

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Thursday, 24 June 2021

Time: 13:00

Format: Zoom Video Conference

Contact: Lynn Straker, Committee Officer
lynn.straker@west-dunbarton.gov.uk

Dear Member

Please attend a meeting of the **West Dunbartonshire Health and 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
and Social Care Partnership**

Distribution:-**Voting Members**

Allan Macleod (Chair)
Denis Agnew
Jonathan McColl
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 and Social Care Partnership

Date of issue: 17 June 2021

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

THURSDAY, 24 JUNE 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETINGS 7 - 10

Submit for approval as a correct records the Minutes of Meetings of the Health and Social Care Partnership Board held on 25 March 2021.

(b) ROLLING ACTION LIST 11 - 12

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 and Social Care Partnership.

5 MEMBERSHIP OF THE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD 13 - 17

Submit report by Head of Strategy and Transformation confirming West Dunbartonshire Council's nomination for membership to the Health and Social Care Partnership Board (IJB), as a result of Vice Chair Councillor Marie McNair relinquishing her position on the HSCP Board due to a change in circumstances.

6 CIVIL CONTINGENCIES – INTEGRATION JOINT BOARDS (IJBs) AS CATEGORY ONE RESPONDERS 19 - 23

Submit report by Head of Strategy and Transformation advising of the Scottish Government decision to make changes to the Civil Contingencies Act 2004 in order to add IJBs to the list of Category One responders. These changes came into effect 16 March 2021.

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| 7 | WEST DUNBARTONSHIRE HSCP STRATEGIC PLANNING APPROACH | 25 - 83 |
| | Submit report by Head of Strategy and Transformation providing an update on the arrangements for developing and implementing a new strategic plan covering the period 1 April 2022 to 31 March 2025. | |
| 8 | 2020/21 FINANCIAL PERFORMANCE OUTTURN REPORT | 85 - 105 |
| | Submit report by Chief Financial Officer providing an update on Financial Performance for 2020/21 Outturn Report. | |
| 9 | RESERVES UPDATE | 107 - 127 |
| | Submit report by Chief Financial Officer providing an update on Reserves. | |
| 10 | COVID-19 RECOVERY AND RENEWAL PLAN – KEEP BUILDING BETTER: A JOURNEY OF CONTINUOUS IMPROVEMENT | 129 - 151 |
| | Submit report by Head of Strategy and Transformation providing an update on COVID-19 recovery planning as we move through the Scottish Government Road Map out of recovery which sets out a 'phased' planned approach to how we collectively recover across Scotland. | |
| 11 | DISTRICT NURSING STAFFING UPDATE | 153 - 161 |
| | Submit joint report by Chief Nurse providing an update on the Scottish Government commitment within the Integrated Health and Social Care Workforce plan to increase District Nursing (DN) posts by an additional 375 across Scotland over the next five years. This paper outlines the implications for West Dunbartonshire HSCP and sets out a proposed road-map for the expansion of the DN workforce in West Dunbartonshire. | |
| 12 | DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) – REVIEW OF EXISTING POLICY IN WEST DUNBARTONSHIRE | 163 - 166 |
| | Submit report by Clinical Director providing an update on the approach to DNACPR taken in West Dunbartonshire. | |
| 13 | MINUTES OF MEETINGS FOR NOTING | 167 - 183 |
| | Submit for information the undernoted Minutes of Meetings:- | |

- (a) Special Covid-19 Joint Staff Forum held on 11 March;
- (b) Special Covid-19 Joint Staff Forum Finance Session held on 31 March;
- (c) Clinical Care and Governance SMT held on 31 March; and
- (d) Special Covid-19 Joint Staff Forum held on 23 April.

For information on the above agenda please contact: Lynn Straker, Committee Officer,
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WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held via Video Conference on Thursday, 25 March 2021 at 2.00 p.m.

Present: Bailie Denis Agnew and Councillor 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; 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; Selina Ross, Chief Officer – WD CVS; Julie Slavin, Chief Financial Officer; Helen Little, Physiotherapy Manager; 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; Nigel Ettles, Principal Solicitor and Lynn Straker, Committee Officer.

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

Apology: Apologies for absence were intimated on behalf of Councillor John Mooney, West Dunbartonshire Council; 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 and John Kerr, Housing Development and Homeless 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 25 February 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 to approve all remaining actions.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on the recent business of the Health & Social Care Partnership and thanked all for their incredible effort and dedication throughout the past year of the pandemic.

WEST DUNBARTONSHIRE HSCP CARERS STRATEGY ACTION PLAN

A report was submitted 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.

After discussion and having heard from the Chief Nurse and the Service Manager, Carers of West Dunbartonshire in further explanation and in answer to Members' questions, the Board agreed to note the contents of the report and associated efforts to evidence ongoing quality improvement during the lifetime of the Carers Strategy.

The Board also noted that they looked forward to a further report coming back with an update on the Carers Strategy in September 2021.

NHS GREATER GLASGOW AND CLYDE MENTAL HEALTH STRATEGY

A report was submitted 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.

After discussion and having heard the Head of Health, Addictions and Learning Disability in further explanation and in answer to Members' questions, the Board

agreed to note the report, including the financial framework and also noted the further work being undertaken to develop the strategies and receive an updated report in June 2021.

STRATEGIC RISK REGISTER

A report was submitted by Head of Strategy and Transformation seeking approval of the Strategic Risk Register.

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

- (1) to approve the Strategic Risk Register (Appendix A to the report) including new pandemic strategic risk; and
- (2) to select the current Strategic Risk of workforce sustainability to be presented in greater detail to the HSCP Board in August 2021, or earlier if practicable.

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

A report was submitted by Chief Financial Officer providing:-

- (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; and
- (c) information detailing the financial impact of the Covid-19 pandemic on health and care services.

After discussion and having heard from the Chief Officer and 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 direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- (2) to note that revenue position for the period 1 April 2020 to 28 February 2021 was reporting an underspend of £2.191m (1.53%);
- (3) to 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.
- (4) to 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;

- (5) to note the analysis of the reserves position and the projected balances as at 31 March 2021;
- (6) to approve the extension of the 3 Service Improvement Lead posts for a further year until 2022/23;
- (7) to approve the application of earmarked reserves totalling £0.323m as one of the actions required to balance the social care budget;
- (8) to accept the 2021/22 indicative revenue budget contribution of £71.921m anticipated to be agreed at Council on 22 March 2021 and noted that this budget contribution together with agreed management actions and the recommended application of earmarked reserves, resulted in a balanced budget for social care;
- (9) to 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 noted that this budget contribution together with agreed management actions, including service improvements, resulted in a balanced budget for health care;
- (10) to approve an indicative 2021/22 revenue budget of £170.097m required to deliver the strategic priorities of the HSCP Board;
- (11) to approve the indicative set aside budget of £30.851m, based on the 2020/21 projected activity and actual costs with a 1.5% uplift;
- (12) to 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;
- (13) to 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; and
- (14) to note that a further Budget report would be brought back to the HSCP Board once emerging issues coming into the financial year become more apparent and proposals would be submitted on how best to use the reserves.

MINUTES OF MEETING FOR NOTING

The Minutes of Meeting of the Joint Staff Forum held on 12 February 2021 were submitted and noted.

The meeting closed at 4.30 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
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 and Community Care	March 2021	Timescale expected September / October 2021	Open

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by: Margaret-Jane Cardno, Head of Strategy and Transformation

Health and Social Care Partnership Board: 24 June 2021

Subject: Membership of the Health and Social Care Partnership (HSCP) Board

1. Purpose

- 1.1 The purpose of this report is to confirm West Dunbartonshire Councils nomination for membership to the Health and Social Care Partnership Board, as a result of Vice Chair Cllr Marie McNair relinquishing her position on the HSCP Board due to a change in circumstances.

2. Recommendations

- 2.1 It is recommended that the HSCP Board:
- Record their thanks to Cllr Marie McNair for her unwavering dedication and support during her period of service to the HSCP Board and extend their good wishes as she assumes her seat in the Scottish Parliament as MSP for Clydebank and Milngavie;
 - Note that West Dunbartonshire Council Leader, Cllr Jonathan McColl, is West Dunbartonshire Council's nominated representative on the Health and Social Care Partnership Board, joining Cllr John Mooney and Bailie Agnew; and
 - Note that until the 30 June 2021 Bailie Agnew is to assume the roles of Vice-Chair of the Health and Social Care Partnership Board, Chair of the HSCP Audit and Performance Committee and Chair of the HSCP Strategic Planning Group.

3. Background

- 3.1 The constitution of the Health and Social Care Partnership Board (IJB) is established through the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2 As confirmed within the approved Integration Scheme for West Dunbartonshire it has been established that: The Council will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.

- 3.3** The three year period of tenure, for all voting members, is due to come to an end on the 30 June 2021. Both West Dunbartonshire Council and NHS Greater Glasgow and Clyde have been contacted by the Chief Officer in order to establish their nominees for the next three year tenure. Upon confirmation this will be the subject of a further report to the HSCP Board, scheduled for 19 August 2021.
- 3.4** In the meantime Cllr Marie McNair by virtue of a change in circumstance, namely her election to the Scottish Parliament as MSP for Clydebank and Milngavie, has relinquished her position on the HSCP Board.
- 3.5** The Board are asked to note that West Dunbartonshire Council Leader, Cllr Jonathan McColl, is West Dunbartonshire Council's nominated representative on the Health and Social Care Partnership Board, joining Cllr John Mooney and Bailie Agnew; and
- 3.6** Note that until the 30 June 2021 Bailie Agnew is to replace Cllr McNair assuming the roles of Vice-Chair of the Health and Social Care Partnership Board, Chair of the HSCP Audit and Performance Committee and Chair of the HSCP Strategic Planning Group.
- 4. Main Issues**
- 4.1** There are no significant issues arising from this report.
- 5. Options Appraisal**
- 5.1** Not required for this report.
- 6. People Implications**
- 6.1** There are no people implications arising from the recommendations within this report.
- 7. Financial and Procurement Implications**
- 7.1** There are no financial and procurement implications arising from the recommendations within this report.
- 8. Risk Analysis**
- 8.1** There are no risks identified as a result of the recommendations within this report.
- 9. Equalities Impact Assessment (EIA)**
- 9.1** An equality impact assessment is not required as the HSCP Board is not asked to take a substantive decision at this time and the report does not have a differential impact on any of the protected characteristics

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

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

12. Strategic Assessment

12.1 Not required for this report.

13 Directions

Not required for this report.

Name:	Margaret-Jane Cardno
Designation:	Head of Strategy and Transformation
Date:	14 June 2021

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD (IJB)

Report by: Margaret-Jane Cardno, Head of Strategy and Transformation

West Dunbartonshire HSCP Board (IJB): 24 June 2021

Subject: Civil Contingencies - Integration Joint Boards (IJBs) as Category One Responders

1. Purpose

- 1.1** The purpose of this report is to advise the IJB of the Scottish Government decision to make changes to the Civil Contingencies Act 2004 in order to add IJBs to the list of Category One responders. These changes came into effect on the 16 March 2021.

2. Recommendations

- 2.1** It is recommended that the IJB note the contents of this report.

3. Background

- 3.1** The Civil Contingencies Act 2004 establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. It requires organisations in the health system (emergency services, Local Authorities, NHS bodies) to prepare for adverse events and incidents.
- 3.2** Integration Joint Boards (IJBs) were not originally included as Category One responders in the Civil Contingencies Act 2004 with a consequential amendment to that Act when the Public Bodies (Joint Working) (Scotland) Act 2014 was passed because they are not employers of staff who deliver services.
- 3.3** While IJB Chief Officers have already been contributing to local emergency and resilience planning, they have only formally done so through their roles as directors of Health Boards or Local Authorities and without the appropriate reference to their accountable officer status within the IJBs. Despite integration being in place for a number of years the extent to which IJBs are actively involved in emergency planning is variable across Scotland. This variation was highlighted through evidence emerging during the COVID-19 pandemic, as referenced by the Health and Sport Committee on the 17 June 2020 and the subsequent written request from the committee.
- 3.4** Evidence emerging from regular meetings between the Scottish Government and IJB Chief Officers, Chairs and Vice-Chairs indicated that IJBs have not

always been included in emergency planning as anticipated, further emphasising the need for legislation. The plans submitted by NHS Boards early in the pandemic were focused on acute care and, while understandable because of the pressures in hospitals, these failed to recognise the importance of community based services and particularly social care.

- 3.5** On 17 June 2020, at a Health and Sport Committee meeting, the Convener raised the issue of emergency planning, asking ‘what structures are in place to include those who are responsible for social care in the key day-to-day decisions?’
- 3.6** The Cabinet Secretary for Health and Sport advised that Health and Social Care Partnerships ‘are not designated as first or second responders in the Civil Contingencies Act, which governs the overall structure of the resilience programme for local, regional and Scottish resilience partnerships. However, for COVID-19, Health and Social Care Partnerships were actively involved in local resilience planning...Therefore, although they are not legally designated to be involved in the groups, they have been involved in the resilience planning for the pandemic, and that will be one of the lessons to be followed up in future resilience planning’.
- 3.7** ‘The overall structure for resilience planning will ensure that our Health and Social Care Partnerships are built into that framework, because, along with Local Authorities, they have played a key role in practical terms in a number of our responses, not least in the PPE hubs as well as in relation to the practical support for individuals who are shielding to help them to follow the guidance that we have issued’.
- 3.8** Subsequent to this exchange, there was a follow-up from the Committee where the Cabinet Secretary indicated her intention to legislate.
- 3.9** By legislating to include IJBs as Category One responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the IJB, there will be formal, coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.
- 3.10** A consultation about including Integration Joint Boards as Category One responders took place on Citizen Space between 12 October and 22 November 2020. The purpose of the consultation was to ensure that the proposal would have no significant wider impacts or unintended consequences under the Equality Act 2010 including the Fairer Scotland Duty. An Equality Impact Assessment was undertaken as was a Fairer Scotland Duty assessment.
- 3.11** In considering all of the responses to the consultation, Scottish Ministers concluded that there were neither clear equality, operational nor strategic planning barriers to progressing the proposal and legislating for Integration Joint Board inclusion within the Civil Contingencies Act as Category One

responders. The inclusion of Integration Joint Boards will ensure formal coordinated and appropriate arrangements are in place for emergency planning to support local communities.

- 3.12** The Independent Review of Adult Social Care has recommended the establishment of a National Care Service, which would oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards. Under the Review's recommendations, IJBs would be reformed to employ staff (currently their staff are employed by the Local Authority and/or the Health Board), take responsibility for procuring services, and be funded directly by the Scottish Government.
- 3.13** Whilst IJBs are already responsible for planning and commissioning health and social care services delegated to them, under the recommendations they would also be responsible for procuring these services directly and they would have their own staff who would need to be involved with resilience and emergency planning.
- 3.14** The Scottish Government Integration Policy and Support team will provide support by contacting all IJB Officers to remind them of the statutory requirements of Category 1 responders. They will also be holding a workshop for Chief Officers to cover their responsibilities and to explore how they can be effectively carried out. Guidance will be reviewed to ensure it reflects this change and supports IJBs to carry out their statutory duties.

4. Main Issues

- 4.1** Officers do not envisage any significant impacts within West Dunbartonshire as a result of this legislative change. Relevant Officers are already well integrated into the appropriate strategic and operational resilience groups and are included in relevant training and exercises. This will be reviewed as there is further clarity on the implementation of the outcomes of the Independent Review of Adult Social Care.

5. Options Appraisal

- 5.1** An options appraisal is not required in this instance.

6. People Implications

- 6.1** Given the high level of integration in existing emergency planning arrangements there are no issues which affect the workforce at this stage. As referenced in paragraph 3.13 and 4.1 this will require further review as there is further clarity on the implementation of the outcomes of the Independent Review of Adult Social Care.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising as a result of this report.

8. Risk Analysis

8.1 It is not necessary to undertake a full risk assessment on the contents of this report. The formalisation of the role of the IJB within the Civil Contingencies Act as Category One responders does support the mitigation of a number of key risks within the Strategic Risk Register for example Brexit and future pandemics.

9. Equalities Impact Assessment (EIA)

9.1 An EIA is not required in relation to this report. It should be noted as per paragraph 3.10 that the Scottish Government did undertake an EIA and a Fairer Scotland Duty assessment prior to making the legislative change.

10. Environmental Sustainability

10.1 A Strategic Environmental Assessment (SEA) is not required in this instance.

11. Consultation

11.1 Localised consultation is not required in this instance. It should be noted as per paragraph 3.10 that the Scottish Government did consult on this matter in late 2020. Further detail can be supplied at the IJBs request.

11.2 The Chief Financial Officer, The Head of HR and the Monitoring Officer have been consulted on the contents of this report.

12. Strategic Assessment

12.1 This legislative change is welcomed by Officers and although not directly linked to any specific key outcome within the HSCP Strategic Plan the formalisation of the role of IJBs within the Civil Contingencies Act will enhance the IJBs ability to plan and oversee the delivery of the full range of community health and social care services.

13. Directions

13.1 Directions are not required in this instance.

Name	Margaret-Jane Cardno
Designation	Head of Strategy and Transformation
Date:	18 May 2021

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WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Report by: Margaret-Jane Cardno, Head of Service Strategy and Transformation

West Dunbartonshire Health and Social Care Partnership Board (IJB): 24 June 2021

Subject: West Dunbartonshire HSCP Strategic Planning Approach

1. Purpose

- 1.1** The purpose of this report is to update the IJB on the arrangements for developing and implementing a new strategic plan covering the period 1 April 2022 to 31 March 2025.

2. Recommendations

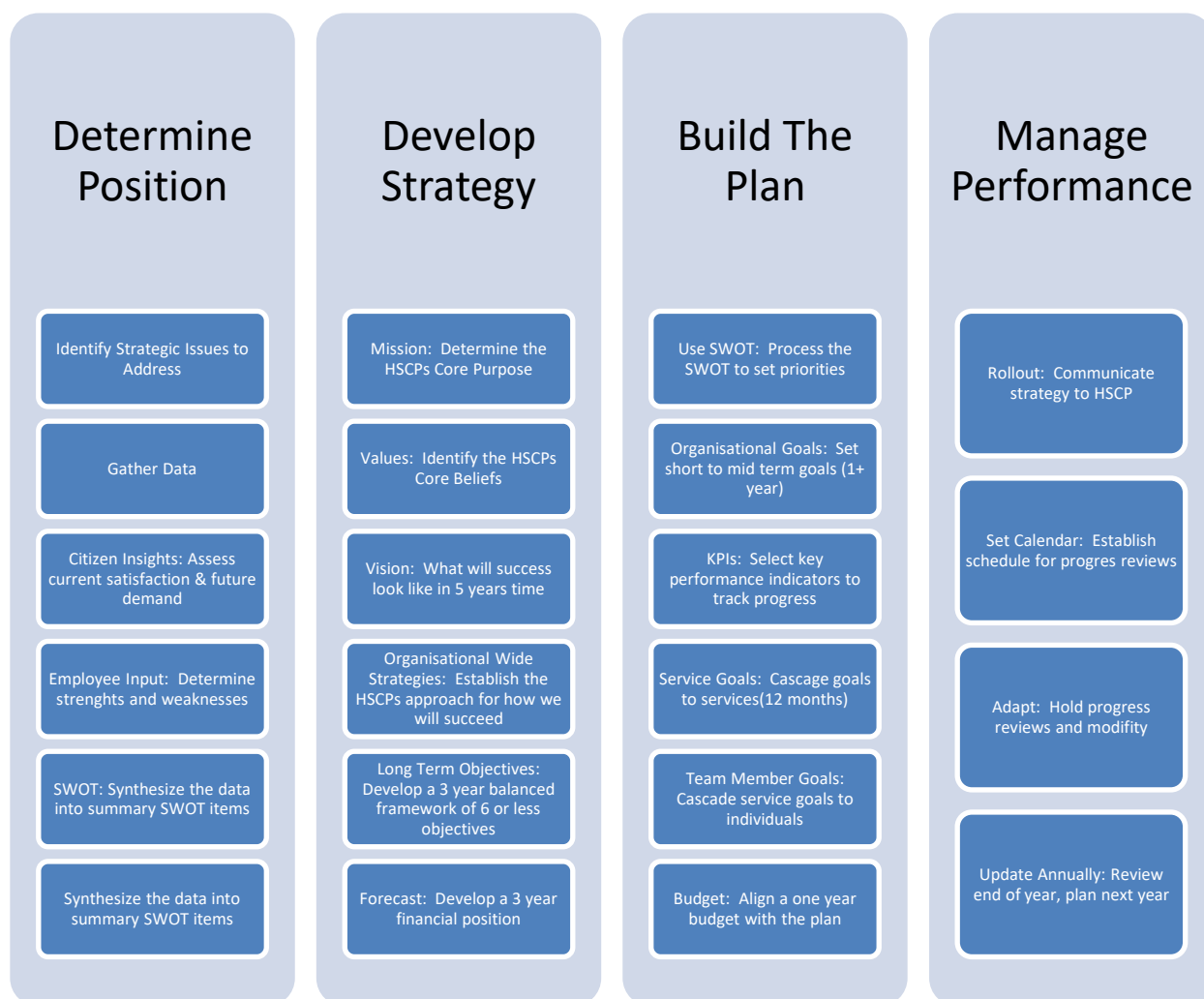
- 2.1** It is recommended that the HSCP Board:
- Note the legislative requirement for the Integration Authority to review its strategic plan at least every three years.
 - Approve the development of a new three year strategic plan for the period 1 April 2022 – 31 March 2025.
 - Note and comment on the improvement work proposed for the re-vitalisation of the strategic planning group.
 - Note and comment on the proposed timetable for the review of the new strategic plan.

3. Background

- 3.1** On the 28 March 2019 the HSCP Board approved the final draft of the Strategic Plan 2019 – 2022. This plan comes to its natural conclusion on the 31 March 2022.
- 3.2** The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), places a number of duties on Integration Authorities in relation to strategic planning, a key principle of the strategic planning process is that it should be equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers. An Integration Authority is required to review its strategic plan at least every three years, and may carry out additional reviews from time to time.
- 3.3** The Strategic Planning Group is required under the Act to be involved in the development of the strategic plan.

4. Main Issues

- 4.1** In preparation for the review of the West Dunbartonshire Strategic Plan work has started in order to consider the operational planning and engagement process in order to support the IJB to approve a new plan commencing on the 1 April 2022.
- 4.2** On the 31 March 2021, the HSCP Senior Management Team approved a time table of activity which will be implemented in order to develop the new Strategic Plan (Appendix I). This work plan is based on four key pillars:



- 4.3** Officers are currently working on phase one of the strategic review, referred to above as "Determine Position".
- 4.4** A key element of this work has been some pre engagement with the communities of West Dunbartonshire. Over the last few months a series of one to one interviews has been undertaken with representatives of

communities of interest and communities of geography. The outcomes can be found in Appendix II of this document.

- 4.5** In addition an online Health and Wellbeing Survey was undertaken in early 2021 in order to find out what challenges the community have faced during the pandemic and also what has been their experience of using health and social care services during COVID19. The outcomes can be found in Appendix III of this report.
- 4.6** This pre engagement activity has been foundational in the development of the attached work plan and will help shape future engagement activity. Engagement activity with key stakeholders is scheduled to take place over the summer, this will ensure that the voice of the community strongly influences how the HSCP “Develop the Strategy” and “Build the Plan” in order that when the plan is issued for formal consultation at the end of the calendar year the community recognise the content and feel a strong connection to the work.
- 4.7** The Strategic Planning Group has been in abeyance during the COVID19 pandemic. A strong Strategic Planning Group is fundamental, not only in legislative terms, but in practical terms to ensure key stakeholders are engaged on a collaborative as opposed to an consultative basis. The Strategic Planning Group should have a direct influence in the development of the strategic plan, ensuring successful outcomes are more likely for all stakeholders.
- 4.8** In order to build a strong and confident Strategic Planning Group support has been sought from Healthcare Improvement Scotland to undertake a series of facilitated sessions, to build the capacity of the group and to ensure they are in a strong position to shape the strategic plan over the next year.

5. Options Appraisal

- 5.1** A formal options appraisal is not required in this instance. However, consideration was given to simply extending the existing plan by one year in order to further consider any implications of the Independent Review of Adult Social Care. HSCPs across Scotland have taken different approaches to their three year review and some have opted to seek the approval of their IJB for a one year extension. Other HSCPs are progressing with a full review of their strategic plans but are implementing five year plans instead of three year plans.
- 5.2** On balance, given the fact the work related to the Independent Review of Adult Social Care remains in its infancy, it is recommended that the IJB progress with a full review of the strategic plan and seek to implement a three year plan in line with the legislative requirements for review.

6. People Implications

- 6.1** There are no workforce implications arising as a result of this report.

7. Financial and Procurement Implications

- 7.1** There are no financial or procurement implications arising as a result of this report.

8. Risk Analysis

- 8.1** There are no risks arising as a result of the recommendations within this report. The adoption of a strong Strategic Plan does mitigate against a number of risks identified within the Strategic Risk Register.

9. Equalities Impact Assessment (EIA)

- 9.1** An equality impact assessment has been undertaken to ensure the planned engagement work does not have a detrimental impact on those groups with protected characteristics. It is recognised that on-line engagement is not suited to all groups and whilst this may positively impact on younger groups it may conversely have a negative impact on older groups and those who experience digital exclusion. Steps will be taken to ensure there is a suitable mix of engagement techniques. It has also been identified that vulnerable service users will require modified engagement activities including for example the use of easy read documents.

10. Environmental Sustainability

- 10.1** Not required for this report.

11. Consultation

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

12 Directions

The relevant direction is attached to this report as Appendix IV.

Name	Margaret-Jane Cardno
Designation	Head of Strategy and Transformation
Date:	18 May 2021

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

<u>TASK</u>	<u>THEME</u>	<u>ACTION</u>	<u>START DATE</u>	<u>END DATE</u>	<u>R A G</u>
Housing Needs Assessment	Gather Data	HNA complete and with housing colleagues for final review.	01 January 2021	30 April 2021	G
Community Interviews	Citizen Insights	Undertaken over an extensive period. Report to IJB 24 June 2021.	01 August 2020	27 April 2021	R
Online Questionnaire	Citizen Insights	Complete. Report to IJB 24 June 2021.	01 December 2020	27 April 2021	R
Covid Learning Questionnaire	Staff Insights	Complete. Report to SMT and then IJB 24 June.	01 January 2021	30 June 2021	G
Strategic Needs Assessment	Gather Data	Refresh to be undertaken by HI Team.	01 April 2021	30 June 2021	G
Refresh Strategic Planning Group (HIS)	Leadership Development	Lengthy discussions with HIS. Work due to commence April 2021.	01 April 2021	30 June 2021	A
Community Reconnection Work	Citizen Insights	Work Commenced with LENS March 2021. Community Conversation Programme to be implemented.	01 April 2021	30 June 2021	A
Staff Reconnection Work	Staff Insights	Facilitated multi disciplinary staff sessions.	01 April 2021	30 June 2021	G
Employee Input Via SPG and EMT	Determine Strengths & Weaknesses	Facilitated EMT and SPG sessions.	01 July 2021	31 July 2021	G
SWOT Analysis (SPG)	Determine Position	Facilitated SPG session.	01 August	14 August	G

			2021	2021	
Mission: Determine Core Purpose (SPG)	Develop Strategy		15 August 2021	31 August 2021	G
Values: Identify HSCP Core Beliefs (SPG)	Develop Strategy		15 August 2021	31 August 2021	G
Vision: What Will Success Look Like (SPG)	Develop Strategy		15 August 2021	31 August 2021	G
Organisational Wide Strategies (EMT)	Develop Strategy	Facilitated EMT Session.	01 September 2021	14 September 2021	G
Long Term Objectives (EMT)	Develop Strategy		01 September 2021	14 September 2021	G
Long Term Objectives (SPG)	Develop Strategy	Facilitated EMT Session.	15 September 2021	30 September 2021	G
Medium Term Financial Strategy	Develop Strategy	Finance Team.	01 October 2021	31 March 2022	G
Staff Consultation	Develop Strategy	Strategy & Transformation Team.	01 October 2021	31 January 2022	G
Public Consultation	Develop Strategy	Strategy & Transformation Team.	01 October 2021	31 January 2022	G
Progress Update To IJB	Develop Strategy	Report to IJB 25 November 2021.	15 October 2021	26 October 2021	G
IJB Approval March 2022	Develop Strategy	Report to IJB 24 March 2022	10 February	24 February	G

			2022	2022	
Set Service Priorities (3 Years)	Build The Plan	Facilitated Service Specific Workshops.	01 January 2022	28 February 2022	G
Set Service Goals (1 Year, with years 2 & 3 highlighted)	Build The Plan		01 January 2022	28 February 2022	G
Select KPIs	Build The Plan		01 January 2022	28 February 2022	G
Communication Across Service	Build The Plan	Internal Communications.	14 March 2022	18 March 2022	G
Communication Via Supervision	Build The Plan	Via Relevant Managers.	21 March 2022	25 March 2022	G
Align Annual Budget With Operational Plan	Build The Plan	Supported by Finance Team.	01 January 2022	25 March 2022	G
Launch Strategy	Manage Performance	External Communications.	01 April 2022	05 April 2022	G
Performance Reviews to IJB	Manage Performance	As Per Quarterly Performance Cycle.	01 April 2022	31 March 2023	G
Review and adapt Operational Plans	Manage Performance	Six Monthly Reviews Annual Light Touch Review until the end of the strategic cycle.	01 April 2022	31 March 2023	G



Interviews with people in West Dunbartonshire on how they have coped living through COVID19 pandemic and their experiences of health and social care services in West Dunbartonshire.

What did West Dunbartonshire Health & Social Care Partnership want to find out?

WDHSCP Strategic Plan 2019-22 was written before the world was hit with COVID19. To plan future services the HSCP undertook to carry out 1:1 interviews with people in West Dunbartonshire to get a flavour of how people have coped during the pandemic and their experience of using health and social care services in West Dunbartonshire during the pandemic. This is just one of the ways the HSCP will continue to work with the community of West Dunbartonshire to revise and refine the future direction of services in West Dunbartonshire.

Also since the HSCP agreed to take part in Scottish Government “*A conversation with the People of Scotland*” which where being led by the Health and Social Care Alliance the interviews took on a dual purpose.

What did the HSCP do?

Contact was made with organisations in West Dunbartonshire to see if members of their organisation would take part in the interview process.

- WDCVS
- Stepping Stones
- Clydebank Seniors Forum
- DACA
- Alternatives
- WD Access Panel
- Also a few members of the community heard from others and volunteered to be interviewed.

After the interviewees consented to be interviewed a date and time that suited the interviewee was agreed and the choice of video or telephone was offered to the interviewee. The HSCP Public Involvement Officer carried out twenty 1:1 interviews that lasted between 25 minutes and 50 minutes. There were thirteen females and seven males aged between 20 and 91 who were interviewed. Twelve agreed to telephone interviews and eight preferred a video interview. For those who agreed to a video interview, they were sent a Zoom link. For those who agreed to a telephone interview they were given the telephone number that would be calling them for their own security. West Dunbartonshire Health and Social Care Partnership would like to thank the organisations and the people who took part in the interview process.

Key Findings:

- 80% of interviewees felt lonely and isolated
- 70% of interviewees had experienced a telephone or video consultation with a health professional during the pandemic
- 40% of interviewees had hospital appointments cancelled or deferred

- 60% of interviewees had received or given community support during the pandemic
- 40% of interviewees thought that WDC, WDHSCP and GP Practices could have done better to keep the community informed.

Results from interview discussions questions

1. What has the challenges been living through the pandemic?

Overwhelmingly isolation and loneliness is the biggest challenge during the pandemic, followed by not seeing your family, not being able to socialise and how anxious people got trying to keep up with the restriction rules.

Interviewee (B) commented *"my biggest challenge was trying to keep my emotions in check when people were flouting the rules."* Interviewee (F) said *"with lockdown and staying in more my heating bills have soared."*

Interviewee (N) commented *"with all the challenges that COVID19 has brought the Care at Home Service has been Top Notch."*

2. During COVID19 have you felt lonely and isolated?

80% of interviewees have felt lonely and isolated during the pandemic. Two interviewees thanked the interviewer for telephoning them saying *"it was nice to talk to someone"*. Another said *"WDC know that I live alone through the Council Tax Register but no one checked to see if I was okay"*. Interviewee (M) commented *"during lockdown the CVS put me in touch with a befriender who telephone's once a week, I also contacted an organisation called Reconnect and a nice lady from Carlisle calls me once a week."*

3. During COVID19 how did you stay well or manage your health?

Three interviewees cooked from scratch a lot more. Five started walking more and one 75 year old does the Joe Wicks exercise video every morning. Interviewee (I) cousin is a Life Coach in Australia and she joined in her online classes. Two people said they had put on weight and others said they have done nothing. Although four could not do much because of long term conditions.

4. During COVID19 did your alcohol intake increase?

Three interviewees said that their alcohol intake had increased with one saying it was due to the Zoom quiz nights with family members.

5. During COVID19 many health and social care consultations were happening over the telephone or by video call instead of face to face. If you had non - face to face consultations how did you find the experience?

70% of interviewees had experience of a telephone or/and video consultation with health professionals, all said it was okay but preferred face to face consultation. Those with long term conditions definitely preferred face to face consultations. For example a female who had a consultation with a Stoma

Nurse and a male who had a consultation with a MS Consultant, both said *“they preferred to be in the same room as the health professional, it was easier to get answers to the questions you wanted to ask.”*

One interviewee said *“there were times when I needed a GP but decided not to bother as I knew how difficult it was to get a face to face appointment.”*

Interviewee (I) said *“I don’t think my GP Practice is open but the Pharmacy has been brilliant.”* Interviewee (N) commented *“I have to have telephone consultations now because of my eyesight, my GP won’t do home visits, I’m 91 who are they protecting is it me or themselves.”*

6. During COVID19 did you have any hospital appointments cancelled or deferred? If yes what impact has it had on your health?

40% of interviewees have had hospital appointments cancelled or deferred only two said it’s had an impact on their health. One comment from interviewee (C) *“I’ve been waiting eight months for a heart scan, I’ll probably get the scan when I have my heart attack.”* Two comments from interviewees whose appointment went ahead; Interviewee (A) said *“my hospital appointment was longer than it should have been as my GP refused to take my blood.”* Interviewee (J) said *“I would like to give credit to the staff at The Vale of Leven Hospital for the treatment I received.”* Interviewee (H) commented *“my physiotherapy for my MS stopped and I miss it for it gives me guidance and motivation.”* Non hospital appointments, 30% of the interviewees wished they could get a Dentist appointment.

7. Have you used Mental Health Services during COVID19? If yes what has worked well for you and is there anything that has not worked so well?

Only interviewee (Q) has used Mental Health Services during the pandemic. The GP referred the interviewee to the Primary Care Mental Health Team and is now waiting for Cognitive Behaviour Therapy (CBT). (Q) commented *“challenges during COVID was mainly money worries, I don’t know how long I can keep my broadband going, broadband is a lifeline for me. At lockdown my exercise classes stopped, mindfulness and relaxation sessions stopped, choir stopped and libraries closed, my routine practically stopped this had a massive affect on my mental health.”* Four interviewees have had a fantastic service from the mental health charity Stepping Stones especially from Peer Support Groups. Interviewee (P) received help from Stepping Stones because Interviewee (P) finds it difficult to open up to people. His personal life has been a “neurotic mess” and all the guidelines make him really nervous. He doesn’t go out much at the moment as using the train is not good experience during COVID. Stepping Stones has been a lifeline for him.

8. During COVID19 did you ever feel that you needed professional help for your emotions, stress or mental health, but didn't receive that help?

One interviewee had to rely on her husband for support when she felt depressed during lockdown. Another was offered a Facetime Grief Counselling session but refused because he thought he needed a face to face session. A couple of interviewees wanted to access Bereavement Counselling but didn't think the service was available during the pandemic.

9. There is evidence of neighbours and communities providing mutual aid and support during COVID19, can you share your experiences?

About 60% of interviewees had received support or given support to neighbours, from going for shopping, cutting grass, checking to see if they are okay and swapping phone numbers. A few commented *"that when they went for a walk more people said Good Morning or Hi."* Interviewee (C) said *"this has been a terrific learning curve for community organisations, so WDC and WDHSCP should remember the terrific spirit shown by the community when they are thinking of service cuts."*

10. How have you kept yourself informed about COVID19.

Almost all participants kept informed by watching or listening to the First Minister's Briefings. Five participants also accessed information via websites and social media platforms. For local information on COVID19 it was mainly word of mouth, eight interviewees thought WDC, WDHSCP and GP Practices would have to do a lot better to keep their community informed. Interviewee (N) commented *"I'm surprised there has been no information from the Council or the HSCP."* Interviewee (C) commented *"found trying to get local information very difficult, West Dunbartonshire Council and West Dunbartonshire HSCP could have done a lot better to keep the citizens of West Dunbartonshire better informed."* Interviewee (J) commented *"although I listen to the First Minister's Briefing, I'm totally fed up with COVID19."* Interviewee (O) said *"that accessing information about COVID19 was challenging as mainstream media was bad for my anxiety."*

11. What one big improvement to health services would make the biggest impact for you or your family in the future/within the next five years?

Interviewee (E) *"the improvement I would like to see is that the New Clydebank Health Centre has an Information Desk at the entrance to save people going from desk to desk looking for information. The reason is that trying to get through to the GP Practice on the telephone is very difficult."*

The one improvement Interviewee (F) would like to see *“is an improvement in the GP Service. I would like to see continuity, at the moment you never see the same doctor, there is no chance to build a relationship.”*

The one improvement interviewee (G) would like to see in the health service *“is a cut in waiting times waiting two years for a hip replacement is ridiculous.”*

Interviewee (L) would like the people that are in power *“to do a lot more to stop the many old people feeling lonely and isolated.”*

Interviewee (M) would like *“the HSCP have a serious look at how they can prevent isolation and loneliness in the elderly in West Dunbartonshire. Also I would like to see improvement in the GP Service that there is reasonable contact with the same GP so relationships can be built because Locums change all the time.”*

Interviewee (N) commented *“Improvements I would like to see, is a major cut back in senior management and more frontline staff. Also to improve patient care in hospitals, we need to bring back Matrons. Also internal communication and communication between different parts of the health service has to improve.”*

Interviewee (O) would like *“Stepping Stones funding to continue or even increase because, the help they have given me and many others has been fantastic. Also Health Service to send out the correct information. My letter for the Flu Vaccination told me to go to Alexandria Leisure Centre but the Vaccination Centre was in the Alexandria CE Centre so myself and many other were late for our appointments.”*

The improvement Interviewee (Q) would like to see is *“a dramatic cut in waiting times for Physical Health and especially Mental Health.”*

Next Steps:

West Dunbartonshire Health and Social Care Partnership have developed a Project Team to produce an Action Plan to take forward the information gathered from this report and the WD HSCP COVID19 Health and Wellbeing Questionnaire report.

The Action Plan will then be presented to the Chief Officer and the Senior Management Team.

The information gathered from this report and the COVID19 Health and Wellbeing Survey will help West Dunbartonshire HSCP Chief Officer and the Senior Management Team plan health and social care services in West Dunbartonshire that will drive forward the HSCP's COVID19 Recovery Plan.



**West Dunbartonshire Health and Social Care Partnership
Health and Wellbeing Questionnaire December
2020/January 2021**

**DRAFT
Findings**

Report Prepared by: Health Improvement Team (West Dunbartonshire HSCP)

Graphs by: Information Team (West Dunbartonshire HSCP)

For more information please contact:

Acknowledgment

West Dunbartonshire Health and Social Care Partnership would like to express their sincere thanks to members of the community of West Dunbartonshire who took the time to complete the questionnaire. The insight into your life during the pandemic has been valuable and will help shape the next Strategic Plan for the area.

DRAFT

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Summary

Purpose

West Dunbartonshire Health and Social Care Partnership Integrated Joint Board are in the process of developing a new Strategic Plan for 2022/2025 and were keen to carry out pre-consultation with the community of West Dunbartonshire. This questionnaire formed part of the consultation process and aimed to find out :

- what have been the challenges the community have faced during the pandemic
- what has been their experience of using health and social care services during COVID19

In addition to the questionnaire a series of 20 interviews (by telephone & video) took place with individuals and organisations in West Dunbartonshire. A separate report on the interviews is being prepared to supplement this report on the survey.

Timescale

The questionnaire was available on-line via Survey Monkey from 8th December 2020 to 22nd January 2021. In total 537 responses were received.

Approach

The questionnaire was advertised on West Dunbartonshire social media platforms (Facebook and Twitter) as well as via local press articles. Emails were issued to all WDHSCP staff and to a range of networks and local organisations (available from Public Involvement Officer).

The questionnaire covered 19 questions and collected both quantitative and qualitative data. The data presented in this report is shown in both charts and as quotes to demonstrate the views of respondents and to tell their 'story' of the challenges they have faced during the pandemic.

Limitations

Not all questions were answered by every respondent and therefore for reporting purposes the number of responses (n=number) is provided for each. Limitations of the data include:

- Gender bias: more female responses (81%) than male responses (17%)
- Age-group bias: the main age groups who responded were 45-64 years (49%) and 25-44 years (36%)
- Potential misunderstanding and interpretation of questions
- Potentially inaccurate answers/ self-reporting on lifestyle behaviours
- Skipped questions
- Respondents may have felt uneasy about providing answers that presented themselves in a negative way

- Analysis issues (e.g. inaccurate responses)

There was also missed opportunities within the survey design to capture:

- The areas of West Dunbartonshire where people lived
- Some Equalities data

Key Findings

General Health and Wellbeing

This section asked questions on how people were feeling generally about their health and wellbeing. It was found that:

- 31% respondents felt good about their health
- 23.5% felt very good
- 16% felt their health was poor

On the question of life satisfaction responses were:

- 42% felt 'so-so'
- 22% satisfied and
- 21.9% were dissatisfied

The two main reason given for life satisfaction were lack of normality/boredom and mental health.

In contrast, the ways in which respondents were keeping well or managing their health included :

- exercising
- connecting with family/friends
- and eating healthy food

However, for a few respondents their reflections on what the pandemic meant to them brought negative emotions.

Access to GP, Dental Health Services and Mental Health Services

This section explored how access to health and social care services had changed due to the pandemic.

- 54% of respondents took part in non face-to-face consultations with many finding the experience more difficult
- 42% of respondents had outpatient and/or inpatient appointments cancelled or deferred and this manifested itself by respondents awaiting contact from health professionals in a number of ways (e.g. consultation, diagnosis, testing, and

treatment), their health conditions worsening and their mental health being affected

- The two main categories of health care that respondents needed but couldn't access were
 - 1) GP/ Consultant/ Hospital Appointment/ Surgery
 - 2) Dental/ Orthodontic Services

This was closely followed by access to Mental Health Services.

Loneliness & Isolation

This section explored feelings of isolation and loneliness during the pandemic and what help they needed or used to deal with the situation.

- 59% of respondents felt some kind of loneliness or isolation during the pandemic
- Top choices to help reduce these feeling were:
 - 1) having access to digital platforms
 - 2) more befriending services and
 - 3) contact with WDCVS Link UP service

Suggestions made on what was needed included: back to some kind of normality; see friends & family; less restrictions; physically meeting friends & family; end of lockdown and places opening up e.g. gym, church, live music and clubs.

- 27% felt that if they had needed professional help and didn't receive it
- The top types of support needed were: counselling, access to the Primary Care Mental Health Team and Peer Support.

Physical Activity

This section explored whether levels of physical activity had changed since the pandemic. It was found that:

- 52% reduced activity levels
- 22% increased activity levels

This was broken down further into:

- 9% exercising 5-6 times per week (as per national guidance)
- 22% exercising 3-4 times per week
- 27% exercising 1-2 times per week
- 24% weren't sure

The main type of activities chosen were walking, followed by cycling and running. Other forms of activity were mentioned by respondents to keep active these included: home exercise & access to leisure services (when available) and outdoor activities (e.g. walking, gardening). A few respondents mentioned that they had

barriers to exercise like lack of motivation, mobility issues, disability and being a single parent with no childcare.

Alcohol, Tobacco & Drugs

This section asked about substance use and what would help to cut down or stop consumption. Respondents who answered these questions the following results show that:

- 27% had increased alcohol use, 11% had decreased use and 30% didn't drink alcohol
- 11% had increased tobacco use, 1% had decreased use and 74% were non-smokers
- 1% had increased drug use, 1% had decreased drug use and 94% did not take drugs

Suggestions made on what would help to cut down or reduce consumption of substances included the following: increased contact with friends and family; more meaningful activity; access to NRT at local pharmacy; self-help materials online provision of more rehab places and more community based support.

Money

This section asked about peoples financial situation during the pandemic. Of the people who answered these questions 11% had lost their main source of income whilst the majority were unaffected 87%. Furthermore, 22% agreed or strongly agreed that they had struggled to pay for basic living costs.

1. Purpose of Questionnaire

West Dunbartonshire HSCP Strategic Plan 2019-22 was written before the COVID19 pandemic. The Integrated Joint Board (IJB) has agreed that the 2022/2025 Strategic Plan needed to take into account the way health and social care services in West Dunbartonshire have reacted to the pandemic.

The Health and Wellbeing Questionnaire is part of the HSCP pre-consultation with the community of West Dunbartonshire to find out :

- what have been the challenges they have faced during the pandemic
- what has been their experience of using health and social care services during COVID19

2. Approach

The questionnaire was advertised on West Dunbartonshire social media platforms (Facebook and Twitter) as well as via local press articles. Emails were issued to all WDHSCP staff and to a range of networks and local organisations (Available from Public Involvement Officer) .

The questionnaire design covered 19 questions and used different question style (including open and closed questions, ranking, Likert scale, multiple choice) to enable collection of both quantitative and qualitative data. The data presented in this report is shown in both chart and written accounts to distinguish the views of respondents and to tell their 'story' of the challenges they have faced during the pandemic.

The volume of data received from the questionnaires needed to be sorted systematically to allow for analysis to take place. A system of categorising key themes was developed for each question to allow this to happen in a logical and systematic way.

3. Limitations

Not all questions were answered by every respondents and therefore for reporting purposes the number of responses (n=number) is provided for each question to ensure accuracy. Other limitation of the data include:

- Gender bias: more female responses (87%) than male responses (17%)
- Age-group bias: the main age groups who responded were 25-44 years (36%) and 45-64 years (49%)
- Potential misunderstanding and interpretation of questions
- Potentially dishonest answers/ self-reporting on lifestyle behaviours
- Skipped questions
- Respondents may not have felt comfortable providing answers that present themselves in a poor manner
- Analysis issues (e.g. inaccurate responses)

There was also missed opportunities within the survey design to capture:

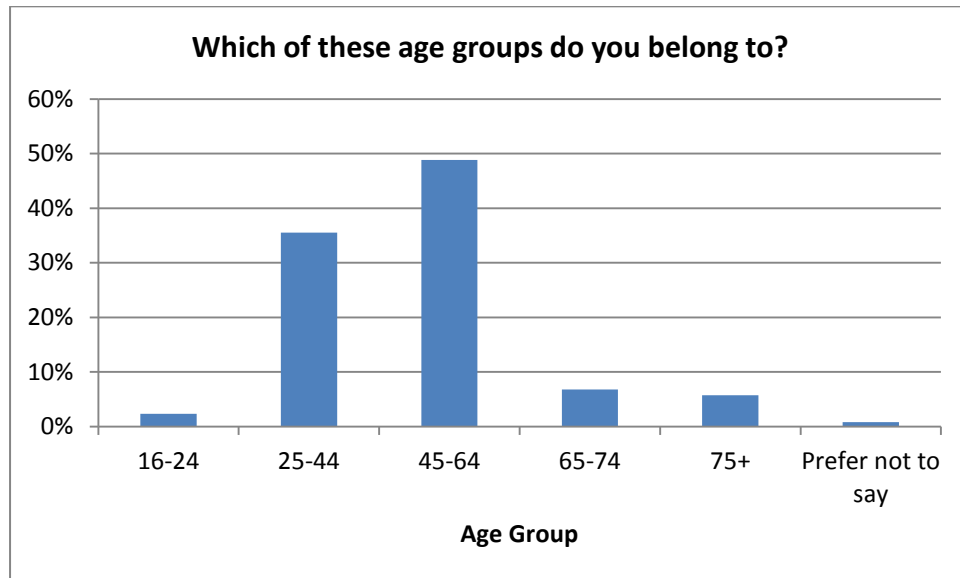
- The areas of West Dunbartonshire where people lived
- Some Equalities data

4. Demographic Profile of Respondents

This section profiles the respondents who answered the on-line questionnaire. These questions were at the end of the survey.

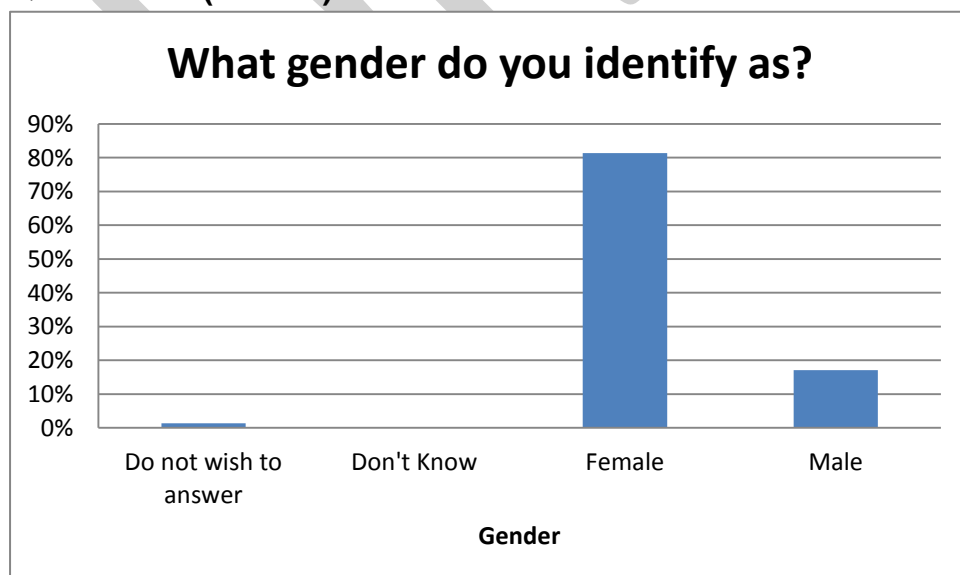
A total of 537 responses were received for the on-line questionnaire. The questionnaire asked a mixture of question styles which collected both quantitative and qualitative data.

Question 16 (n = 383)



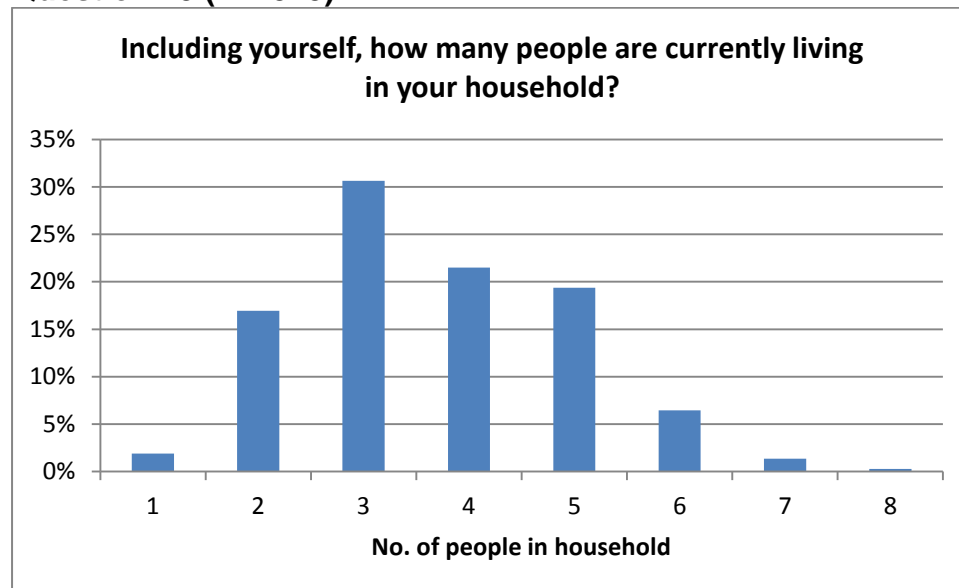
This chart represents the age breakdown of respondents and shows that 187 (49%), were from the 45-64 year old age group followed by 136 (36%) in the 25-44 year old age group.

Question 17 (n = 381)



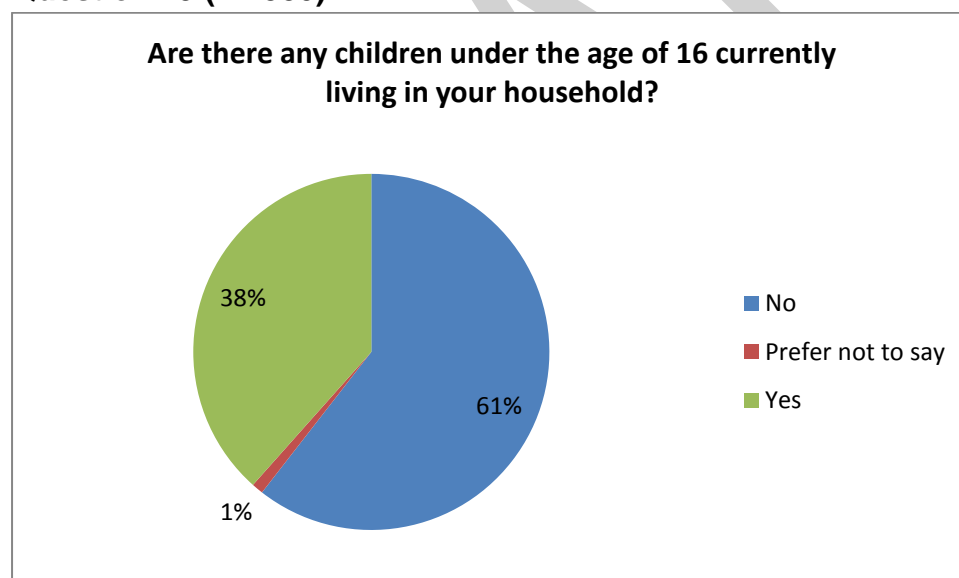
This chart indicated that 310 (81%) respondents were female with only a small proportion of male respondents 65 (17%).

Question 18 (n = 373)



The chart above shows that 114 (31%) of respondents lived in a household of three people, followed by 80 respondents (22%) living in a household of four people and 72 respondents (19%) living in a household of five.

Question 19 (n= 380)



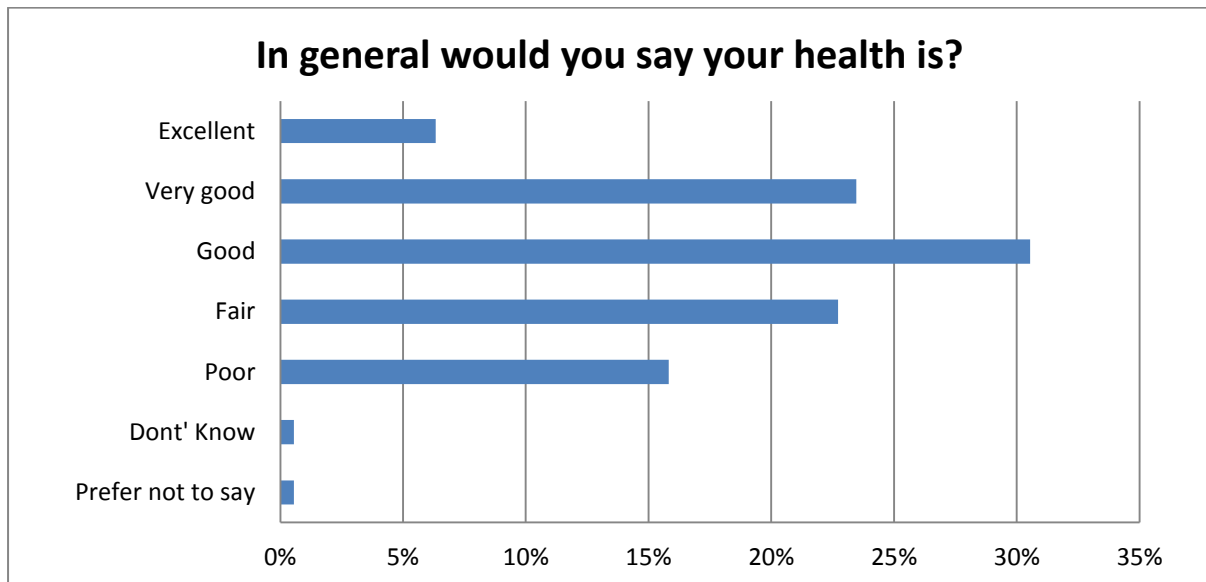
No. of children	No. of Responses	Percentage
1	13	37%
2	13	37%
3	8	23%
4	1	3%
Total	35	100

The final question asks about the number of children under the age of 16 years living in the household. On the whole 36 (74%) had one or two children living at home.

5. General Health and Wellbeing

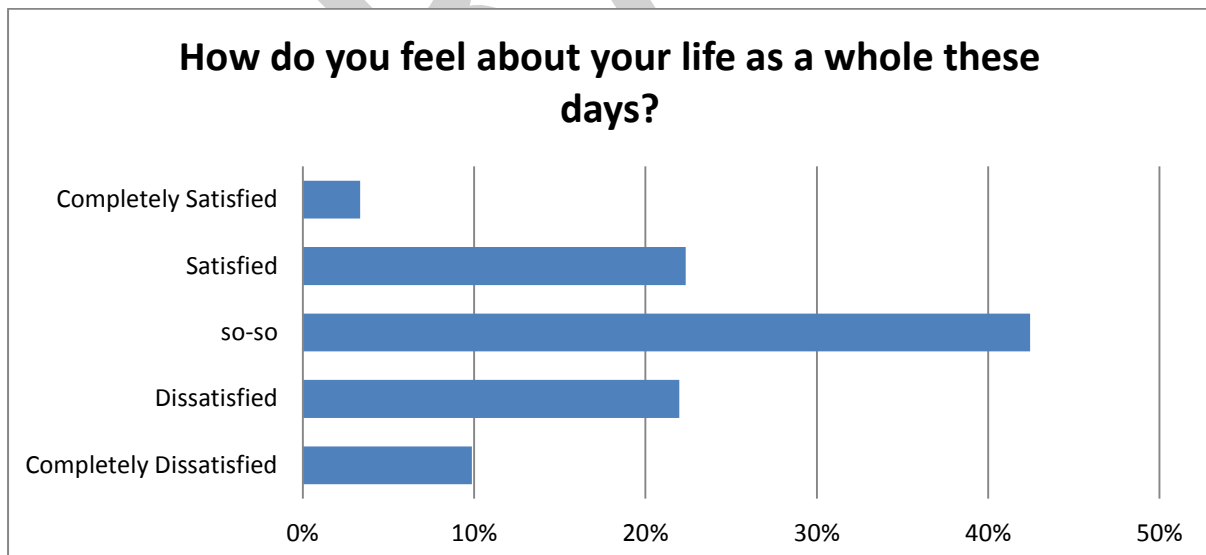
This section explored peoples' perceptions of their general health and how they were managing this during the pandemic.

Question 1 (n= 537)



In general 164 (31%) of respondents felt good about their health. Followed by 126 (23%) feeling very good and 122 (23%) said it was fair. However, 85 (16%) said that their health was poor.

Question 2 (n = 537)



When this was explored further in relation to satisfaction in their life several respondents felt 'so-so' 228 (42%), some were satisfied 120 (22%) and similarly some were dissatisfied 118 (21.9%).

Question 2b (n = 311)

Respondents were then asked to explain why they felt a certain way and a range of responses were collected. To support the analysis of the data a set of categories were developed.

Categories	No. of Responses	Percentage
Lack of normality/ boredom	107	34%
Mental health	69	22%
Coping well	49	16%
Working & caring responsibilities	30	10%
Lonely/isolated	27	9%
Physical health issues	18	6%
Had COVID	7	2%
Other	4	1%

The three main categories were as follows:

Lack of normality/boredom

107 respondents (34%) voiced that boredom and lack of normality were a key factors with how they were feeling. The following direct quotes aim to express some of the views:

“Seems like no end in sight to restrictions. Unable to plan anything therefore nothing to look forward to. 9months of working constantly from home taking its toll as cannot separate work/home/family life. Understand why restrictions but isn’t easy as time goes on and on”

“Getting a bit tedious staring at the same 4 walls day in, day out”

“Everything has changed. Challenges are being presented and having to deal with them has been a difficult way of living”

Mental Health

69 respondents (22%) were concerned about their mental health. The following direct quotes demonstrate some of the views:

“My anxiety and depression are taking a pounding”

“These lockdowns are getting me really depressed I have a child who wants to die..... I can't sleep through fear she will do something”

“I suffer from mental health difficulties, anxiety, depression and the methods I normally use to get by have been taken away from me,.....”

“Feel trapped and unable to do things that help me mentally”

Coping Well

There was a small number of respondents 49 (16%) who felt they were coping well with their life in the pandemic. The following direct quotes aim to express some of the views:

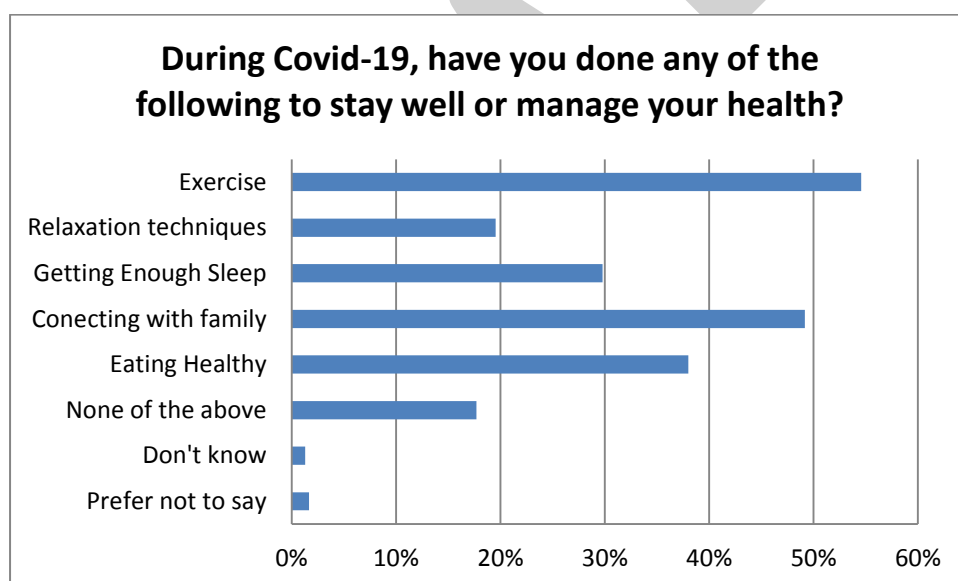
"Vaccine is coming"

"I feel very lucky to have not been personally affected by COVID so far. I have a good set of friends and we video chat"

"I am healthy although limited in what we can do, for example meeting up with friends and family"

Question 3 (n = 537)

The final question in this section aimed to identify the various approaches that people were using to stay well or manage their health. Seven choices were provided and respondents selected all that applied to them.



The top three choices were exercising 293 (55%), 264 (49%) connecting with family/friends, 160 (30%) said getting enough sleep and 204 (38%) eating healthy food.

In contrast, 56 (10%) respondents provided their negative reflections on what the pandemic meant to them, the following direct quotes help to illustrate this:

"I have tried several of these but none of them work long term. Nothing can actual replace spending actual physical time with family & friends"

"How can you eat healthy when you can't get to the shops, can't get a doctor, the leisure centre is closed..... "

"I know I should do one of these things but it is hard to find the motivation to do anything"

"Lockdowns in this area don't allow you to do much or have any life. Family isn't close by and not seeing them has had a significant impact on how I feel....."

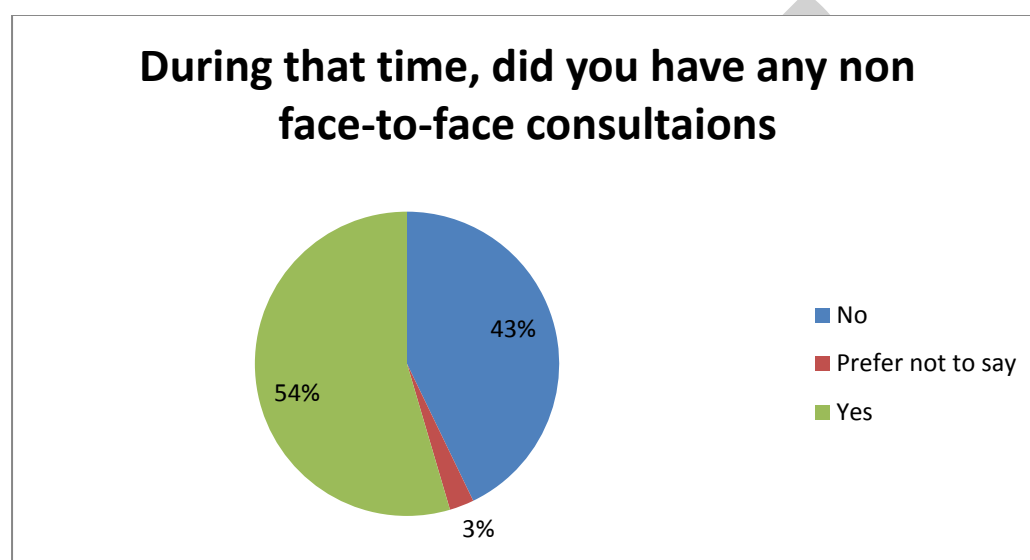
DRAFT

6. Access to Services

This section explored how access to health and social care services had changed due to the pandemic. Questions looked at the new ways of communication and their impact, as well as what types of health and social care services were disrupted and which respondents needed.

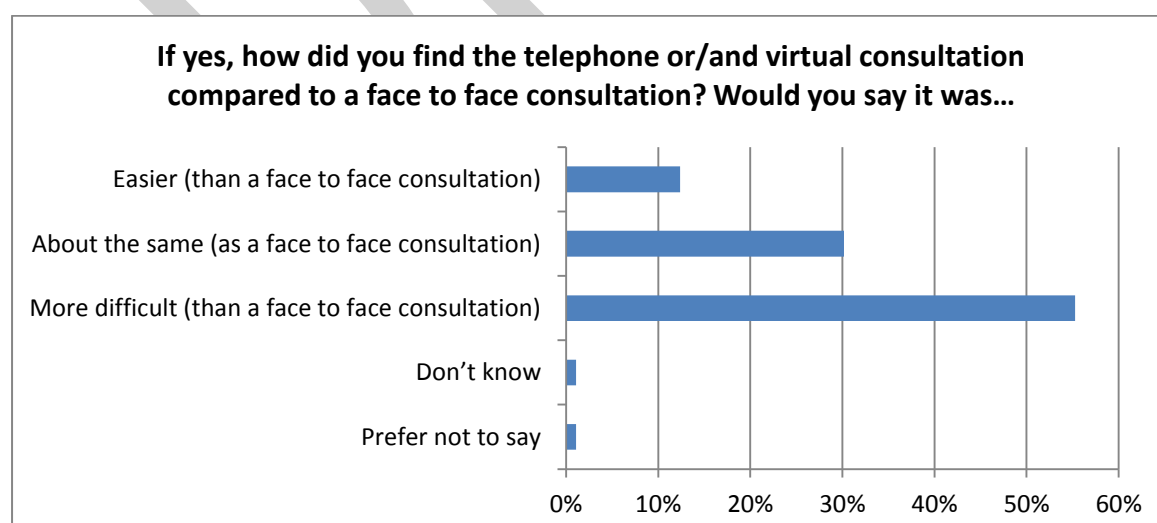
Question 4 (n = 537)

During the pandemic it was necessary to rethink the communication methods being used to allow health and social care services to take place. A number of methods were arranged e.g. telephone calls and video call, instead of face to face.



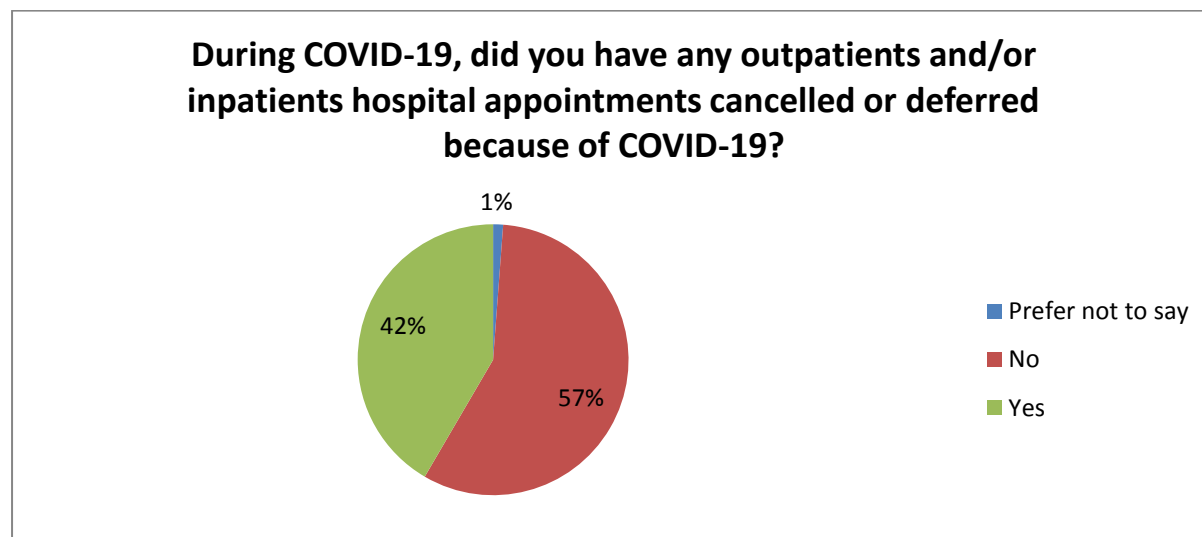
The above chart shows 293 (54%) respondents did take part in non face-to-face consultations.

Question 4b (n = 275)



When asked how they found such 'virtual' consultations instead of traditional face-to-face consultations 152 (55%) found it more difficult, 83 (30%) found it about the same and 34 (12%) found it easier than face-to-face.

Question 5 (n = 505)



The chart above shows 210 (42%) respondents had their appointments affected. (cancelled or deferred).

Question 5b (n = 145)

This impacted on respondents health in a number of ways. Responses were categorised to support the data analysis, as detailed in the table below:

Category	No. of Responses	Percentage
Awaiting: contact from health profession/ diagnosis/ need test for diagnosis/test results/awaiting treatment	68	47%
Condition got worse	25	17%
Affected mental health (worries, anxious, upset, scared)	24	16.6%
No affect/understand/okay to wait/been seen	22	15%
None/don't know	4	3%
Went private	2	1%

68 (47%) respondents were awaiting some kind of appointment or follow-up. The following quotes help to illustrate this point:

"Ongoing health issues not resolved or diagnosed "

"2 abnormal smear tests.... had 2 hospital appointments cancelled my mental health was being affected "

"I still have yet to hear when my appointment will be. The left side of my head can become numb, with numbness down my left side also at times. It is a worrying factor..... time is just being extended"

"All of my cancer screening, diabetes and other vital services are cancelled "

The next highest category was 25 (17%) of respondents saying that their health conditions had worsened. The following quotes help to illustrate this point:

"Severe impact on my mobility... awaiting knee surgery... now unable to walk normally causing other problems in back and hips... now getting desperate in so much pain"

"Terrible impact. My treatment works after progressive sessions and having these cancelled has resulted in relapse both times"

"It got worse and I ended up in hospital"

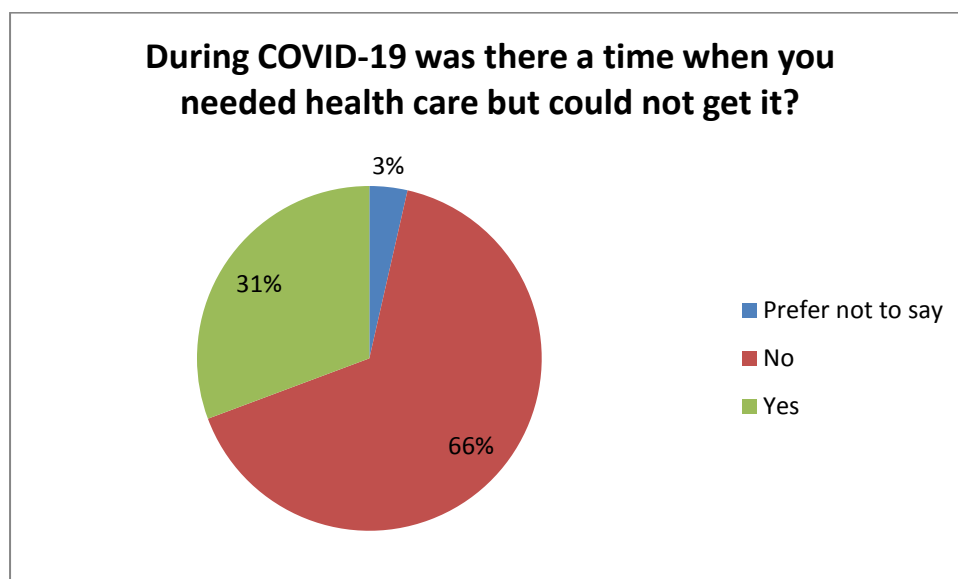
This was closely followed by 24 (16.6%) of respondents stating their mental health had been impacted. The following quotes help to illustrate this point:

"Made me feel more anxious with not being able to keep appointments with questions I would liked to have asked and don't know if there is anyone/where else I can ask them"

"Caused huge amounts of stress, worry and unnecessary panic"

"My anxiety is health related anxiety and so the cancellation of my appointment made me experience suicidal thoughts"

Question 6 (n = 505)



In the final question in this section, asked about needing health care and not accessing it. The chart above shows 155 respondents (31%) said they did not get the health care they needed.

Question 6b (n = 119)

When asked to explain what type of health care had been needed 119 (24%) respondents answered. These were categorised in the table to support analysis of the results.

Health & Social Care Service(s)	No. of Responses	Percentage
GP/Consultant/Hospital Appointment/Surgery	33	26%
Dental/ Orthodontic	33	26%
Mental Health (psychiatry, psychology, CAMH)	20	16%
Gastroenterology/colonoscopy	7	5%
Orthopaedics	5	4%
Physiotherapy	4	3%
Gynaecology	4	3%
Audiology	3	2.5%
Ophthalmology	3	2.5%
Inaccurate answers	3	2.5%
Respiratory	2	1.7%
Cardiology, Blood Pressure	2	1.7%
Dermatology	2	1.7%
Other (not related to health departments)	2	1.7%
Radiography: X-ray/MRI	1	0.8%

Health & Social Care Service(s)	No. of Responses	Percentage
Podiatry	1	0.8%
Male Issues	1	0.8%

From the table above the two highest health and social care services needed by respondents were:

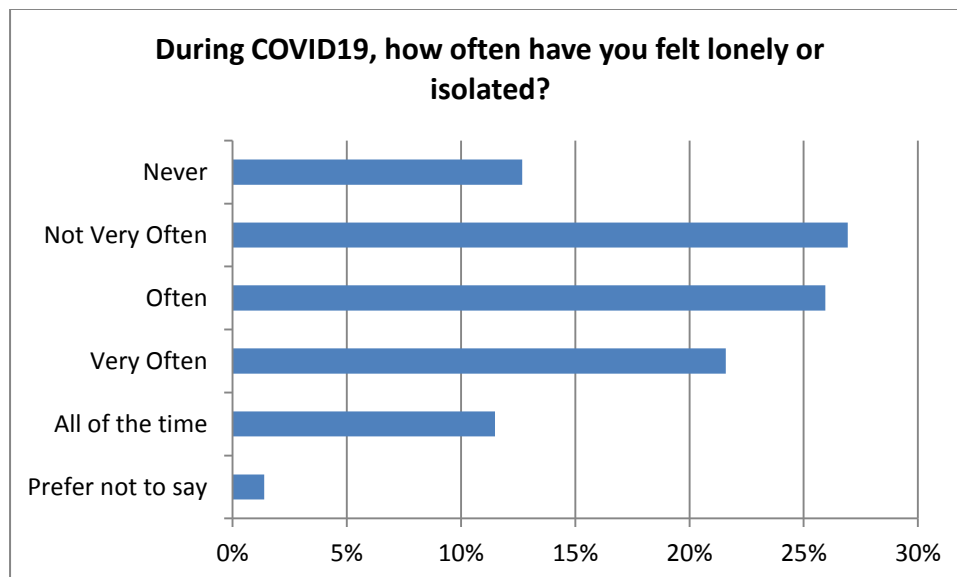
- 1) GP/ Consultant/ Hospital Appointment/ Surgery 33 (26%)
- 2) Dental/ Orthodontic Services 33 (26%).

This was closely followed by 20 (16%) respondents needing access to Mental Health Services.

7. Loneliness and Isolation

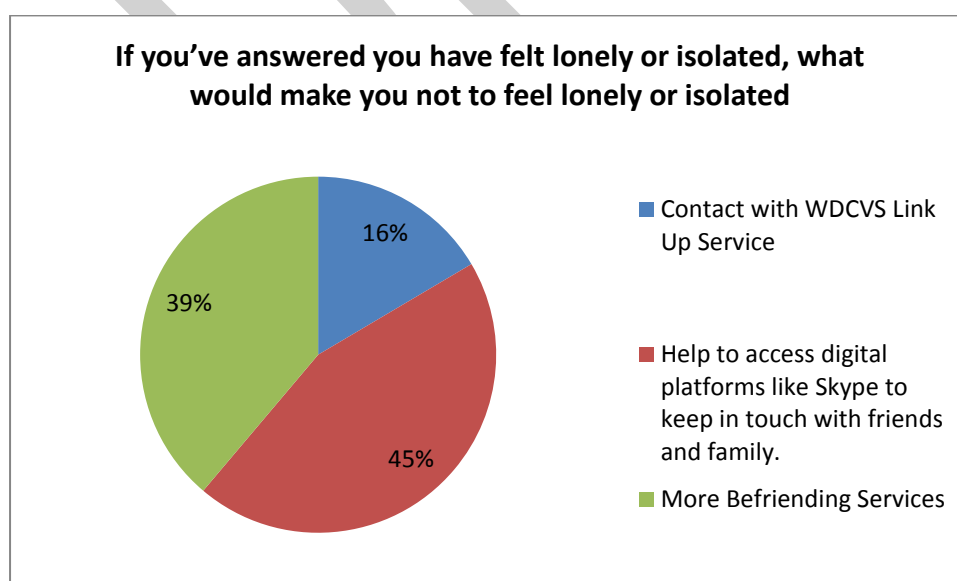
In this section questions explored feelings of isolation and loneliness as well as what help was needed or used to deal with the situation. Additionally, a question was asked about the ease of staying connected with family and friends.

Question 7 (n = 505)



The results of this question show that 298 respondents (59%) felt some kind or loneliness or isolation during the pandemic (3 answers combined: 'often', 'very often' & 'all of the time'). In contrast 136 respondents (27%) did 'not very often' feel isolated and only a small number 64 (13%) 'never' feeling lonely or isolated.

Question 7b (n = 103)



From the chart above 46 (45%) respondents said that having access to digital platforms would help them. This was followed by 40 (39%) saying more befriending services and 17 (16%) said contact with WDCVS.

To supplement this question respondents were then offered the opportunity to suggest other ways that could help them. There were 142 responses provided and these were categorised in the following way:

Category	No. of Responses	Percentage
Back to some kind of normality: See friends & family, less restrictions, physically meeting friends & family, need family support	88	62%
No/Nil/not sure/live alone	21	15%
End of lockdown	10	7%
Places opening up: church, gyms, live music, clubs, & awareness of what is available	7	5%
Other (mixed responses/not relevant)	6	4%
Access to services: mental health, face to face appointments, support for child mental health	3	2%
Lack of support	2	1.4%
Incomplete responses/missing data	4	2.8%
Local Walks	1	0.7%

This can be illustrated by the following quotes:

"Being able to see people. I live alone and I am really struggling"

"The end to the restrictions and ability to see family "

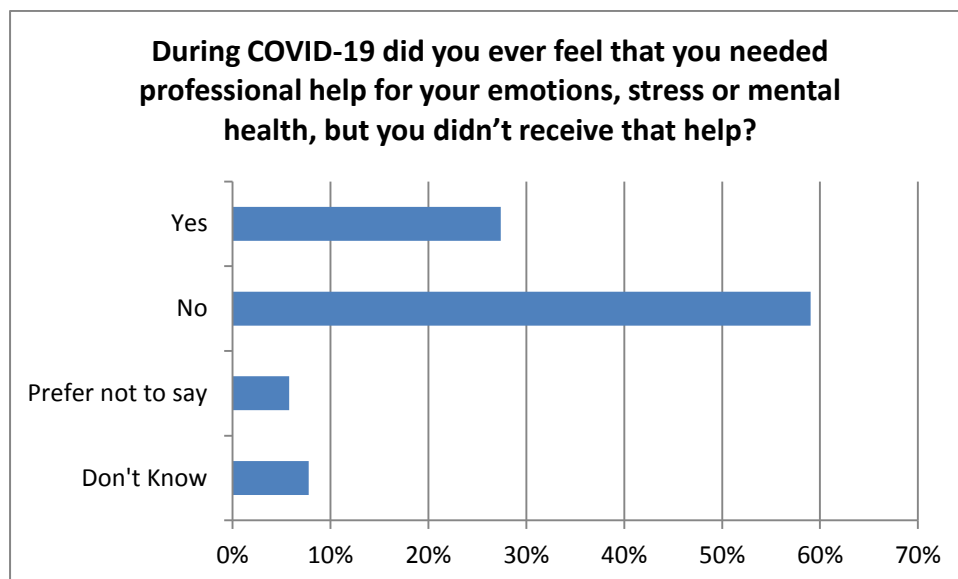
" I need proper people interaction, friends, family, classes"

"Ability to meet people again and for things to get back to normal, and be able to travel out with postcode area"

"Covid to be over!"

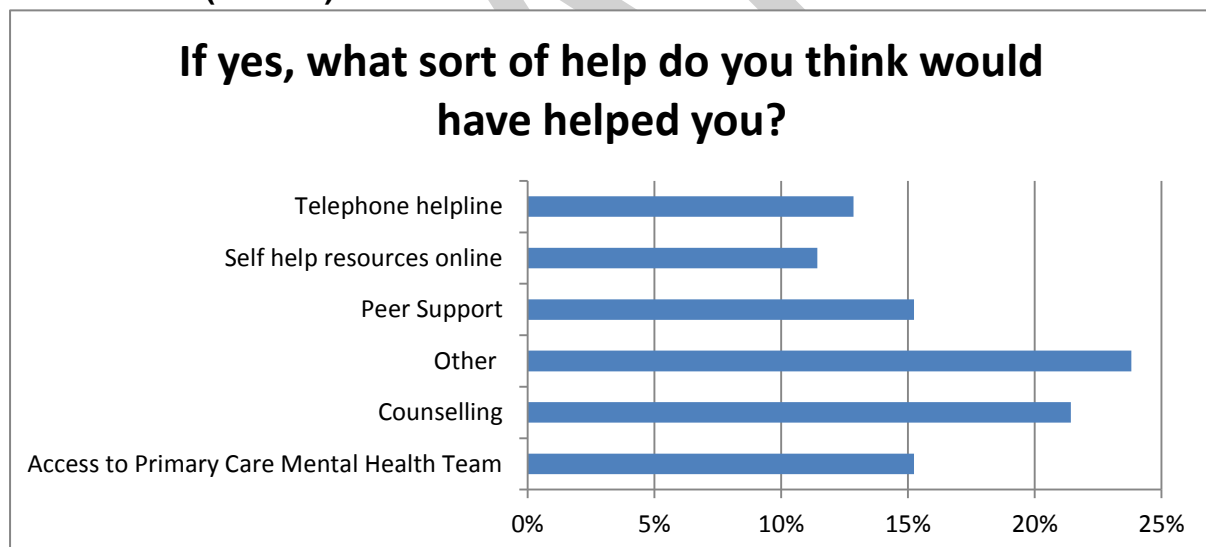
"The virus needs to be under control or wiped out to stop this feeling "

Questions 8 (n = 398)



A follow-on question asked whether respondents were able to access professional help if they had needed it. The chart above indicated that 109 (27%) respondents said yes they had needed help.

Question 8b (n = 210)



In total 210 responses were received in relation to professional help being needed. One of the highest type of support was for counselling mentioned by 45 (21 %) respondents, followed by access to Primary Care Mental Health Team and Peer Support. The highest choice was for 'other' types of support mentioned by 50 (24%) respondents. This can be illustrated with a few direct quotes:

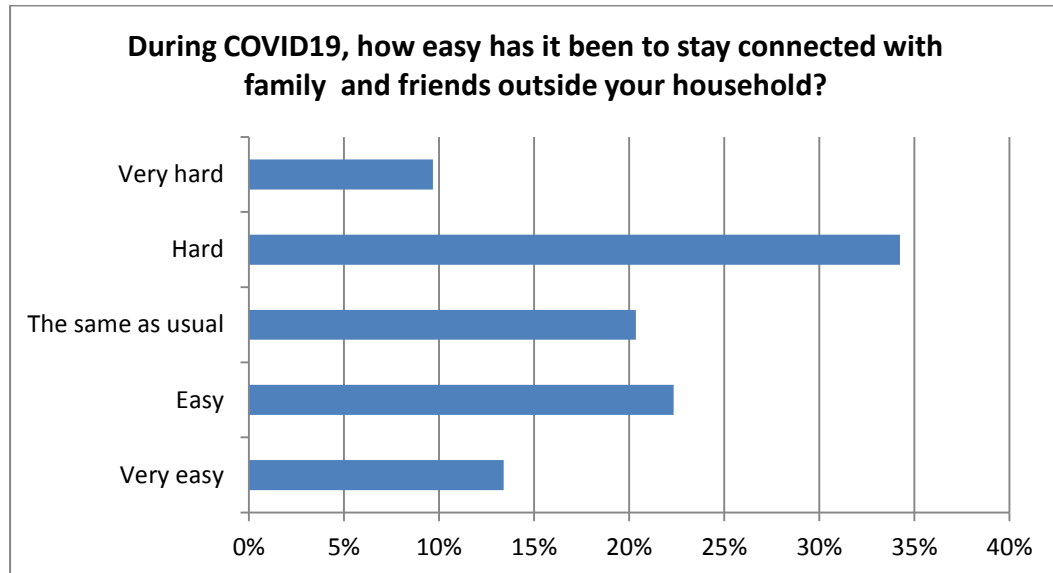
"I just wanted to talk to my GP or mental health professional. Receptionist at GP asked why I needed an appointmentWhy ask if you're not going to offer any advice"

".... a hug from a family member"

"I find it hard to take the step to ask for help"

"Being able to see my CPN rather than awkward calls"

Question 9 (n = 403)



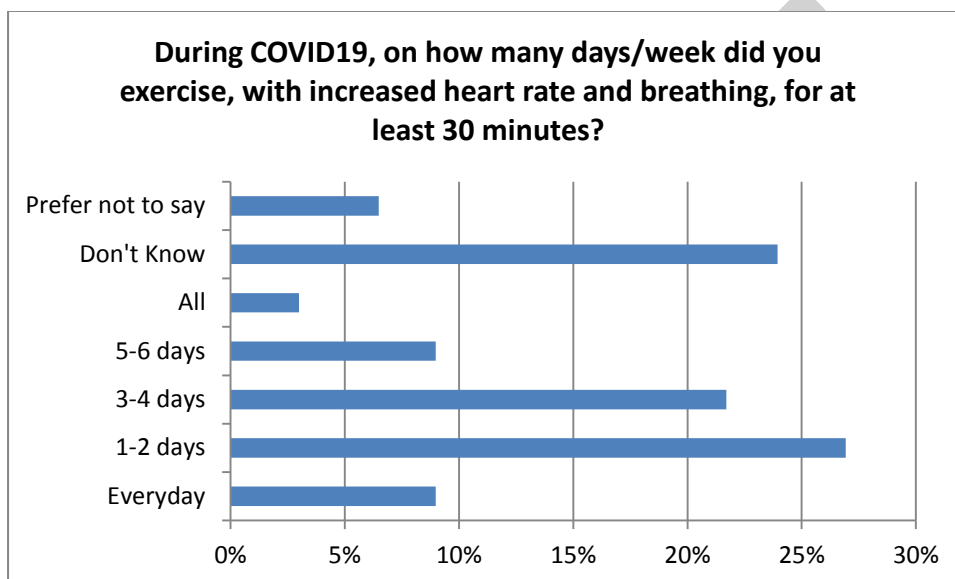
The final question in this section asked how easy it had been to remain connected with family and friends. On the whole, 177 (44%) of respondents said it was hard or very hard to keep connected with family and friends. This was followed by 144 (35%) saying it was easy or very easy to remain connected.

8. Physical Activity

This section explored whether levels of physical activity had changed since the pandemic, as well as the frequency and type of activity per week. Also questions were asked about what would encourage physical activity levels to be maintained or increased.

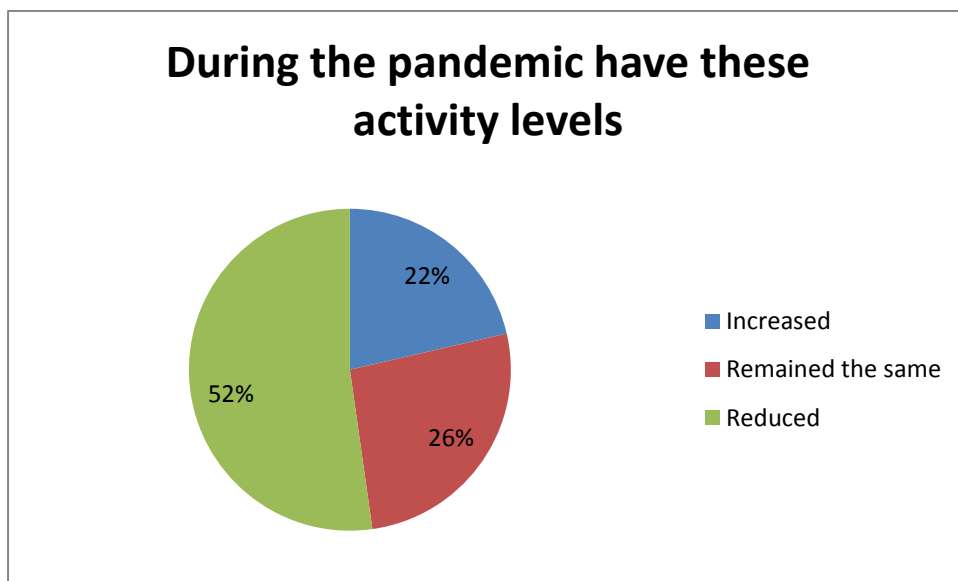
Question 10 (n = 401)

The adult guidelines for exercise are to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in sessions of 10 minutes or more or by doing 30 minutes of activity on at least 5 days a week.



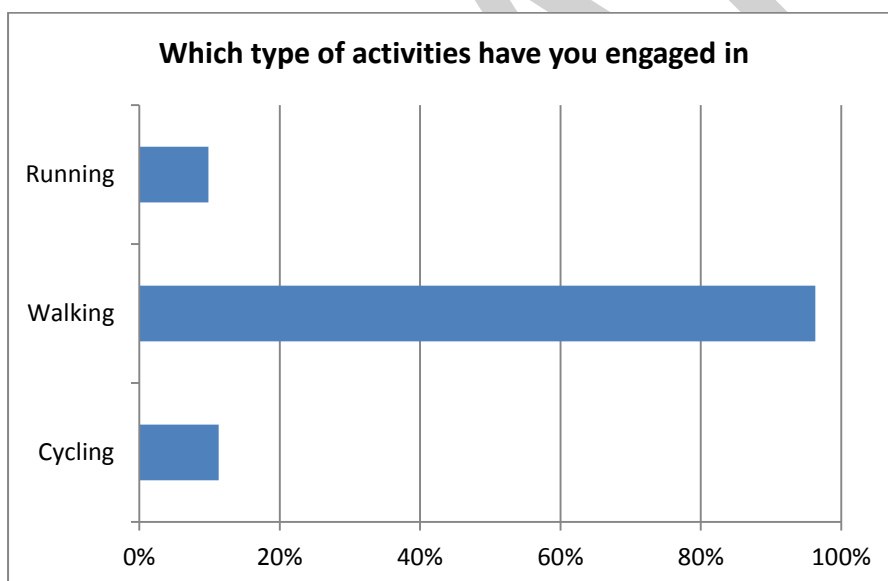
The chart above shows that only a very small number of respondents 36 (9%) were exercising 5-6 times per week with the vast majority commonly exercising 1-2 days per week 108 (27%). Just under a quarter 96 (24%) respondents weren't sure how much exercise they were taking.

Question 10b (n = 402)



The chart above shows that 210 (52%) respondents had reduced their physical activity and a small number 86 (22%) respondents had increased their activity levels.

Question 10c (n= 345)



Of the three activities presented in the chart above the most commonly selected option was walking by 332 (96%) respondents, followed by cycling 39 (11%) and running 34 (10%).

Respondents were then given the opportunity to state any other form of activity they used to keep active, 106 responses were captured. These were categorised as follows:

Activity	No. of Responses	Percentage
Home Exercise & Access Local Leisure Services : including on-line classes	32	30%
Outdoor Activity: including gardening, boot camp, hiking, hill walking, dog walking, horse riding, walk to shops	21	20%
Little/no exercise/sit about	20	19%
Barriers to exercise - single parent, lack of motivation, working from home, mobility issues, disability, wheelchair user	10	9%
Private PT & Weights	6	6%
Swimming	4	4%
Sports: football, tennis, golf	4	4%
Various	4	4%
Working	3	3%
Other (weather permitted, drinking & eating)	2	2%

This can be illustrated with a few quotes from respondents:

"Online exercise class"

"Online Pilates, some yoga, I'm restricted in that I live in a middle floor flat so have to consider my neighbours in relation to exercise"

"Home gym workout"

"Trying to use an exercise bike as been shielding"

"Kayaking & outdoor swimming, hill walking"

"I contracted COVID last March and it has had a profound effect on my health. I have gradually been able to start doing small walks again"

Worth noting is that 20 (19%) respondents said that they were doing little or no exercise instead just sitting about. Several people, 10 (9%) respondents mentioned

that they had barriers to exercise like: lack of motivation, mobility issues, disability, a single parent with no childcare. This can be illustrated in the following quotes:

"I am finding it difficult to exercise outside due to working from home and being a single parent. I struggle to motivate myself when it's dark so early in the day"

"I have not as I am physically disabled with multiple disabilities "

"... I have no motivation to get up and go for a walk! "

Question 10d (n = 394)

A final question in this section sought to identify respondents views on what they thought the HSCP should be doing to support people to maintain or increase their activity levels.

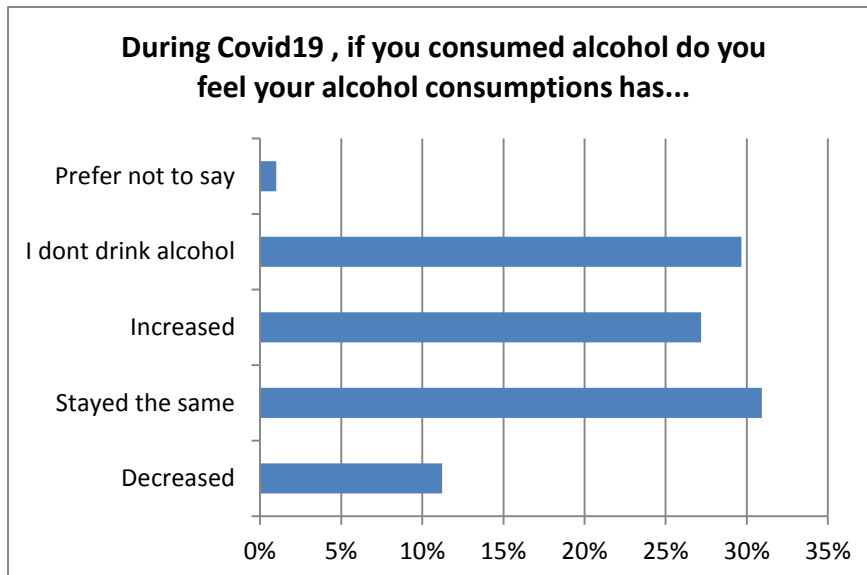
Five options were provided which respondents ranked, with 1 being MOST important to 5 LEAST important.

Rank (of importance)	Option/Statement
1 st (MOST)	Work with partners to improve Green Space
2nd	Work with partners to improve Cycling and Walking Infrastructure
3rd	Encourage Voluntary Groups to Develop Such as Walking Groups
4th	Request additional support to assess the fitness of individuals and develop meaningful activity plans if needed
5 th (LEAST)	Work with local partners and other agencies to ensure service users have access to leisure centres, gyms, and sports facilities

9. Alcohol, Tobacco and Drugs

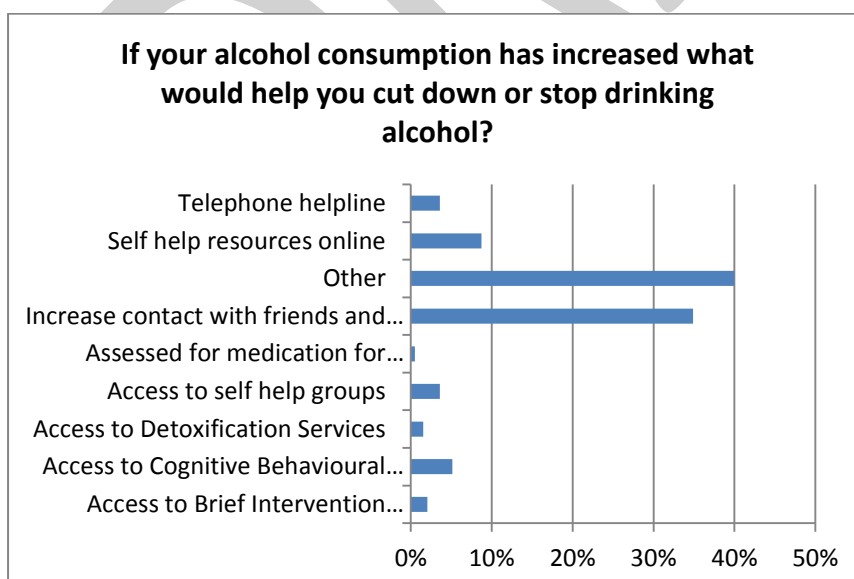
This section explored whether use of substances (alcohol, tobacco and drugs) had increased during the pandemic and what would help to cut down or stop this increased use.

Question 11 (n = 401)



The above chart shows mixed responses to the question about alcohol consumption during the pandemic. The highest response chosen was 119 (30%) respondents not drinking alcohol, followed by 109 (27%) who consumed more alcohol, 124 (31%) stayed the same and 45 (11%) had decreased their consumption.

Question 11b (n = 195)



The next chart shows that of the respondents that said that they had increased their alcohol intake, 68 (35%) said that if they had had increased contact with friends and family this would cut down or stop their increased alcohol consumption.

In addition 78 (40%) of respondents provided some further ways to cut down or stop their alcohol consumption, this included more meaningful activity, exercise, self-discipline, end of lockdown and back to work.

This can be illustrated in the following quotes:

"I don't need to cut down or stop - consumption has increased but is still below recommended levels"

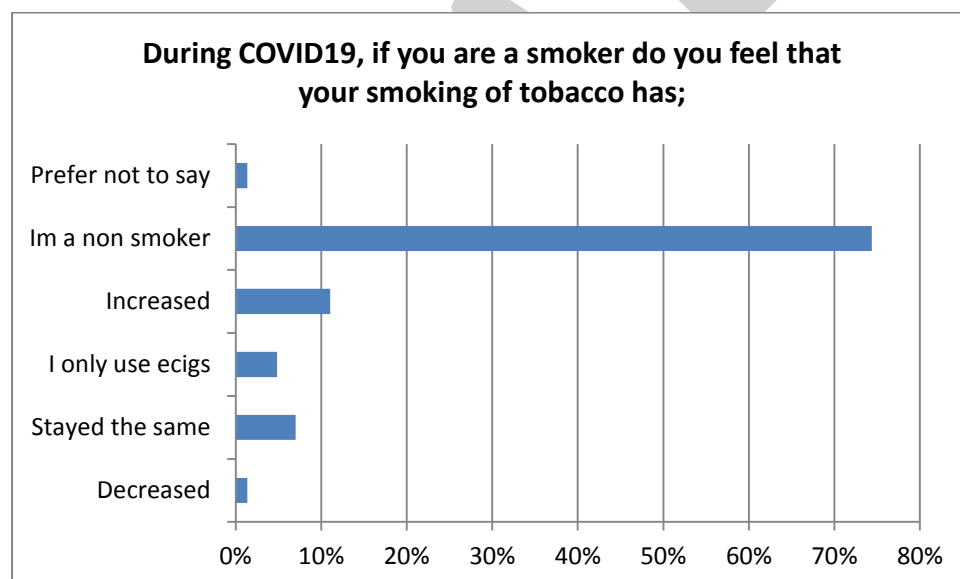
"Stop the stupid lockdowns so we can actually live a better life"

"Gyms back opened"

"Any activity to look forward to...it is sheer boredom that leads to drinking to pass the time"

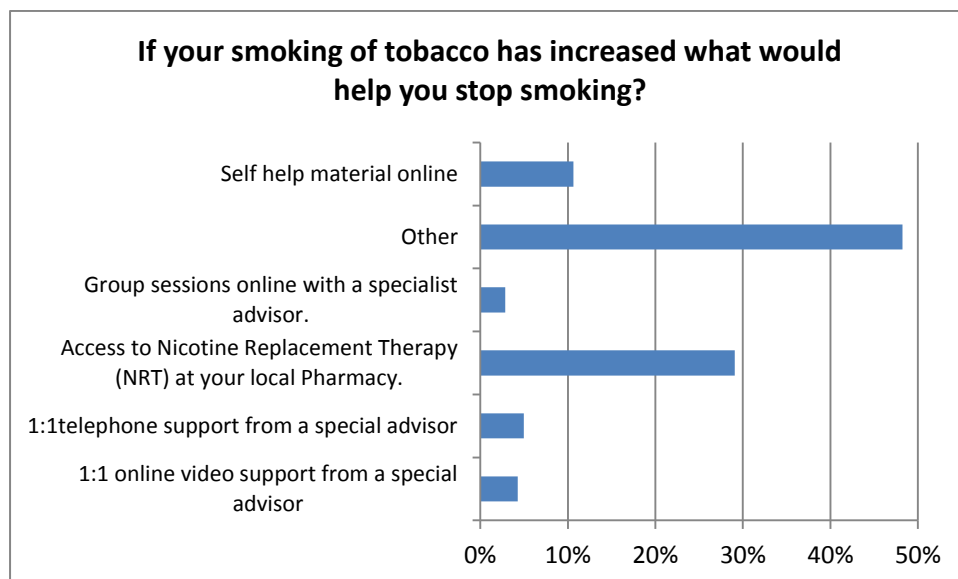
"Getting back to work"

Question 12 (n = 371)



In response to the above question on tobacco use it is clear that the majority of respondents 276 (74%) were non-smokers and only 41 (11%) had increased their use during the pandemic.

Question 12b (n = 141)



This chart explains that of those 41 (29%) of respondents who had increased their tobacco use said that access to NRT at their local pharmacy would help them to stop smoking. This was followed by 15 (11%) respondents saying access to on-line self-help materials. Other comments made by 68 (48%) of respondents were: 10 (7%) don't want to stop, 4 (6%) nothing would help, 2 (3%) distractions. This can be illustrated in the following quotes:

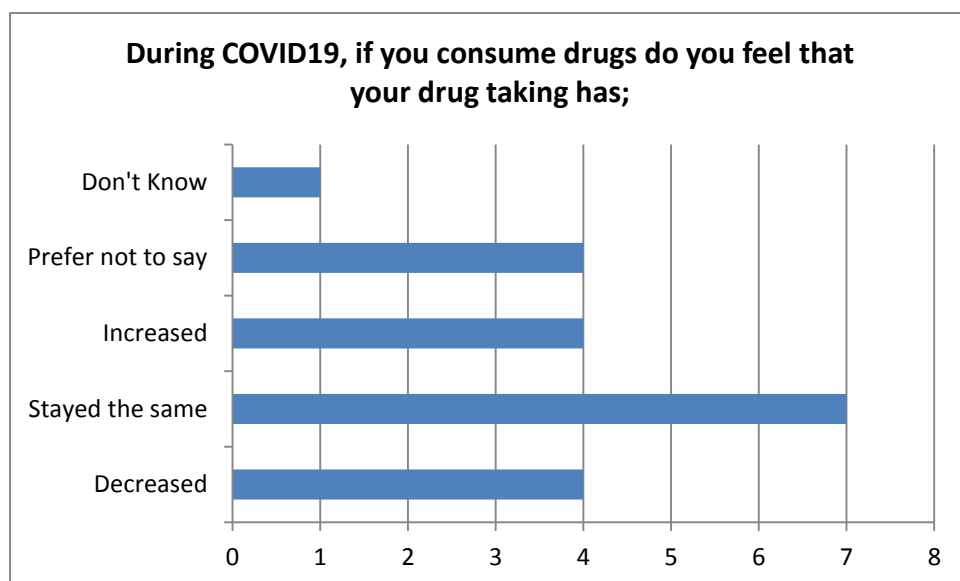
"A distraction, I find I don't smoke unless bored. If I'm out doing something I don't feel the urge to smoke....."

"I want to die. Nothing to live for"

"Nothing as it is down to boredom"

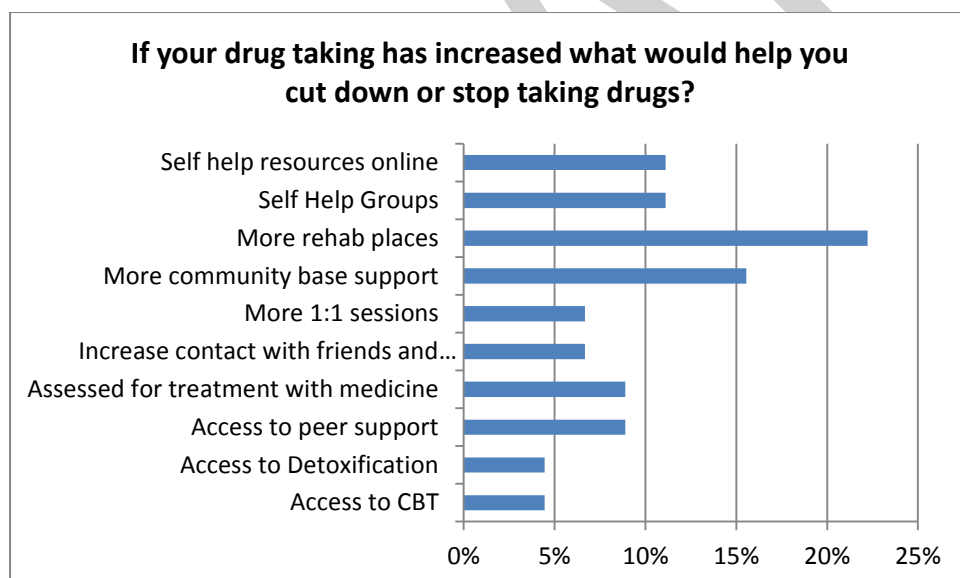
"Nothing it is down to self will"

Question 13 (n = 346)



The chart above shows that a small number of people took drugs, 4(1.16%) respondents had increased their use, 4 (1.16%) had decreased their use and 7 (2%) had stayed the same.

Question 13b (n = 45)



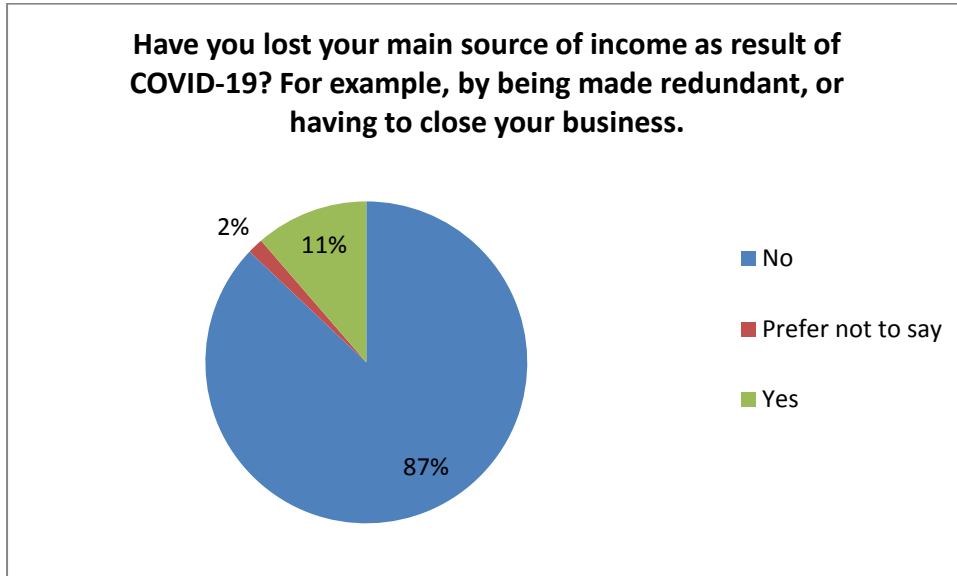
For those respondents who had increased their drug use a question was asked on what would help them to cut down or stop taking drugs. The chart above shows a selection of options. The highest option selected by 10 (22%) of respondents was the provision of more rehab places, followed by more community based support 7 (16%) of respondents.

Other comments received from respondents were : I don't use recreational drugs and I only take prescribed medications.

10. Money

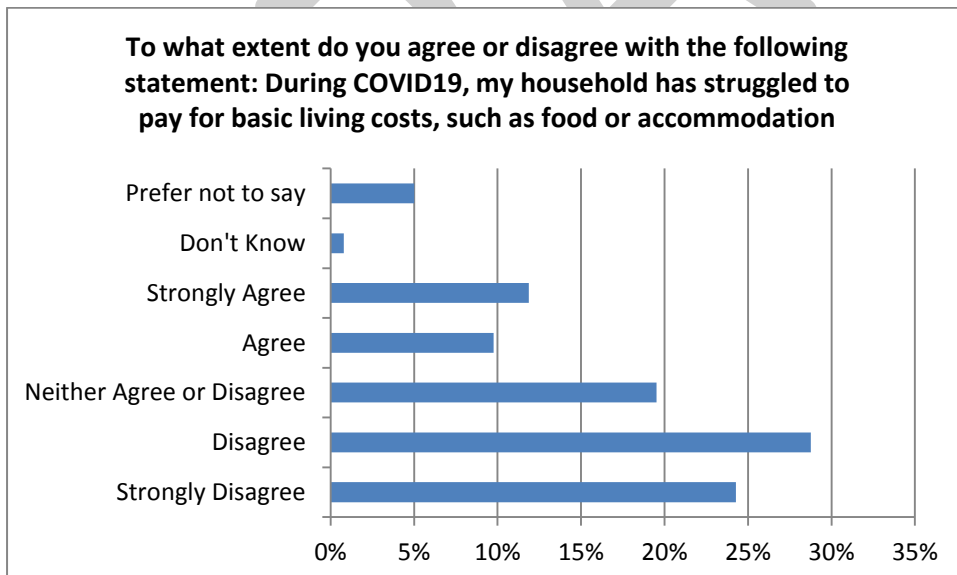
In this section a series of questions explored peoples' financial issues brought on by the pandemic and how households had managed.

Question 14 (n = 379)



It can be noted from the results in the above chart that 43 (11%) of respondents had lost their main source of income and the majority seemingly unaffected 330 (87%).

Question 15 (n = 379)



The final question of this section aimed to gather peoples' options to a series of statements on household expenses and whether they had struggled to pay for basic living costs. What can be noted from the above chart is that 201 (53%) disagreed/strongly disagreed with this statement. However, 82 (22%) agreed/strongly agreed with the statement.



West Dunbartonshire Health & Social Care Partnership COVID 19 Health & Wellbeing Questionnaire.

West Dunbartonshire HSCP Strategic Plan 2019-22 was written before the world was hit with COVID19, the Integrated Joint Board (IJB) has agreed that a new strategy was needed to take into account the way health and social care services in West Dunbartonshire have reacted to the pandemic.

The Health and Wellbeing Questionnaire is part of the HSCP pre-consultation with the community of West Dunbartonshire to find out what have been the challenges they have faced during the pandemic. Also, what has been their experience of using health and social care services during COVID19.

General Health and Wellbeing

1. In general, would you say your health was?

Excellent

Very good

Good

Fair

Poor

Don't know

Prefer not to say

2. How do you feel about your life as a whole these days?

Completely satisfied satisfied so-so dissatisfied completely dissatisfied

(b) Explain why do you feel this way?

- 3. During COVID19, have you been doing any of the following to stay well or manage your health? Please tick all that apply.**

Exercise

Eating healthy food

Getting enough sleep

Relaxation techniques (e.g. meditation, yoga, breath focus, body scan)

Connecting with family and friends

Anything else - specify

None of the above

Don't know

Prefer not to say

Access to Services

- 4. During COVID-19 many health and social care consultations were happening over the phone, or by video call, instead of face to face. During that time, did you have any non face-to-face consultations of this kind?**

Yes

No

Prefer not to say

(b) If yes, how did you find the telephone or/and virtual consultation compared to a face to face consultation? Would you say it was...

Easier (than a face to face consultation)

About the same (as a face to face consultation)

More difficult (than a face to face consultation)

Don't know

Prefer not to say

- 5. During COVID-19, did you have any outpatients and/or inpatients hospital appointments cancelled or deferred because of COVID-19?**

Yes

No

Prefer not to say

(b) If yes, what impact, if any, has having an appointment cancelled or deferred because of COVID-19 had on you and your health?

6. During COVID-19 was there a time when you needed health care but could not get it?

Yes

No

Prefer not to say

(b) If yes, what types of health care did you need?

Loneliness and Isolation

7. During COVID19, how often have you felt lonely or isolated?

All of the time very often often not very often never prefer not to say

(b) If you've answered you have felt lonely or isolated, what would make you not to feel lonely or isolated

- More Befriending Services
- Contact with WDCVS Link Up Service
- Help to access digital platforms like Skype to keep in touch with friends and family.
- What help do you think you need to stop you feeling lonely or isolated?

8. During COVID-19 did you ever feel that you needed professional help for your emotions, stress or mental health, but you didn't receive that help?

Yes

No

Don't know

Prefer not to say

(b) If yes, what sort of help do you think would have helped you;

- Self help resources online
- Telephone helpline
- Counselling
- Peer Support
- Access to Primary Care Mental Health Team
- Other please specify

9. During COVID19, how easy has it been to stay connected with family and friends outside your household?

Very easy easy the same as usual hard very hard

Physical Activity

10. During COVID19, on how many days/week did you exercise, with increased heart rate and breathing, for at least 30 minutes?

None

1-2 days

3-4 days

5-6 days

Everyday

Don't know

Prefer not to say

(b) During the pandemic have these activity levels

- Reduced
- Increased
- Remained the Same

(c) Which type of activities have you engaged in:

- Walking
- Cycling
- Running
- Anything else please state:

(d) What do you think the HSCP should be doing right now to support people to maintain or increase their activity levels? Please rank options with 1 being most important and 5 being least:

- Work with partners to improve Green Space
- Work with partners to improve Cycling and Walking Infrastructure
- Encourage Voluntary Groups to Develop Such as Walking Groups
- Request additional support to assess the fitness of individuals and develop meaningful activity plans if needed.
- Work with local partners and other agencies to ensure service users have access to leisure centres, gyms, and sports facilities.

Alcohol, Tobacco and Drugs

11. During COVID19, if you consume alcohol do you feel your alcohol consumption has;

- increased
- decreased
- stayed the same
- I don't drink alcohol
- Prefer not to say

(b) If your alcohol consumption has increased what would help you cut down or stop drinking alcohol?

- Self help resources online
- Telephone helpline
- Access to self help groups
- Increase contact with friends and family
- Access to Cognitive Behavioural Therapy (CBT)
- Assessed for medication for alcohol dependency
- Access to Detoxification Services
- Access to Brief Intervention Treatment
- Other please specify

12. During COVID19, if you are a smoker do you feel that your smoking of tobacco has;

- Increased
- Decreased
- Stayed the same
- I'm a non smoker
- I only use e cigs
- Prefer not to say

(b) If your smoking of tobacco has increased what would help you stop smoking?

- Self help material online
- 1:1 telephone support from a special advisor
- 1:1 online video support from a special advisor
- Group sessions online with a specialist advisor.
- Access to Nicotine Replacement Therapy (NRT) at your local Pharmacy.
- Other please specify

13. During COVID19, if you consume drugs do you feel that your drug taking has;

- Increased
- Decreased
- stayed the same
- Don't know
- Don't take drugs
- Prefer not to say

(b) If your drug taking has increased what would help you cut down or stop taking drugs?

- Self help resources online
- Telephone helpline
- More 1:1 sessions
- Access to peer support
- Increase contact with friends and family
- Access to CBT
- Assessed for treatment with medicine
- Self Help Groups
- Access to Detoxification
- More community base support
- More rehab places
- Other please specify

Money

14. Have you lost your main source of income as result of COVID-19? For example, by being made redundant, or having to close your business.

Yes

No

Prefer not to say

**15. To what extent do you agree or disagree with the following statement:
During COVID19, my household has struggled to pay for basic living costs, such as food or accommodation.**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Prefer not to say

Demographics

16. Which of these age groups do you belong to?

16–24 years

25–44 years

45–64 years

65–74 years

75+ years

Prefer not to say

17. What gender do you identify as?

Male

Female

Gender diverse

Don't know

Do not wish to answer

18. Including yourself, how many people are currently living in your household?

How many _____

Prefer not to say

19. Are there any children under the age of 16 currently living in your household?

Yes – how many? _____

No

Prefer not to say

Thank you for participating in West Dunbartonshire HSCP COVID19 Health and Wellbeing Survey.

Direction from Health and Social Care Partnership Board.

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

From: Beth Culshaw, Chief Officer West Dunbartonshire HSCP
To: Joyce Whyte and Jane Grant, Chief Executives WDC and NHS GCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Direction from West Dunbartonshire HSCP Board – 24 June 2021
Attachment: West Dunbartonshire HSCP Strategic Planning Approach

Following the recent Integration Joint Board meeting, the direction below has 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	HSCP B000006MJC27052021
2	Date direction issued by Integration Joint Board	24 June 2021
3	Report Author	<p>Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL</p> <p>Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk Phone: 07786 747 952</p>
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede,	No

	amend or cancel a previous direction – if yes, include the reference number(s)	
6	Functions covered by direction	Strategy and Transformation Service
7	Full text and detail of direction	To commence a review of the HSCP Strategic Plan in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 with a view to presenting a draft strategic plan to the IJB for their final approval on the 24 March 2022.
8	Specification of those impacted by the change	<p>No specific change recommendation for change has been identified at this stage.</p> <p>The implementation of a managed programme of engagement will have a positive impact on communities of interest and communities of geography across West Dunbartonshire. A further direction will be required should the IJB wish to approve a new strategic plan in March 2022.</p> <p>However, it is anticipated that the Strategic Planning Group will be impacted by the proposals as they contain focused work to build the capacity of the Group to fully capitalise on their strengths to develop the next Strategic Plan.</p>
9	Budget allocated by Integration Joint Board to carry out direction	No budget required. The work will be consumed within existing resources.
10	Desired outcomes detail of what the direction is intended to achieve	<p>The primary purpose of this work is to ensure a strong programme of engagement and development is in place to shape the next HSCP Strategic Plan.</p> <p>Outcomes include:</p> <p>Increase the likelihood that the strategic plan will be widely accepted. The creation of more effective services, solutions and actions. Improve citizens' knowledge and skills in problem solving.</p>

		Empower and integrate people from different backgrounds. Strengthen local networks of stakeholders and community members.	
11	Strategic Milestones	Determine the Position	August 2021
		Develop the Strategy	February 2022
		Build the Plan	March 2022
		Manage Performance	April 2022 onwards
12	Overall Delivery timescales	The strategic milestones outlined above will be managed via the HSCP Programme Management Office with a view to presenting the Strategic Plan to the HSCP Board for approval on 24 March 2022.	
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.	
14	Date direction will be reviewed	1 December 2021	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

24 June 2021

Subject: 2020/21 Financial Performance Outturn Report

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with an update on the outturn based on the unaudited position as at period 12 to 31 March 2021.

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 of the HSCP Board;
- **note** the reported revenue position for the period 1 April 2020 to 31 March 2021 is reporting a favourable (under spend) position of £3.672m;
- **note** the main movements since last reported to the HSCP Board;
- **note** the reported Covid-19 full year cost position for the period 1 April 2020 to 31 March 2021 of £8.068m resulting in a final earmarked reserve of £4.970m; and
- **note** the analysis of the reserve position and the draft balances as at 31 March 2021;

3. Background

- 3.1** At the meeting of the HSCP Board on 25 March 2020, just as Scotland entered into “lockdown” to combat the Covid-19 pandemic, members agreed the revenue estimates for 2020/21. A total indicative net revenue budget of £166.689m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.
- 3.2** Since the March HSCP Board report there have been a number of budget adjustments, including full funding for the additional costs responding to the pandemic and new funding allocations. A total net budget of £188.395m is now being monitored as detailed within Appendix 1.
- 3.3** The 2020/21 financial year ended on 31 March 2021 with a final outturn Period 12 position as detailed within this report. This reported position is also detailed within the 2020/21 unaudited annual accounts which are the subject to a further report to the 24 June 2021 HSCP Board.

4. Main Issues

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

- 4.1** As reported in the HSCP Board, financial governance processes were adapted to be able to respond effectively to directives from the Scottish Government to support the sustainability of health and social care services.
- 4.2** A detailed Covid-19 financial tracker has been completed at least monthly by HSCPs, with the detailed information considered internally by the Chief Officer, Chief Financial Officer, the HSCP Board Chair and Vice Chair, coupled with collective and individual scrutiny by our funding partners and the Scottish Government.
- 4.3** The final financial tracker for 2020/21 was submitted on 27 April 2021 and the table below provides a summarised version of the financial tracker actual costs based on the final submission. At this time the costs only extend until the end of the 2020/21 financial year; however expenditure commitments will extend into 2021/22.

Table 1: Summary of Covid-19 Costs and Funding to 31 March 2021

Covid-19	Year to Date Actual £000's
Delayed Discharge Reduction- Additional Care at Home Packages	675,000
Personal protection equipment	383,645
Deep cleans	1,650
Additional staff overtime and Enhancements	791,478
Additional temporary staff spend - Student Nurses & AHP	149,369
Additional temporary staff spend - Health and Support Care Workers	230,278
Additional temporary staff spend - All Other	236,538
Social Care Provider Sustainability Payments	2,164,180
Other external provider costs	97,308
Mental Health Services	205,884
Additional payments to FHS contractors	422,758
Community Hubs	211,097
Loss of Income	412,543
Digital, IT & Telephony Costs	153,472
Children and Family Services	123,000
Hospice - Loss of income	2,227,736
Winter Planning	20,621
Other - Flu Programme Delivery Costs	58,519
Other - Support to vulnerable service users food	5,970
Other - miscellaneous	152,015
Offsetting cost reductions - HSCP	(1,446,756)
Expected underachievement of savings (HSCP)	792,000
Total Spend	8,068,303
Social Care Funding received to date	(5,879,537)
Health Care Funding received to date	(1,754,583)
Hospice Funding	(2,227,736)
GP Funding	(422,758)
Covid-19 Funding received in advance	(2,754,000)
Total Income	(13,038,614)
Earmarked Reserve	(4,970,311)

- 4.4** Costs for 2021/22 will be subject to change as additional guidance is issued as Scotland progresses through the phased stages of the route map and the HSCP move services into recovery and renewal phases.
- 4.5** The table above details the Scottish Government Covid-19 funding received to date. Since the last reported allocation the Scottish Government released further Hospice funding on 31 March 2021 totalling £17.822m with the HSCP's share of this allocations totalling £1.832m being £1.758m for lockdown funding and £0.074m in relation to the £500 thank you payment. This takes the total Covid-19 funding to £13.039m.
- 4.6** Table 1 shows that the HSCP has now received funding in advance of need totalling £4.970m which will be placed in an earmarked reserve at the end of the financial year to start to address Covid-19 future expenditure commitments.
- 4.7** COSLA leaders met on 28 May 2021 and proposed that the financial arrangements for the adult social care sector from July 2021 to March 2022 are as noted below. At the time of writing this report the final recommendations have yet to be approved.
- Payments for non-delivery of service or under occupancy payments for care homes stop at the end of June, except in exceptional circumstances where there is an outbreak that significantly impacts occupancy;
 - A mechanism remains in place for community-based services such as day care to make a claim for the impact of non-delivery of service until the end of September to allow remobilisation of these services;
 - Support for additional staffing cost as a result of the staff movement policy will stop at the end of June in line with updated guidance;
 - Continue to pay agreed additional costs relating to remobilisation and public health measures which includes; additional staffing and non-staffing costs related to the pandemic, additional costs for pandemic related administration required by care homes and the Staff Social Care Support Fund until 30 March 2022: and
 - Claims for additional cost of PPE will be permitted, but only where providers have been unable to use the PPE Hubs.

Summary Position

- 4.8** The reported revenue position for the period 1 April 2020 to 31 March 2021 is reporting a favourable (under spend) position of £3.672m.
- 4.9** The 2020/21 reported outturn position is based on the period 12 ledger information and includes all known material accruals and planned transfers to and from earmarked reserves at this stage of the year end accounts closure process. Final outturn figures and recommendations on reserves are included within a separate report to the June HSCP Board and are reflected within the draft 2020/21 unaudited accounts.

- 4.10** The summary position is reported within Table 2 below which identifies the 2021/22 budget under spend of £3.672m (2% of the total budget). The consolidated position is presented in greater detail within Appendix 2, with the individual Health Care and Social Care reports detailed in Appendix 3.

Table 2 - Summary Financial Information as at 31 March 2021

Summary Financial Information	Annual Budget	Actual Outturn	Reserves Adjustment	Actual Variance	Variance %
	£000's	£000's	£000's	£000's	
Health Care	108,579	103,614	3,674	1,292	1.2%
Social Care	99,290	95,940	1,129	2,221	2.2%
Covid-19	13,038	8,067	3,469	1,501	0.0%
Expenditure	220,907	207,621	8,272	5,014	2.3%
Health Care	(4,094)	(4,094)	0	0	0.0%
Social Care	(28,418)	(28,876)	299	159	-0.6%
Covid-19	0	0	1,501	(1,501)	0.0%
Income	(32,512)	(32,970)	1,800	(1,342)	4.1%
Health Care	104,485	99,520	3,674	1,292	1.2%
Social Care	70,872	67,064	1,428	2,380	3.4%
Covid-19	13,038	8,067	4,970	0	0.0%
Net Expenditure	188,395	174,651	10,072	3,672	1.9%

- 4.11** The overall reported net revenue position has improved by £0.971m from the financial projection reported to the 25 March HSCP Board Meeting with the main changes detailed in Table 3 below.

Table 3 - Movement in the Forecast Outturn since Last Reported

Reconciliation of Movements in Reported Position between Last Reported and Period 12	Forecast Full Year	Drawdown / (Transfer to) Earmarked Reserves	Drawdown / (Transfer to) Unearmarked Reserves
	£000's	£000's	£000's
Period 11 Favourable Variance Reported - Impact on Reserves	11,349	(8,648)	(2,701)
Period 12 Favourable Variance Reported - Impact on Reserves	13,744	(10,072)	(3,672)
Movement	2,395	(1,424)	(971)
Represented By:			
Children's Residential Schools	153	(91)	(62)
Residential Accommodation for Older People	313	0	(313)
Sheltered Housing	101	0	(101)
Community Health Operations	104	0	(104)
Physical Disability	192	0	(192)
Mental Health - Elderly Inpatients	247	0	(247)
Other Services	386	(174)	(212)
Covid-19	807	(807)	0
Non recurring movements for various service areas	93	(352)	259
Total	2,395	(1,424)	(971)

Significant Variances – Health Services

4.12 The position at 31 March 2021 is reporting an outturn underspend of £1.292m (1.1%). Due to the timing of the NHSGGC year end financial ledger closure the outturn can be held at this position, subject to audit. The key outturn variances are detailed below:

- **Planning and Health Improvement and Other Services** – underspends of £0.143m mainly due to discretionary/non recurring funding received and recharge of staffing to ADP.
- **Adult Community Services** – underspend of £0.234m mainly due unallocated budgets within FIT/ICF being reallocated to core budgets and reduced activity/usage of AWI beds which offset pressures relating to a specialist care package.
- **Mental Health – Adult Community and Elderly Services** – underspend of £0.634m mainly due to the combined impact of vacancies and recruitment within core teams and locum medical cover at Vale of Leven. Also additional income received from NHS Highland under the terms of the Service Level Agreement which is based on a 3 year rolling average.

Significant Variances – Social Care

4.13 The position at 31 March 2020 is reporting a projected outturn underspend of £2.380m (3.4%). As with the Health position the WDC financial ledger has now closed and therefore the outturn can be held at this position, subject to audit. The key projected outturn variations are detailed below:

- **Strategy, Planning and Health Improvement** –underspend of £0.257m mainly due to a number of vacant posts pending staffing restructure.
- **Children and Families** – overspend £0.444m mainly due to overspends of £0.579m and £0.152m within residential care and community placements respectively arising from increasing pressures on high cost packages and the number of kinship and external foster placements since the start of the financial year. These overspends have been partially offset by additional income received from the home office for Asylum Seekers totalling £0.316m. This was tracked throughout the financial year and adjusted for as part of the 2021/22 budget setting exercise
- **Internal Residential Accommodation for Older People** – the service reports an underspend of £0.518m mainly due to staffing restructure delays and restrictions in staff movements that resulted in £0.339m of overtime and agency costs being charged against Covid.
- **Community Health Operations** – the services reports an underspend of £0.195m due to a number of vacant posts and secondments not backfilled and a staffing recharge to housing.

- **Learning Disability** – the service reports an underspend of £0.426m. This favourable result is due to the recharge of unachieved savings and pandemic related increases in client packages totalling £0.322m to Covid tracker and the application of £0.264m of Carers Act Funding to support carers' respite.
- **Mental Health** – the services reports an underspend of £0.247m mainly due to a number of vacant posts within staffing of £0.104m, a reduction in client packages of £0.084m and an overachievement in income of £0.059m.
- **Care at Home** – the service reports an underspend of £0.334m. This favourable outturn position is achieved due to the recharge of £1.448m of costs to Covid being: overtime costs of £0.444m; additional care at home packages of £0.675m; unachieved savings of £0.316m and service purchases of PPE of £0.013m. In addition to this PPE totalling £0.289m was purchased centrally on behalf of the service.
- **HSCP Corporate Costs** – the service reports an underspend of £0.484m mainly due to a non recurring underspend of £0.150m within investment in integration and an underspend of £0.270m relating to additional Covid related funding linked to the Scottish Living Wage 3.3% uplift agreed by providers, Cosla and the Scottish Government.

Justice Social Work Services (JSW) Outturn

- 4.14** Reflected within the Partner summaries within Appendix 3 is a financial summary related to JSW, funded through specific, ring-fenced grant. The overall net position is a £0.188m underspend. In 20/21 the s27 Grant was not sufficient to cover the projected costs of the service and the HSCP Board agreed an additional allocation of £0.198m, however due to the impact of the pandemic on the Courts, additional Covid-related funding for unpaid work programmes this investment has not been required.

Update on Reserves

- 4.15** The Ministerial Steering Group's Review of Integration identified the need for each HSCP to develop a transparent and prudent reserves policy. This policy is required to ensure that reserves are identified for a purpose and held against planned expenditure or held as a general reserve as a contingency to cushion the impact of unexpected events or emergencies. Reserves of HSCP's should not be built up unnecessarily. The HSCP Board's current reserves policy complies with all of these requirements.
- 4.16** It is important that sufficient general reserves are held to manage unanticipated pressures from year to year. The Medium Term Financial Plan (as set out in the 25 March 2020 Budget Setting Report) considered a number of areas of risk and the potential financial implications for the HSCP as detailed in Table 4 below.

- 4.17** The main risks to financial sustainability will continue to be: impacts of the public sector pay and living wage policies for the health and social care workforce; increased service demands influenced by demographic changes, poverty and Covid and Scottish Government funding priorities across the public sector. The financial implication of these risks will be reviewed with the update of the Medium Term Financial Plan which is due to be presented to the Board in November 2021.

Table 4 – Risk and Budget Pressures

Impact of 1% Change in Expenditure	2021/22	2022/23	2023/24	2024/25
	£000's	£000's	£000's	£000's
Pay	650	670	691	712
Demographic and Demand Changes	1,072	1,105	1,138	1,172
Living Wage	8	8	8	9
Prescribing	201	209	217	226
Purchase of Healthcare	39	48	49	51
Non Pay Health Pressures	79	84	89	94
Resource Transfer	85	87	90	93
Total	2,049	2,124	2,193	2,264
Impact of 1% Change in Resources	2021/22	2022/23	2023/24	2024/25
	£000's	£000's	£000's	£000's
WDC Revenue Funding	709	715	721	726
Housing Aids and Adaptations and Care of Gardens (via WDC)	7	7	7	8
NHSGCC Revenue Funding	698	721	746	771
Total	1,414	1,444	1,474	1,505

- 4.18** The 2021/22 budget makes a number of assumptions in relation to savings/pressures and if these are not fully delivered then general reserves may be required to mitigate the risks. In addition, a number of ongoing budget savings/pressures will continue into 2021/22, and the HSCP Board will be advised of the impact of these within regular budget monitoring statements, together with proposed management actions to mitigate these budget pressures.
- 4.19** There are also a number of risks which are outwith the control of the HSCP Board such as the cost of drugs, the impact of the UK exit from the European Union and the required response to COVID. All of these risks require the HSCP Board to hold a contingency which is sufficient to respond and still remain financially stable in the short to medium term.
- 4.20** Table 5 provides an update on the overall HSCP reserve position and details anticipated movements based on the financial outturn position as at 31 March 2021. Since last reported there is an overall net increase in reserves of

£2.395m mainly due to the improved financial position of £0.971m and a net increase in earmarked reserves of £1.424m.

Table 5 – Movement in Reserves

Movement in Reserves During 2020/21	Unearmarked Reserves Balance	Earmarked Reserves Balance	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31 March 2020	(2,809)	(5,254)	(8,063)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2020/21	(3,672)	(10,072)	(13,744)
Closing Balance as at 31 March 2021	(6,481)	(15,326)	(21,807)

4.21 As the HSCP Board move forward with their recovery and renewal plans it must consider the financial uncertainties that may come from increased demand for some health and social care services. Evidence is emerging that the Covid-19 pandemic has disproportionately impacted on people already suffering disadvantage. In a joint study published by the Scottish Government and CoSLA in late December 2020 the main findings included:

- the pandemic is impacting disproportionately on people in poverty, low-paid workers, children and young people, older people, disabled people, minority ethnic groups and women; and
- lower earners have seen steeper falls in income as a result of the pandemic and a range of evidence suggests income inequalities are widening.

4.22 While the above presents significant challenges to the HSCP Board, and are likely to increase the projected budget gaps for 2022/23 and 2023/24 (as set out in the 25 March 2021 Budget Setting Report) the current general reserves level of 2% remains to be considered an appropriate minimum level of reserve to hold. Based on current 2021/22 budget levels this would equate to approximately £2.908m. Table 5 above sets out that the draft outturn position for unearmarked reserves is in excess of this prudent level.

4.23 As requested by the Chair at the 25 March HSCP Board, a separate report on the potential application of unearmarked reserves and plans around the use of earmarked funds is also on this June agenda for member's consideration and approval (Item 9. Reserves Update Report).

4.24 The decisions made by members in relation to Item 9 will also require to be reflected in the 2020/21 draft annual accounts. In summary there is a recommendation to reallocate £2.114m from unearmarked reserves to increase existing and create new earmarked reserves. If accepted the level of unearmarked reserve remaining would be £4.367m, approximately 3% of the HSCP Board's Reserves net expenditure.

Housing Aids and Adaptations and Care of Gardens

- 4.25** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to the HSCP Board and should be considered as an addition to the HSCP's 2020/21 budget allocation of £70.872m from West Dunbartonshire Council.
- 4.26** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.27** The summary position for the period to 31 March is included in the table below and will be reported as part of WDC's outturn position.

Table 6 - Financial Performance as at 31 March 2021

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Actual Outturn	Actual Variance	Variance %
	£000's	£000's	£000's	
Care of Gardens	453	453	0	0.0%
Aids & Adaptations	250	52	198	79.1%
Net Expenditure	703	505	198	28.1%

5. Options Appraisal

- 5.1** None required

6. People Implications

- 6.1** Other than the position noted above within the explanation of variances 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. Any subsequent changes will be recorded within as part of the audit process.

8. Risk Analysis

- 8.1** The main financial risk to the reported outturn financial position relates to any issues arising between now and the completion of the annual accounts audit process. There are still technical accounting discussions ongoing between Audit Scotland and local government and health board advisory groups regarding whether some elements of Scottish Government Covid funding should be treated as "agent" or "principle" payments. Any impact this may

have on the final reserves position will be presented to a future HSCP Board if required.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 31 March 2021 (as detailed within Appendix 1) will require the issuing of a revised direction, see Appendix 4.

Julie Slavin – Chief Financial Officer

Date: 15 June 2021

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Appendices: Appendix 1 – Budget Reconciliation
Appendix 2 – Revenue Budgetary Control 2020/21
(Overall Summary)
Appendix 3 – Revenue Budgetary Control 2020/21
(Health Care and Social Care Summary)
Appendix 4 – Directions

Background Papers: 2020/21 Financial Performance Update and 2021/22
Annual Budget Setting Update – March HSCP Board

Localities Affected: All

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

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

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

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
Ldl Team From Ld To Hscps	12		12
Alcohol and Drugs Programme for Government Fundng	114		114
Estimated Action 15 Funding	320		320
PCIP Funding	110		110
Period 5 Adjustments			
Covid Funding Social Care Tranche 3	1,300		1,300
Gms X Chg Hscps Covid Ac6701	12		12
Camchp43 Pcip Tr 1 Wdhscp	(154)		(154)
Hscp Ncl 2020-update Fyb	906		906
Period 6 Adjustments			
Fuel budget vired to West Dunbartonshire Council due to fuel savings (non recurring)		(14)	(14)
Camchp57 Outcome Framework Adj	(10)		(10)
Prescribing Sch4 Budget 20/21	18,149		18,149
Prescribing Sch4 Budget 20/21	(18,149)		(18,149)
Gms X Chg Hscps Covid Ac6701	52		52

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
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)
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

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

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	40		40
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)

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Hscp Ncl 2020-adj Gos Exp M10	53		53
Hscp Ncl 2020-adj Gps Exp M10	169		169
Camchp184 Wd Msl Western Ac	(171)		(171)
Camchp167 Wd Rev To Cap Tfer	(6)		(6)
Gms X Chg Hscps 20-21	(89)		(89)
Gms X Chg Hscp 17c 20/21	0		0
Funding For Covid Recognition Payment	8		8
Pay Award Funding	373		373
Gms X Chg Hscps It Nr 20-21	89		89
Gms X Chg Hscp Covid Clin W	(4)		(4)
Gms X Chg Hscp Covid	1		1
Hscp Ncl 2020-adj Dent Exp M12	(78)		(78)
Hscp Ncl 2020-adj Gos Exp M12	3		3
Hscp Ncl 2020-adj Gps M12	31		31
Hscp Ncl 2020-incr Dent Inc	(18)		(18)
Gms X Chg Hscps 20-21	(43)		(43)
Camchp116 Wd Dn Posts	44		44
Camchp153 Wd Outreach Hepc	26		26
Camchp154 Wd Vale Live Active	(25)		(25)
Camchp155 Wd Cvs Walking Prg	10		10
Camchp164 Wd Adult Social Care	55		55
Camchp167 Wd Rev To Cap Tfer	(6)		(6)
Camchp173 Wd Asc Senior Nurse	51		51
Camchp176 Wd Hospice Funding	1,758		1,758
Camchp177 Wd Shielding Sc Supp	3		3
Camchp181 Wd Hospice £500	74		74
Camchp104 Ou Student Wdhscp	5		5
Camchp48 Drug Deaths Wdhscp	57		57
Camchp51 Ou Student Wdhscp	5		5

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

2020/21 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Child Services - Specialist Funding	(131)		(131)
GP Funding for £500 Thank You Payment	435		435
Revised Budget 2020/21	117,523	70,872	188,395

Appendix 2

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

Consolidated Expenditure by Service Area	Annual Budget £000's	Actual Outturn £000's	Reserves Adjustment £000's	Actual Variance £000's	Variance %
Older People Residential, Health and Community Care	30,991	29,059	887	1,045	3.4%
Care at Home	12,337	12,003	0	334	2.7%
Physical Disability	2,832	2,768	0	64	2.3%
Childrens Residential Care and Community Services (incl. Specialist)	25,212	25,457	220	(465)	-1.8%
Strategy, Planning and Health Improvement	1,862	1,392	70	400	21.5%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,840	8,742	219	879	8.9%
Addictions	3,494	2,907	587	0	0.0%
Learning Disabilities - Residential and Community Services	12,980	12,337	113	530	4.1%
Family Health Services (FHS)	29,959	29,955	0	4	0.0%
GP Prescribing	19,432	19,003	429	0	0.0%
Hosted Services	7,543	6,966	557	20	0.3%
Criminal Justice (Including Transitions)	198	(6)	16	188	94.9%
Resource Transfer	16,741	16,741	0	0	0.0%
Covid-19	13,038	8,068	4,970	0	0.0%
HSCP Corporate and Other Services	1,936	(741)	2,004	673	34.8%
Net Expenditure	188,395	174,651	10,072	3,672	1.9%

Consolidated Expenditure by Subjective Analysis	Annual Budget £000's	Actual Outturn £000's	Reserves Adjustment £000's	Actual Variance £000's	Variance %
Employee	75,859	76,435	(714)	138	0.2%
Property	986	1,002	0	(16)	-1.6%
Transport and Plant	1,361	1,138	0	223	16.4%
Supplies, Services and Admin	4,567	4,334	7	226	4.9%
Payments to Other Bodies	71,768	72,922	1,130	(2,284)	-3.2%
Family Health Services	24,446	24,422	0	24	0.1%
GP Prescribing	24,895	24,473	422	0	0.0%
Other	17,025	8,775	7,428	822	4.8%
Gross Expenditure	220,907	213,501	8,273	(867)	-0.4%
Income	(32,512)	(38,850)	1,799	4,539	-14.0%
Net Expenditure	188,395	174,651	10,072	3,672	1.9%

Appendix 3

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

Health Care Net Expenditure	Annual Budget £000's	Actual Outturn £000's	Reserves Adjustment £000's	Actual Variance £000's	Variance %
Planning & Health Improvements	790	577	70	143	18.1%
Childrens Services - Community	3,340	3,188	(9)	161	4.8%
Childrens Services - Specialist	1,470	1,689	(37)	(182)	-12.4%
Adult Community Services	9,777	9,577	(34)	234	2.4%
Community Learning Disabilities	635	571	0	64	10.1%
Addictions	2,572	1,934	587	51	2.0%
Mental Health - Adult Community	4,248	3,683	219	346	8.1%
Mental Health - Elderly Inpatients	2,778	2,490	0	288	10.4%
Family Health Services (FHS)	29,959	29,956	0	3	0.0%
GP Prescribing	19,432	19,003	429	0	0.0%
Other Services	5,200	3,144	1,892	164	3.2%
Covid-19	13,038	9,569	3,469	0	0.0%
Resource Transfer	16,741	16,741	0	0	0.0%
Hosted Services	7,543	6,966	557	20	0.3%
Net Expenditure	117,523	109,088	7,143	1,292	1.1%

West Dunbartonshire Health & Social Care Partnership
Financial Year 2020/21 Period 12 covering 1 April 2020 to 31 March 2021

Social Care Net Expenditure	Annual Budget £000's	Actual Outturn £000's	Reserves Adjustment £000's	Actual Variance £000's	Variance %
Strategy Planning and Health Improvement	1,072	815	0	257	24.0%
Residential Accommodation for Young People	2,814	2,692	0	122	4.3%
Children's Community Placements	5,697	5,849	0	(152)	-2.7%
Children's Residential Schools	3,737	4,225	91	(579)	-15.5%
Childcare Operations	4,305	4,452	0	(147)	-3.4%
Other Services - Young People	3,849	3,362	175	312	8.1%
Residential Accommodation for Older People	7,020	6,502	0	518	7.4%
External Residential Accommodation for Elderly	8,847	7,956	891	0	0.0%
Sheltered Housing	1,263	1,191	0	72	5.7%
Day Centres Older People	1,175	1,139	0	36	3.1%
Meals on Wheels	22	7	0	15	68.2%
Community Alarms	(29)	(33)	30	(26)	89.7%
Community Health Operations	2,915	2,720	0	195	6.7%
Residential - Learning Disability	10,251	9,712	113	426	4.2%
Physical Disability	2,563	2,510	0	53	2.1%
Day Centres - Learning Disability	2,094	2,055	0	39	1.9%
Criminal Justice (Including Transitions)	198	(6)	16	188	94.9%
Mental Health	2,815	2,568	0	247	8.8%
Care at Home	12,337	12,003	0	334	2.7%
Addictions Services	922	972	0	(50)	-5.4%
Equipu	269	257	0	12	4.5%
Frailty	137	113	0	24	17.5%
Carers	726	643	83	0	0.0%
Integrated Change Fund	0	0	0	0	0.0%
Covid-19	0	(1,501)	1,501	0	0.0%
HSCP - Corporate	(4,127)	(4,640)	29	484	-11.7%
Net Expenditure	70,872	65,563	2,929	2,380	3.4%

Appendix 4

Appendix 4: Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 24 June 2021

Attachment: 2020/21 Financial Performance Outturn Report

Following the recent Integration Joint Board meeting, the direction below have been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000009JS24062021.
2	Date direction issued by Integration Joint Board	24 June 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 HSCP B000003JS25022021.
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 £117.523m 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 £218.790m. Allocated as follows: West Dunbartonshire Council - £70.872m NHS Greater Glasgow and Clyde - £117.523m 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
		Completion of 2020/21 audit of annual accounts

12	Overall Delivery timescales	30 September 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	23 September 2021	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Chief Financial Officer

24 June 2021

Subject: Reserves Update

1. Purpose

- 1.1 To provide a clear frame work for the HSCP Board to ensure reserves are effectively managed to meet the financial risks and uncertainties faced by the HSCP whilst enabling the Partnership to provide the capacity to invest in the delivery of the HSCP Strategic Plan.

2. Recommendations

- 2.1 The HSCP Board is recommended to:
- **note** the updated position in relation to reserves;
 - **note** the transfers to and from reserves arising from the normal year end financial accounts process;
 - **approve** the recommended reallocation of £2.114m of un-earmarked reserves to earmarked reserves following officer review; and
 - **note** that further reports on the progress, impact, associated outcomes and exit strategies will be presented to the Board as appropriate.

3. Background

- 3.1 The HSCP Board has the statutory right to hold Reserves under the same legal status as a local authority, i.e. "A section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board". Reserves are generally held to do three things:
- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
 - create a contingency to cushion the impact of unexpected events or emergencies; and
 - provide a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.
- 3.2 Reserves are a key component of the HSCP Board's funding strategy. It is essential for the medium to longer term financial stability and sustainability of the board that sufficient useable funds are held for the reasons detailed above

and to earmark specific funding to deliver on Scottish Government policies and local priorities.

- 3.3** At the meeting of the HSCP Board on 25 March 2021 it was agreed that, given the anticipated level of both un-earmarked and earmarked reserves, a report would be presented to Members detailing both the reason for the increase in overall reserves and plans around the use of earmarked reserves.
- 3.4** This report seeks to address the Board's concerns about the scale of reserves and provides clarity in respect of how specific financial risks are being managed. In addition it supports the building of a common understanding that balances are being used effectively, ensuring we remain financially resilient whilst identifying resources which could be released for investment in the strategic objectives detailed within the HSCPs Strategic Plan 2019 – 2022.

4. Main Issues

- 4.1** The HSCP Board's Reserves Policy recommends that its aspiration should be a general reserves level of 2% of its net expenditure (excluding Family Health Services) which equates to approximately £2.908m. For 2020/21 early quarter 4 projections indicated that un-earmarked reserves could be £6.481m (as detailed in Table 1 below) leaving up to £3.573m of un-earmarked reserves over the 2% level for potential reallocation.

Table 1 – Early Indication of Movement in Reserves

Movement in Reserves During 2020/21	Un-Earmarked Reserves Balance	Earmarked Reserves Balance	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31 March 2020	(2,809)	(5,254)	(8,063)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2020/21	(3,672)	(10,072)	(13,744)
Early Indicative Closing Balance as at 31 March 2021	(6,481)	(15,326)	(21,807)

- 4.2** Earmarked reserves are mainly from the Scottish Government to support health and social care policy commitments, Covid-19 recovery and renewal and statutory duties including Primary Care Improvement, Mental Health Action 15, Alcohol and Drugs Partnership, Scottish Living Wage, Carers and Free Personal Care (under 65). The flow of funding for some of these policy commitments is linked to quarterly returns detailing the activity and cost of various programme strands.

- 4.3** As detailed in Table 1 above we started the year with £5.254m earmarked reserves and during the year £0.104m was drawn down. The main areas of spend being funding of technology enabled care and child and adolescent mental health services (CAMHS). We also added £10.176m to earmarked reserves throughout the year with the main areas being for late allocation of Scottish Government funding related to PCIF programme, addictions, mental health and learning disabilities services and Covid-19 cost pressures (£7.722m), care home recovery (£0.891m), and underspends related to hosted services (£0.557m) and prescribing (£0.429m). Full details are contained within Appendix 1.
- 4.4** While this is an un-precedented level of earmarked reserves the Board have been regularly updated on the reasons for this increase. This positive position is replicated in HSCPs (and other public bodies at the front line of responding to the pandemic) across the country due to the level Scottish Government funding linked to UK consequential received to respond to the Covid-19 pandemic. To provide reassurance to both IJBs and their funding partners correspondence has been received as detailed below:
- Letter from the Director of Health Finance and Governance (Appendix 3); and
 - Joint letter from COSLA, Solace and the Executive representative of the National CFO Section (Appendix 4)
- 4.5** The key messages from the joint letter are as follows:
- Reported total usable reserves do not reflect what is actually available for use to alleviate all budget pressures caused by COVID;
 - The majority of reserves are earmarked for specific policy commitments and can only be spent for these purposes;
 - Due to the non-recurring nature of COVID funding, it is important that these reserves are not used to fund recurring expenditure; and
 - For the reasons described above, and for the ultimate benefit of our communities, Council and IA reserves will increase during 2020-21, but will be critical for dealing with the ongoing impacts of the pandemic.
- 4.6** Table 2 shows the split of the early indication of earmarked reserves between those related to Scottish Government funding and those created by the HSCP for specific initiatives.

Table 2 – Early Indication of Earmarked Reserves Split

Source of Earmarked Reserves	£000
Scottish Government Funding	(9,469)
HSCP Initiatives	(5,858)
Early Indicative Earmarked Reserves	(15,327)

- 4.7** Having such a significant level of reserves is very positive and puts the HSCP Board in a strong position to support recovery and renewal of services.

However, it is impossible not to acknowledge that the HSCP Board faces increasing uncertainty regarding service demands as the impact of the pandemic has yet to reveal itself fully. It is therefore essential that the HSCP Board embeds a culture of agility, investing proactively in key areas of identified need whilst retaining the ability to respond reactively when required.

- 4.8** The benefits of additional investment with improved performance in some areas (for example in CAMHS) has already been seen and the level of reserves provide us with a unique opportunity to address backlogs, to pursue spend to save proposals, to get ahead of the recovery curve and to build on our strategic priorities in particular early intervention and prevention.
- 4.9** While the HSCP Board continues to fund the six additional social workers in children and families on a non recurring basis and the extension of the Service Improvement Leads, it is imperative that we continue to build and invest in a culture of change and of quality improvement and utilise our experience, data and resources, to invest in services and fundamentally improve outcomes for the people of West Dunbartonshire
- 4.10** A robust review of all reserves has been undertaken by the HSCP Senior Management Team. This process of peer support and challenge considered proposals for all earmarked reserves as well as for potential new earmarked reserves which could be funded from the additional un-earmarked reserves highlighted in 4.1 above.
- 4.11** In order to support the HSCP Board to think about the future of the HSCP and prepare for it, the proposals submitted all link to the five key strategic priorities within the Strategic Plan, namely: early intervention; access; resilience; assets and inequalities. The proposals were arranged over a period of more than one year enabling the projects to support the delivery of the current strategic plan whilst preparing the HSCP for identified future demands and emerging issues.
- 4.12** In total 68 proposals were considered including:
- use of those earmarked reserves related to Scottish Government funding with detail of how the utilisation of these reserves will meet expected outcomes;
 - use of those earmarked reserves related to various HSCP initiatives such as unscheduled care, service redesign and transformation and Covid recovery; and
 - proposals for the creation of new earmarked reserves with submissions received ranging from small amount of funding requested to assist services to meet longer term objectives to larger amounts for cross cutting HSCP initiatives such as digital transformation and training.
- 4.13** Review panels were held where submitting officers were challenged on both the financial and non financial content of their service proposals. As well as aligning to the strategic plan priorities they were also considered against the key themes set out within the Medium Term Financial Plan:

- Better ways of working – benefits of digital and other technology to deliver services more efficiently to release financial savings for re-investment;
- Community empowerment – support the vision for resilient communities; and
- Service redesign and transformation – across all care groups and supported by Service Improvement Leads.

4.14 All submissions were awarded a Red, Amber or Green (RAG) status based on:

- Red status where submissions were not considered an appropriate use of reserves;
- Amber status where submissions were deemed to have some merit, however reserves should be maintained at current level pending further information; and
- Green status where submissions were considered an appropriate use of reserves and would be recommended to the Board for approval.

4.15 The outcome of the review process is summarised in Table 3 below and it is recommended that £2.114m of un-earmarked reserves are earmarked for future HSCP initiatives.

Table 3 – Recommended Final Movement in Reserves

Movement in Reserves During 2020/21	Un-Earmarked Reserves Balance	Earmarked Reserves Balance	Total General Fund Reserves
	£000	£000	£000
Opening Balance as at 31 March 2020	(2,809)	(5,254)	(8,063)
Total Comprehensive Income and Expenditure (Increase) / Decrease 2020/21	(3,672)	(10,072)	(13,744)
Early Indicative Closing Balance as at 31 March 2021	(6,481)	(15,326)	(21,807)
Reallocation Based on Reserves RAG Analysis	2,114	(2,114)	0
Revised Closing Balance as at 31 March 2021	(4,367)	(17,440)	(21,807)

4.16 If approved the final balance of un-earmarked reserves will be £4.367m which equates to approximately 3% of net expenditure (excluding Family Health Services). While this is above the 2% target detailed within the HSCP Board's Reserves Policy this is considered a prudent level of un-earmarked reserves to hold taking into account uncertainties related to the ongoing response and

recovery from Covid-19 and the level of anticipated budget gaps as reported to the 25 March 2021 HSCP Board and detailed in Table 4 below.

Table 4 – Indicative Budget Gaps 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 (including application of earmarked reserves)	72.744	71.211	72.226
Indicative Budget Gaps	nil	3.213	4.491

- 4.17** The recommended reallocation of £2.114m is based on the value of green status proposals and seeks to increase existing earmarked reserves (where the value of green proposals is in excess of the current balance) and create new ones detailed within Table 5. Full detail of all green status proposals are detailed within Appendix 2.

Table 5 – Recommended Reallocation of Reserves Based on RAG Analysis

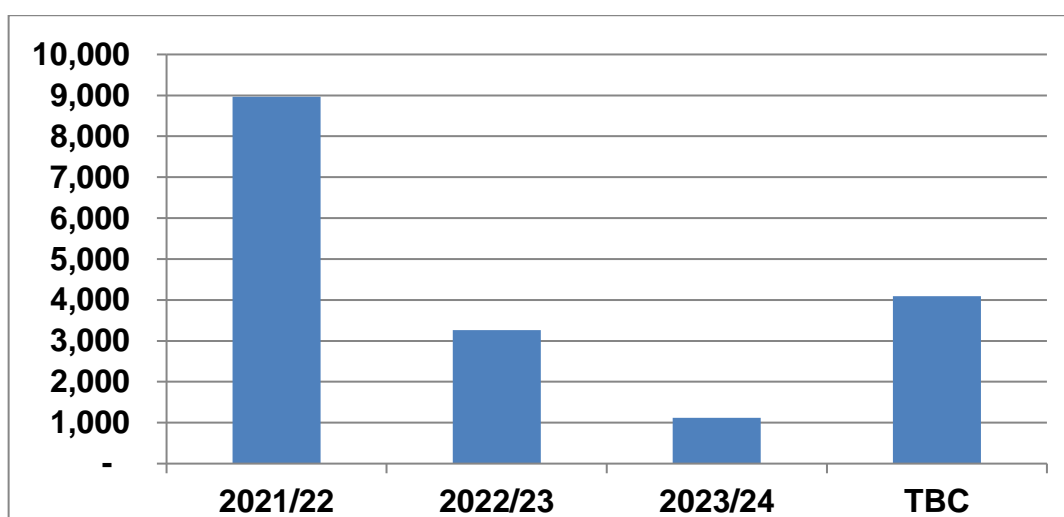
Increase existing earmarked reserves	£000
Service Redesign and Transformation	(407)
COVID-19 Recovery	(291)
Creation of new earmarked reserves	
Recruitment Campaign for Internal Foster Carers	(30)
Champions Board Top Up Funding	(18)
Promise Keeper Fixed Term Recruitment	(71)
Public Protection Officers	(244)
Community Empowerment - Participatory Budgeting	(300)
Digital Transformation	(282)
Training and Development	(327)
Change and Transformation	(144)
Recommended reallocation of Reserves	(2,114)

- 4.18** Board Members are aware that the COVID-19 pandemic has brought both significant challenges and exciting opportunities to reshape HSCP services. The most recent update on the COVID-19 Recovery and Renewal Plan – Keep Building Better: A Journey of Continuous Improvement, highlights a number of pressures on waiting times and backlog pressures caused as a result of the pandemic.
- 4.19** A number of the proposals for the use of reserves demonstrate the requirement for short term additional staffing resources to be mobilised in order to ensure these pressures are addressed in a timely manner and to allow time for services to progress through the service redesign and transformation process. The SMT will monitor the pace of delivery linked to

successful recruitment and update the Board regularly on the impact of the additional support and the achievement of strategic outcomes. All short term recruitment will have a defined exit strategy which will be overseen by the HSCP Head of People and Change.

- 4.20** The HSCP would also wish to celebrate the flexibility and agility of the workforce during this difficult period and proposals themed around training, quality and service improvement and digital transformation will support the HSCP to invest in, support and develop the workforce in order to upskill staff to build on the great work done throughout the pandemic.
- 4.21** Clarification has been received from the Scottish Government regarding the approved areas of spend with regard to the “Covid-19 Pressures” earmarked reserve. Approved areas of spend include addressing pending/waiting lists for adult social care and any associated backlog of community/home-based housing adaptations and equipment.
- 4.22** These approved areas will be explored further within Community Older Peoples Team and Adult Care Team for fixed term posts to address waiting lists. Any additional expenditure will be included within the 2021/22 Local Mobilisation Plan financial tracker submitted to the Scottish Government on a regular basis with updates being reported to the Board as part of the normal financial performance reports.
- 4.23** As part of the process officers were also asked to detail the anticipated spend profile of earmarked reserves details of which are contained within Appendix 1 and summarised in Graph 1 below. The analysis shows that approximately 50% of all earmarked reserves are anticipated to be drawn down in 2021/22.

Graph 1 – Anticipated Spend Profile of Earmarked Reserves



5. Options Appraisal

- 5.1** Each head of service submission was required to link back any proposal to the HSCP Board strategic priorities.

6. People Implications

- 6.1** A number of the new reserves relate to creation of fixed term posts and a defined exit strategy will be developed and monitored by the HSCP Head of People and Change.

7. Financial and Procurement Implications

- 7.1** Other than the movement in reserves position noted above, there are no other financial implications known at this time. Further reports to the HSCP Board will provide an update on any variation to the original proposals and any procurement implications.

8. Risk Analysis

- 8.1** The main financial risks related to the application of the reserves are detailed below:
- The ability of the HSCP to mobilise quickly given the nature of some of the reserve proposals;
 - The ability to recruit staff into the fixed term posts where required;
 - The 2021/22 outturn position is unknown at this time and therefore the potential impact on future un-earmarked reserves remains unquantified at this time;
 - The ongoing need to ensure the reserves strategy is prudent and serves the needs of the HSCP given the level of anticipated future budget gaps and financial sustainability challenges;
 - Delivery of targets and outcomes such as delayed discharge and waiting times; and
 - Continued volatility in, and the legacy impact of the Covid-19 pandemic on demand pressures across the range of community services;

9. Equalities Impact Assessment (EIA)

- 9.1** Equality impact assessments will be carried out where appropriate as part of any service redesign and transformation proposals brought to the HSCP Board.

10. Environmental Sustainability

- 10.1** None required.

11. Consultation

- 11.1** This report has been prepared at the request of the HSCP Board and the contents reflect robust engagement and peer review and challenge by the Chief Officer and the Senior Management Team.

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** This report outlines a clear list of proposals for the use and creation of earmarked reserves. A detailed set of directions is required to enable the HSCP Board to mobilise quickly (see Appendix 5).

Julie Slavin – Chief Financial Officer

Date: 15 June 2021

Person to Contact:	Julie Slavin – Chief Financial Officer, Church Street, WDC Offices, Dumbarton G82 1QL Telephone: 01389 737311 E-mail: julie.slavin@ggc.scot.nhs.uk
Appendices:	Appendix 1 – Reserves Analysis Appendix 2 – Green Status Reserves Appendix 3 – Letter from the Director of Health Finance and Governance Appendix 4 – Joint letter from COSLA, Solace and the Executive representative of the National CFO Section Appendix 5 – Directions
Background Papers:	2021/22 Annual Budget Setting Update – 25 March HSCP Board
Localities Affected:	All

Appendix 1

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

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Reallocation of General to Earmarked based on RAG Status Analysis	Closing Balance as at 31 March 2021	2021/22	2022/23	2023/24	TBC	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Unearmarked Reserves									
Unearmarked Reserves	(2,809)	(3,672)	2,114	(4,367)				(4,367)	(4,367)
Total Unearmarked Reserves	(2,809)	(3,672)	2,114	(4,367)	-	-	-	(4,367)	(4,367)
Earmarked Reserves									
Scottish Govt. Policy Initiatives	(1,396)	(3,048)	-	(4,444)	(1,891)	(1,526)	(305)	(722)	(4,444)
Criminal Justice	(95)	(16)	-	(111)	(20)	(77)	(14)	-	(111)
Carers Funding	(183)	(83)	-	(266)	(80)	(80)	(106)	-	(266)
Social Care Fund Living Wage	(678)	-	-	(678)	-	-	-	(678)	(678)
GIFREC NHS	(72)	-	-	(72)	(36)	(36)	-	-	(72)
TEC (Technology Enabled Care) Project	(122)	34	-	(88)	(43)	(34)	(20)	9	(88)
Mental Health Action 15	(76)	(219)	-	(295)	(138)	(138)	-	(19)	(295)
Alcohol and Drug Partnership	(7)	(587)	-	(594)	(349)	(238)	-	(7)	(594)
Primary Care Boardwide MDT	(27)	-	-	(27)	-	-	-	(27)	(27)
Child Health Weight (Henry Programme)	(15)	-	-	(15)	(15)	-	-	-	(15)
Infant Feeding PFG Funding	(30)	9	-	(21)	(21)	-	-	-	(21)
Community Living Change Fund	-	(357)	-	(357)	(27)	(165)	(165)	-	(357)
Childrens Mental Health and Wellbeing	-	(175)	-	(175)	(148)	(27)	-	-	(175)
PCIF	-	(1,414)	-	(1,414)	(707)	(707)	-	-	(1,414)
PCIP Premises	(91)	(27)	-	(118)	(118)	-	-	-	(118)
Winter Plan for Social Protection - Funding for Vulnerable Children	-	(90)	-	(90)	(90)	-	-	-	(90)
SG District Nurse Funding	-	(44)	-	(44)	(44)	-	-	-	(44)
Analogue to Digital Community Alarms	-	(30)	-	(30)	(30)	-	-	-	(30)
PEF Funding - Speech & Language Therapy	-	(49)	-	(49)	(25)	(24)	-	-	(49)
HSCP Initiatives	(2,142)	19	(2,114)	(4,237)	(1,501)	(1,190)	(561)	(985)	(4,237)
Service Redesign and Transformation	(642)	19	(407)	(1,030)	(790)	(160)	(80)	-	(1,030)
Unscheduled Care Services	(500)	-	-	(500)	-	-	-	(500)	(500)
COVID-19 Recovery	(515)	-	(291)	(806)	(337)	(393)	(76)	-	(806)
Unachievement of Savings	(485)	-	-	(485)	-	-	-	(485)	(485)
Recruitment Campaign for Internal Foster Carers	-	-	(30)	(30)	(7)	(12)	(11)	-	(30)
Champions Board Top Up Funding	-	-	(18)	(18)	(18)	-	-	-	(18)
Promise Keeper Fixed Term Recruitment	-	-	(71)	(71)	(10)	(61)	-	-	(71)
Public Protection Officers	-	-	(244)	(244)	(122)	(122)	-	-	(244)
Community Empowerment Participatory Budgeting	-	-	(300)	(300)	(50)	(100)	(150)	-	(300)
Digital Transformation	-	-	(282)	(282)	(66)	(108)	(108)	-	(282)
Training and Development	-	-	(327)	(327)	(83)	(162)	(82)	-	(327)
Transformation and Change	-	-	(144)	(144)	(18)	(72)	(54)	-	(144)
Covid-19	-	(5,025)	-	(5,025)	(5,025)	-	-	-	(5,025)
COVID-19 Pressures	-	(4,970)	-	(4,970)	(4,970)	-	-	-	(4,970)
Winter Planning Adult Social Care / Nursing	-	(55)	-	(55)	(55)	-	-	-	(55)

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

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Reallocation of General to Earmarked based on RAG Status Analysis	Closing Balance as at 31 March 2021	2021/22	2022/23	2023/24	TBC	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Health Care	(1,716)	(1,014)	-	(2,730)	(513)	(509)	(210)	(1,498)	(2,730)
DWP Conditions Management	(169)	5	-	(164)	-	-	-	(164)	(164)
Physio Waiting Times Initiative	(247)	(456)	-	(703)	(200)	(200)	(200)	(103)	(703)
Retinal Screening Waiting List Grading Initiative	(24)	(101)	-	(125)	(63)	(32)	-	(30)	(125)
Prescribing Reserve	(855)	(429)	-	(1,284)	(31)	(42)	(10)	(1,201)	(1,284)
CAMHS	(171)	37	-	(134)	(86)	(48)	-	-	(134)
Health Centre	(250)	-	-	(250)	(63)	(187)	-	-	(250)
Planning and Health Improvement	-	(70)	-	(70)	(70)	-	-	-	(70)
Social Care	-	(1,004)	-	(1,004)	(38)	(39)	(40)	(887)	(1,004)
Learning Disability	-	(113)	-	(113)	-	-	-	(113)	(113)
Care Homes	-	(891)	-	(891)	(38)	(39)	(40)	(774)	(891)
Total Earmarked Reserves	(5,254)	(10,072)	(2,114)	(17,440)	(8,968)	(3,264)	(1,116)	(4,092)	(17,440)
Total Reserves	(8,063)	(13,744)	-	(21,807)	(8,968)	(3,264)	(1,116)	(8,459)	(21,807)

Appendix 2

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

Proposal	Detail of Proposal	£000	FTE
Criminal Justice	A childrens worker to enable us to commence Domestic Abuse interventions. The second post to support an expansion to Court services and the reduction of the prison population in offering bail supervision.	(111)	2.00
Carers Funding	The Carers Development Group will consider the allocation of this funding including the delivery of the unpaid carers strategy delivery plan.	(266)	
Social Care Fund Living Wage	To support the continued development of local contract strategies and framework arrangements.	(678)	
GIFREC NHS	This is Scottish Government funding which is ring fenced to fulfil GG&C Partnership's commitment to link social care data with Health data via the NHS GG&C Clinical Portal application.	(72)	
Mental Health Action 15	This is Scottish Government funding which is ring fenced and will be allocated in line with the approved programme plan to increase the number of mental health workers as set out within the Action 15 commitment. This will include additional fixed term Nursing and Medical staff to address the backlog of care resulting from pandemic e.g. Maintenance of Psychological Therapy targets and supporting the physical health of those experiencing complex mental health. Also productivity gains with the use of digital technology.	(295)	TBC
	In addition we also expect high demand in our Older People service arising from the likely increase in frailty due to loss of mobility combined with the mental health effect of Covid, additional physiotherapy provision of a physio technician within mental health supports frailty recovery and reduce length of stay within our inpatient services.		
Alcohol and Drug Partnership	This is Scottish Government ring fenced funding (Drug Death Task Force, and Reduce Drug Death and Harms) and will be spent in line with Scottish Government guidance on Residential Rehab, Harm Reduction and Improving Access to Treatment, including lease of Mobile Harm Reduction Unit.	(594)	TBC
Child Health Weight (Henry Programme)	This is Scottish Government ring fenced funding to deliver a test of change for to support pre 5 child healthy weight (Tier 2) that meets Health Scotland published Standards for Weight Management for Children and Young People.	(15)	
Infant Feeding PFG Funding	This is Scottish Government ring fenced funding for the Breast Feeding project. In addition there will be funds secured for health promotion activities.	(21)	1.40
Community Living Change Fund	This is Scottish Government ring fenced funding. Across the 6 GGC HSCPs a short life working group has been convened to cover both complex learning disability delays and complex mental health delays. Total funding of £4.5m has been allocated over a 3 year period (of which WD HSCP share is £0.357m) to achieve the recommendations to reduce the delayed discharges of people with complex needs, repatriate those people inappropriately placed outside of Scotland and redesign the way services are provided for people with complex needs.	(357)	
Childrens Mental Health and Wellbeing	This is Scottish Government ring fenced funding to support the mental health of Children and Young People from the impacts of Covid-19 pandemic. Access to Tier 3 CAMHS is a national priority and it is proposed that this reserve will fund the first year of a band 7 Clinical Psychologist 2 year fixed term post to support the HSCP strategic plan of seeing children and young persons with mental health and/or neuro dev difficulties for treatment within 18 weeks.	(175)	1.00
	Access to swimming lessons and transport for children and young people in partnership with Sports Development		
	Dyadic Developmental Practice (DDP) training to multi-agency staff including Education, social work and relevant third sector partners		
	Extend CEDAR (children experiencing domestic abuse recovery) supports reflecting impact of domestic abuse during pandemic - therapeutic group work for children & young people and their mothers		
PCIF	This is Scottish Government ring fenced funding. The HSCP is progressing Year 4 of the new GMS Contract implementation and returns submitted to date provide an overview of progress to date in delivering our local PCIF against the MoU commitments up to 31 March 2021. Return takes into account the impact of Covid-19 on our implementation.	(1,414)	
PCIP Premises	This is Scottish Government ring fenced funding and will support improvement to GP Practices including Dumbarton Health Centre.	(118)	

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

Proposal	Detail of Proposal	£000	FTE
Winter Plan for Social Protection - Funding for Vulnerable Children	This is Scottish Government ring fenced funding. It will support Alternative to Care out of hours and emergency provision within the community and fund intensive support to facilitate a young person returning to West Dunbartonshire from expensive residential placement for initially a 6 month period - this will be kept under review with entry and exit strategy agreed via LAAC / TATC processes.	(91)	1.00
	Short term additional agency worker for children with disability to manage and prioritise the review of backlog cases, feeding into the redesign project with a revised methodology for monitor / review cases in disability.		
SG District Nurse Funding	This is Scottish Government ring fenced funding for investment/expansion of District Nursing workforce. Additional staffing phased over next 4 years	(44)	TBC
Analogue to Digital Community Alarms	This is Scottish Government ring fenced funding to support a pilot project to move community alarms from analogue to digital.	(30)	
PEF Funding - Speech & Language Therapy	Ring Fenced funding from WDC Education for additional speech & language therapy projects	(49)	1.00
Service Redesign and Transformation	Recruit to fixed term development post to progress work on Older People's Mental Health, Adult Mental Health and Learning Disabilities Strategies.	(177)	1.00
Service Redesign and Transformation	The Finance Team have come under increasing pressure to respond to the many demands in enhanced reporting to the Scottish Government and other stakeholders linked to numerous Scottish Government policy commitments. The requirement to attend local project boards, GGC Boardwide and national groups is diluting the time available to carry out key management accounting tasks including regular and timeous HSCP Board reports.	(144)	1.50
Service Redesign and Transformation	Extension of the role of the Service Improvement Leads. Approved by the Board at 25 March 2021 meeting.	(388)	3.00
Service Redesign and Transformation	Additional six social workers in children and families on a non recurring basis. Approved by the Board at 25 March 2021 meeting.	(322)	6.00
COVID-19 Recovery	CEDAR domestic abuse group worker to address backlog of support to women and children in recovery from Domestic abuse and support redevelopment of the service as a trauma responsive service and Violence against Women coordination to support the development of the Violence against Women Partnership.	(425)	4.00
	Additional staffing to lead on the development and oversight of kinship care within the children and families service, developing the policy and support provided to kinship carers, including working with legal colleagues with a view to achieving permanence for more children within kinship placements. This will support our redesign priorities with a view to creating a sustainable and fully refreshed approach to this significant area of statutory responsibility and is also embedded within the expectations of The Promise.		
COVID-19 Recovery	Refer to Childrens Mental Health and Wellbeing above and recruitment of a fixed term 2 year Clinical psychologist. During Covid the numbers of children and young people with an eating disorder has increased and WD CAMHS has approx 38 high risk cases that require regular psychological interventions.	(220)	4.00
COVID-19 Recovery	To recruit fixed term Physio, Admin Support and Social Work Assistant to support clinical staff in addressing backlog of care resulting from pandemic restrictions alongside the need to respond to the perceived expected increased demand as a direct result of COVID-19 within Mental Health Services. As part of Post Covid recovery we require to work through the backlog of Self- Directed Support social care reviews including adopting our new person centred assessment paper work to assist people to live independently.	(161)	TBC
	Develop new ways of working that will increase productivity such as digital technology.		
COVID-19 Pressures	This is Scottish Government ring fenced funding received in line with the Local Mobilisation Plan Financial Tracker. In addition to the cost pressures covered in 2020/21 such as provider sustainability, additional staff costs, new services like CACs and MHAU, lost income and PPE the Scottish Government have approved a number of additional areas of spend as appropriate to be funded from the Covid-19 pressures earmarked reserve. The LMP process will continue into 2021/22 and all spend will be approved through this Scottish Government process.	(4,970)	
DWP Conditions Management	Former Board Wide Condition Management Programme, funded by DWP - hosted in West Dun HSCP. Small recurring costs to fund storage costs and an admin post. There is a possibility that this reserve could be utilised for another purpose.	(164)	

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

Proposal	Detail of Proposal	£000	FTE
Physio Waiting Times Initiative	There is a 3 year planned approach for spend of the earmarked reserves. The MSK service will utilise the reserves wholly towards enhancing the quality of service provision and clinical care. The MSK service are required to protect £0.100m of the reserves due to possible cost of Electronic Patient Records (EPR).	(703)	
Retinal Screening Waiting List Grading Initiative	There is currently backlog of patients due to service being suspended and current reduced clinic capacity (social distancing 2m) and locations. The reserves will be used to fund a double clinics per month at two location. This will be reviewed after 4 months to see if more clinics are required.	(125)	1.00
CAMHS	Access to Tier 3 CAMHS is a National priority. In 20/21 additional staffing has allowed the team to reduce the waiting times for a first appointment from 65 weeks to 10 weeks. Additional staffing is required in order to sustain the progress (i.e. to see new referrals within RTT) but is also required in order to reduce the backlog of internal waits for CYP requiring psychological and other mental health interventions, (including Neuro dev assessments), as a result of COVID19.	(134)	1.00
Prescribing Reserve	West Dun carers currently complete a significant number of visits for solely med prompts per week. Each visit costs 25% of the carer completing the visit's hourly rate. With additional pharmacy resource, of 1WTE B5 pharmacy technician for 2 years, we would be able to add an additional follow up review for suitable clients 4-6 weeks following discharge. This will free up carers time and GP time and ensure patients are reviewed by the most appropriate member of the health care team. It would promote the realistic medication in the community and continue to work toward reducing the number of preventative readmissions to hospital.	(84)	1.00
Health Centre	This reserve was created to fund the initial budget shortfall in relation to the new Clydebank Health Centre to allow time to incorporate into budgets	(250)	
Planning and Health Improvement	To fund Prevention and Early Intervention work, included Peer Research, Tests of Change, Smoke Free Playgrounds, publicity and printing costs and Third Sector Activity Programmes.	(70)	
Learning Disability	May be used to increase the funding for the project associated with the Community Living Change Fund	(113)	
New Earmarked Reserve	It is proposed that we seek to recruit an additional 10 foster carers across the three year period over and above standard recruitment processes, where we see around 4/5 carers going through our recruitment process per year.	(30)	
New Earmarked Reserve	The Champions Board is due to end its funding in October 2021. With finances that are available there is an identified shortfall of £0.018m to pay for staffing and formal back up provision. This request is to allow support to be maintained in place until April 2022 and will allow this crucial service to develop their work, moving out of Covid restrictions, enabling them to reach out to our looked after community after this pandemic.	(18)	
New Earmarked Reserve	The Promise Scotland is responsible for driving the work of change demanded by the findings of the Independent Care Review. The Promise Plan 2021/24 is the next step towards keeping the promise made to children and families. It seeks to ensure that the fundamentals are set and that there is significant and sustained action over 5 priority areas: a good childhood, whole family support, supporting the workforce, planning and building capacity. It is the intention to recruit to a dedicated 'Promise Keeper' post to ensure West Dunbartonshire HSCP and partners can deliver on this significant policy commitment.	(71)	1.00
New Earmarked Reserve	Public Protection duties are a core function of the HSCP across social work and health. These relate to the assessment and management of risk and harm to children and adults in need of support and protection as well as the management of offenders subject to multi-agency public protection arrangements (MAPPA). Recent review of adult and child protection services has identified a vital need to upscale audit and quality assurance activity across services and professions, alongside the development of core training to ensure the partnership can demonstrate its delivery of public protection duties. The posts would also provide importance capacity to develop service improvements and support single and multi-agency training across services with responsibility for public protection.	(244)	2.00
New Earmarked Reserve	Community Empowerment Participatory Budgeting. The HSCP has undertaken pre-engagement activity in order to establish the community impact of Covid-19, this will be further explored further as part of the new Strategic Plan 2022-2025.	(300)	
New Earmarked Reserve	Digital transformation has become a key priority across health and social care services, this presents significant opportunities in terms of transforming service not only in respect of the challenges arising from Covid-19 but also in relation to current service models focusing on health improvement and early intervention linked to health care. The Care First system is reaching the end of its natural life and work is required not only to scope and project manage this work but also to identify capital budgets to replace the system over the next 3 years.	(282)	1.00

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

Proposal	Detail of Proposal	£000	FTE
New Earmarked Reserve	Leading on continuing professional development is one of the most important roles for a Health and Social Care Partnership. It enables health and social care professionals to acquire new knowledge and skills as well as maintain and improve their standards across all areas of their practice. For the HSCP to be effective, it is important that continue to develop as integrated services and that the whole system continues to learn and develop. This proposal seeks to assist health and social care staff (and includes the recruitment of a Learning and Development Officer) to meet the CPD requirements of a variety of professional bodies to ensure evidence of professional development as well as the ability to meet the requirements of professional regulatory bodies, including practice teaching, child protection post-qualifying award and Mental Health Officer (MHO) Awards, ensuring learning and development is rooted in evidence and excellent practice. The Covid pandemic; political; social and economic factors have changed the way social care is being delivered. This means the HSCP must re-design their workforce structures and support systems, this bid seeks to stimulate activity to address the learning and development needs of the whole health and social care workforce.	(327)	1.00
Change and Transformation	This is part of a wider reserves proposal to embed a change and transformation team within the HSCP. While further information is required a key element of the bid relates to a change and transformation fund to complement the work being undertaken by the Service Improvement Leads.	(144)	
Total Green Status Reserves		(14,193)	33.90

**Health Finance, Corporate Governance &
Value Directorate**
Richard McCallum, Director



Scottish Government
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HSCP Chief Finance Officers
via email

cc
HSCP Chief Officers
NHS Board Directors of Finance

14th April, 2021

Colleagues

I am writing further to recent discussion with IJB Chief Finance Officers in relation to additional funding provided to respond to the Covid-19 pandemic.

Following a detailed review of the financial position, £1.7 billion of additional funding has been provided in 2020/21 to the Health and Social Care Sector for Covid-19 pressures. Of this, a total of £561 million has been allocated to Integration Authorities, which includes funding for sustainability payments to meet forecast costs for 2020/21, in addition to wider social care support, such as reducing delayed discharges, and for loss of income and other staff costs. This includes £112 million allocated to Integration Authorities as additional funding committed through Adult Social Care Winter Plan.

It is clearly understood that the impact of Covid-19 will span across financial years, particularly for items such as sustainability payments, which have been agreed will continue until June 2021. There will, for example, be claims received in April and May 2021 that relate to financial year 2020/21. As a result of this, there is likely to be under or overspend against the earmarked Covid-19 funding at year-end within individual Integration Authorities. Where an overspend occurs, you should inform the Scottish Government as soon as possible. This will enable an assessment to be made about additional funding, which may be provided to ensure services are sustained.

Where an underspend occurs, I expect that, in line with usual accounting arrangements for Integration Authorities, this is carried in an earmarked reserve for Covid-19 purposes into 2021/22. My expectation is that this funding would be used before further allocations are made through Local Mobilisation Plan returns. This can be used to support continuation of costs which were funded in 2020/21 as a direct result of Covid. Where this earmarked reserve is used to meet new expenditure that had not been funded in 2020/21, I would expect agreement with the Scottish Government about the proposed use before committing to this expenditure. It is also important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.

As in previous years, earmarked allocations, such as for the Primary Care Improvement Fund (PCIF), Alcohol and Drugs Partnership (ADP) and Mental Health Action 15 Workforce funding, should be used or held in reserve for the purposes agreed with the Scottish Government policy teams.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke extending to the right.

Richard McCallum
Director of Health Finance and Governance



11 June 2021

To the Department of Health Finance,

We are writing as an accompaniment to the Integrated Authority Consolidated End of Year Reporting 2020-21. We believe it is important to articulate the position in relation to reserves in more detail, and to describe the situation for 2020-21 and 2021-22 in particular, given the impact of the pandemic.

COSLA, SOLACE and Directors of Finance wrote to the Local Government and Communities Committee on 3 March 2021, by way of follow up on the questions and discussions on Council reserves following the evidence session on 10 February. This letter sets out the wider context of the legal powers which enable Local Government, including Integration Authorities (IAs), to hold reserves.

As we approached the year end of 2020-21, there were a number of Ministerial announcements that have resulted in additional funding for Local Government and IAs in 2020-21. This means that significant sums were awarded as general revenue through allocations and redeterminations in the last quarter of 2020-21. This utilises one of the unique powers that Local Government has and ensures that Scottish Government does not breach its own carry forward restrictions.

Whilst this funding approach, and the flexibilities it offers, is now to be welcomed, it has created considerable work for both Scottish Government, Councils and IAs during 2020-21 (award and acceptance of grants, claims, reporting etc) and will add to reserves, albeit they will be earmarked for specific policy purposes.

As set out in the letter dated 14 April 2021 from Richard McCallum, Director of Health Finance and Governance, £1.7bn of additional funding was provided in 2020-21 to the Health and Social Care sector for COVID pressures, of which a total of £561m was allocated to IAs. This has included funding for additional costs and sustainability payments to care providers, wider increased costs in social care support, reducing delayed discharge, loss of income and additional staffing.

It was understood that as some of the allocations were necessarily based on estimated costs there are likely to be under or overspends against the earmarked COVID funding at year-end within individual IAs. Any overspends will be reported to the Scottish Government, ensuring that additional funding is received, to meet the Cabinet Secretary's commitment to meet all reasonable additional costs incurred. Any underspends of the COVID funding should be carried forward in an earmarked reserve for COVID purposes into 2021-22.

There were also significant funds provided in the last quarter for a number of other policy commitments including Primary Care Improvement Fund, Alcohol and Drug Partnerships

and Mental Health Action 15. Some of this activity will not have taken place in 2020-21 due to timing of funding and constraints of pandemic and will result in further reserves earmarked for these purposes.

Given this context, it is anticipated that many IAs will see increased reserves, however these will be earmarked for addressing the continued immediate COVID costs for IAs and commissioned providers and other policy commitments. These cannot be used to address other recurring budget pressures.

In summary:

- reported total usable reserves do not reflect what is actually available for use to alleviate all budget pressures caused by COVID;
- the majority of reserves are earmarked for specific policy commitments and can only be spent for these purposes;
- due to the non-recurring nature of COVID funding, it is important that these reserves are not used to fund recurring expenditure;
- for the reasons described above, and for the ultimate benefit of our communities, Council and IA reserves will increase during 2020-21, but will be critical for dealing with the ongoing impacts of the pandemic.

Yours truly,



Cllr Gail Macgregor

COSLA Spokesperson,
Resources



Sharon Wearing

Chair,
Chief Finance Officer
Executive



Cleland Sneddon

Health and Social Care
Lead,
Society of Local Authority
Chief Executives
(SOLACE)

Appendix 5: Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 24 June 2021

Attachment: Reserves Update Report

Following the recent Integration Joint Board meeting, the direction below have been issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014. Attached is a copy of the original HSCP Board report for reference.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000008JS24062021.
2	Date direction issued by Integration Joint Board	24 June 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	The HSCP Board as section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes..., it is able to hold reserves which should be accounted for in the financial accounts and records of the Partnership Board. The recommendations within this report concern the application of the use of reserves.
8	Specification of those impacted by the change	The use of reserves across HSCP services 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	See Appendix 2 attached to this report for the detail of £17.440m of earmarked reserves. The distribution of the financial resource across WDC and NHSGGC will be linked to decisions made on recruitment of fixed term posts and commissioning routes. Financial Performance Reports will monitor the detail.
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities and the Recovery and Renewal Plan.
11	Strategic Milestones	Maintaining financial balance in 2020/21 30 June 2022

		Improvements in quarterly performance	Report to each Audit and Performance Committee
12	Overall Delivery timescales	30 June 2023.	
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 26 August 2021	

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD (IJB)

Report by: Margaret-Jane Cardno, Head of Strategy and Transformation

**West Dunbartonshire Health and Social Care Partnership Board (IJB): 24 June
2021**

**Subject: West Dunbartonshire Health and Social Care Partnership (HSCP)
COVID-19 Recovery and Renewal Plan – Keep Building Better: A
Journey Of Continuous Improvement**

1. Purpose

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

2. Recommendations

- 2.1** It is recommended that the HSCP Board:

Note the progress made in standing up local services and plans to make further improvements as we move through the phases as outlined in the HSCP Recovery Plan as outlined in Appendix I of this report.

Note the significant number of strengths outlined within COVID-19 Reflection and Learning document, Appendix II of this report; and

Approve the HSCP Boards Focus For The Future Improvement Plan as outlined in paragraph 4.7 of this report.

3. Background

- 3.1** On the 23 September 2020 the HSCP Board approved West Dunbartonshire HSCP COVID-19 Recovery and Renewal Plan – Keep Building Better a Journey of Continuous Improvement and agreed that a progress report be submitted to the 26 November 2020 meeting of the HSCP Board, with further updates required on the 25 March 2021, 23 September 2021 and 24 March 2022.
- 3.2** The report required for the 25 March 2021 was deferred at the request of the Chair in order to focus the HSCP Boards time on matters of urgent business.

4. Main Issues

- 4.1** Progress remains positive across the HSCP with the majority of services clearly within phase 4 of the road map, the exception being respite services which remain in phase 2. A summary of service progression together with details of good practice across the HSCP is highlighted in Appendix I of this report.
- 4.2** There continues to be a plentiful supply of Personal Protective Equipment (PPE) and supply chains remain robust. The memorandum of understanding with respect to the PPE Hub extends to June 2021. There is an expectation that this will be further extended by Scottish Government and we await confirmation to this effect.
- 4.3** Lateral Flow Device testing has been extended to all staff groups within the HSCP. Concentrated efforts have been made to encourage staff to undertake lateral flow testing twice weekly and emphasise the importance of recording their results (whether positive or negative) on the national portal.
- 4.4** A number of teams across the HSCP, including Care at Home and Care Home staff, continue to carry out PCR testing in addition to Lateral Flow testing.
- 4.5** The Vaccination Programme continues to be delivered across West Dunbartonshire in line with national guidance and with support from a number of new staff from the Kickstart programme. At the time of writing the programme continues to be delivered from three centres and is currently focused on vaccinating those aged between 40 and 50.
- 4.6** An integral element of the HSCP Recovery Plan is the journey of continuous improvement required as a fundamental element of the renewal phase. In the spirit of continuous improvement, during February 2021 the HSCP Board engaged in a reflection and learning exercise using a self assessment methodology. The outcome of that work can be found in Appendix II of this report.
- 4.7** It is recommended that the significant number of strengths outlined throughout that report are recognised and the improvement actions and activity outlined below undertaken to ensure that the HSCP Boards feedback has been acknowledged, listen to and acted upon:

Focus For The Future Improvement Action Plan

Theme	Action	By When
Strategic Planning	Consider the strategic implications that local NHS mobilisation plans and renewal and recovery plans may have for the IJB Strategic Plan.	July 2022
Digital Transformation	Introduce a hybrid approach to future IJB meetings – incorporating both online and face to face meeting into the future schedule	From September 2021 (or when safe to incorporate

	Incorporate video/online conferencing opportunity to support future IJB meetings – providing a platform for a wide range of subject matter experts to support IJB decision making, where appropriate.	face to face meetings)
Recognition	Develop a recognition communication plan to share the IJB's thanks and appreciation for the work done during the pandemic.	May 2021
Contingency Planning	Reflect and improve contingency planning for HSCP to incorporate a way forward for future major incidents. Design improved internal communication channels/approach between HSCP board members during significant incidents.	September 2021

5. Options Appraisal

5.1 Not required for this report.

6. People Implications

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

7. Financial and Procurement Implications

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

8. Risk Analysis

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

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

10.1 Not required for this report.

11. Consultation

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

12. Strategic Assessment

12.1 Not required for this report.

13. Directions

13.1 Not required for this report.

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Designation: Head of Strategy and Transformation
Date: 18 May 2021

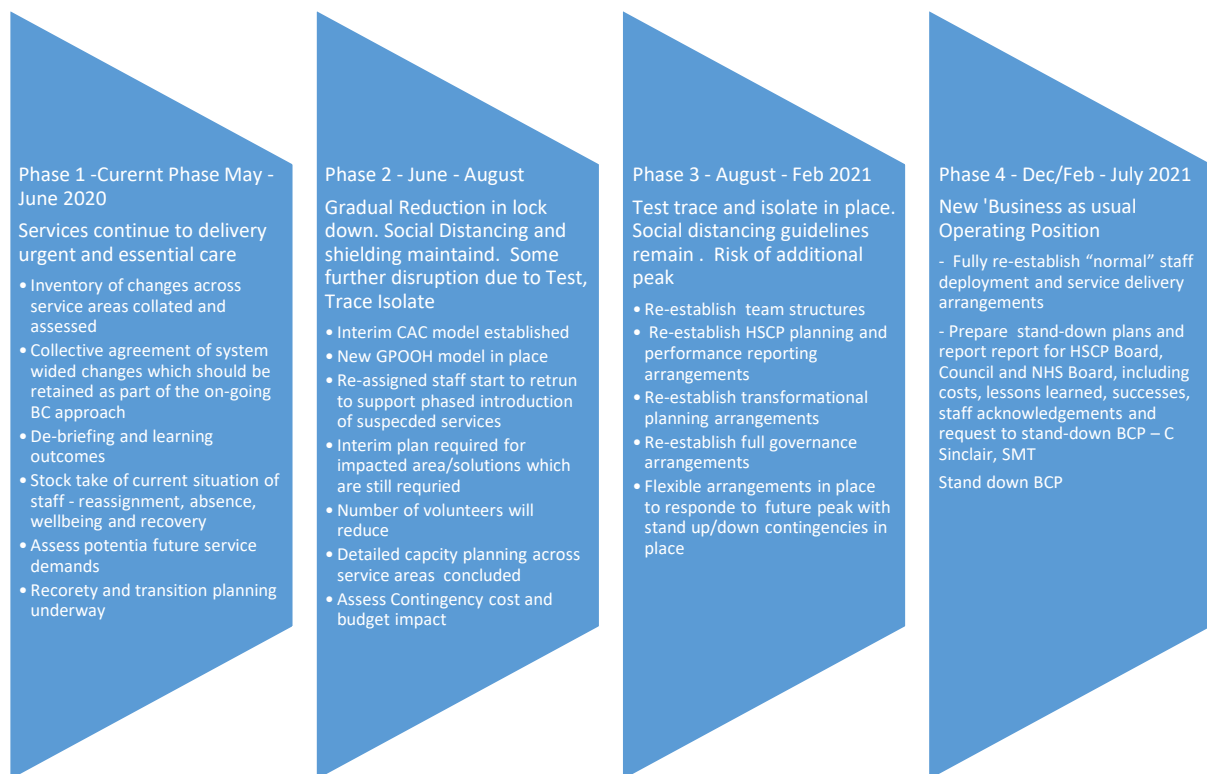
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Appendices: Appendix 1 COVID-19 Recovery Planning Update
Appendix 2: COVID-19 Reflection and Learning
Strategic Analysis Report

Covid-19 Recovery Planning Update

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



The following information is intended to inform the HSCP Board of progress made in respect of the Partnership's transition through the phases of recovery.

Health Visiting
Phase: 4
<p>Position Statement:</p> <p>Recent staffing challenges have been largely addressed following recruitment of qualifying Health Visitors as part of the NHS GGC-wide commitment to developing the Health Visiting workforce.</p> <p>Lockdown restrictions are being eased however the Covid plans to maintain contact with patients remain in place with professional judgement and assessments being applied at all times.</p> <p>All Health Visitors now delivering full Universal Pathway with the exception of Antenatal Contact being introduced by GG&C HB in July.</p>
Good Practice:
Challenges:
Child and Adolescent Mental Health Service (CAMHS)
Phase: 4
<p>Position Statement:</p> <p>Continued work as part of the Waiting List Initiative has continued, with the longest wait for children accessing the local service reducing significantly, from over 60 weeks in November 2020 to less than 18 weeks currently. This is a significant achievement however the team is now scoping the capacity required to provide interventions to children and young people in need of ongoing support.</p>
<p>Good Practice:</p> <p>Significant work by the CAMHS team is a notable achievement during the last two quarters, particularly during the current pandemic when the impact of lockdown on the mental health and emotional wellbeing of children and young people may not yet be fully realised.</p>
<p>Challenges:</p> <p>As more children are assessed within the referral-to-treatment target of 18 weeks, the wait for interventions and treatment becomes an internal challenge. Staff are</p>

developing a model for additional resource across professional roles to meet demand.

Children and Families Social Work Services

Phase: 4

Position Statement:

Challenges directly related to the pandemic have continued, particularly in our children's houses. Residential staff and managers have managed this well and they have demonstrated even greater commitment and caring to our young people.

As restrictions have eased, children's social work services have finalised their restart plans to enable greater face-to-face contact with users of services ensuring that the organisation meets its statutory duties around risk and protection from harm.

Restart plans including access to premises for direct work with families have been submitted for approval; long-term accommodation needs are being explored with Council Assets.

Social work staffing is a concern, particularly experienced staff; mitigating actions include recently qualified social workers being nominated to undertake the five day child protection course, a proposal, within HSCP learning & development discussions, to access the post-graduate child protection certificate training and a continued programme of recruitment.

Involvement in other multi-agency work includes the development of community mental health and emotional wellbeing services; this is particularly important, given the impact of COVID-19 restrictions on children and young people. An interim report on research commissioned from Glasgow University will inform joint work with young people to identify the additional services and supports they need to meet their needs, as part of the national children and young people's mental health framework.

Domestic abuse continues to be a significant area of concern across services – the implementation of multi-agency risk assessment conferences (MARAC) last year in West Dunbartonshire has raised the profile of women and children at high risk of harm and a local MARAC steering group has been established where future resource requirements to meet need will be examined.

Managers are working with colleagues in Argyll and Bute on a participation plan to join the national Joint Investigative Interviewing project – this will require significant change to multi agency arrangements for Initial Case Discussions and oversight of child protection investigations including joint investigative interviews.

Good Practice:

Strong staffing response to Covid incidents in residential settings and support to unaccompanied asylum seeking young people during the pandemic.

Challenges:

High volume of Initial Referral Discussions continues, placing pressure of social work duty systems. Managers are reviewing the duty model in consultation with key partners.

Adult Protection Activity

Phase: 4

Position Statement:

Managers continue to ensure that referrals are dealt with in a timely and thorough manner. Although the pandemic has not impacted hugely on the referral numbers, it is not yet known what the future impact may be. There are some variations in the types of harm being reported with an increase in online/phone financial abuse being identified. Throughout the last year, there has been continual staff engagement in peer forums to support practice and decision making. There has also been continued positive multi disciplinary engagement within the Adult Protection Committee and associated subgroups.

Ongoing audit and review of all processes and procedures continue with the announcement of the Care Inspectorate inspection of Adult Support and Protection. Staff have been involved in the planning around the inspection and in updating procedures and guidance.

With a renewed focus on strengthening strong governance around protecting adults, there is work being undertaken to expand staff opportunity to access training and Post Qualifying Certificate in Adult Support and Protection.

Good Practice:

There is strong multi agency engagement in all areas of Adult Protection.

Challenges:

We have advertised the Lead Officer Adult Protection but have been unsuccessful in filling this post leaving this post vacant. This impacts on our ongoing development within the HSCP and the APC. Steps have been taken to ensure that any deficit is minimised with a temporary appointment.

Multi Agency Public Protection Arrangements

Phase: 4

Position Statement:

Multi agency public protection arrangements (MAPPA) continue to be delivered against, with the easing of restrictions enabling further opportunities for direct face-to-face contact with offenders.

Attendance by professional partners at MAPPA meetings has improved since moving onto virtual platforms. With the easing of restrictions and taking into account some ongoing IT challenges, it was suggested that limited face to face meetings could be reintroduced, with those wishing to attend virtually being included via Webex or Microsoft Teams.

E:SAFE is a remote internet monitoring tool which West Dunbartonshire, as part of the North Strathclyde MAPPA grouping, is scoping to enhance the monitoring of internet use by registered sex offenders. This would enable approval of appropriate internet use more quickly which will support the social and economic inclusion of offenders as part of their community reintegration.

Good Practice:

Practitioner training in the Structured Assessment of Protective Factors (SAPROF) assessment tool has been completed by all Justice social workers. This will enable greater depth of assessment and risk management planning. West Dunbartonshire will commence the roll out of this on 1st June 2021.

Challenges:

Justice Social Work Services

Phase: 4

Position Statement:

For Justice Services, the easing of restrictions has enabled more unpaid work placements in the community to be undertaken. Alongside this, as restrictions have eased recently, justice social work services have finalised their restart plans to enable greater face-to-face contact with users of services ensuring that the organisation meets its statutory duties around risk and protection from harm.

Good Practice:

An innovative online project with the third sector organisation, Streetcones, has

been working with local women in the justice system to look creatively at issues affecting them and their involvement with services, to improve their insight into their offending and inform future service development.

Challenges:

A substantial backlog of cases to be heard at court as a result of lockdown restrictions means that additional pressure on staff and other resources is anticipated. Scottish Government Covid-19 funding is being rolled out nationally to support this and the local Justice service will focus on additional staffing capacity to meet this demand.

Care Homes

Phase: 4

Position Statement:

At the time of writing all care homes in West Dunbartonshire remain free from COVID-19 and are open to admissions. All new admissions require to self isolate for 14 days. A range of opportunities to support care home staff and managers wellbeing have been offered via Scottish Government and NHSGGC and the HSCP and we have encouraged care homes to engage in these opportunities.

The care homes continue to cautiously extend visiting in line with the expectations of Open with Care guidance; with all care homes are now supporting indoor visiting opportunities. A second round of Care Assurance visits was undertaken by HSCP Nursing and Social Work Staff during April 2021. These visits allow the HSCP to work collaboratively with care home providers to ensure that infection prevention control measures are optimal, provide assurance around care quality and offer support to care home staff and leadership teams. The latest round of visits was positive with high compliance with infection prevention control standards; no significant issues were identified and there was evidence of innovative practice within care homes to promote and support resident wellbeing.

All Care Home residents who consented and were eligible have now received both COVID19 vaccinations (>95%) and systems are in place for new admissions to receive immunisation if required. Public Health Scotland Data reports an uptake of 94% and 91% for first and second doses respectively amongst care home staff in West Dunbartonshire.

Senior Management continues to meet fortnightly with Care Home Managers to ensure shared learning and support.

Good Practice: Use of technology to support more frequent family contact.

Challenges:

Supporting care home managers and their staff to come to terms with what they have experienced.

Community Nursing Services

Phase: 4

Position Statement:

Community Nursing has continued to deliver face to face services throughout the pandemic, as well as being pivotal in the provision of flu vaccinations, staff and care home residents covid vaccination, and community assessment centres.

Good Practice:

Fiona Taylor, Senior Nurse, Adult Care from West Dunbartonshire has recently featured in films celebrating International Nurses Day.

Challenges: T

he team continue to work flexibly to ensure adequate staffing for the two West Dunbartonshire Covid Assessment Centres.

End of Life Care

Phase: 4

Position Statement:

Palliative and End of Life care continues to be provided by District Nursing, with support from Care at Home Services.

A Review of Palliative Care Community needs has been commenced in West Dunbartonshire and will inform future service models and delivery.

Challenges:

Homecare: In House Services

Phase: 4

Position Statement:

Care at Home continues to provide face to face care for clients in need as they have done throughout the pandemic.

Good Practice:

Workers going over and beyond their duties to ensure care is delivered when needed. The use of technology to keep staff connected.

Challenges:

Ensuring staff can spend time with colleagues and line managers when they need support.

Home Care: Commissioned Services

Phase: 4

Position Statement:

Commissioned Home Care services continue to provide face to face care as they have done throughout the pandemic.

Good Practice:

Ensuring adequate PPE is supplied

Challenges:

Day Care and Respite

Phase: 2

Position Statement: Day Care for Older People continues to be closed in line with national guidance. However, staff have kept in contact with clients who previously used day care, and have offered other supports as needed.

In addition, we have begun a pilot for day care clients, offering support in their own homes, with staff visiting to support clients to progress on their outcomes. The pilot will be evaluated.

We are currently seeking Public Health advice on the feasibility of restarting respite

services.
<p>Good Practice:</p> <p>Day Care staff have been very flexible, working in other service areas including care homes and care at home as needed. We are grateful for their willingness and flexibility.</p>
<p>Challenges:</p> <p>With social distancing remaining a requirement, it is unlikely that day care services will be able to return to working in a pre-Covid way for some time.</p>
COMMUNITY OLDER PEOPLES TEAMS
Phase: 3
<p>Position Statement:</p> <p>A number of our community teams, such as Hospital Discharge and FIT, have continued to deliver services, face to face throughout the pandemic. However, for the Adult and Older People's Community Team, services have had to be prioritised to essential visits only in line with national guidance. Contact has continued with clients over this time, and service has been provided where it was deemed to be of priority.</p>
<p>Challenges:</p> <p>A considerable waiting list has built up as a result of the position described above. A proposal has been developed to augment the Community Adult and Older People's Teams with additional staff to carry out assessment of those clients who remain on waiting lists. The proposal is seeking funding from reserves.</p>
MUSCULOSKELETAL PHYSIOTHERAPY SERVICES (MSK)
Phase: 4
<p>Position Statement:</p> <p>Where this is required face to face capacity varies across the board. MSK Physiotherapy Service is continuing to provide a service model of Virtual Patient Management VPM by telephone and NHS Near Me and Face to Face appointment sitting around 30% of patient consultations currently limited by Social Distancing constraints. The service aim is 45% in line with VPM target for HSCP's. From March</p>

2021 service demand now returned to pre-Covid levels. There is currently a shared waiting list across all Quadrants which has enabled a common waiting time. Work is ongoing to evaluate and streamline this option. Staff have returned from deployment into Acute and In patient Vaccination programme. The service supported a cohort of 60 students from October 2020 to March 2021 at the Louisa Jordan. The MSK Physiotherapy service has now recommenced limited student placements where space allows on clinic sites.

Good Practice:

- The MSK Physiotherapy service will be commencing pilot of virtual classes for evaluation
- Work to support staff wellbeing is ongoing

Quality Improvement activity currently ongoing within the MSK Physiotherapy service includes work streams covering:

- Optimising Patient Centred Care Through Effective and Efficient Use of Appointment Type (Virtual Patient Management (VPM) and Face to Face) and
- Scoping Vetting, Escalation pathways and Hub Model, the development of EPR.
- Digital strategy group.
- Optimising the Utilisation of HCSW within the service.

Challenges:

- Concern remains regarding lack of Face to face capacity due to social distancing-requirements (and potential effects on clinical outcomes for patients). This will all be looked at as part of MSK project work moving forward (and in line with HSCP target of 45% VPM).
- Accommodation loss of departments or threat of loss of departmental space.
- Patient expectations not aligning with limitations presented by the Covid pandemic in particular in regard to face to face appointments.
- Staff wellbeing : Staff stress levels Webropol completed with unprecedented return rates n= 135, Showing a trend to more staff in the high and very high stress categories as well as increase in staff in the very low stress category.
- Limited capacity for supporting students due to Covid restrictions and the knock on effect this will have for future recruitment into the service.

Health and Social Care Partnership Board

COVID-19 Reflection and Learning Strategic Analysis Report

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1. Purpose

This report provides the results of the IJB response to COVID-19 reflection and learning self-assessment for West Dunbartonshire IJB members.

2. Background

At this time, we cannot fully predict the true impact of the COVID-19 pandemic on West Dunbartonshire's community. The way in which the IJB does their work at this time is a critical factor in the HSCP's ability to emerge from the current crisis, push forward into a new era of recovery, and rebuild.

To accomplish this, IJB have shown support to the HSCP Senior Management Team, by being flexible and pragmatic in how they provided governance and oversight over the past year and will continue for the foreseeable future.

3. Key Areas of Strength

The IJB Chair, Vice Chair and their board members have supported each other and their senior management teams during this time of extraordinary challenge. The positive and supportive tone from the IJB matters, they are in a unique position to reinforce a culture of wellbeing for the entire partnership, at a time when it is needed more than ever.

Revisiting existing structures and being agile in considering what aspects of the standard IJB board agenda can be streamlined or deferred, to create more time for management to focus on short-term challenges facing the services. They supported management by setting clear expectations for interaction, communication, and report production that respects the situation.

The board has been supportive through deliberate questioning, focusing on the critical issues facing HSCP in the short term, and those that will chart its future course. Continuous dialogue, including constructive challenge, has created healthy governance

4. Reflection and Learning - self-assessment methodology

Approach and Deployment

- The self-assessment was deployed using an online survey platform.
- The self-assessment was live between 8 February and 26 February 2021 – enabling IJB members to complete the self-assessment at a time appropriate to their individual schedules.

Response Rate

- The self-assessment was issued to 19 board member with a 42% response rate (8 respondents).

Strategic Driver Analysis

- The driver analysis looks at the highest positive scores; the lowest positives scores and the highest disagree scores, this helps to identify the high impact drivers.
- The uncertainty analyses looks at the responses which are neutral or do not know as these are the areas that can be positively impacted by small changes.

- Commentary analyses looks at the open responses, which outlines more detail of the IJB's reflection, thinking and areas for future focus.

5. Strategic Drivers Analysis

A driver analysis identifies which self-assessment items have the highest correlation with overall performance. These items are called top drivers or high-impact items. Drivers can vary from different group perspectives, which is why it is important to understand the IJB members' perspective.

Focusing on small improvements to drivers can lead to major shifts. The positive drivers (those with the highest scores) represent an opportunity because there is already favourable perceptions in these areas. Whilst the HSCP board has already experienced favourable attitudes toward these areas, it is still an opportunity to learn from and further improve.

IJB areas with the lowest scores represent a potential improvement for the future area, they indicate a high correlation with board members experience during COVID-19, and provide an opportunity to learn from and further improve performance.

Key Strengths Highest scoring drivers	Highest Strongly/ agree (greater than 80%)	Potential for Improvement Lowest scoring drivers	Lowest strongly/ agree responses
ITEM	SCORE	ITEM	SCORE
Members of the Board have collaborated in new and different ways in response to COVID-19	88%	The IJB can evidence how it targeted support during COVID-19 through community engagement.	13%
The IJB can evidence examples of positive working with the Third Sector in response to COVID-19.	88%	The IJB can evidence a consistent and coordinated approach to providing communities with advice and guidance around COVID-19.	13%
The IJB should look to permanently retain new ways of working developed during the response to COVID-19.	88%		
Potential for Improvement Strongest Disagree	Strongly/ disagree SCORE		Strongly/ disagree SCORE
The IJB has established clear roles and communication channels between members of the Board during COVID-19.	25%		

6. Uncertainty Analysis

This analysis helps uncover self-assessment items where the IJB members indicated were neither favourable nor unfavourable, but somewhere in the middle. This is called uncertainty. Areas of uncertainty represent areas of opportunity because it make take some small changes to shift board members from uncertain to favourable.

Self-evaluation item with greatest uncertainty	Significant (Don't Knows over 50%)
The IJB can evidence how it targeted support during COVID-19 through community engagement.	63%
Members of the Board have made preparations to ensure that lessons learned are being addressed in case of any future pandemic	50%

7. Commentary Analysis

The self-assessment provided an opportunity for IJB members to provide 'open' responses to clearly outlined and expand where they felt supporting information would help inform the reflection and learning from their experience of COVID-19. The three thematic areas that emerged are:

- (a) Strength in Approach
- (b) Early Response – Reflection and Learning
- (c) Focus for the Future

a) Strength in Approach

In summary, the HSCP Board indicated that they felt the following were strengths and achievements:

Working well together - Board, HSCP and Partners

- Good team working with Senior Management team and Board members
- LRMT meetings were a positive vehicle in bringing together a range of partners, in a collaborative approach to the changing pandemic landscape.
- Positive engagement and shared working can be evidenced at service level across the HSCP and third sector partners.
- Rapid community level support when services were forced to withdraw/reduce provision. Achieved through existing working arrangements and newly developed linkages, addressing food security, welfare check-ins, supporting hospital discharges and engagement with harder to reach communities.
- Really good work done in partnership with Trades Unions.
- Providing Clarity consistently, whilst in the midst of a pandemic is remarkable.

Communication

- Chief Officer updates to members on activity undertaken to support COVID-19 response. These were timely, specific and informative. Board members welcomed this approach.
- The speed and clarity of response within the IJB has been positive.
- There has also been a consistent approach in terms of communication
- Good communication with local population, providing vulnerable people with COVID-19 information.

Digital transformation

- Positive move to remote Board meetings
- Positive support for cost of IT to enable service to the community

Governance and scrutiny

- Focused governance with chair / vice chair / Chief Officer

- Good scrutiny continued at HSCP Board meetings
- IJB Board meetings provided members with up to date details of the COVID-19 programme

HSCP Workforce

- Good support in staffing levels across services to ensure sufficient workforce
- Working together to remobilisation and recover.
- PPE provided where needed to careers and care at home teams.
- Good work with vulnerable clients

b) Early Response - Reflection and Learning

In summary, the HSCP Board indicated reflection and learning from early response to the pandemic may have benefited from the following:

Integrated Joint Board (IJB)

- In line with NHS Board arrangements could have had more regular but shorter updates to Board members. Appreciate Chair / Vice chair and CO met weekly
- The benefit of the IJB is the ability to address challenges from a shared outcome perspective - this was lost when early thinking was to view the pending pandemic as a 'health' crisis. A wider harms-reduction focus could have brought more benefit and opened up more opportunities, more quickly.
- Late introduction of a partnership approach to pandemic preparation meetings and the postponement of IJB meetings for such a protracted period during the initial Covid emergency.

Risk Management

- Would be good to see this as a recurring item on risk register (actioned and in new strategic risk register)

Community Engagement

- Engagement and shared working with third sector partners would have benefited from a stronger IJB level approach and focus
- Improved communication activity, better-resourced to enable partners to share and work collaboratively.

Service impact and recovery

- Sharing of remobilisation information in a timely manner
- A greater understanding of the range and breadth of service withdrawals/ changes would have helped a better co-ordinated response to take place and also provided more of an informed landscape around which to review recovery activity.

c) Focus for the Future

The HSCP Board indicated that consideration should be given to implementing the focus for the future learning points and actions:

HSCP Board

- Continue with digital meetings for at least some of the annual calendar
- Improve collaboration across partners using video conferencing
- The HSCP Board will continue to adapt to agile working practices
- Ensure clear planning arrangements are in place leading to early collaboration
- Established clear roles and communication channels between members of the Board during any future sustained critical incidents such as a future pandemic.

Recognition

- Recognition of the good work that the HSCP workforce has done during the pandemic
- Recognition of the good work that Third Sector organisations have done during this pandemic and make firm commitment to work more closely with them in the future

Contingency planning

- Contingency planning for pandemic moving forward, to learn from any lessons and address any areas which need improvement work
- Improve scenario planning testing, resilience in terms of resource planning
- Be prepared with equipment and maintain good contacts achieved during the pandemic.
- Better identification of possible pinch-points/service withdrawals and earlier open conversations with other partners to identify potential support options

8. Recommendations

It is recommended that the significant number of strengths outlined throughout this report are recognised and the improvement actions and activity outlined below is undertaken to ensure that the IJB's feedback has been acknowledged, listen to and acted upon.

Focus for the future Improvement action plan

Theme	Action	By when
Strategic planning	Consider the strategic implications that local NHS mobilisation plans and renewal and recovery plans may have for the IJB Strategic Plan.	May 2022
Digital transformation	Introduce a hybrid approach to future IJB meetings – incorporating both online and face to face meeting into the future schedule Incorporate video/online conferencing opportunity to support future IJB meetings – providing a platform for a wide range of subject matter experts to support IJB decision making, where appropriate.	From September 2021 (or when safe to incorporate face to face meetings)
Recognition	Develop a recognition communication plan to share the IJB's thanks and appreciation for the work done during the pandemic.	May 2021
Contingency Planning	Reflect and improve contingency planning for HSCP to incorporate a way forward for future major incidents. Design improved internal communication channels/approach between HSCP board members during significant incidents.	September 2021

Background reading / reference documents

- Public Bodies (Joint Working) (Scotland) Act 2014
- Improvement Services – Self Evaluation Learning from COVID-19 IJB
- Improvement Services – Self Evaluation Learning from COVID-19 HSCP
-

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Appendix A – Full Self-Assessment Results

		Strongly /Agree	Strongly /Disagree	Don't Know
IJB Response to COVID-19				
1	The IJB can evidence examples of how it worked well together in response to COVID-19.	60%	0%	40%
2	Members of the Board have collaborated in new and different ways in response to COVID-19	88%	0%	13%
3	The IJB can evidence examples of how resources were used to best support hard to reach individuals and communities during COVID-19.	63%	0%	38%
4	The IJB can evidence examples of positive working with the Third Sector in response to COVID-19.	88%	0%	13%
5	The IJB can evidence how it targeted support during COVID-19 through community engagement.	25%	13%	63%
6	The IJB can evidence a consistent and coordinated approach to providing communities with advice and guidance around COVID-19.	75%	13%	13%
7	The IJB can demonstrate effective partnership working through local NHS mobilization plans and local authority recovery and renewal planning.	75%	0%	25%
8	The IJB is capturing learning and good practice around COVID-19 to help services identify and support innovation around areas such as, NHS Near Me, agile workforce models, use of volunteers, remote working, etc.	63%	0%	38%
Governance of IJB during COVID-19				
9	The IJB has provided effective leadership during COVID-19.	75%	0%	25%
10	The IJB has established clear roles and communication channels between members of the Board during COVID-19.	63%	25%	13%
11	The IJB has made use of digital innovation to support shared and effective decision making between partners during COVID-19.	63%	0%	38%
12	Structures that support the IJB have worked well in response to COVID-19.	63%	0%	38%
13	The IJB has ensured effective governance arrangements during COVID-19	75%	0%	25%
New Ways of Working				
14	The IJB is working to consider the strategic implications that local NHS mobilization plans and Renewal and Recovery Plans may have for the IJB Strategic Plan.	75%	0%	25%
15	The IJB should look to permanently retain new ways of working developed during the response to COVID-19.	88%	0%	13%
16	Members of the Board have made preparations to ensure that lessons learned are being addressed in case of any future pandemic	50%	0%	50%

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by: Chief Nurse

24 June 2021

Subject: District Nursing Staffing Update

1. Purpose

- 1.1** To update the HSCP Board regarding the Scottish Government (SG) commitment within the Integrated Health and Social Care Workforce plan to increase District Nursing (DN) posts by an additional 375 across Scotland over the next five years. This paper outlines the implications for West Dunbartonshire HSCP and sets out a proposed road-map for the expansion of the DN workforce in West Dunbartonshire.

2. Recommendations

- 2.1** The HSCP Board is asked to approve the content of this report; the opportunities these new monies afford to transform the District Nursing team and contribute to the achievement of both the HSCP strategic objectives and the NHSGGC Moving Forward Together ambition of shifting the balance of care in our community.

3. Background

- 3.1** Funded establishments of District Nurses within the six NHSGGC Health and Social Care Partnerships are based on a 2012 model; 1 x wte band 6 per 9,000 patient population, 2.2 x wte band 5 for each band 6, 0.5 x wte band 3 for each band 6, and 1 x wte band 7 per every 10 wte band 6 posts.

4. Main Issues

- 4.1** An initial workforce planning exercise in West Dunbartonshire was conducted to scope expansion of the DN workforce to 23/24. Proposed utilisation of initial phase funding is to expand the band 5 workforce by 4 whole time equivalent and one band 3 Health Care support Worker during 2021. This will enable existing band 6 District Nurses to work to the top of their licence and use their advanced assessment and prescribing skills more optimally to support transformational change within the service.

5. Options Appraisal

- 5.1** The first few years implementation of this planned expansion will enable us to undertake a number of tests of change, evaluation of complementary roles and this will inform further planning for 24/25 where we will seek to maximise utilisation of the planned investment by Scottish Government.

6. People Implications

- 6.1** This growth will be additional to the current model and will afford career development opportunities. It is anticipated that this will increase job satisfaction as staff are enabled to work to the top of their licence, and subsequently enhance retention rates as career development opportunities will be created.

7. Financial and Procurement Implications

- 7.1** In December 2020 SG allocated funding to Health Boards, and latterly provided indicative levels of funding up to financial year (FY) 2024/25. The indicative funding up to 24/25 for West Dunbartonshire is £895,864 cumulative effect
- 7.2** Further updates on the progress of recruitment campaigns, and the finalisation of annual funding will be provided, along with progress updates required by Scottish Government

8. Risk Analysis

- 8.1** This is a workforce planning exercise based on indicative funding from SG and is subject to review
- 8.2** The funding will enable West Dunbartonshire HSCP to build capacity and resilience within the DN team and mitigate some existing and emerging risks with respect to workforce age profile and demographic changes which indicate increased service demand and workload for District Nursing Teams in future.

9. Equalities Impact Assessment (EIA)

- 9.1** No equalities impact assessment was undertaken for this report

10. Environmental Sustainability

- 10.1** No impact

11. Consultation

- 11.1** The proposals are based on a collaborative workforce planning process between nursing leadership, service management, management accountants and partnership. No service user or carer consultation was undertaken. However proposals have been shared with the Joint Staff Forum.

12. Strategic Assessment

12.1 This activity aligns with the HSCP strategic objectives.

13. Directions

13.1 Attached

Name	Val Tierney
Designation	Chief Nurse
Date:	03.06.21

Person to Contact	Val Tierney Chief Nurse Val.Tierney@ggc.scot.nhs.uk
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Appendices:	Appendix 1 – Additional Funding Appendix 2 - NHSGGC District Nursing – Additional Funding Paper Appendix 3 - Directions
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Background Papers:	SMT Paper: West Dunbartonshire District Nursing
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Appendix 1 DISTRICT NURSING ADDITIONAL FUNDING ALLOCATION

DISTRICT NURSING ADDITIONAL FUNDING ALLOCATION									
SCOTTISH GOVERNMENT FUNDING				20/21	21/22	22/23	23/24	24/25	TOTAL
WEST DUNBARTONSHIRE				44,150	138,191	188,082	237,577	287,865	895,864
NUMBER MONTHS COSTED	Top of Scale Cost £	Additional WTE Employed	Start Date	20/21	21/22	22/23	23/24	24/25	
Band 7	60,800			0					
Band 6	51,500			0					
Band 5	41,400	4	Jul-21	0	9	12	12	12	
Band 4	32,400			0					
Band 3	29,200	1	Jul-21	0	9	12	12	12	
WTE COSTED				20/21	21/22	22/23	23/24	24/25	
Band 7				0.0	0.0	0.0	0.0	0.0	
Band 6				0.0	0.0	0.0	0.0	0.0	
Band 5				0.0	3.0	4.0	4.0	4.0	
Band 4				0.0	0.0	0.0	0.0	0.0	
Band 3				0.0	0.8	1.0	1.0	1.0	
ADDITIONAL WTE				0.0	3.8	5.0	5.0	5.0	
COST				20/21	21/22	22/23	23/24	24/25	TOTAL
Band 7				0	0	0	0	0	0
Band 6				0	0	0	0	0	0
Band 5				0	124,200	165,600	165,600	165,600	621,000
Band 4				0	0	0	0	0	0
Band 3				0	21,900	29,200	29,200	29,200	109,500
TOTAL COST				0	146,100	194,800	194,800	194,800	730,500
FUNDING REMAINING/(OVERSPEND)				44,150	(7,909)	(6,718)	42,777	93,065	165,364

Title: NHSGGC District Nursing - Additional Funding

Report to: West Dunbartonshire HSCP SMT

Report By: Val Tierney Chief Nurse

Date: 03.06.21

1. Summary

- 1.1 Scottish Government (SG) committed in the integrated health and social care workforce plan for Scotland to increase District Nursing (DN) posts by an additional 375 nurses over the next 5 years, based on the current national skill mix.
- 1.2 In December 2020 SG allocated funding to Health Boards, and latterly provided indicative levels of funding up to financial year (FY) 2024/25. That funding allocated is summarised in the table below, along with the intended distribution for West Dunbartonshire HSCP

Table 1: DN Funding by year and HSCP allocation

Year	West Dun
20/21*	44,150
21/22	138,191
22/23	188,082
23/24	237,577
24/25	287,865
TOTAL	895,864

- 1.3 Funding is being allocated by SG on an earmarked basis, and will be formally approved each year by Parliament as part of the SG budget process. Allocations will be confirmed for the coming financial years following approval of the budget, usually by the end of January, and allocation will be 70% in May and 30% in November.

2. Current Position

- 2.1 Funded Establishments for DNs within NHSGGC's 6 Health and Social Care Partnerships (HSCP) are based on the 2012 model; one band 6 per 9,000 PP, two point two band 5 for each band 6, 0.5 WTE band 3 for each band 6, and one band 7 per 10 band 6 posts. Adjustments have been made based on local context and the needs of individual services.
- 2.2 The table below shows the current funded establishment and vacancy position for DN in hours service for June 2021. The funded establishment position describes District Nursing (day service only) including non-clinical Nurse Team Leader band 7 posts, but excluding PCIP.

Table 2: Current DN funded establishment and vacancy position

	West Dunbartonshire District Nursing	
	Funded Est (WTE)	Vacancy (WTE) Nov 2020
Band 7	2.7	0
Band 6	11.8	2
Band 5	25.4	1
Band 3	5.25	0
Total	44.15	2

- 2.3 The two the band 6 vacancies will be filled in Sept 21 by band 5 staff currently progressing through the SPQ course by two students due to graduate in September 2021.

3. Proposed utilisation of additional funding

- 3.1 An indicative workforce planning exercise has been conducted to establish a road-map for each HSCP expanding its DN workforce within the expected financial framework to 2023/24. The first few years' implementation of this planned expansion and completion of the associated tests of change will inform further planning, with the current forecasted expansion being four WTE band 5 nurses and one band 3 Health Care Support Worker. Future planning exercises will extend to 2024/25 and seek to maximize utilisation of the planned investment by Scottish Government.
- 3.2 This is a workforce planning exercise based on indicative funding from SG and is subject to review. It should be noted that this exercise has been conducted with the intention of reviewing post viability and carrying out tests of change during the workforce expansion, to inform the end-point additional workforce.
- 3.3 Further consideration will be given to this framework, particularly for FYs 23/24 and 24/25, following analysis of the success of ANP recruitment and the impact on workforce stability and turnover rates following expansion of the workforce. Consideration of additional posts will combine a variety of inputs depending on the bands concerned, with examples of these inputs below:

Band 7: A number of HSCPs intend to appoint to Band 7 DN Advanced Nurse Practitioner Roles (ANP) or trainee ANP posts. This aligns with the ambitions of Transforming Roles, in that these posts intend to maximise the contribution to nursing by enhancing senior clinical decision making, provide a clear career pathway for District Nursing, enhance leadership to teams, and impact upon avoidable admission to hospital. Given board wide issues in relation to recruitment and retention of Band 6 District Nurses it is anticipated that offering an alternative promoted opportunity which maintains a clinical focus will address this challenge and begin to stabilise the District

Nursing service and enhance resilience. Some of these roles are intended to be an element of Hospital at Home Tests of Change. New posts will be evaluated in order to establish impact and decide on further investment. There are clear indications of the impact of these posts related to avoidance of unnecessary hospital admission even at this early stage.

Band 6: A number of additional posts are planned, however there is concern about a lack of available candidates for recruitment. HSCP's are currently supporting 32 students in order to attain local succession planning aligned to the 2012 model. Additionally HSCPs plan to recruit to additional Band 5 posts to develop via the HSCP Specialist Practitioner Qualification (SpQ) programme, so over time the Band 6 qualified DN workforce will grow. This growth will be additional to the current model and will address vacancies in the qualified Band 6 DN workforce. As there will be advanced clinical opportunities available as this workforce grows, it is anticipated that this will subsequently enhance retention rates, as opposed to staff seeking development opportunities in other areas of service.

Band 5: Additional Band 5 recruitment has commenced across the board, a number of these employees are likely to progress to undertaking DN SpQ in September 2021, therefore maintaining succession planning in relation to the Band 6 role. Additional Band 5 posts will also enhance resilience in the support of enhanced numbers of staff undertaking the SpQ programme, particularly as backfill has been a pressure in previous years.

Band 3: The addition of Band 3 posts will enhance support to services, to ensure that the registered workforce focus on more complex clinical interventions, so shifting the balance of care, and creating further opportunities which align with the ambitions of Transforming Roles.

4. Recommendation

- 4.1 Approve the proposed road-map for the expansion of the DN workforce within West Dunbartonshire HSCP which is based on a collaborative workforce planning process between nursing leadership, service management, and management accountants.
- 4.2 Note the paper has been submitted to the Chief Officer Tactical Group and Board Nurse Director and Partnership to advise on progress.
- 4.3 Further updates on the progress of recruitment campaigns, and the finalisation of annual funding to be provided, along with progress updates required by SG.

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD																
1	Reference number	HSCP B000007VT24062021														
2	Date direction issued by Integration Joint Board	24.06.21														
3	Report Author	Val Tierney Chief Nurse														
4	Direction to:	NHS Greater Glasgow and Clyde only														
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No														
6	Functions covered by direction	Health and Community Care – Transformation of District Nursing Service														
7	Full text and detail of direction	The HSCP B is directing the Health Board to allocate the funding as described in the paper to support transformation and expansion of the District Nursing role and workforce in order to contribute to the HSCP strategic objectives and the NHSGGC Moving Forward Together ambition of shifting the balance of care towards community services.														
8	Specification of those impacted by the change	Those who will be impacted by the change are patients, people who use District Nursing services, carers, local communities and staff and colleagues in HSCP and GP services														
9	Budget allocated by Integration Joint Board to carry out direction	<div>The financial resources allocated to enable the, Health Board to carry out the direction is as follows</div> <table><tr><th>Year</th><th>West Dun</th></tr><tr><td>20/21*</td><td>44,150</td></tr><tr><td>21/22</td><td>138,191</td></tr><tr><td>22/23</td><td>188,082</td></tr><tr><td>23/24</td><td>237,577</td></tr><tr><td>24/25</td><td>287,865</td></tr><tr><td>TOTAL</td><td>895,864</td></tr></table>	Year	West Dun	20/21*	44,150	21/22	138,191	22/23	188,082	23/24	237,577	24/25	287,865	TOTAL	895,864
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24/25	287,865															
TOTAL	895,864															
10	Desired outcomes detail of what the direction is intended to achieve	<div><i>The direction is intended to achieve an increase in capacity of the District Nursing workforce to enable them to contribute more effectively to the strategic and national health and wellbeing outcomes.</i></div> <div><i>This will support achievement of the HSCP Strategic Plan providing the opportunity for Early intervention - provide preventative</i></div>														

		<p>interventions to ensure people are supported to remain active and enjoy life</p> <p>Resilience – deliver care pathways to assist both staff and service users to understand and achieve the best approaches for care which is safe, person centred and clinically and cost effective</p> <p>Assets - Commitment to providing ongoing support and training for staff to ensure they are working effectively and are well-prepared to deliver services in a complex system.</p> <p><i>The National Health and Wellbeing Outcomes</i></p> <p>2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p>	
11	Strategic Milestones	<i>Insert milestone 1</i> <i>Recruitment x 3 band 5 wte ,</i> <i>1xband 3 wte</i>	<i>August 2021</i>
		<i>Insert milestone 2</i> <i>Evaluation</i> :Further consideration will be given to this framework, particularly for FYs 23/24 and 24/25, following analysis of the success of (Advanced Nurse Practitioner ANP) recruitment and the impact on workforce stability and turnover rates following expansion of the workforce.	<i>August 2023</i>
		<i>Insert milestone 3</i>	
12	Overall Delivery timescales	<p>Detail timescales of key stage and final delivery date.</p> <p>Full implementation by March 2025</p>	
13	Performance monitoring arrangements	<p>In line with the agreed Performance Management framework this direction will be monitored and progress reported twice per year.</p>	
14	Date direction will be reviewed	<i>June 2022</i>	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Clinical Director

24 June 2021

Subject: Do not Attempt Cardiopulmonary Resuscitation (DNACPR) - Review of Existing Policy in West Dunbartonshire

1. Purpose

- 1.1** The purpose of this report is to update the Partnership Board on the approach to DNACPR taken in West Dunbartonshire.

2. Recommendations

- 2.1** The HSCP Board is recommended to note the policy and approach in place for citizens of West Dunbartonshire.

3. Background

- 3.1** Legislation has been in place for some time in relation to providing resuscitation support for individuals who are suffering cardiac attack. During the course of the pandemic, concern has been raised by families and the media regarding the use of this legislation for individuals, particularly in care homes.

4. Main Issues

- 4.1** CPR or cardiopulmonary resuscitation is a treatment employed when there is cessation of heart activity or cessation of breathing or both. The aim of a CPR is to re-establish spontaneous cardiac and respiratory effort by the patient for a long enough period in the hope that sufficient quality of life can be restored as a result.
- 4.2** The success of CPR is dependent on factors including the cause of the arrest; the health and general wellbeing of the patient prior to the event as well as how promptly and in what setting it is attempted.
- 4.3** Generally, CPR has a very low success rate. Clinicians attempting a CPR or planning for a future attempt of a CPR need to be mindful of risks of CPR. These include inevitable potential for harmful side effects such as rib fracture and damage to internal organs; adverse clinical outcomes such as hypoxic brain damage; and other consequences for the patient such as increased physical disability. If the use of CPR is not successful in restarting the heart or breathing, and in restoring circulation, it may mean that the patient dies in an undignified and traumatic manner.

- 4.5** It is important that CPR is not attempted in all patients who have a cardiopulmonary arrest. In the case of a patient with advanced frailty, multimorbidity or one who is suffering from a terminal illness attempting a CPR is most likely to fail. It also can leave a dying person with more distress or worse health in the last hours or days of their life. For some patients, receiving CPR would deprive them of dignity during the very last moments of their life.
- 4.6** It is in general considered good practice for doctors to consider the potential impact of a CPR on a patient in advance of this event. This allows a measured decision and allows sufficient time to communicate this with the patient and their relatives. The timing of this discussion is always a difficult balance.
- 4.7** The result of this discussion is documented in a standard form which is used by doctors across different settings in Scotland. The form is referred to as DNACPR (do not attempt cardiopulmonary resuscitation). The form does not require a signature from a patient or their relative. However, there is space for a doctor to document discussion with the patient or their relative(s).
- 4.8** A DNACPR form does not mean that a patient would be denied treatment for ongoing health conditions. For example, a patient with a DNACPR who has a chest infection can receive antibiotics, be admitted to hospital and receive standard treatment if these are considered appropriate for the patient in the same fashion as would be provided for another patient who does not have one.
- 4.9** Discussions around DNACPR are taxing for clinicians, patients and relatives.
- 4.10** They can be time consuming and often lead to misinterpretation by patients, their care providers and public at large. However, when done well it augments patient care and results in better long term outcome for patients.
- 4.11** The policy in West Dunbartonshire is to follow national guidance and standards set by bodies such as GMC (General Medical Council) and the Resuscitation Council. We have held training events for doctors over the recent years to update their knowledge and skills at delivering this area of work.
- 4.12** The decision around DNACPR is made on a case-by-case basis. It should never be applied to anyone merely because of their age alone. It is intended to improve quality of care and outcome for the individual involved. Like any area of health care, it must be free of any discrimination.
- 4.13** During the pandemic West Dunbartonshire HSCP alongside NHS Greater Glasgow and Clyde sent correspondence to all GPs to consider electronic

patient summaries. These are commonly referred to as key information summaries or KIS. The information contained in a KIS typically contains:

- list of existing medical conditions
- list of regular medication
- allergies
- background social issues such as capacity, power of attorney
- equipment needed for their care
- living and care arrangements
- personal preferences a patient may have about their nursing and medical care
- contact detail for the patient and their next of kin
- whether a DNACPR form is in place

4.14 At the beginning of the pandemic, GPs in West Dunbartonshire considered putting KIS documents for their patients in place if one did not exist and/or to review existing KIS documents and update the information in it.

4.15 GPs checked if a DNACPR form was in place when a decision to have one is appropriate. The purpose of this activity was better sharing of information with the emergency services as a means of improving patient care at a time when the services may be taxed due to the pressures of the pandemic.

4.16 The standard of care and reasons for choosing to have a DNACPR in place for any patient never changed during the pandemic.

5. Options Appraisal

5.1 As outlined in the above text, the standards and rules applied to DNACPR are based on our national medico-legal systems already in place and not one that individual health boards or HSCPs are in a position to alter. It is however important that we in West Dunbartonshire HSCP go about this area of care in a way that:

- a. maintains a high level of trust in doctors amongst our residents, and
- b. encourages open and early discussion of end of life care in the community in appropriately selected patients.

6. People Implications

6.1 There are no workforce implications arising as a result of this report.

7. Financial and Procurement Implications

7.1 There are no financial or procurement implications arising as a result of this report.

8. Risk Analysis

8.1 Not required for this Report

9. Equalities Impact Assessment (EIA)

9.1 As stated, the application of a DNACPR is undertaken on a case by case basis, and no one characteristic should be considered sufficient for putting a DNACPR in place.

10. Environmental Sustainability

10.1 Not required for this Report

11. Consultation

11.1 Not required for this report

12. Strategic Assessment

12.1 Not required for this report.

13. Directions

13.1 Not required for this Report

Name Dr Saied Pourghazi

Designation Clinical Director

Date 25 May 2021

Person to Contact Jo.Gibson@ggc.scot.nhs.uk

Appendices: None

Background Papers

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Meeting: Special COVID – 19 Meeting of Joint Staff Forum

Date: Thursday 11th March 2021

Venue: Microsoft Teams

MINUTE

Present: Sylvia Chatfield
Andrew McCready
Val Jennings
Audrey Slater
Helen Little
Sandra Cowie
Peter O'Neill (Chair)
Fraser Downie
Jo Gibson
Jonathan Hinds

Apologies: David Scott, GMB
Sean Davenport
Diana McCrone
Susan Walker
Beth Culshaw

Item	Description	Action
1.	Welcome, Introductions, Apologies Noted that the meeting clashed with other meetings and the Chair suggested that he and Audrey consider dates and times for future meetings and set aside time to set agenda.	Peter O'Neill and Audrey Slater to review dates
2.	Standing Agenda Items <ul style="list-style-type: none"> a) Minutes of Last Meeting The minute was accepted as an accurate record. b) Actions from Previous Meeting See below c) Chief Officer Update Recent figures are encouraging with numbers continuing to fall. Reminder that the progress of the vaccination programme should not impact on appropriate use of PPE. d) Service Updates 	

i. Children's Health & Care and Criminal Justice

Have appointed to two vacancies within the health visiting service across both localities. CAMHS teams have now cleared all their long waits and are now on course to meet their targets.
C&F Social work – continuing to scale up contact safely. Some activity around small grants being made available for people.
Backlog for unpaid work remains but CMO has confirmed that this shouldn't be going ahead and will not be scaled up until the end of April at the earliest.

ii. Mental Health, Addictions and Learning Disabilities

Mental Health – Vale of Leven wards have reopened to new admissions. All staff have had the opportunity to be vaccinated. Staff have been supported throughout the outbreak.

LD advertising for IOM is underway.

Addictions: Jackie McGinley acting up to IOM post.

118 Dumbarton will close with an expectation that LD services will be able to move into Bruce Street. Still considering options for addictions services.

iii. Health and Community Care

Indoor visiting in care homes is now back in place. Amazing feedback from families. Still busy with vaccination programme with all eligible staff now vaccinated. *Ad hoc* clinics still in place for mop ups.

Mass Vaccination Clinics supply has been lumpy but expected to increase over coming weeks.

End of this week people 50 – 59 will get their invites so by the end of this week everyone over 50 should have been invited.

GP work continues with clinics planned for second dose to be administered over the Easter period.

Feedback re efficacy is really strong showing huge reductions in hospital admissions for both vaccines.

Work is ramping up in terms of new Health Centre. Expect completion on 6th November then start to move people in. The structure work reviewing how occupancy will look is ongoing.

Email Enquiry from GMB:

GMB would like to ask about the Covid outbreak at Queens Quay care home & how this happened.

2. GMB have also been asked about taking up vaccination with regards to perceived issue regarding fertility issues, is there any info

available on this.

Jo Gibson advised that it is not exactly clear how the QQ outbreak happened. All infection control policies were followed with an inspection taking place early in the outbreak. Public Health was reassured by the policies in place. The outbreak has run its course with no spread to other flats. A couple of staff are still unwell and are being supported.

On vaccine issues re fertility concerns, the SMT is aware that some people have chosen not to take the vaccine. This is a personal choice. We have provided somewhere for people to go to in order to discuss any impact on fertility or breast feeding. Offered to undertake any further support work if it is felt that this is required.

Advised people to check on NHS Inform website and discuss with their GPs if they have concerns. All decisions should be made after reviewing all available information.

iv. HR Report

Continue to monitor absence rates which are fairly stable. Working with individuals and managers to ensure that staff are supported appropriately. Mental Health Check in details have been shared. Audrey Slater reminded of other supports available.

Bonus payment. Should be paid by April but that presents a large challenge but certainly working towards that.

Andrew McCready advised it has been extended to June/July for those who declined it initially (NHS). Unions have asked Scottish Government to look at this and achieved the extension to allow staff good time to make payment arrangements should they choose to accept.

e) Trade Union Updates

Feeley Report – information sessions will be arranged.

f) Vale of Leven MSK Service

MSK department at the Vale will be open imminently

3. Rolling Agenda Items

a) Recovery Planning
No update

b) Testing
Nothing further to add. Testing is taking place throughout all services. Staff on health side who got their kits and have worked their way through them will be able to access their second batch from the hubs.

JS to arrange
finance session

Risk Assessment
Library –
remove from
RAL – Hazel
Slattery

Use of keypads
at Kilbowie

Notification system is also being updated with a new App in development which will avoid the need to use the Turas system.

Road to be checked. JG

There is a difference in the technique for social care staff and health staff. Health staff only need to test nasally but social care staff are still required to test orally and nasally. Work underway to try and equalise this.

Remove Weekly Covid figures from RAL as now provided weekly. HS

c) Aurora House

Confirmed that there is a board meeting today where proposals will be reviewed. Any decision needs to be ratified from Scottish Government. As soon as further information is available, Audrey undertook to provide an update. Noted that the article suggests that robust involvement with staff has taken place and noted that this was not our staff – only NHS24 staff. Unite member at Golden Jubilee has not been involved with any meetings so difficult to know who from trade unions has been involved.

Ethical Care Charter Improvement Action Plan to be developed and included on agenda as standing item.

d) Financial Planning Session to be arranged - Julie Slavin

e) Kilbowie Road – Val noted that there are concerns about Kilbowie Road where risk assessments have not been undertaken. Keypads are still in use in the building so there are real concerns. Jo Gibson will pick this up.

f) Risk Assessment Library – remove from RAL.

g) Meetings in place to enable My Life assessments to take place in the field. Discussions are ongoing.

h) Weekly figures are now shared by LF so can come off the RAL.

i) Ethical Care Charter – draft was circulated and went to IJB a fortnight ago. Ethical Care Charter Improvement Action Plan to be finalised. Refresh Unison Care Charter as standing item on the agenda.

4. New Agenda Items

a) NIL

5. Any Other Business

Three Key Messages:

- Ethical Care Charter – standing item on JSF with a focus on ethical procurement
- Reduction in incidence – but let's not let our guard down. Stress importance of continuing with other measures
- CAMHS Improvement in waiting times.

6. Date of Next Meeting

Thursday 25th March 2021 (Clashes with IJB)

2 p.m.

MST

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: Wednesday 31 March 2021

Venue: Conference Call

Draft Minute

Present:

Ann Cameron Burns
Ian Smith
Julie Slavin
Samantha
Audrey Slater
Simon Macfarlane
Sylvia Chatfield
Sean Davenport
David Scott
Diana McCrone
Val Jennings
Susan Walker
David Smith
Peter O'Neill

Item	Description	Action
1.	Welcome, Introductions, Apologies Beth Culshaw welcomed the group to the meeting	
2.	Finance <u>Budget</u> Budget paper went to HSCP Board on Thursday and is available on the website to view. Members were encouraged to access the report. Julie then presented her slides – a copy is appended to this note. Projected Outturn Position shows £10.4m underspend which mainly arose as a result of some late funding from Scottish Government. It is anticipated that £4m is advance Covid 19 funding for 2021/22. Additional amounts for Community Living Fund, Mental Health Action 15, ADP and PCIP were also allocated earlier than expected. We provide SG with an update on Covid costs each month and the most significant elements are provider sustainability and additional staff costs. SG has agreed to fund our external funders around reductions in care home occupancy; shielding staff; staff brought in to cover. Diana referred to an earlier debate on buying new technology enabling people to work at home. Confirmed this was mostly agreed as a Covid cost but not all for the HSCP as some was picked up via the council's Covid claim. We have received £11.124 from SG with forecast full year costs at £7.032m leaving an amount of just over £4m available to transfer to earmarked reserves. The board paper (Table 1) has full details of how the £7m costs arose. 21/22 Agreed Budget. In terms of what was agreed is that 1.5% uplift was paid to health boards and integration authorities. These figures don't include the offer of 4%	

to health staff which would cost this partnership approx £0.4m but Scottish Government have committed to settling that in full which means no impact on our reported gap. The budget update slide shows a nil gap in March for both health care and social care.

The social care gap related mostly to pay pressure, living wage, free personal care. After continued discussions with Council colleagues and Scottish Government we expect to receive additional funding for pay award to allow the partnership to close the gap to nil after applying an amount from reserves.

While the new funding is welcome, it all came with commitments. We received the same budget for 21/22 as for the previous year so inflationary pressures had to be found within existing budgets.

The HSCP Board approved and agreed to the measures and a balanced budget has now been set.

SM – noted that the figure was similar to a number of other partnerships.

Referred to Scottish Living Wage which has been underpinned for adult social care staff but made the point that it doesn't extend to domestic staff within care homes in the private sector. He feels this is unjustifiable to exclude support staff in private sector from this deal.

Reserves. Hard to foresee but asked how do we think the reserves will be used in future years in terms of using that as core funding for a time.

JS. Negotiations are ongoing around the National Care Home Contract.

While it looks like we have significant resources, a lot of these are badged and will have to be used on projects already agreed. They can't be seen by funding partners as an opportunity to make cuts in the future. It is helpful to us that we are in a similar position to other partnerships.

Forecast Reserves

The slide shows the position throughout the financial year.

Analysis of Earmarked Reserves

Noted the significant impact within prescribing.

Noted that the majority of reserves are earmarked but we do have the projected cost pressures and future year budget gaps which will lead to the need to redesign services and deal with increased waiting lists. Julie advised that we have reserves in connection with CAMHS, MSK and retinal screening. There is also an element of general reserves over and above our target to deal with any unexpected shocks. This is generally set at 2% which means £3m for us when we are projecting will have just over £5m. This provides a bit of a cushion.

Current and Emerging Issues

IRASC
Public Sector Pay
Scottish Living Wage
Ongoing Impacts of Covid-19

Peter O'Neill asked about funds earmarked for redesign of service. The original sum around redesign was linked to service improvement lead posts and also to provide some transitional funding that comes out of that. A firmer plan around that will be prepared ahead of the accounts being presented in June.

For the non recurring money we will consider spend to save initiatives. Some of the money is spoken for in, for example, CAMHS, Service Improvement Leads and six additional social workers.

Meeting closed 2.50pm

6. Date of Next Meeting

7 April 2021

West Dunbartonshire Health & Social Care Partnership

Meeting: Clinical and Care Governance SMT

Date: 31 March 2021

Time: 12 Noon

Venue: Teams Link in Diary Invite

DRAFT MINUTE

Present: Dr Fiona Wilson (Chair), Clinical Director
Jo Gibson, Head of Health & Community Care
Sylvia Chatfield, Head of MH, LD & Addictions
Margaret Jane Cardno, Head of Strategy & Transformation
Val Tierney, Chief Nurse
Helen Little, Physiotherapy Manager Partnerships
Jonathan Hinds, Head of Children's Health, Care & Criminal Justice
Gillian Calderhead, Prescribing Lead
Sheila Downie, Service Manager, Specialist Children's Services
Anne McLellan, Family Nurse Partnership
Fraser Downie, IOM MH
Mike Hendry, Care Inspectorate

Apologies: Beth Culshaw, Chief Officer
Saied Pourghazi, Clinical Director
Lynne McKnight, IOM Care at Home

In attendance: Vivienne Warner (Minute)

Item	Description
1.	Welcome and Introductions Dr Wilson welcomed the group and introductions were made. It was noted that Mike Hendry would be the representative from the Care Inspectorate going forward.
2.	Minute of Previous Meeting The Minute was agreed for accuracy.
3.	Matters Arising There were no matters arising not covered elsewhere on the agenda.

Exception Reports

4. Chief Nurse Update (Lead Report)

Val Tierney, Chief Nurse presented her Exception Report and shared a . VT to presentation which is appended to this minute.

The presentation outlined governance arrangements across the HSCP and focussed on the role of CCG within the context of a framework for total quality management.

The presentation looked at a quality management framework. The key components considered in the context of CCG were quality control, quality assurance and quality improvement.

The report considered incident reporting across health and social care. For health the process is well articulated and relies on use of the Datix system with clear policies and guidance to support oversight of practice emerging themes and critical incidents.

The picture across social care / council was noted to be more diverse – with Fig tree (strong health and safety lens) /CM200/Care First/ Complaints /ASPC and CPC reporting all informing and acting as go to the overall quality control and assurance measures within social work and social care . The group felt the social work and social care element required further definition and clarity . VT to meet with SC to discuss.

CCG Action Plan

The Action Plan was presented and reviewed. Heads of Service were asked to review the priorities within the plan and forward comments to VT. HOS CCG efforts should reflect the strategic priorities within the HSCP CCG Action plan.

HOS were reminded to include details of any SAER within their exception reports for this group. Noted that a presentation on the new SAER policy had been undertaken at a recent extended senior management team meeting.

Agreed actions:

Bring report to next meeting on how both incident reporting systems operate and review advantages and disadvantages. It was agreed that MJC would support VT in establishing a process map to assist with this work VT/MJC.

Consideration of using a move to one incident reporting system as currently happens in some other partnerships to be explored . VT to contact ER CCG Lead to discuss.

5. Mental Health/Learning Disability/Addictions

Sylvia Chatfield presented her exception report. It was noted that there are currently Covid 19 issues on the mental health wards at the VOL.

Medical care is stable and vacancies are being recruited to. There is a 0.5 wte consultant post which is challenging to fill.

Highlights from the report:

- IOM post being re-advertised
- Datix recording is up to date
- SAER Improvement Plan to be shared with this group
- ASP preparation continues although no date for inspection is available yet

6. Health and Community Care

Jo Gibson presented her exception report.

Highlights from the report:

Diabetic Retinal Screening Service (which is hosted in West Dunbartonshire) closed down completely during the initial stages of the pandemic which led to increased waiting lists. To support reducing this, 40 outreach clinics are running but with reduced throughput due to social distancing.

No significant issues in Care at Home Services. PCR arrangements are in place and staff have a high uptake of vaccinations.

Residential Care Homes are now all classed as green on the RAG list in relation to Covid 19 outbreaks. Quality assurance visits are underway and these are concentrating largely on infection control.

The Scottish Government approach to visiting has meant we have been able to facilitate family visits. These are hugely emotionally for staff and families.

DN Service has been very helpful in the roll out of the vaccination programme. .

Noted the prescribing incident will be reviewed in the next Health and Social Care exception report for this group. Discussion around availability of IT for prescribing staff which GC will discuss off table with Margaret-Jane Cardno.

There are still challenges around delayed discharge and the team are working hard to review. Weekly meetings with the Chief Officer are in

place and additional supports are being made available with MHOs taking on more AWI work. Noted also that court dates are starting to come through at a faster rate.

Clydebank Health and Care Centre should be handed over in November 2021 with staff moving in January. Presentation will go to SMT on staffing the building on 12 May.

7. Strategy and Transformation

No report

8. MSK Physiotherapy – report attached

Helen Little presented the exception report.

Noted that an orthopaedic complaint with an MSK element is with the Ombudsman. There is a recommendation that MSK Physio should provide SOP for electronic records by June 21. This work is underway

Datix activity has been relatively quiet but continues to be kept under review with appropriate checks and balances in place.

Only 30% staffing available for face to face for social distancing reasons. Currently meeting 4 week target – lost 198 staff to acute and they do not come back into substantive post until 17 May.

Just finished vaccinating in prisons. Demand remains low of MSK. Would imagine this will rise moving forward. Self referrers missing from demand – working on an electronic version.

A reduction in waiting times was welcomed and planning is in place for efficient appropriate delivery of future services which need to be accessible.

9. Children and Families

Jonathan Hinds presented his exception report.

A Significant Case Review is currently underway with a report expected by June 2021.

CAMHS waiting list initiative has led to a significant reduction waiting times.

Health Visitor recruitment has been positive.

Safe Care/Risk Management

10. Clinical Incident Report

To note that Philip O'Hare has left post. Establish who will provide replacement service. No information as to replacement is available yet.

After discussion it was agreed that heads of service should include details of any significant clinical incidents within their exception reports (category 4/5). This will allow the group to review and recognise any emerging themes.

There were some real concerns around incidents being reported to the wrong people and the hierarchy should be reviewed. When notified of a Datix that is outwith your area, this should immediately be reported to the central Datix team to ensure it is directed appropriately.

Add a section on Datix incidents to the template for exception reports.

11. AWI Procedures – policy attached

The policy been updated to show tightened timescales in connection with delays and shared with relevant teams.

The policy was noted and approved.

12. Care Home Enhanced Assurance

Report submitted by VT. Enhanced assurance has been discussed at the care assurance group and this requirement will remain in place needs to be in place until March 2022. Will be kept under review

13. Clinical and Governance Workplan
[Workplan](#)

14. CCG Risk Register
(insert link once established)

There is no risk register for this group and it was agreed that this should be established and would include:

- Delayed discharge
- Hosted Services waiting times (Covid related)

Any unmitigated risk would be escalated to the HSCP Strategic Risk Register as this includes waiting times. Similarly the risk register would assist the group in determining escalation of appropriate issues to the health board via the PCCGF. HL agreed to take this as an action. MJC felt it would be good to have a risk register for this group and is happy to provide support with VT.

Action: Helen Little, Margaret-Jane Cardno, Val Tierney

15. Compliments, complaints and feedback

Nothing to highlight

16. Duty of Candour – policy and brief attached

There appears to be a dual system and should consider appointing a strategic lead for the partnership.

MJC and VT to discuss off table.

MJC/VT

Medicines Governance/ Infection Control

17. No update

General Business/Items to Note

18. LD Clinical and Care Governance March 2021 – attached to note

Noted

19. NMAHP Guiding Principles – attached to note

Noted

Date of Next Meeting:

26 May 2021 12 Noon

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: Friday 23rd April 2021, 9 a.m.

Venue: Microsoft Teams

MINUTE

Present: Beth Culshaw (chair); Ann Cameron Burns; Sandra Cowie; Helen Little; Sean Davenport; Julie Slavin; Michelle McAloon; Sylvia Chatfield; Andrew McCready; Jo Gibson; Jonathan Hinds; Diana McCrone; Simon MacFarlane; Paul Carey.

Apologies: Audrey Slater; Peter O'Neill; Richard Kennedy; David Scott; Val Jennings; Margaret McCarthy; Chris Rossi; Margaret Wood, Margaret-Jane Cardno.

In Attendance: Hazel Slattery (minute)

Item	Description	Action
1.	Welcome, Introductions, Apologies B Culshaw welcomed everyone to the meeting and introduced Michelle McAloon, who has now joined the HSCP as a HR Advisor.	
2.	Standing Agenda Items a) Minutes of Last Meeting Notes from the Finance were circulated and discussed, a further session will be arranged late May. b) Rolling Action Log MJ Cardno will provide a full report of ICT progress and timescales. Aurora House – no update, council email come out to managers of teams with regards to reengaging with services. Children's Services are moving forward with re-start plans and will engage with trade unions and colleagues. S Cowie asked for a further update for her team, J Hinds advised that Sheila Downie has provided information on the team that fed into the re-start plans. A Cameron-Burns asked if trade unions have been consulted in regards to the restart plan. J Hinds advised that senior managers are at the stage before consultation with staff, managers are currently developing plan of what services require. The newly formed JCC: Children and Families discussed plans this week. A McCready asked who NHS 24 consulted from staff side, B Culshaw advised that the HSCP would not be involved in this process, discussions are ongoing with Joyce White, staff will be consulted as part of this process.	

c) Chief Officer Update

In terms of position on care homes, all care homes as of this week are green. No infections at the moment and no residents who are positive. Good progress is being made on visiting. Vaccinations continue to be rolled out. All staff who wished to be vaccinated have been provided with this opportunity.

We are now starting to plan for next stage on premises for services re-starting across the partnership.

Budget set at IJB at end of March. Last year's position is still being finalised. This financial year, we are looking at how reserves can be used to spend to save. Any ideas for short term spend are welcome.

B Culshaw asked for thoughts on staff well being, over the past 12 months there have been many opportunities for staff to seek support, over a year through the pandemic, keen to explore how we can further support staff and encourage staff to tap in to resources available. MSK have encouraged staff to have 30 minutes of movement during the working day. M McAloon is pulling together a list of what each department has been doing.

D McCrone asked if premises risk assessments can be refreshed as the situation has changed compared to last year. B Culshaw advised that staff will be brought back according to service need. H Little stated that social distancing guidelines still require to be adhered too, therefore face to face contacts for her service will not be increased. It was agreed that A Slater would be consulted as how to re-assess building capacity as this might require an extra JSF meeting.

S McFarlane circulated a link to a video re Health and Wellbeing within the chat function of MST. It was noted that not all members of the meeting have access to the chat function within teams, a new meeting link will be issued within the diary invitation and circulated prior to the next meeting. The link to video will be shared by email after the meeting. Link is also below;

[\(1026\) Workers Taking Care - YouTube](#)

d) Service Updates

i. Children's Health & Care and Criminal Justice
PCR testing for Children's Houses has been rolled out. Lateral Flow Testing is also fully operational for social work teams. Since last meeting funding has been approved for 1 year post to facilitate work around The Promise for care experienced young people. Work is ongoing to start up some Unpaid work now that outdoor work can take place. Additional courts are now taking place to reduce backlog. Laptops have been sourced to support staff in Specialist Children's Services.

ii. Mental Health, Addictions and Learning Disabilities
Mental Health services are going well, there have been some staff changes with Senior Social Workers moving on, online appointments

have been going well and continue to be utilised. Shortlisting has taken place for the IOM Learning Disabilities and Lead Officer, Adult Protection posts. Additions Services have issues around the DJH building, additional monies are coming from Drug Death Task Force Group. The supervision policy for council HSCP staff has now been reviewed ensuring that everyone has appropriate supervision and governance.

iii. Health and Community Care

Position in care homes is positive, indoor visits have now been able to take place, with the weather improving residents and families have now been able to meet outside in the grounds of care homes.

Lateral Flow Testing is now available for all people living in West Dunbartonshire if they would like one.

Members were offered the opportunity to be given a presentation on how the Queen Quay move took place. Work on the Clydebank Health Centre has started, social distanced tour took place this week. Completion date remains November 2021. Teams have been busy contacting all HSCP teams who will be moving in to the health centre. It was agreed that the JSF would welcome presentation.

J Gibson met with some convenors yesterday on changes to day services, the Health and Community Care convenors meeting will be restarted to take discussions forward.

As of next week the over 40's will now be invited to have first vaccinations.

iv. HR Report

No report available, report will be provided at next meeting.

e) Trade Union Updates

D McCrone advised that Unison are balloting members with regards to accepting or declining the 4% pay increase. Unite and GMB are also in the process of balloting members. The Scottish T&C meeting is on 12th May and results will be published following this meeting.

3. Rolling Agenda Items

a) Covered within agenda.

4. New Agenda Items

a) Ethical Care Charter

D McCrone advised that action plan has been distributed. Ethical Care Charter to be added as a rolling item on the agenda. The Action Plan that was presented to the Partnership Board is to be updated as agreed by the Board, and brought back to the JSF.

MJC

b) Draft Workforce Plan

Workforce plan circulated prior to the meeting which covers the coming year. Members were asked to review and provide comments by

ALL

Tuesday morning before plan is finalised. Comments to be provide to M McAloon and H Slattery. S MacFarlane asked if detailed within the plan is there scope to include speaking to Education to encourage young people to think about careers within Health and Social Care.

c) iMatter

It was agreed earlier this week that iMatters will be rolled out in July 2021. B Culshaw is keen to discuss how we engage and record how we engage with service users and is looking for ideas on what works well in other areas.

5. Any Other Business

NHS Chair and Secretary election

S McFarlane advised that STUC met this week, he shared link with members for sharing with staff to encourage well being.

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

1. Health and Wellbeing
2. Premises
3. Refresh on supervision policy
4. Care Homes

6. Date of Next Meeting

Thursday 20th May 2021

2 p.m.

MST