for 2021/22 to 2023/24

	2021/22 £m	2022/23 £m	2023/24 £m
Indicative Revenue Budget	97.853	99.845	101.130
Indicative Funding (inc. reserves)	97.853	99.082	99.942
Indicative Budget Gap	nil	0.763	1.188

Other Integrated Budgets in Scope

- 4.31** 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 and should be considered as an addition to the HSCP budget of £72.244m for 2021/22.
- 4.32** As covered within the regular financial performance report, these budgets are currently held within WDC's 'Roads and Neighbourhood' and 'Housing and Employability' Directorates and are managed on behalf of the HSCP Board. The 2021/22 budgets to be approved by Council on 22 March 2021 are detailed below:

- Aids and Adaptations - £0.250m (unchanged)
- Care of Gardens - £0.462m (increased by 2%)

4.33 West Dunbartonshire Council are also due to approve their refreshed ten year capital plan on 22 March 2021. There is no recommended change to the budgets for either the new Clydebank Care Home or the Aids, Adaptations and Equipment budget in 2021/22. The phasing of both budgets from 2020/21 to 2029/30 is detailed in Table 7 below:

Table 7 : HSCP Capital Projects 2021/22 to 2029/30

	Forecast Outturn 2020/21	Budget 2021/22	Budget 2022/23	Budget 2023/24	Budget 2024/25	Budget 2025/26 to 2029/30
Aids & Adaptations	0.582	1.156	0.824	0.850	0.875	4.510
Clydebank Care Home	2.455	0.426				

Social Work Charging

4.34 The current Social Care Charging Policy was reviewed during 2020/21 to confirm its compliance with COSLA Guidance as well as undertaking an extensive engagement exercise with service users and stakeholder groups in relation to the current Day Opportunities fixed charge. The feedback from this will be considered alongside the current review into the future model of Day Care Services and any proposed change to the charging structure will be presented to a future HSCP Board meeting with recommendations to be considered by West Dunbartonshire Council as the statutory body with the responsibility to set and levy charges.

4.35 Day services have been closed throughout 2020/21 (except for some high level support) and the Scottish Government have provided Covid-19 funding to the HSCP to cover the loss of income. It is expected that this will continue into 2021/22. In line with Council's Long Term Financial Strategy current charges will be uplifted by 4% in 2021/22.

Budget Summary

4.36 Table 8 provides a summary of the total HSCP budget resource for 2021/22. In summary the HSCP Board is recommended to approve the 2021/22 indicative revenue budget to deliver on its strategic priorities.

Table 8 : 2020/21 Funding Summary

Total Budget Resource HSCP Board 2021/22	£m
WDC Budget Contribution (appendix 5)	71.921
NHSGCC Budget Contribution (appendix 6)	97.853
Application of Reserves	0.323
2021/22 Indicative Revenue Budget for HSCP Board Approval	170.097
Proposed Set Aside Budget for HSCP Board Approval	30.851
Other Funding in Scope	
Criminal Justice	1.997
Housing Aids and Adaptations	0.250
Care of Gardens	0.462

4.37 While the ongoing impact of emergency response to Covid-19 does not factor into the 2021/22 proposed budgets, based on the assumption that the Scottish Government will continue to cover all exceptional costs, the regular financial performance reports will detail the most up to date position regarding Health and Social Care. Risks around the legacy impact of the pandemic add a layer of uncertainty for 2021/22, the creation of an earmarked reserve to mitigate and address the unquantifiable pressures will be considered as part of the closure of the 2020/21 year end financial statements.

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 and 2021/22 estimates 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.

8.2 The ongoing impact of Britain's exit from the European Union on an already Covid depressed UK Economy will have a detrimental impact on public sector funding.

8.3 In relation to budget setting there are a number of risks in relation to the current and future years including:

- Continued volatility in, and the legacy impact of the Covid-19 pandemic on, demand pressures across the range of community services;
- Financial sustainability and the ongoing need to ensure the reserves strategy is prudent and serves the needs of the HSCP;
- Scottish Government not providing sufficient funding for planned increases to the Scottish Living Wage in respect of the National Care Home Contract;
- Financial impact of the Independent Review of Adult Social Care;
- Delivery of targets and outcomes such as delayed discharge and waiting times;
- Managing demand and the impact of legislative changes e.g. Carers Act and Free Personal Care for under 65's;
- Implications from consumption of hosted services if current arrangements are revised;
- Potential short supply prescribing pressures and inability to deliver of efficiency programmes; and
- Possible impact on staff recruitment, drug prices and drug availability as a consequence of the United Kingdom leaving the EU.

9. Equalities Impact Assessment (EIA)

9.1 The efficiencies related to service redesign will be subject to further screening and if required a full impact assessments will be undertaken and reported to a future meeting of the HSCP Board.

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 28 February 2021 (as detailed within Appendix 1) along with the 2021/22 Indicative Revenue Budget will require the issuing of a revised direction, see Appendix 7.

Name	Julie Slavin
Designation	Chief financial Officer
Date:	18 March 2021

Person to Contact: Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Church Street, Dumbarton, G82 1QL.
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Appendices: Appendix 1 – 2020/21 Budget Reconciliation
Appendix 2 – HSCP Board Summary
Appendix 3 – HSCP Partner Summaries
Appendix 4 – Update on Reserves
Appendix 5 – Social Care Budget
Appendix 6 – Health Care Budget
Appendix 7 – Directions

Background Papers: Financial Performance and Update Report – Period 9 (25 February 2021)

Localities Affected: All

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

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
Wdhscp 20-21 Pays Uplift	0		0
Hv Pressures Funding 20 21	150		150
Prescribing Uplift 20 21	592		592
Rt Uplift 20 21	249		249
Smosh Uplift 20 21	104		104
Wdhscp 20-21 Uplift	(1,095)		(1,095)
Wdhscp Rt Adj	0		0
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

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
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
Period 7 Adjustments			
Camchp64 Wd Covid Allocation	1,747		1,747
Camchp78 Wd Mh Outcomes Fwk	174		174
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)

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Period 8 Adjustments			
Pres Cont Adj M06 Gic/ M08	(138)		(138)
Pres Cont Adj M06 Gic/ M08	138		138
Camchp87 Wd Tobacco Prev	30		30
West Dun Share Of Pfg Funding	14		14
Gvp20081 19/20 Tarrif Reduc	(403)		(403)
Gvp20082 20/21 Tarrif Reduc	(504)		(504)
Anticipated Pharmacy Ncl 2020	741		741
Hscp Ncl 2020-reduce Dent Exp	(217)		(217)
Hscp Ncl 2020-reduce Dent Inc	119		119
Camchp71 Wd Pcip Pharmacy	162		162
Gms X Chg Hscps Covid Ac6701	8		8
Gms X Chg Hscps Covid Ac6701	4		4

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Period 9 to 12 Adjustments			
Appropriate Adult Funding		16	16
Other		(1)	(1)
CYP Mental Health and Wellbeing Framework		58	58
Grant for Mental Health and Wellbeing		175	175
Camchp109 Wd Asc Winter Plan	1,520		1,520
Camchp121 Wd Covid Adj Pc & Mh	243		243
Hscp Ncl 2020-incr Dent Inc	(44)		(44)
Gms X Chg Hscps Covid Ac6701	0		0
Camchp103 Pcip Tr 2 Wdhscp	254		254
COVID-19 Q1-4 Allocation - Tranch	1,475		1,475
Adult Social Care Winter Plan - Tranche 2	959		959
Further Integration Authority Support	1,795		1,795
Community Living Change Funding	357		357
Action 15 Funding	310		310
ADP Funding	290		290
PCIF Funding	1,236		1,236
Ncl 2020-increase Fy Dent Inc	(25)		(25)
Gms X Chg Hscps 17c 20-21	41		41
Gms X Chg Hscps 20-21	556		556
Funding For Covid Recognition Payment	365		365
Gms X Chg Hscps Covid Ac6701	3		3
Gms X Chg Hscp Covid Clin W	4		4
Camchp103 Pcip Tr 2 Wdhscp	18		18
Camchp113 Adp Tr 2 Wdhscp	7		7
Camchp135 Action15 Tr 2 Wdhscp	74		74
Camchp136 Drug Deaths Wdhscp	80		80
Camchp150 Wellbeing Fund Wd	3		3
Hscp Ncl 2020-adj Dent Exp M10	(102)		(102)
Hscp Ncl 2020-adj Gos Exp M10	53		53
Hscp Ncl 2020-adj Gps Exp M10	169		169
Revised Budget 2020/21	115,066	70,872	185,938

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	30,883	23,001	23,038	(37)	29,534	813	536	1.7%
Care at Home	12,303	8,746	8,533	213	11,875	0	428	3.5%
Physical Disability	2,832	1,900	1,969	(69)	2,971	0	(139)	-4.9%
Childrens Residential Care and Community Services (incl. Specialist)	25,242	18,234	18,644	(410)	25,313	173	(244)	-1.0%
Strategy, Planning and Health Improvement	1,866	1,371	1,162	209	1,454	60	352	18.9%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,745	7,822	7,330	492	8,929	234	582	6.0%
Addictions	3,393	2,643	2,485	158	2,879	437	77	2.3%
Learning Disabilities - Residential and Community Services	12,963	9,369	9,091	278	12,354	113	496	3.8%
Family Health Services (FHS)	29,712	27,072	26,729	343	29,712	0	0	0.0%
GP Prescribing	19,432	17,820	17,274	546	18,898	534	0	0.0%
Hosted Services	7,626	6,817	6,352	465	7,130	476	20	0.3%
Criminal Justice (Including Transitions)	198	33	(9)	42	64	15	119	60.1%
Resource Transfer	16,741	15,346	15,346	0	16,741	0	0	0.0%
Covid-19	11,126	3,744	2,695	1,049	7,034	4,092	0	0.0%
HSCP Corporate and Other Services	1,876	(983)	105	(1,088)	(299)	1,701	474	25.3%
Net Expenditure	185,938	142,935	140,744	2,191	174,589	8,648	2,701	1.5%

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	79,312	58,772	60,016	(1,243)	76,352	3,414	(454)	-0.6%
Property	959	646	621	25	1,000	0	(41)	-4.2%
Transport and Plant	1,360	274	269	5	1,285	0	75	5.5%
Supplies, Services and Admin	4,674	3,217	4,269	(1,052)	4,769	(25)	(70)	-1.5%
Payments to Other Bodies	69,738	53,635	54,890	(1,255)	70,678	1,060	(2,000)	-2.9%
Family Health Services	24,212	22,031	22,013	18	24,555	0	(343)	-1.4%
GP Prescribing	24,864	22,793	22,254	539	24,330	534	0	0.0%
Other	12,388	4,509	4,586	(78)	9,310	2,104	974	7.9%
Gross Expenditure	217,507	165,876	168,918	(3,041)	212,280	7,087	(1,860)	-0.9%
Income	(31,569)	(22,942)	(28,174)	5,232	(37,691)	1,561	4,561	-14.4%
Net Expenditure	185,938	142,935	140,744	2,191	174,589	8,648	2,701	1.5%

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	797	674	591	83	638	60	99	12.4%
Childrens Services - Community	3,298	3,019	3,004	15	3,087	0	211	6.4%
Childrens Services - Specialist	1,576	1,308	1,517	(209)	1,655	(60)	(19)	-1.2%
Adult Community Services	9,712	8,459	8,633	(174)	9,480	(33)	265	2.7%
Community Learning Disabilities	630	578	521	57	574	0	56	8.9%
Addictions	2,474	1,919	1,736	183	1,910	437	127	5.1%
Mental Health - Adult Community	4,206	3,619	3,317	302	3,612	234	360	8.6%
Mental Health - Elderly Inpatients	2,728	2,521	2,423	98	2,687	0	41	1.5%
Family Health Services (FHS)	29,712	27,072	26,729	343	29,712	0	0	0.0%
GP Prescribing	19,432	17,820	17,274	546	18,898	534	0	0.0%
Other Services	5,008	1,468	2,825	(1,357)	3,336	1,718	(46)	-0.9%
Covid-19	11,126	3,744	4,145	(401)	8,465	2,661	0	0.0%
Resource Transfer	16,741	15,346	15,346	0	16,741	0	0	0.0%
Hosted Services	7,626	6,817	6,352	465	7,131	476	19	0.2%
Net Expenditure	115,066	94,364	94,413	(49)	107,926	6,027	1,113	1.0%

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	697	571	126	817	0	253	23.6%
Residential Accommodation for Young People	2,804	1,934	1,882	52	2,702	0	102	3.6%
Children's Community Placements	5,696	4,166	4,218	(52)	5,799	0	(103)	-1.8%
Children's Residential Schools	3,738	2,892	3,212	(320)	4,378	0	(640)	-17.1%
Childcare Operations	4,289	3,015	3,110	(95)	4,479	0	(190)	-4.4%
Other Services - Young People	3,839	1,898	1,701	197	3,212	233	394	10.3%
Residential Accommodation for Older People	6,996	4,452	4,348	104	6,791	0	205	2.9%
External Residential Accommodation for Elderly	8,847	6,601	6,599	2	8,000	846	1	0.0%
Sheltered Housing	1,258	1,207	1,221	(14)	1,287	0	(29)	-2.3%
Day Centres Older People	1,173	654	660	(6)	1,185	0	(12)	-1.0%
Meals on Wheels	22	(2)	(10)	8	5	0	17	77.3%
Community Alarms	(30)	(257)	(257)	0	(30)	0	0	0.0%
Community Health Operations	2,904	1,888	1,843	45	2,814	0	90	3.1%
Residential - Learning Disability	10,244	7,458	7,266	192	9,749	113	382	3.7%
Physical Disability	2,563	1,771	1,840	(69)	2,702	0	(139)	-5.4%
Day Centres - Learning Disability	2,089	1,333	1,304	29	2,031	0	58	2.8%
Criminal Justice (Including Transitions)	198	33	(9)	42	64	15	119	60.1%
Mental Health	2,811	1,681	1,590	91	2,629	0	182	6.5%
Care at Home	12,303	8,746	8,533	213	11,875	0	428	3.5%
Addictions Services	920	724	749	(25)	969	0	(49)	-5.3%
Equipu	269	129	129	0	269	0	0	0.0%
Frailty	136	133	123	10	109	0	27	19.9%
Carers	717	0	0	0	717	0	0	0.0%
Integrated Change Fund	0	0	0	0	0	0	0	0.0%
Covid-19	0	0	(1,450)	1,450	(1,433)	1,433	0	0.0%
HSCP - Corporate	(3,984)	(2,582)	(2,842)	260	(4,457)	(19)	492	-12.3%
Net Expenditure	70,872	48,571	46,331	2,240	66,663	2,621	1,588	2.2%

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)	(2,701)	(5,510)	Current Prudential Reserve Target is set at 2%
Total Unearmarked Reserves	(2,809)	(2,701)	(5,510)	
Earmarked Reserves				
Criminal Justice	(95)	(15)	(110)	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 additional 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)	68	(574)	£0.19m Drawdown relates to payment for SACRO service. 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.
Care Homes	0	(846)	(846)	Newly created reserve to deal with the unknown legacy impact of covid on the care home sector.
Unscheduled Care Services	(500)	0	(500)	Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand. To meet the twin challenges of rising demand and patient needs and deliver the high standards of care aspired to significant changes are required. This new reserve has been created to cover initial work outlined in the Strategic Commissioning Plan for 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)	5	(164)	Ring fenced non recurring income from Department of Work and Pensions to cover exit costs of Condition Management Joint Project between DWP and NHS hosted by WD HSCP. Funding from DWP equivalent to redundancy payments - however NHS has no redundancy policy, therefore funding aligned to alternative posts and pay protection for affected employees. While £0.004m 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)	32	(90)	Scottish Government non recurring grant funding for technology enabled care project. While £0.032m 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.

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)	(376)	(623)	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)	(100)	(124)	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)	(534)	(1,389)	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) and the transition period has now passed there is an ongoing risk of anticipated increases in drug costs arising from short supply. Reductions in actual/anticipated volumes in the current year now result in a forecast underspend of £0.534m which would be prudent to add to this reserve to address the potential future supply and price impact the COVID-19 pandemic is likely to have on global drug production and distribution as well as the risk that to Greater Glasgow and Clyde boardwide prescribing efficiency programmes will be unable to fully achieve anticipated savings that were built into budgets pre COVID19. This increased reserve represents 7.14% of the 20/21 approved prescribing budget.
Mental Health Action 15	(76)	(234)	(310)	This reserve was required to fund Action 15 expenditure - initially the Scottish Government confirmed that HSCP's should fully draw down reserves before further allocations of funding are released and so the full opening reserve of £0.076m was drawn down to fund in year spend. Further funding for Action 15 of £0.300m in respect of the outstanding balance held by the Scottish Government was allocated to the HSCP on 5 February 2021 and will be added to this earmarked reserve at the end of 2020/21 pending expenditure commitments being realised.

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021	Notes
	£000	£000	£000	
Alcohol and Drug Partnership	(7)	(438)	(445)	This reserve was required to fund ADP Local Improvement expenditure - Previous year balance plus further funding for ADP in respect of the outstanding balances held by the Scottish Government was allocated to the HSCP on 5 February 2021 and will be added to this earmarked reserve at the end of 2020/21 pending expenditure commitments being realised (total balance of £0.357m). In addition funding of £0.080m is being transfer to Earmarked Reserve for SG Drug Deaths funding.
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.
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.
COVID-19 Pressures		(4,092)	(4,092)	Further funding was allocated to the HSCP on 11 January to both fully fund the anticipated Covid-19 expenditure in 2020/21 and to provide funding in advance to alleviate future cost pressures as the HSCP looks to move through the ongoing pandemic and into recovery. Due to further refinement of the LMP financial tracker additional offsetting savings of £0.717m within social care have been attributed to the pandemic and therefore the anticipated Covid costs in 2020/21 have reduced by this amount. When this anticipated underspend is added to the funding received in advance of £2.8m this results in a total balance of £3.517m to be held in earmarked reserves pending spending plans being realised in 2021/22.

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021	Notes
	£000	£000	£000	
Community Living Change Fund		(357)	(357)	New funding allocated to the HSCP to help address the challenges related to delayed discharge for people with complex needs. This funding was confirmed on 11 January and further guidance is anticipated. Glasgow chief officers have agreed that this funding will be used to support learning disabilities complex care redesign currently underway.
Childrens Mental Health and Wellbeing		(233)	(233)	New funding received to continue the Community Mental Health & Wellbeing Supports work and establish Mental Health and Emotional Wellbeing Services for Children Young People and their families impacted by the Covid-19 Pandemic. This funding was confirmed on 11 January and the current expectation is that it will be held in earmarked reserves pending spending commitments being realised in 2021/22.
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.
Planning and Health Improvement		(60)	(60)	Forecast underspend relating to non recurring/discretionary funding and credit re ADP recharge for staff time will be transferred to Earmarked Reserves required to fund committed project expenditure which won't be incurred until 21/22 due to procurement delays.
PCIF		(1,388)	(1,388)	Further funding of £1.2m has been allocated to the HSCP in respect of the outstanding balances on the Primary Care Improvement Fund (PCIF). This represents the required funding on the programme to meet the full commitments as set out previously by the Scottish Government. This will held in an earmarked reserve at the end of 2020/21 pending expenditure commitments being realised.
PCIP Premises	(91)	(27)	(118)	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. A premises group established to review and approve bids and some proposals were approved with expenditure anticipated to be incurred in 20/21. However the pandemic has impacted on activity and works have not taken place resulting in this reserve carrying forward into 2021/22.
Total Earmarked Reserves	(5,254)	(8,648)	(13,902)	
Total Reserves	(8,063)	(11,349)	(19,412)	

WEST DUNBARTONSHIRE HSCP 2021/22 BUDGET

Appendix 5

SOCIAL CARE BUDGET BASED ON WDC INDICATIVE ALLOCATION - COUNCIL MEETING 22 MARCH 2021	Report Section	2021/22 Required Budget	2021/22 Funding Allocation	Funding Gap
		£000	£000	£000
Budget Position reported to 25 February HSCP Board				
2020/21 Recurring Budget		70,640		
As at 25 February HSCP Board		1,857	71,489	
Total	4.25 / 4.27	72,497	71,489	1,008
Social Care Adjustments since February HSCP Board				
Impact of revised Public Sector Pay Policy	4.26	252		
Impact of annual Review of Social Care packages, including transitions	4.26	57		
Review of Fostering Strategy - increase numbers of HSCP (internal) foster carers	4.26	(108)		
Review of office space within Learning Disabilities	4.26	(29)		
Review of Care at Home Services aligned to service redesign	4.26	(425)		
Additional WDC funding re impact of Public Sector Pay Policy	4.26		432	
Total		(253)	432	(685)
Revised Budget Position	4.28	72,244	71,921	323
Recommended Application of Earmarked Reserves to fund C&F Social Workers	4.29		323	
Budget Position Recommended to 25 March HSCP Board		72,244	72,244	0

WEST DUNBARTONSHIRE HSCP 2021/22 BUDGET

Appendix 6

HEALTH CARE BUDGET BASED ON NHSGCC INDICATIVE ALLOCATION - LETTER 2 MARCH 2021	Report Section	2021/22 Required Budget	2021/22 Funding Allocation	Funding Gap
		£000	£000	£000
Budget Position reported to 25 February HSCP Board				
2020/21 Recurring Budget		96,641		
As at 25 February HSCP Board		1,131	97,757	
Total	4.30	97,772	97,757	15
Health Care Adjustments since February HSCP Board				
Impact of revised public pay policy	4.30	91		
Additional burden re sexual health	4.30	46		
Other minor budget adjustments	4.30	(56)		
Additional NHSGCC funding re costs of Care Home Hub	4.30		96	
Total		81	96	(15)
Budget Position Recommended to 25 March HSCP Board	4.36	97,853	97,853	0

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 25 March 2021

Attachment: 2020/21 Financial Performance Update and 2021/22 Annual Budget Setting Update

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 HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP000004JS25032021.
2	Date direction issued by Integration Joint Board	25 March 2021
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)	Yes HSCP000003JS25022021.
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 £70.872m 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 £115.066m 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 £216.333m. Allocated as follows: West Dunbartonshire Council - £70.872m NHS Greater Glasgow and Clyde - £115.066m 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
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 27 May 2021

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
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DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000005JS25032021.
2	Date direction issued by Integration Joint Board	25 March 2021
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 £71.921m 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 £97.853m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2021/22 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 £200.625m. Allocated as follows: West Dunbartonshire Council - £71.921m NHS Greater Glasgow and Clyde - £97.853m Set Aside - £30.851m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2021/22
		30 June 2022
12	Overall Delivery timescales	30 June 2022.

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 27 May 2021

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: Friday 12th February 2021

Venue: Microsoft Teams

DRAFT MINUTE

Present: Peter O'Neill (chair); Audrey Slater; Beth Culshaw; Jo Gibson; Jonathan Hinds; Margaret Wood; Susan Walker; Sylvia Chatfield; Andrew McCready; Margaret McCarthy; Leeanne Galasso; Chris Rossi; Richy Kennedy.

Apologies: Ann-Cameron Burns; Diana McCrone; David Scott; Diana McCrone; Helen Little; Julie Slavin; Margaret-Jane Cardno; Shirley Furie; Simon McFarlane; Val Jennings; Val Tierney; Pal Carey; Fraser Downie; Allan Wallace.

In Attendance: Hazel Slattery (minute)

Item	Description	Action
1.	Welcome, Introductions, Apologies P O'Neill welcomed everyone to the meeting and thanked everyone for attending given the cancellation of yesterdays meeting. Richy Kennedy was welcomed to his first meeting of the group as a new rep from Unite.	
2.	Standing Agenda Items	
	a) Minutes of Last Meeting Minutes to reflect that the group are waiting on the publication of Feeley Report on Adult Social Care. Minutes of the previous held on 28 th January 2021 agreed as an accurate record.	
	b) Actions from Previous Meeting J Slavin will be asked provide dates for an informal session on budget towards the end of March 2021.	HS
	Final pieces of building works are being completed at Vale of Leven, discussion continue with the CSP.	
	c) Chief Officer Update Feeley Report, Review of Adult Social Care has now been published, link to report will be circulated, this includes a number of recommendations, these will be discussed at national level. Management team will be having a session on the implications of this report, B Culshaw suggested that a informal session takes place to discuss the report alongside the union paper; Care After Covid.	HS
	IJB on 25 th February 2012, significant paper going around eligibility and	

a refresh of social work guidance. Financial settlement discussions are ongoing, the financial allocation is due to be agreed on 8th March 2021.

Rolled out testing of home care staff. Rates of infection numbers continue to be shared on a weekly basis, overall numbers are decreasing. Continues to potentially be a very challenging time until we see the impact of vaccinations.

d) Service Updates

i. Children's Health & Care and Criminal Justice

Children's Services are now included in the Winter Support Fund for the first time, social workers are now able to offer additional support to our most vulnerable families. This can be used for a variety of purposes for example carpets, laptops.

Contact remains complex, services have maintained face to face contact in two sites across the area, around 30 contacts are taking place per week, work is ongoing on how we can offer more contacts.

Criminal Justice, SG announced that the number of unpaid work hours would be reduced for those who have criminal orders, recognising the backlog of hours that require to be carried out.

Health Visiting numbers - staff continue to prioritise visits. Recruitment process is underway. This will help to address the staffing challenges face over the past few months. M McCarthy asked if we had a full complement of Health Visitors or are the issues caused by absences, J Hinds advised that sick leave and home schooling are causing these issues. There are a couple of vacancies and 1 retirement imminent. **J Hinds will provide M McCarthy will the number of vacancies.**

Specialist Children's Services have secured additional resources and have halved the waiting list.

ii. Mental Health, Addictions and Learning Disabilities Services

Looking at management across the three services due to M Rooney leaving the authority, Jacquelyn McGinley has taken up the post IOM for Addiction Services, 1 IOM requires to be recruited. Majority of staff have received vaccination.

118 Dumbarton Road, lease runs out in October, space is being sought for the Learning Disabilities and Addiction Team based within the building.

The Drug Death Task Force additional monies are being discussed for community rehab and community support.

iii. Health and Community Care

Rolled out testing for Home Care staff, staff have been provided with supplies of PCR tests to be carried out once a week. Process going well. Lateral Flow Testing has been introduced for a number of

community teams, test are undertaken twice weekly.

Very focussed on vaccinations, have completed wave 1 of the vaccination programme. GP's agreed to undertake the over 75's and shielding group vaccinations, this is almost complete. Next cohort of vaccinations are delivered through mass vaccinations clinics. Feedback has been positive. Clinics have been running 6 days per week, the UK is experiencing some delays in receiving the vaccine.

Daily Care Home meetings continue to take place; we have 1 outbreak confirmed and 1 to be confirmed. We have no residents testing positive. More results are awaited on mass testing. M McCarthy believed that home carers have ran out of slots, and asked if this was due to the supply issue. J Gibson advised that number of staff vaccination clinics have reduced, mop up clinics are taking place this weekend, link has been shared with line managers.

iv. HR Report

Absence has decreased slightly and is down compared to absence this time last year. Within WDC absence has slightly increased compared to this time last year.

The Mental Health Check In is open for the month February, A Slater encouraged members to highlight this with employees and encouraged completion. A Slater will share the link. B Culshaw added that the management team are really concerned about the long term impact Covid will have on staff over the next 2/3 years and highlighted the importance of completing this Mental Health Check In. Managers are committed to this and are keen to address any long term issues and support for staff. This was welcomed by trade unions and welcomed the support. This will be added to key messages.

B Culshaw asked members to encourage staff groups to adhere to the guidelines and continue to use PPE. The vaccination is only one part of tackling the pandemic.

e) Trade Union Updates

Trade Unions welcomed the Feeley Report and the informal session.

A McCready advised that it has been raised nationally about the opt in/opt out for the £500 and if this could be rolled out this summer, as this payment will have detrimental effect on the most low paid. Guidance is awaited for local authorities; this will be shared as soon as it is received. M Wood advised that no one in WDC will receive monies in this financial year.

3. Rolling Agenda Items

a) Testing

S Walker advised that a seal within one of the analysing machine were providing inconclusive tests. Around 12,000 tests are being carried out per day, additional staffing is being sought for the regional hub. Some staff are due to received new Lateral Flow Testing kits, these will be

rolled out. S Walker reiterated that the vaccination reduces the severity of Covid and asked everyone to ensure that guidance continues to be followed along with using PPE.

4. New Agenda Items

No new agenda items .

5. Any Other Business

Three key messages to feedback to Area Partnership Forum were agreed as

1. Vaccinations - the roll out and the importance of continuing to follow existing guidance and PPE.
2. Mental Health and Wellbeing how we do this in a personal and professional way.
3. Feely Report – discussion to take place on its implications.

6. Date of Next Meeting

Thursday 25th February 2021 – this date clashes with IJB meeting, an alternative date will be sought.

2 p.m.

MST

HS