

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Board

Date: Thursday, 19 August 2021

Time: 10:00

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
Health & Social Care Partnership**

Distribution:-

Voting Members

Denis Agnew (Chair)
Rona Sweeney (Vice Chair)
Jonathan McColl
John Mooney
Lesley Rousellet
Michelle Wailes

Non-Voting Members

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

Senior Management Team – Health & Social Care Partnership

Date of issue: 12 August 2021

WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

THURSDAY, 19 AUGUST 2021

1 APOLOGIES

2 DECLARATIONS OF INTEREST

3 (a) MINUTES OF PREVIOUS MEETING 5 - 10

Submit for approval, as a correct record, the Minutes of Meeting of the Health and Social Care Partnership Board held on 24 June 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 (IJB) 13 - 18

Submit report by Head of Strategy and Transformation confirming the constitutional membership of the Health and Social Care Partnership Board.

6 MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE: MEASURING PROGRESS UNDER INTEGRATION 19 - 36

Submit report by Head of Strategy and Transformation providing an update on the status of the "Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan" [the Action Plan] (Appendix I) and to seek Board approval to undertake a series of self-evaluation activities in order to review and update the action plan in light of the impacts of Covid19.

7/

7 FINANCIAL PERFORMANCE UPDATE (To Follow)

Submit report by Chief Financial Officer providing an update on Financial Performance.

8 SCOTTISH GOVERNMENT FUNDING FOR CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH SUPPORTS AND SERVICES 37 - 56

Submit joint report by Head of Children's Health, Care and Justice and Chief Social Work Officer providing an update on work to develop and improve community mental health supports and services for children and young people within West Dunbartonshire.

9 WEST DUNBARTONSHIRE APPROACH TO DELAYED DISCHARGES (To Follow)

Submit report by Head of Health and Community Care advising of the current situation in relation to delayed discharges as they relate to West Dunbartonshire, and the actions being taken to minimise delays.

10 MINUTES OF MEETING FOR NOTING 57 - 69

Submit for information the undernoted Minutes of Meeting:

- (a) Special Covid-19 Joint Staff Forum held on 20 May 2021; and
- (b) Special Covid-19 Joint Staff Forum held on 17 June.

For information on the above agenda please contact: Lynn Straker, Committee Officer, Regulatory, Municipal Buildings, College Street, Dumbarton G82 1NR.
Email: lynn.straker@west-dunbarton.gov.uk

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

At a Meeting of the West Dunbartonshire Health and Social Care Partnership Board held via video conference on Thursday, 24 June 2021 at 1.04 p.m.

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

Non-Voting Members: Beth Culshaw, Chief Officer; Barbara Barnes, Co-Chair of the West Dunbartonshire HSCP Public Engagement Network for the Alexandria & Dumbarton area; 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 McNab, Service Manager, Carers of West Dunbartonshire; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; 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; Dr Saied Pourghazi, Addictions Officer – NHS; Audrey Slater, Head of People and Change; Jennifer Ogilvie, HSCP Finance Manager; Fiona Taylor, Senior Nurse; John Kerr, Housing Development and Homeless Manager; Peter O'Neill, Working 4U Officer; Nigel Ettles, Principal Solicitor and Lynn Straker, Committee Officer.

Also Attending: Jack Kerr, Audit Manager – Audit Scotland.

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 and Social Care Partnership Board held on 25 March 2021 were submitted and approved as a correct record.

ROLLING ACTION LIST

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

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

- (1) that the action for Unison Ethical Care Charter be updated to reflect that upon discussion it was agreed the review should be held every 6 months and not every 24 months; and
- (2) to note the progress and updates on all actions ongoing.

VERBAL UPDATE FROM CHIEF OFFICER

The Chief Officer provided a verbal update on the recent business of the Health and Social Care Partnership, including some changes within the team and welcomed Fiona Taylor in her new role as Acting Head of Community Health and Care.

The Chief Officer updated the Board on the current situations and challenges that the Partnership continues to face in relation to the current Covid-19 pandemic and in particular that, at present, the infection rate in West Dunbartonshire was 310 per 100,000 which was significant and worrying and had risen very rapidly in the last few days. Positively however the infection within hospitals and Care Homes had not increased.

The Chief Officer advised that the Queens Quay Care Home had been nominated for a Scottish Design award, the results of which would be announced in July 2021 and that it is positive for hard work and planning to be recognised on a national platform.

The Chief Officer remarked that the progress of the Health Centre remained on track and that it was provisionally estimated that the centre would be transferred to West Dunbartonshire HSCP in November 2021 and be working operationally by February 2022.

The Chief Officer also advised of the commencement today of the Adult Support and Protection Inspection, the progress of which would be reported to a future meeting of the Board.

Lastly, the Chief Officer thanked Ms Audrey Thompson and Mr Allan MacLeod for their hard work and dedication shown in their time as Members of the Board and advised that their knowledge and experience would be greatly missed.

MEMBERSHIP OF THE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP) BOARD (IJB)

A report was submitted 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 the Vice Chair, Councillor Marie McNair, relinquishing her position on the HSCP Board due to a change in circumstances.

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

- (1) to record their thanks to Councillor 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;
- (2) to note that West Dunbartonshire Council Leader, Councillor Jonathan McColl, was the Council's nominated representative on the Board, joining Councillor John Mooney and Bailie Denis Agnew; and
- (3) to note that until the 30 June 2021 Bailie Denis Agnew would 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.

CIVIL CONTINGENCIES – INTEGRATION JOINT BOARDS (IJBs) AS CATEGORY ONE RESPONDERS

A report was submitted 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, with these changes having come into effect on 16 March 2021.

After discussion and having heard from the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed to note the contents of the report.

WEST DUNBARTONSHIRE HSCP STRATEGIC PLANNING APPROACH

A report was submitted 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.

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

- (1) to note the legislative requirement for the Integration Authority to review its strategic plan at least every three years;

- (2) to approve the development of a new three year strategic plan for the period 1 April 2022 to 31 March 2025;
- (3) to note and the improvement work proposed for the revitalisation of the strategic planning group; and
- (4) to note the proposed timetable for the review of the new strategic plan.

2020/21 FINANCIAL PERFORMANCE OUTTURN REPORT

A report was submitted by Chief Financial Officer providing an update on Financial Performance for 2020/21 Outturn Report.

After discussion and having heard from 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 of the HSCP Board;
- (2) to note the reported revenue position for the period 1 April 2020 to 31 March 2021 was reporting a favourable (under spend) position of £3.672m;
- (3) to note the main movements since the last report to the HSCP Board;
- (4) to 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
- (5) to note the analysis of the reserve position and the draft balances as at 31 March 2021.

RESERVES UPDATE

A report was submitted by Chief Financial Officer providing an update on Reserves.

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

- (1) to note the updated position in relation to reserves;
- (2) to note the transfers to and from reserves arising from the normal year end financial accounts process;
- (3) to approve the recommended reallocation of £2.114m of un-earmarked reserves to earmarked reserves following officer review;

- (4) to note that further reports on the progress, impact, associated outcomes and exit strategies would be presented to the Board as appropriate; and
- (5) to note that a further report was expected to be submitted to the next Board meeting in August 2021 regarding Workforce Sustainability and the risks associated with not having the correct people in the correct place at the correct time, and that the terms of discussion in relation to risks and reserves would be addressed within the report.

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

A report was submitted 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.

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

- (1) to 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 detailed in Appendix I to the report;
- (2) to note the significant number of strengths outlined within the Covid-19 Reflection and Learning document(Appendix II to the report); and
- (3) to approve the HSCP Boards Focus For The Future Improvement Plan as outlined in paragraph 4.7 of the report.

DISTRICT NURSING STAFFING UPDATE

A report was submitted 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, outlining the implications for West Dunbartonshire HSCP and setting out a proposed road-map for the expansion of the DN workforce in West Dunbartonshire.

After discussion and having heard from the Chief Nurse in further explanation and in answer to Members' questions, the Board agreed to approve the content of this report, it being noted that the these new monies would afford opportunities 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.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) – REVIEW OF EXISTING POLICY IN WEST DUNBARTONSHIRE

A report was submitted by Clinical Director providing an update on the approach to DNACPR taken in West Dunbartonshire.

After discussion, it was agreed there was not sufficient time remaining in this meeting to discuss this item and it should be brought back to the next Health and Social Care Partnership Board meeting in August 2021.

MINUTES OF MEETINGS FOR NOTING

The undernoted Minutes of Meetings were submitted and noted:-

- (1) Special Covid-19 Joint Staff Forum held on 11 March;
- (2) Special Covid-19 Joint Staff Forum Finance Session held on 31 March;
- (3) Clinical Care and Governance SMT held on 31 March; and
- (4) Special Covid-19 Joint Staff Forum held on 23 April.

STATEMENT BY THE CHAIR

Before closing the meeting, Mr Allan MacLeod, Chair, thanked the Board personally for their support in his role as Chair and stated that he looked forward to seeing the achievements made going forward in doing the best for the people of West Dunbartonshire.

The meeting closed at 3.04 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: Head of Strategy and Transformation

19 August 2021

Subject: Membership of the Health and Social Care Partnership Board

1. Purpose

1.1 The purpose of this report is to confirm the constitutional membership of the Health and Social Care Partnership.

2. Recommendations

2.1 It is recommended that the HSCP Board:

2.1.1 Formally record its thanks to those Board Members reaching the end of their tenure for their unwavering dedication and support during their period of service;

2.1.2 Note the voting members from the Elected Members of West Dunbartonshire Council as detailed in paragraph 4.2.1 of this report;

2.1.3 Note the voting members from the Non-Executive Directors of Greater Glasgow and Clyde Health Board as detailed in paragraph 4.2.1 of this report; and

2.1.4 Appoint the non-voting members of the HSCP Board, including confirming the designated professional advisors as detailed in paragraph 4.3.1 of this report.

3. Background

3.1 The constitution of the Health and Social Care Partnership Board 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:

3.2.1 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.

- 3.2.2** The Health Board will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Integration Joint Board.
- 3.2.3** The term of office of the Chair and Vice Chair will be three years. As required by the Integration Joint Board Order, the parties will alternate nominating the Chair and Vice Chair.
- 3.2.4** The first Chair of the Integration Joint Board was nominated by the Council; and the first Vice Chair was nominated by the Health Board.
- 3.2.5** The Parties acknowledge that the Integration Joint Board will include additional non-voting members as specified by the Integration Joint Board Order, the individuals to be formally determined by the Integration Joint Board's voting members.

4. Main Issues

- 4.1** In accordance with Standing Order 3, the Board is asked to note the following:

HSCP Board

- 4.1.1** From the 1 July 2021 – 31 July 2021: Bailie Denis Agnew has assumed the position of Chair and Allan MacLeod has assumed the position of Vice Chair of the West Dunbartonshire Health and Social Care Partnership Board.
- 4.1.2** From the 1 August 2021 – 30 June 2024: Bailie Denis Agnew has assumed the position of Chair and Rona Sweeney has assumed the position of Vice Chair of the West Dunbartonshire Health and Social Care Partnership Board.

HSCP Audit and Performance Committee

- 4.1.3** From 1 July 2021 – 31 July 2021: Allan MacLeod has assumed the position of Chair and Bailie Denis Agnew has assumed the position of Vice Chair on the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee.
- 4.1.4** From the 1 August 2021 – 30 June 2024: Rona Sweeney has assumed the position of Chair and Bailie Agnew has assumed the position of Vice Chair of the West Dunbartonshire Health and Social Care Partnership Board Audit and Performance Committee.

HSCP Strategic Planning Group

- 4.1.5** From 1 July 2021 – 31 July 2021: Alan MacLeod has assumed the position of Chair of the Strategic Planning Group.

4.1.6 From 1 August 2021 – 30 June 2024: Rona Sweeny has assumed the position of Chair of the Strategic Planning Group.

4.2 In accordance with Standing Order 2, the Board is asked to note that the voting membership of the Health and Social Care Partnership Board will be as follows:

4.2.1 Voting Members

Chair, Bailie Denis Agnew (West Dunbartonshire Council)
Cllr Jonathan McColl (West Dunbartonshire Council)
Cllr John Mooney (West Dunbartonshire Council)
Rona Sweeney (NHS Greater Glasgow and Clyde)
Michelle Wailes (NHS Greater Glasgow and Clyde)
Dr Lesley Rousselet (NHS Greater Glasgow and Clyde)

4.3 In accordance with Standing Order 2, the Board is asked to appoint the non-voting membership of the Health and Social Care Partnership Board as follows:

4.3.1 Non-Voting Members

Beth Culshaw	Chief Officer
Julie Slavin	Chief Financial Officer (Section 95 Officer)
Saied Pourghazi	Clinical Director
Val Tierney	Professional Nurse Advisor
Diana McCrone	Staff Representative (NHS Greater Glasgow and Clyde)
Peter O'Neill	Staff Representative (West Dunbartonshire Council)
Selina Ross	Chief Officer, West Dunbartonshire CVS (Third Sector Interface)
Kim McNab	Service Manager, Carers of West Dunbartonshire
Barbara Barnes	Chair of the Locality Engagement Network, Alexandria and Dumbarton
Anne MacDougall	Chair of the Locality Engagement Network, Clydebank
Helen Little	Lead Allied Health Professional
John Kerr	Housing Development and Homelessness Manager
Vacant	Chief Social Work Officer
Vacant	A registered medical practitioner employed by the Health Board and not providing primary medical services. Professional advisor (appointee).
Vacant	Chair of the HSCP's Locality Group for the Alexandria and Dumbarton area
Vacant	Chair of the HSCP's Locality Group for the Clydebank area

4.3.2 With regard to the vacancies outlined above, the recruitment process for the Chief Social Work Officer has commenced and the Chief Officer has written to NHS Greater Glasgow and Clyde to identify an appropriate registered medical practitioner. In respect of the Chairs of the Locality Groups, these posts have been vacant for some time and when in place the Chairs have not attended the Board on a regular basis, it is therefore proposed that these posts are reviewed as part of the next review of the Integration Scheme.

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. However, it should be noted that the matter of vacant non-voting positions has been highlighted by external audit and assurances sought that steps are being taken to address these vacancies.

9. Equalities Impact Assessment (EIA)

9.1 An equality impact assessment is not required as the recommendations within this report do 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: 20 July 2021

Person to Contact: Margaret-Jane Cardno
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Appendices: None

Background Papers: West Dunbartonshire Scheme of Integration

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
BOARD****Report by – Margaret-Jane Cardno, Head of Strategy and Transformation****19 August 2021**

**Subject: Ministerial Strategic Group for Health and Community Care:
Measuring Progress Under Integration****1. Purpose**

- 1.1** The purpose of this report is to update the HSCP Board on the status of the “Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan” [the Action Plan] (Appendix I) and to seek Board approval to undertake a series of self evaluation activities in order to review and update the action plan in light of the impacts of Covid-19.

2. Recommendations

It is recommended that the HSCP Board:

- 2.1** Note contents of the “Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan”, September 2019 (Appendix I), and
- 2.2** Instruct Officers, through a series of self evaluation activities, to review and update the Action Plan, reporting back to the HSCP Board on 24 February 2022.

3. Background

- 3.1** At the meeting of the Ministerial Strategic Group for Health and Community Care (MSG) on 29 May 2019, members considered how they would wish the existing MSG measures set to be extended and/or complemented with other information, to allow them to understand better the progress being made towards the health and wellbeing outcomes across the wider health and care system under integration.
- 3.2** MSG members agreed that they would like to better understand what information / evidence exists on outcomes and sought the support of HSCPs to collectively and iteratively improve awareness, understanding and evidence around the difference that integration is making to people.
- 3.3** In response to this request West Dunbartonshire HSCP undertook a mapping exercise in order to fully define the extent and types of activities that the

partnership were already undertaking in respect of feedback/impact/outcome measures for people supported by, or working within, health and care services.

- 3.4** Leading on from this mapping work, in September 2019 the HSCP developed an Action Plan (Appendix I).

4. Main Issues

- 4.1** There have been many areas of good integrated practice which have taken place in the period since the development of the Action Plan, with work areas impacted both positively and negatively by the global pandemic. Given there is greater stability across the HSCP, as we move further into the Covid-19 Recovery phase, there is now an opportunity to enhance the work related to the strategic plan and the Covid-19 learning activity by reviewing the contents and progress of the attached Action Plan.

- 4.2** The Action Plan commits to a number of key timeframes including an annual review of actions and emerging issues. These timeframes have been adversely affected by the pandemic, it is therefore recommended that through a series of multi disciplinary self evaluation sessions, the Action Plan is reviewed, timescales, actions and outcomes updated and the Action Plan represented to the HSCP Board on 22 February 2022.

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

9. Equalities Impact Assessment (EIA)

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

10. Environmental Sustainability

- 10.1 Not required for this report.

11. Consultation

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

12. Strategic Assessment

- 12.1 Not required for this report.

13 Directions

- 13.1 The relevant direction is attached to this report as Appendix II.

Name: Margaret-Jane Cardno
Designation: Head of Strategy and Transformation
Date: 20 July 2021

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Appendices: Appendix 1: Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan” [the Action Plan]
Appendix 2: Directions

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, HSCPB Chair and Vice-Chair
Subject: For Action: Direction from West Dunbartonshire HSCP Board – 19 August 2021
Attachment: Ministerial Strategic Group for Health and Community Care: Measuring Progress Under Integration

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	{insert reference number}
2	Date direction issued by Integration Joint Board	19 August 2021
3	Report Author	Margaret-Jane Cardno Head of Strategy and Transformation West Dunbartonshire Health and Social Care Partnership 16 Church Street Dumbarton G82 1QL Email: Margaret-Jane.Cardno@west-dunbarton.gov.uk Phone: 07786 747 952
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	Through a series of self evaluation activities, to review and update the "Progress with Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan", September 2019, reporting back to the HSCP Board on 24 February 2022.	
8	Specification of those impacted by the change	No specific recommendation for change has been identified at this stage.	
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 "Integration of Health and Social Care, West Dunbartonshire Health and Social Care Partnership Action Plan".</p> <p>Outcomes include:</p> <p>Increase the likelihood that the action plan will be widely accepted. The creation of more effective services, solutions and actions. Strengthen local networks of stakeholders and community members.</p>	
11	Strategic Milestones	Self Evaluation Activity	October/November 2021
		Analyse Outcomes	December 2021
		Build the Plan	December 2021
		Report to HSCP Board	February 2022
12	Overall Delivery timescales	The strategic milestones outlined above will be managed via the HSCP Programme	

		Management Office with a view to presenting the Action Plan to the HSCP Board for approval on 24 February 2022.
13	Performance monitoring arrangements	In line with the agreed Performance Management framework this direction will be monitored and progress reported.
14	Date direction will be reviewed	1 December 2021

Progress with Integration of Health and Social Care
West Dunbartonshire Health and Social Care Partnership
Action Plan

September 2019

DRAFT

Collaborative leadership and building relationships

Actions	Responsible officer	Key Partners	Timing
All leadership development will be focused on shared and collaborative practice			
<ul style="list-style-type: none"> We will make further use of the range of leadership opportunities delivered across the NHS/HSCP/Council, focussing on learning about good practice and assessing opportunities for joint learning across the system. We will look to expand the scope and membership of current groups in order to ensure we are getting the most out of these opportunities of joint working and will review the content and invitation list of any further events being developed to ensure they are offered across NHS/HSCP/Council where this is felt to be appropriate. We will have a continued commitment to informal and formal development sessions between the SMT and HSCP Partnership Board members. We will, in the year ahead, be improving strategic commissioning, with partners, and the quality monitoring processes that accompany this. We will develop our new Integrated Workforce Development Plan over the next year to collectively share understanding and consider roles and responsibilities across the HSCP professional and leadership arrangements. The aim is to set out a collaborative approach, to find improved and joined up ways of working focussed on service user and patient care. We aim to take advantage of the range and style of different collaborative leadership and development offers available nationally to the NHS, Council and Partnerships. These are welcome offers to ensure access and consistency across the sector. To date, organisational development support has been provided through the NHS, however we are going to commission additional resource from the Council; with the implicit objective of widening understanding of the HSCP across the Council. We will continue to embrace integration in West Dunbartonshire which was originally progressed under a different leadership team, and we acknowledge the need to continue to embrace change and continue with collective practice across all partners. 	HSCP Chief Officer	<p>NHSGGC Senior Organisational Development Advisor HSCP and NHSGGC and West Dunbartonshire Council Corporate Management Team</p> <p>NHSGGC Senior Organisational Development Advisor HSCP and NHSGGC and West Dunbartonshire Council CMT</p>	End Oct and annually

Actions	Responsible officer	Key Partners	Timing
Relationships and collaborative working between partners must improve			
<ul style="list-style-type: none"> We have a continuing commitment to building understanding and trust; between partners as we focus on our shared objectives ensuring the Strategic Plan is implemented to ensure maximum impact from all our partners. We are continuing to build relationships with partners; ensuring all partners understand the extent of the work and pressures in the HSCP; for example the scope of the formal scrutiny and the priorities linked to implementing new policies and legislation. Through further collaboration, partners will begin to understand the range of responsibilities better and gain an insight into our shared areas of work. Through service plans we will achieve early visibility on key strategic and/or operational priorities. We will be better able to identify early, through a focus on performance and data analysis, where joint planning or working would support best delivery our collective outcomes. 	HSCP Chief Officer	HSCP Chief Finance Officer Strategic Planning Group	In place and continuing to develop
Relationships and partnership working with the third and independent sectors must improve			
<ul style="list-style-type: none"> We will work to further develop our Provider Forums, across all care groups, to establish joint attendance from HSCP and third/independent sector providers for shared dialogue and development. We will conclude our work on developing and publishing a Commissioning Strategy, informed by close working with our Care Inspectorate Link Inspector We will review the process for service reviews to ensure early engagement with key stakeholders in the redesign of service delivery models We will involve third sector partners as they provide a valuable contribution to our way forward; there is scope to have partners more involved in some pieces of work including the work developing through the ADP and the procurement Pipeline work already underway 	Head of Planning and Transformation	CVS Third Sector Interface Scottish Care Carers of West Dunbartonshire Strategic Planning Group	In place and continuing to develop

Integrated finances and financial planning

Actions	Lead	Key Partners	Timing
Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration			
<ul style="list-style-type: none"> We are committed to developing medium/longer term financial planning. We are continuing to work towards whole system financial planning which is at its very early stages. We will work to ensure we further develop shared narratives to support financial information not only in relation to financial planning but also in the monthly financial monitoring arrangements, in conjunction with the senior managers in the HSCP. 	HSCP Chief Finance Officer	Council and HSCP Chief Finance Officer and NHSGGC Director of Finance with HSCP Heads of Service and West Dunbartonshire Council CMT	In place and ongoing
Delegated budgets for IJBs must be agreed timeously			
<ul style="list-style-type: none"> We will continue to undertake further work to effectively transition towards medium term financial and scenario planning, in line with Audit Scotland Report recommendations. We will work through the Integrated Joint Boards Chief Finance Officers' network and through our ongoing local partnership working to learn from best practice elsewhere, and offer our learning into the developing national picture to continue to strengthen our local practice. We will continue to work with the health board in respect of indicative and formal budget settlements to be made earlier (in time for March IJB meetings) including all aspects of delegated budgets. We support the move towards medium to long term financial planning across the NHS and the Council which will positively impact on the HSCP financial planning arrangements. We note that as part of the parliamentary review process there is an 	HSCP Chief Finance Officer	Council and HSCP Chief Finance Officer and NHSGGC Director of Finance with HSCP Heads of Service and West Dunbartonshire Council CMT	In place and ongoing

<p>aspiration for next year's budget process to set out multiyear settlements and the recent change in arrangements for NHS Boards to allow medium term planning and increased flexibility. We welcome these developments.</p>			
<p>Actions</p>	<p>Lead</p>	<p>Key Partners</p>	<p>Timing</p>
<p>Delegated hospital budgets and set aside budget requirements must be fully implemented</p>			
<ul style="list-style-type: none"> We will continue to work with NHSGGC on the process for the management of set aside budgets with a view to establishing a clear position for 2020 – 2021 budget setting. We will develop a Commissioning Plan which will more clearly align finance and planning work streams across all areas including unscheduled hospital bed usage. We will deliver a due diligence exercise, required as part of the overall process of agreeing set aside budgets, which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date. We will aim to ensure a common understanding as to set aside; we will continue to host sessions with HSCP Board members to support joint understanding of set aside budgets prior to beginning of financial year 2020 – 2021. 	<p>HSCP Chief Finance Officer</p>	<p>NHS Greater Glasgow and Clyde NHSGGC Director of Finance</p>	<p>31 March 2019</p>
<p>Each IJB must develop a transparent and prudent reserves policy</p>			
<ul style="list-style-type: none"> We will continue to monitor and review spend against reserves and focus spend on areas identified as requiring additional investment 	<p>HSCP Chief Finance Officer</p>		<p>In place and ongoing review</p>

Actions	Lead	Key Partners	Timing
Statutory partners must ensure appropriate support is provided to IJB S95 Officers			
<ul style="list-style-type: none"> We are investing in additional senior finance officer support to the CFO. The recruitment process has just completed and this new manager level post will work on consolidating the financial information hosted by both the local authority and health board to allow financial resources to lose their identity, where appropriate. We will continue with HSCP Partnership sessions for learning and development focused on financial position, set aside, reserves and pressures in the system. 	HSCP Chief Finance Officer	West Dunbartonshire Council CMT / NHSGGC Director of Finance	In place and ongoing review
IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations			
<ul style="list-style-type: none"> We will work to review the Scheme of Integration to support HSCP officers to manage and deploy the resources in their remit directly and effectively. We would welcome further national consultation on future funding mechanisms for HSCPs, including pros and cons of direct funding or more medium term funding settlements to health boards and local authorities to allow better medium to longer term financial planning. 	HSCP Chief Finance Officer	West Dunbartonshire Council CMT / NHSGGC Director of Finance	In place and ongoing review

Effective strategic planning for improvement

Actions	Lead	Key Partners	Timing
Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB			
<ul style="list-style-type: none"> We will review the scheme of integration with a view to ensuring the HSCP Chief Officer and HSCP Senior Management Team can act within their appropriate areas of authority. We will review our approach to planning to ensure we are able to identify early the likely support requirements associated with planned changes and the service delivery agenda. We will refresh the operational approaches across the partnership area relating to transformational change support so we can collectively streamline and align arrangements, operationally and in relation to Strategic Planning and performance. We will be focusing on delivery of key policies and procedures within operational services areas including Self Directed Support and carers; this aligns to our refreshed approach to commissioning and procurement. 	HSCP Chief Officer	HSCP Heads of Service & HSCP Chief Finance Officer for all actions	July 2020
Improved strategic planning and commissioning arrangements must be put in place			
<ul style="list-style-type: none"> We will be developing dedicated procurement and commissioning support which needs to be developed further to support the HSCP going forward. We will continue to embed understanding, awareness and understanding to the HSCP Extended Management Team. 	HSCP Chief Officer	HSCP Heads of Service and HSCP Chief Finance Officer for all actions	July 2020
Improved capacity for strategic commissioning of delegated hospital services must be in place			
<ul style="list-style-type: none"> We will continue to work with NHSGGC on the process and treatment of set aside budgets with a view to establishing a clear position for 2020 – 2021 budget setting. We will continue to host HSCP Board sessions devoted to continuing to support understanding of set aside budgets prior to beginning of financial year 2020 – 2021. 	HSCP Chief Officer	HSCP Heads of Service and HSCP Chief Finance Officer	

<ul style="list-style-type: none"> We will review the Terms of Reference for our HSCP Audit Committee to incorporate a more explicit role in relation to performance. 		for all actions	
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Governance and accountability arrangements

Actions	Lead	Key Partners	Timing
The understanding of accountabilities and responsibilities between statutory partners must improve			
<ul style="list-style-type: none"> We will further work on our clinical and care governance supported by a new Clinical Director and Chief Nurse Advisor which will help us progress to being exemplary We will review this to check for clarity of responsibility and accountability as part of the review of the Integration Scheme 	HSCP Chief Officer	NHS GG&C West Dunbartonshire Council	In place and ongoing review
Accountability processes across statutory partners will be streamlined			
<ul style="list-style-type: none"> We are committed to creating an environment where data and information is reviewed and interpreted by all partners in a similar way We are committed to ensuring we link data to intelligence to inform evidence based approaches to change and redesign services 	HSCP Chief Officer	NHS GG&C West Dunbartonshire Council	In place and ongoing review
IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis			
<ul style="list-style-type: none"> We are developing our HSCP Board programme to reflect member led issues and areas of shared development. We are reviewing the structure of planning and transformational change across the HSCP including the HSCP Partnership Board. 	HSCP Chief Officer	NHS GG&C West Dunbartonshire Council	In place and ongoing review

Actions	Lead	Key Partners	Timing
Clear directions must be provided by IJB to Health Boards and Local Authorities			
<ul style="list-style-type: none"> We will work with Scottish Government to ensure the level of detail in "Directions" is clearer and not only referred to in the financial performance reports. We will be hosting a dedicated session with national integration colleagues to support local understanding for HSCP Board members and partners. We will consider the recently issued draft Scottish Government Guidance on Directions and this will inform our revision of our Directions processes locally. We aim to have a clear process for the development of and issuing of directions which sees directions as the final stage in a collaborative process. We will link the directions issuing processes with the outcomes of the governance/accountability scoping work in order to improve overall Partnership understanding of purpose, process and respective obligations. 	HSCP Chief Finance Officer	NHSGG&C CMT West Dunbartonshire Council CMT	31 st Dec 19 and ongoing
Effective, coherent and joined up clinical and care governance arrangements must be in place			
<ul style="list-style-type: none"> We are further developing our quality assurance processes and structures will further develop our quality improvement framework and transformational change approach. We will further work on our clinical and care governance supported by a new Clinical Director and Chief Nurse Advisor which will help us progress following a period of change. 	HSCP Chief Officer	Chief Nurse Chief Social Work Officer NHSGG&C CMT West Dunbartonshire Council CMT	In place and ongoing review

Ability and willingness to share information

Actions	Lead	Key Partners	Timing
IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data			
<ul style="list-style-type: none"> The national Chief Officers Group have agreed to work collectively to agree a common framework and benchmarking processes. We will continue to work to the challenging timescales of July 2019 round of reports, and will be seeking to work with Scottish Government to address these pressures. 	HSCP Chief Officer	HSCP Chief Officers via Health and Social Care Scotland	To be determined by Health and Social Care Scotland
Identifying and implementing good practice will be systematically undertaken by all partnerships			
<ul style="list-style-type: none"> We will be extending the sharing of the outcomes of inspection processes to support staff and managers to learn and be involved in changes to process that may be required to enhance and improve services. We are committed to working with the national Chief Officers Group to work collectively to agree a common framework and benchmarking processes. We are committed to working with the national Chief Financial Officers Section in partnership with Scottish Government finance representatives on future funding directions for HSCP Board. We are committed to working with the national Chief Officers Group and Scottish Government to identify mechanisms to share good practice and benchmarking information routinely and systematically. 	HSCP Chief Officer	HSCP Chief Officers via Health and Social Care Scotland	To be determined by Health and Social Care Scotland

Meaningful and sustained engagement

Actions	Lead	Key Partners	Timing
Effective approaches for community engagement and participation must be put in place for integration			
<ul style="list-style-type: none"> We will continue to work to identify opportunities for integrated participation and engagement across whole system, with all partners. We will continue to review and revisit our approach to participation and engagement with partners and our citizens and measure against national good practice and standards for community engagement. 	HSCP Chief Officer	NHSGG&C and West Dunbartonshire Council CMT	In place and ongoing
Improved understanding of effective working relationships with carers, people using services and local communities is required			
<ul style="list-style-type: none"> We will be seeking to host an annual carers event involving staff from across West Dunbartonshire to help support staff and partners to further embed the new legislation and support delivery of the assessment tools, respite, SDS and access. We will continue to work with partners to ensure all carers understand their rights and have access to advice, support and information to help them maintain their caring role. 	HSCP Chief Officer	Carers of West Dunbartonshire Y-Sort-it	December 19 and ongoing
We will support carers and representatives of people using services better to enable their full involvement in integration			
<ul style="list-style-type: none"> As above an ongoing commitment to carers and their representatives to ensure carers are supported and involved in all areas of engagement and participation. 	HSCP Chief Officer	Carers of West Dunbartonshire Y-Sort-it	In place and ongoing

**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
BOARD**

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

19 August 2021

**Subject: Scottish Government Funding for Children & Young People's
Community Mental Health Supports and Services**

1. Purpose

- 1.1** To provide members of the HSCP Board with an update on work to develop and improve community mental health supports and services for children and young people within West Dunbartonshire.

2. Recommendations

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

- Note content of report
- Note progress since the previous report to HSCP Board on 26th November 2020 specifically quarter 4 share of 2020/21 Scottish Government allocation to develop and expand community mental health and wellbeing support and services (detailed in [Appendix 1](#)).
- Approve action plan ([Appendix 2](#)) to progress further development of community mental health and wellbeing supports and services for children & young people supported by 2021/22 Scottish Government allocation required to be aligned to a pre-determined national [framework](#).
- Note the need to report to Scottish Government at prescribed time intervals; and
- Seek a further progress report to the HSCP Board in March 2022.

3. Background

- 3.1.** Political commitment to mental health is evident in key policies sitting alongside [Programme for Government](#) investment to support a comprehensive package of measures to improve mental health services for children, young people and adults. This includes additional school counselling services, additional school nurses, training for teachers, expansion of Distress Brief Intervention, mental health and suicide prevention training.
- 3.2.** The Scottish Government and COSLA jointly commissioned work to review the way children's mental health services are organised, commissioned and

provided. This saw the establishment of the Children and Young People's Mental Health Taskforce in 2018, chaired by Dame Denise Coia, with subsequent recommendations on improving services and young people's access to help and support.

- 3.3. The taskforce work now led by the National Children and Young People's Mental Health and Wellbeing Programme Board has culminated in a [framework](#), for community mental health supports and services for children and young people. The framework sets out the kind of support that children and young people should be able to access for their mental health and emotional wellbeing within their community based on prevention and early intervention.
- 3.4. The framework recognises the rights that children, young people and their families have to accessible, consistent, sustained local support across Scotland. This is part of the commitment to Getting it right for every child (GIRFEC) and reflecting the principles of the UN Convention on the Rights of a Child. The services and supports will focus on those aged 5-24yrs (services to support up to 26yrs if care experienced young people).

4. Main Issues

- 4.1. In March 2020, COSLA and the Scottish Government, via joint governance processes distributed £2 million equally between local authorities (approx. £62,500 per local authority) to enable local partnerships to collaborate and begin the initial planning and preparatory phase for this work. Following lockdown, local work began at pace.
- 4.2. A multi-agency children & young people's mental health planning group was established in June 2020 and has met monthly since, reporting into the Nurtured Delivery Improvement Group as part of local community planning arrangements. The group is chaired by the Chief Social Work Officer with representation from HSCP Children's Health & Social Work, Council Education & Educational Psychology; Working4U, third sector representation from Ysortit and West Dunbartonshire Champions Board's young people.
- 4.3. As part of the planning and preparatory phase, Glasgow University was commissioned by West Dunbartonshire Health & Social Care Partnership to undertake a comprehensive review and analysis of children & young people's community mental health and wellbeing services and supports. The funds that supported this (£49,000) are related to allocation in 4.1 above. Phase 1 of the review sought to understand the prevalence of collaboration within West Dunbartonshire, and explored how different sectors worked together in supporting children and young people's mental health and emotional wellbeing. The findings published in May 2021 have contributed to local action planning and aligned to forecast spend. The [Executive summary](#) and [full report](#) is available on the HSCP website.
- 4.4. In October 2020, two streams of funding were distributed to local government to support children and young people's mental health and wellbeing:

- 4.5.** The first stream of £174,750 as allocated as a Children and Young People’s Mental Health Pandemic Response Fund which could be spent flexibly to meet the mental health and wellbeing needs of children and young people arising as a result of the pandemic. This was carried forward from 2020/21 into reserves and a report submitted by the Chief Financial Officer at the previous Board meeting on 24th June 2021 (item 8 Reserves Update) set out that this allocation 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.
 - 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.
- 4.6.** The second stream of £58,250 was allocated to cover the final quarter of the financial year 2020/21 to provide new and enhanced community mental support and services between January and March with requirement to align spend to the national framework. Given the short-term nature of this funding there were some challenges in relation to the timescales for planning and procurement, a light touch application process was therefore introduced (see [Appendix 1](#) projects and costs for total of £42,299).
- 4.7.** The remaining £29,451 from the totality of allocation for 2020/21 contributed to a 1 year Band 7 post to lead on this programme of work to build on connections and alignment of children & young people’s community mental health supports and services. The balance of the total cost of this post is being met by existing core budgets.
- 4.8.** For 2021/22 a further £233,000 has since been distributed for the ongoing design and delivery of children and young people’s community mental health supports & services, it is anticipated that this will apply on a recurring basis subject to the outcome of the Scottish Government annual budget process.
- 4.9.** To support this process an action plan has been developed (see [Appendix 2](#)) using a ‘whole-system’ approach in line with Taskforce and National Framework recommendations. The working group have led on a series of workshops and development sessions with wider Community Planning Partners. This has involved reviewing evidence and data on children and young people’s mental health, ensuring actions are aligned to Glasgow University report findings (as per section 4.3).
- 4.10.** A priority is to establish a new service for young people experiencing emotional distress with the aim of “ask once get help fast”. The new service ‘West Dunbartonshire Distress Brief Intervention Associate Programme for young

people aged 16yrs to 24yrs (26yrs for care experienced young people)' is specifically to support young people who are experiencing 'emotional distress' and not requiring clinical interventions. The provision of a wider range of generic, less specialist services more able to respond appropriately for those who don't require clinical intervention, will free up specialist services to see those in most need (See [Appendix 3](#) for programme pathway).

- 4.11. Indicative costs for the first year of the programme are £140,000 however due to additional Scottish Government indicative seed funding of £50,000 proposed by the National Distress Intervention Programme Lead the draw down from the £233,000 is anticipated to be £90,000 for the first year with remainder £143,000 to be aligned to action plan (see [Appendix 2](#)).
- 4.12. In order to implement the service a delivery group has been established with the first meeting due to take place on 14th September 2021. A highlight report was submitted to the HSCP Programme Management Office on 14th May 2021 who will oversee the development of this new service.
- 4.13. Phase two of the commissioned review by Glasgow University (as section 4.3) will take place during August and September 2021 and will focus on engagement with children, young people and their families seeking their views on local needs in relation to community mental health & wellbeing supports and services. It will explore their experiences of accessing mental health support, mental health information, and their understanding of the resources within the local area. To guide and evaluate the review, a steering group of young people will participate in a series of exercises including focus groups.
- 4.14. In addition to this, the team at Glasgow University will also work with a group of young people from a local West Dunbartonshire secondary school, who have received previous training in the Capabilities Approach by Children's Neighbourhood Scotland, around a co-produced 'road map' of services.
- 4.15. A final report on the review findings will set out key recommendations and inform action planning processes for children & young people's community mental health & wellbeing supports and services.
- 4.16. Scottish Government is seeking six monthly progress reports on the impact of this funding, in alignment with the timescale for reports on the impact of the investment into school counselling. The first combined report was submitted on 7th July 2021.

5. People Implications

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

6. Financial and Procurement Implications

- 6.1. As section 4.1 £62,500 was allocated in March 2020 for preparatory and planning costs.
- 6.2. A further two funding streams were allocated in October 2020:
 - £174,750 Pandemic Response Fund as reported to IJB in Chief Finance Officer Reserves report (section 4.5)
 - £58,250 for quarter 4 spend which resulted in a light touch approach (section 4.6)
- 6.3. Allocation received for 2021/22 is £233,000 (section 4.8) it is anticipated that this will apply on a continuing basis subject to the outcome of the Scottish Government annual budget process.
- 6.4. The existing HSCP workforce and our Community Planning Partners will provide additional resource in supporting and developing a 'whole system' approach to meeting children and young people's mental health needs, and responding to the impact of the pandemic.

7. Risk Analysis

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

8. Equalities Impact Assessment (EIA)

- 8.1. An EIA of the action plan will be undertaken in order to ensure that the range of mental health supports being provided through this funding meet the diverse needs of children and young people, and also the individual needs of the population of LGBT+ children, children with disabilities, children with Additional Support Needs and those with a range of neurodevelopmental needs.

9. Environmental Sustainability

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

10. Consultation

- 10.1. Consultation plans are outlined in section 4.13 and will be further detailed as plans progress.

11. Strategic Assessment

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

12. Directions

12.1. This report outlines clear proposals for the use of the Scottish Government Funding for Children & Young People’s Community Mental Health Supports and Services and will require the issuing of a direction (See [Appendix 4](#))

Jonathan Hinds

Head of Children’s Health, Care and Justice/Chief Social Work Officer

19th July 2021

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Appendices: [Appendix 1 20/21 Projects & Costs](#)
[Appendix 2 Action Plan](#)
[Appendix 3 Distress Brief intervention Programme Pathway](#)
[Appendix 4 Direction from Health and Social Care Partnership Board](#)

Background Papers: [Protecting Scotland, Renewing Scotland: The Government’s Programme for Scotland 2020/21.](#)

Wards Affected: All

Appendix 1 – 2020/21 Project Description & Cost

Service/Support	Start/End date	Principle beneficiaries	Area of Focus	COST £
Active Care Leavers project	Jan –March 2021	Total 28 – CYP Age breakdown 16 - 12-17yrs 12 - 18-26yrs	To support care leavers in the community by providing physical activity opportunities, equipment and access to healthy eating education course.	7260
Autistic Spectrum Disorder parent support project	March 2021	28 - parents/carers of CYP Age of CYP 13 - Under 12yrs 14 - 12-17yrs 1- 18-26yrs	Post diagnostic support to parents following a diagnosis of an Autism Spectrum Disorder.	2400
Equine Assisted Learning Project	March – June 2021 (Extended timeline due to COVID 19 restrictions)	3 - 12-17yrs 2- staff	Equine Assisted Learning Project for looked after young people providing an experiential learning approach that offers a safe space and learning opportunities for people struggling with their mental health and with a wide range of social and emotional difficulties.	5979
Champions Board emotional wellbeing boxes	Jan 2021	39 - CYP 2 – under 12yrs 17 – 12-17yrs 20 – 18-26yrs 11 boxes still to be distributed	To provide wellbeing boxes to support care experienced young people, in particular those young people within our three residential houses, and those now in their own tenancies, and mostly living alone.	5600
Shannon's Boxes	April 2021	100 boxes to be distributed	To provide aids to support the emotional wellbeing of children & young people when entering local authority care provision.	4800
Y sort It Projects				16442
Wellbeing Walks	Jan –March 2021 (commenced when restrictions allowed)	20 - CYP 3- under 12yrs 17 - 12-17yrs	To provide walking challenges for young people during the winter months to help them improve their mental & physical health.	

Bike & a Breather	Jan –March 2021	60 CYP & staff 23 - under 12yrs 4 - 18-26yrs 33 - staff	To offer young people the opportunity to participate in a short local bike ride, to a location to participate in a mindfulness session.	
Winter Wellbeing Care Package	Jan 2021	147 - CYP 62 – under 12yrs 80 - 12-17yrs 5 -18-26yrs	An opportunity to have face to face contact while providing items for emotional comfort during times of restrictions due to pandemic.	
Youth Service workforce support project	Jan –March 2021	7 - Staff	To support the team at Y sort it to access wellbeing support services that provide access to professional support in order to safeguard staff wellbeing and prevent health and wellbeing risks from developing and escalating.	
WD Youth Service Wellbeing Warriors	Jan –March 2021	8 - CYP 7 – 12-17yrs 1 - 18-26yrs	To recruit, train and support our Wellbeing Warriors to become community champions, helping them to manage their own emotional wellbeing & promoting positive mental health with others, to create a peer led programme.	
Y Grow It Project – Youth service	Jan –March 2021	23 CYP 12 – under 12yrs 11 - 12-17yrs	To create a wellness & wellbeing garden, including a Youth Shelter, where relaxation sessions can be hosted and growing therapeutic plants flowers and herbs.	
Total				42299

**West Dunbartonshire Children & Young People's Mental Health & Wellbeing
Community Services and Supports Working Group Action Plan 2021/22**

Vision 'Every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing. Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This will be available in the form of easily accessible support close to their home, education, employment or community'. [National Framework](#)

Aim: To improve children & young people's access to help & support.

These high-level areas for action have been identified as key components from the framework, review of evidence & development session discussions. A whole system approach was used to identify sub actions which align to the high level areas with each action indicating at what level within the system the action is expected to impact.

System Event	The things we see in our day to day lives; symptoms of the system functioning
System Structure	How the system is organised; the structures, the processes, and the relationships between its parts
System Goal	The targets that the system is working to achieve
System Belief	The deeply held beliefs, attitudes and values of individuals, the public, and organisations causing the system to function as it does

Brief description of action	Anticipated outcome	Feasibility	Responsibility	Alignment	Additional impacts on the system	Implementation timeframe	Commitment
1. Leadership							
1.1 To lead on development and improvement of children & young people's local mental health community support and services in line with the Children & Young People's Mental Health Community Support and Services Framework.	Collective leadership across the system to support new ways of working with a focus on commissioning and improvement processes	Working Group, established since June 2020, a multi-agency children & young people's mental health planning group meets monthly, reporting into the Nurtured Delivery Improvement Group as part of local community planning arrangements. Complex issues like addressing CYP mental health requires sustained and systemic action and buy in from system leaders.	Agreed Terms of Reference set out responsibility and governance for the Children & Young People's Mental Health Community Support and Services Working	Aligns with National Framework/Policy Directive and local Community Planning Nurtured DIG plan.	This action impacts at a system structure level. This work impacts on both children and adult services and supports given focus of age 5-24yrs therefore consideration will need to be given to new models of transitions and any potential unintended consequences (either positive or negative) elsewhere in the system.	Ongoing	The Working Group report into Community Planning Nurtured DIG with associated actions on RAG performance system. In addition there will be 6 monthly reports to Scottish Government in line with reporting requirements against key performance indicators set for allocated Programme for Government funding.
2. Planning							
2.1 To undertake a comprehensive review and analysis of Children & Young People's Community Mental Health and Wellbeing Services and Supports.	A comprehensive mapping and scoping to inform future plans. An interim report to be produced incorporating analysis and assessment of findings, demonstrating where services or	University of Glasgow commissioned via Public Contract Scotland procurement processes. Programme for Government funding allocation.	Dr Jo Neary/University of Glasgow	Aligns to CYP Community Services Framework	This action impacts at a System Structure level System thinking utilised and will focus on relationships and connections between services.	Completed	Findings and interim report presented to Community Planning Nurtured DIG and multi-stakeholder workshop. Findings aligned to action plan.

supports meet key areas identified within the framework including any identified gaps will assist with the commissioning and establishment of new local community mental health and wellbeing supports or services or the development of existing supports and services.

3. Ways of Working

3.1 To develop a 'whole-system approach' for the development of work on Children & Young People's Mental Health Community Support and Services	To build on local learning from whole-system early adopter work with Public Health Scotland in relation to Public Health priorities and national characteristics.	This new way of working is resource intensive and requires commitment, energy, drive and importantly local buy in.	Children & Young People Mental Health & Wellbeing Community Supports & Services Working Group	Aligns to Public Health Scotland WSA 9 core characteristics and is aligned to the National Framework and a key recommendation from National Task Force findings	This action impacts at a System Belief level This way of working aims to embed children & young people's mental health & wellbeing more broadly, into the plans of the wider system.	Ongoing, whole systems approach workshop delivered to wider stakeholders June 2021	WSA model & toolkit (Leeds Beckett / Public Health England) utilised in tandem with Public Health Scotland 9 characteristics
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3.2 To explore new link worker model to support whole system working	To support collaborative working and linkages across the system.	Model requires stakeholder input to ensure fully embedded within the system to ensure maximum impact	Children & Young People Mental Health & Wellbeing Community Supports & Services Working Group	Aligns to Public Health Scotland WSA 9 core characteristics and the National Framework. In response to local service review undertaken by University of Glasgow	This action impacts at a system structure level System thinking utilises and will focus on relationships and connections between services.	March 2022	Service areas will work collaboratively to explore appropriate model that will support linkages across the system
3.3 To increase knowledge and skills of front line staff & parents/carers on children & young people's mental health & wellbeing via training and parental workshops	To build capacity across the workforce and wider community To address stigma and raise awareness to ensure early support for children & young people mental health & wellbeing	Consideration will need to be given to other training delivery across the system in order to compliment what is already in place. Consideration will also need to be given to new ways to deliver training & workshops learning from COVID response. e.g. hybrid models	Children & Young People Mental Health & Wellbeing Community Supports & Services Working Group	Aligns with national Mental Health Strategy 2017-2027 and the Mental Health Transition to Recovery plan and the National Framework	This action impacts at a system goal level	Ongoing rolling training and workshop programme 2021/22	Ensure linkages with suicide prevention training programme and Distress Brief Intervention training programme and training aligned to the national Mental Health strategy
4. Access							
4.1 To develop new and/or enhanced support and services aligned to the Community Mental Health and Wellbeing Supports and Services Framework and programme for Government	To provide local, easily accessible services at the right time for children & young people & their families to support their emotional wellbeing & distress	Working Group, established since June 2020 which meets monthly. Complex issues like addressing CYP mental health requires sustained and systemic action and buy in from system leaders.	Children & Young People Mental Health & Wellbeing Community Supports and Service Working Group	Aligns to Public Health Scotland WSA 9 core characteristics, the National Framework and is a key recommendation from National Task Force findings.	This action impacts at a system goal level	March 2022	Programme for Government funding until March 2022 actions aligned to funding streams and local service review

allocation.

4.2 To fund short term projects that will support mental health & wellbeing of children and young people in community settings	Parents/ carers of CYP with complex needs are provided with support. Children & young people including at risk group are provided with opportunities to support their mental health & emotional wellbeing. Wider workforce support provided around mental health & emotional wellbeing.	Short term duration of projects provides learning opportunities.	Project leads	Aligns to the 5 high level themes identified by the CYPMHCSS working group.	This action impacts at a system event level	Completed	Quantitative data & Qualitative feedback provided by each project.
4.3 To provide a new Distress Brief Intervention (DBI) associate service for 16-26yrs	To improve access to support for young people in emotional distress To train front line key workers e.g., youth workers, first responders in DBI level 1	A local Delivery Group has been established that will report to the Children & Young People mental health Community supports and Services Working Group	West Dunbartonshire DBI Delivery Group.	Aligns to Scottish Government's work on the Nation DBI programme, Suicide Prevention and Mental Health strategies and the National Framework aims to provide services for children and young people in	The action impacts at a system structure level System thinking utilises and will focus on relationships and connections between services.	December 2021	6 Monthly reporting on Performance (set KPI's) to Scottish Government and 6 monthly reporting using RAG status report to DBI National Programme Board.

emotional distress.

4.4 To explore a model for delivery of single access, multi agency provision for community mental health support for children, young people & their families	To develop models for consideration to provide single access to multi agency provision	Consideration to be given to the ability to provide an equitable service across the authority that compliments existing provision (family hub).	Children & Young People Mental Health & Wellbeing Community Supports and Service Working Group	Aligns to the National Framework and local service review.	This action impacts at a systems structure level System thinking utilises and will focus on relationships and connections between services.	March 2022	Consideration will need to be given to the local service review findings and engagement process recommendations
4.5 To provide parental support for children with complex needs	To deliver parental support / training to parents & carers of children & young people with autistic spectrum disorder and other complex needs	Following the positive impact on the children and young people whose parent and carers accessed the support in March 21, agreement to expand the provision.	Children with Disabilities Team / Specialist Children's Services, HSCP	Aligned to the high-level themes identified by the CYPMHCSS working group and the National Framework	This action impacts at a systems event level	October 2021	Provide a full evaluation of project impact from qualitative and quantitative feedback
4.6 To explore funded physical activity opportunities for children and young people	To provide vulnerable children & young people with to access local, free physical activity opportunities to support mental wellbeing	Consideration given to ensure the activities are accessed by at risk groups as well as the general population with provision provided across the area	West Dunbartonshire Leisure	Aligns to the national public health priorities and Scotland's Physical Activity Delivery Plan, A More Active Scotland	This action impacts at a systems event level	March 2022	Action will be reviewed monitored via the working group using set performance indicators

5. Co-production & Engagement

5.1 To undertake engagement using a co-production approach with young people, seeking views from children, young people and their families on local needs in relation to community mental health & wellbeing supports and services.	To engage and co-produce with children, young people and their families about new or enhanced community mental health supports & services	Contracted to University of Glasgow/Funded by Programme for Government allocation. A final report on mapping and engagement findings will set out key recommendations for future children & young people's community mental health & wellbeing supports and services.	Dr Jo Neary/University of Glasgow	Aligns to whole systems working involves community centred approach recognises and identifying local assets and the National Framework	This action impacts at a systems event level	December 2021	The findings report outlining the views of children & young people on the proposed community supports and services.
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6. Communication

6.1 To develop a Communication Strategy	To provide a comprehensive overview of how the system communicates, shares information and promotes services to children, young people, their families and the workforce who support them.	Increased awareness of service and supports across the system	Children & Young People Mental Health & Wellbeing Community Supports and Service Working Group	Aligns to National Framework with a primary objective to increase consistent information available between service providers, parents & carers and children & young people.	This action impacts at a system structure level	March 2022	Working group to review and monitor progress of strategy.
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6.2 To develop a road map of community services & supports for children, young people and their families	<p>To provide young people & families with information about where to go to access help & what's the criteria for help</p> <p>To shift system mind set away from CAMHs being the only option e.g., 'not the only destination' to wider Tier 1&2 services & supports</p> <p>To improve awareness of pathways & service criteria for appropriate support to enable a prompt response to any mental health need raised by children, young people, parents/carers.</p>	<p>Identified by workforce and systems planning as a key action to improve the community supports and service for children, young people, their families and the workforce.</p> <p>Consideration given to how the information is shared E.g., digital access.</p>	<p>Children & Young People Mental Health & Wellbeing Community Supports and Service Working Group</p>	<p>Aligns to National Framework with a primary objective to increase consistent information available between service providers, parents & carers and children & young people.</p>	<p>This action impacts at a system structure level</p>	<p>December 2021</p>	<p>To provide a comprehensive resource for children young people their families and the workforce that support them.</p>
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Appendix 3 Distress Brief Intervention (DBI) Programme Pathway

Adults (16+) with an emotional pain for which they sought, or were referred for, help and which does not require (further) emergency service response.



Source: DBI National Website (viewed April 2021)

- DBI level 2 via the frontline service referrals the 3rd sector organisation will contact the person within 24-hours of the referral and provide compassionate, problem solving support, wellness and distress management planning, supported connections and signposting to local support for a period of up to 14 days.
- DBI Training (level 1 & 2) is based on the University of Glasgow's Institute of Health & Wellbeing's training programme and can be delivered through a range of methods both face to face and virtually on platforms such as LearnPro.

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 Officer HSCP
To: Chief Executive(s) WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Direction(s) from HSCP Board 19th August 2021

Attachment: Scottish Government Funding for Children & Young People’s Community Mental Health Supports and Services
 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 B000010JH19082021
2	Date direction issued by Integration Joint Board	19 th August 2021
3	Report Author	Jonathan Hinds Head of Children’s Health, Care and Justice/Chief Social Work 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	Children’s Health & Care Services, Adult Mental Health Services
7	Full text and detail of direction	The Integration Joint Board directs the Council and Health Board to utilise the Scottish Government funding to develop, improve and expand community mental health services and support for children and young people according to action plan for funding outlined in this paper with and initial review of the outcomes achieved in March 2022.
8	Specification of those impacted by the change	Children & Young People, Parents and Carers, Staff and Community Planning Partner workforce.
9	Budget allocated by Integration Joint Board to carry out direction	£174,750 funding awarded in 2020/21 (with permission to carry forward) has been allocated to address the mental health impact of the pandemic. £353,750 has been allocated of the total funding available for development of children and young people’s community mental health and wellbeing supports. The total funding is comprised of £233,000 awarded for 2021/22 and £120,750 from 2020/21 which was provided to fund the first phase of developing additional children and young people’s community mental

		health services and supports.	
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities	
11	Strategic Milestones	Established new Distress Brief Intervention (DBI) associate service for 16-26yrs.	March 2022
		Submission of second Scottish Government combined reporting template for Children & Young People's Community Mental & Wellbeing Supports and Services Framework	January 2022
		Report to HSCP Board	March 2022
12	Overall Delivery timescales	Detail timescales of key stage and final delivery date. 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	March 2022	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: Thursday 20th May 2021, 2 p.m.

Venue: Microsoft Teams

MINUTE

Present: Diana McCrone (chair); Peter O'Neill; Beth Culshaw; Simon MacFarlane; Paul Carey; Val Tierney; Ann Cameron-Burns; Sylvia Chatfield; David Scott; David Smith; Deborah Duffy; Jo Gibson; Jonathan Hinds; Margaret Wood; Michelle McAloon; Moira Wilson; Richy Kennedy; Sam Stirling; Sean Davenport; Paul Carey; Val Jennings.

Apologies: Audrey Slater; Allan Wallace; Fraser Downie; Leeanne Galasso; Mags McCarthy; Margaret-Jane Cardno; Sandra Goldie; Shirley Furie.

In Attendance: Hazel Slattery (minute)

Item	Description	Action
1.	<p>Welcome, Introductions, Apologies D McCrone welcomed everyone to the meeting. Moira Wilson, OD was introduced to members. E McLean was invited along today to discuss the “What Matters to You” campaign.</p>	
2.	<p>Standing Agenda Items a) Minutes of Last Meeting Minutes of the last meeting were agreed as accurate, with the exception below.</p> <p>D McCrone asked if the Ethical Care Charter action plan has been distributed. J Gibson will confirm.</p>	
	<p>Matters Arising A further finance session was due to be arranged in late May, a session was delivered in March (end of year session), members are looking for further session and B Culshaw agreed that a date would be arranged; this will focus on the position of potentially using reserves. A session will be arranged after the finance meeting in June. D Smith added that Trade Unions were frustrated that they have not been consulted re spending.</p>	
	<p>J Gibson confirmed that a presentation on the new Clydebank Health Centre will be provided at the next JSF meeting in June.</p>	

b) Rolling Action Log

ICT Progress – MJ Cardno was unable to attend today's meeting, information will be provided by email before the next meeting.

S Cowie added that IT equipment for SCS has not been received, S Cowie will provide further details to H Slattery. B Culshaw advised that all IT equipment outstanding was hoped to be in place by mid June. It was highlighted that many of the staff requiring IT equipment are those who had been based in Aurora House.

Staff well being – M McAloon has collated most of the information provided by managers detailing staff well being activities, a few managers have still to provide information, many examples of good practice have been highlighted, well being report will be circulated within the next few days.

Risk assessment – Building Capacity

J Gibson advised that when remobilisation plans started, risk assessments and processes were in place, the work style audit is the next in remobilisation. Council employers will be meeting about this next week, once this is understood further risk assessments will need to take place.

c) Chief Officer Update

B Culshaw advised that there have been changes in rates of infection in some areas of Scotland, as of today in West Dunbartonshire there are 8/100,000 cases against the GGC average of 91/100,000 over the last 7 days and rates of infection continue to be monitored closely. The Health Board as a whole are monitoring the situation and looking at how we can prevent further increases of infection as well as analysing reasons for recent rises. We are starting to see an increase in hospital admissions due to increases elsewhere in the health board area.

Vaccinations continue and work with frontline services and care homes are ongoing to ensure that everyone is offered testing.

There are a very small number of infections in care homes, as of today 1 resident has tested positive, this situation is being watched carefully with a decision to be made on mass testing.

B Culshaw thanked staff for their continued hard work and commitment to delivering services, we are encouraging staff to have breaks and to take annual leave to recharge as best they can.

d) Service Updates

i. Children's Health & Care and Criminal Justice

There have been some staffing issues relating to Covid. The main challenge has been Covid within one of the Children's Houses, this has been well managed and earlier learning stood managers in good stead to manage the situation.

Criminal Justice unpaid work and placements are now up to around 60% of capacity, Care Inspectorate have been updated on activity, this continues to develop positively.

There continues to be good work within Specialist Children's Services addressing waiting times, initial waiting times are now below target however this has caused other pressures within the service, the team are looking at how best to address these pressures within local and GGC resources.

Remote working continues to provide challenges for Children and Families social work. J Hinds met with the wider management team and staff a few weeks ago about range of issues including returning to buildings; ongoing need for appropriate space. Unison have emailed J Hinds, a comprehensive response will be provided within 24 hours. An update on premises will hopefully be provided tomorrow at the premises meeting. With the change to Level 2, with the opening of hospitality and in some children's homes this has released pressure on face to face contact. Increased space for face to face contact is required in Clydebank and Hartfield to enable additional contact.

All services are experiencing fluctuating staffing, discussion will take place with the new OD Manager for HSCP to identify any common themes from exit questionnaires.

ii. Mental Health, Addictions and Learning Disabilities

Staff continue to be supported to take breaks and annual leave. There have been a few changes in staff, the service are now looking to recruit to posts. The Vale Ward and Older People's Mental Health team now have good stability, 1 medical post is currently being advertised. Regular meetings with staff are taking place. Absence levels are low.

Learning Disabilities are looking at the re-opening of day care services. Accommodation is being sought for staff due to the lease at 118 Dumbarton coming to end in October. Learning Disabilities will be moving to the day service building. Addiction Services require a space that can accommodate clinic space, discussions are ongoing with WDC and Health Board to identify a suitable space.

The Social Work supervision policy has been updated and is nearly ready to be rolled out to additional support staff. It was confirmed that the updated policy will be for WDC staff only, a policy is already in place for NHS staff. A Cameron-Burns asked if Trade Unions were involved in the new policy, S Chatfield advised that the policy is being updated in line with new legislation not a new policy and once updated Trade Unions will be consulted.

iii. Health and Community Care

Covid Community Assessment Centres continue to be available in Clydebank and Renton. Numbers of those attending continue to be tracked, a review will be undertaken on how this service will function

over the summer.

A new assessment for new clients (My Life Assessment) contacting the service who may require social work or care, has now been running for 6 weeks. Meetings have taken place with key staff to ensure the process is working and any glitches can be rectified quickly.

Care homes are working well at this time, with all care homes in the green category. Visiting has been extended and residents are now being supported to go out to other locations for family contact.

Delayed discharge performance has improved over the last week or so and staff are working closely with families of those who are in acute hospital settings.

Vaccination work continues, with 3 centres being operated. Those between the age of 40 and 50 and those who require second doses are being invited to vaccination centres. Those over 30 will be invited in June. First and second doses will be run alongside one another, there have been some blips in supply however no major issues. Centres are being staffed by the Kickstart Programme. Mobile testing at testing sites for symptomatic and asymptomatic continue to be offered, LFT can also be provided for you to carry out at home.

Health and Community Care Convenors meeting is taking place next week.

D Smith asked how were staff involved in the new My Life Assessment. J Gibson advised that following Care Inspectorate meeting an initial proposal was put forward, John Burns, Service Improvement Lead led this work. Briefing sessions were provided to staff. A pilot group took the assessment forward followed by more detailed work with staff, a launch date agreed and further training was provided on the run up to the launch date. A screening tool was also developed to be used at the first point of contact. Weekly meetings were set at the same time, seniors were invited, a queries email address was also set up to answer any questions. J Gibson and J Burns monitor this email account. J Gibson will confirm to D Smith who was on the distribution list for the email account. At this stage the assessment is for those who require social care only. It was agreed that a presentation would be provided to the July meeting of JSF on the new life assessment. This will also be on the agenda for Social Care JCC Convenors meeting next week. The meeting was informed that the assessment can be viewed on the HSCP website.

iv. HR Report

M McAloon advised that NHS absence how reduced from 4.2 to 3.8. WDC sickness has increased from 7.6 to 8.3. The main reasons for absence for NHS were personal stress, for WDC it was acute medical conditions.

It was asked if those who were shielding and returning/not returning to work had an impact on absence levels. B Culshaw advised that this has been flagged as an issue and continues to be monitored.

e) Trade Union Updates

NHS Trade Unions have accepted the 4% pay increase, this will be backdated to December 2020.

P O'Neill advised that Unison will be providing comments to all relevant committees on proposals that have come from the Feeley Report, as this will involve further government legislation. There are concerns over adopting the Scottish Government structures.

3. Rolling Agenda Items

a) Premises

Aurora House

Trade Unions voiced their frustration that Aurora House has been a standing item on the JSF agenda for many months, with at each meeting the group being informed that the HSCP had no information regarding NHS 24 moving into the building and staff from WDC and WDHSCP being moved out. Emails received by WDC staff this week have requested that staff remove their personal belongings from Aurora House. V Jennings requested a formal update, B Culshaw advised that the responsibility for Aurora House sits with WDC and that it was her understanding that this matter was being picked up and dealt with accordingly through the JCC held by Victoria Rogers and Joyce White. Trade Union colleagues were frustrated at this response given that the HSCP have a responsibility for the HSCP staff within this building and that they had continually asked for an update at each meeting of the JSF. B Culshaw will seek an update from WDC colleagues.

Trade Unions asked for it be noted that more information has been available in the public domain than shared at the JSF. From a staff point of view NHS24 have moved into Aurora House with no consultation with staff on a decision that heavily impacts on their working life. Trade Unions deemed this is unacceptable given that we are in the midst of a pandemic where mental health issues have dramatically increased. The strength of feeling amongst the staff is huge. The lack of information provided to staff has not been acceptable. WDC staff have received more information than NHS colleagues who work for the HSCP.

S Cowie asked in relation to the work style preferences survey, if each individual member of staff had been asked what their preference would be on returning to work, working from home or a mixture of the two. Members were reassured that each Head of Service have been working with each of their own teams to find out the needs of services across both HSCP and WDC. S Cowie asked if there is way of gathering information on when and how these conversations have taken place. S Chatfield advised that discussions have taken place at team meetings and will continue to be reviewed based on service requirements, which will take into consideration working from home or not. Staff have been

asked to put forward preferred working styles via managers on return to work in line with national guidance.

V Jennings has concerns as we are about to come out of lockdown and back to offices, given that we have lost Aurora House and that the lease of 118 Dumbarton Road is coming to end, where in Clydebank are these members of staff going to be located and what is being done to source suitable accommodation.

B Culshaw stated that in terms of individual needs of services discussions are being held with WDC with details on where we will be accommodated. B Culshaw will have a conversation with senior colleagues of WDC on what communication has taken place and what work has taken place with Trade Unions. D McCrone added that no consultation has taken place at JCC or JSF; if there is no engagement framework arranged within the next few days then staff side may need to move on collective action. B Culshaw and J Hinds will report back to members of the JSF within the next week.

b) Ethical Care Charter

Action plan went to IJB, the action plan is still to be shared with the JSF. Sub groups are required to be set up. An update will be sought from MJ Cardno.

Members were given the opportunity to provide comments on the draft Work Force Plan. Final Work Force Plan will be shared with the group.

c) Re-Start Plan

Risk assessments require to be completed.

4. **New Agenda Items**

a) Recording of Lateral Flow Testing

B Culshaw asked for everyone's assistance to encourage those who are carrying out LFT to record test results on the national portal.

A Cameron-Burns asked if any problems had been reported recording results on the national portal as she herself has experienced some difficulties and if there were any barriers to recording test results. No difficulties have been reported locally. D Duffy asked if QR codes could be used to record test results, B Culshaw will seek advice if this can be utilised.

A Cameron-Burns also asked if the group could be provided with the number of kits issues and the number of registered. This information will be sought and shared along with the minutes.

Members were advised that LFT kits can be requested online or by telephone, these are posted out and delivered next day. LFT's can be ordered through <http://www.nhsinform.scot/testandprotect> or by calling 0800 028 2816. A Cameron-Burns asked if this information could be communicated to staff, B Culshaw will seek advice from Health Board.

b) IJB Report District Nursing

V Tierney shared paper with members prior to the meeting. This investment is very welcome and will help to transform nursing roles, very much a good news story. The proposals have still to go to the Area Partnership Forum in relation to providing inward investment in the District Nursing Team and provides the opportunity to recruit additional nurses to the team.

D McCrone advised that other areas are using this funding to enhance career progression with District Nursing and asked if there was a particular reason why the funding was being used in WD to increase Band 5's and Band 3's. V Tierney advised that following consultation with the Lead Nurse, specialist practitioners are tied up in work that could be carried out by other nursing staff, to allow these nurses to work at the top of their specialist fields, Band 5's and Band 3's would be employed to carry out the work. The funding will be ongoing until 2024/25 which will enable a test of change to be carried out and allow us to evaluate roles.

A Cameron-Burns asked for it to be noted that the Lead Nurse (Fiona Taylor) has been extremely supportive to her staff, encouraging their own health and safety during these challenging times whilst taking forward new projects.

D McCrone asked if there were any plans to roll out Hospital at Home locally, V Tierney advised that this has not been developed locally, Glasgow and Queen Elizabeth are currently recruiting a team to pilot Hospital at Home. The plan is for this pilot to be rolled out to all HSCP's. Hospital at Home is a model of care which keeps those who have an acute condition out of hospital and safely at home, hospital care is provided by a Consultant alongside a highly qualified team of nurses.

c) Long Covid

P Carey shared his experience of Covid and long Covid, he asked what support is being put in place for those with long Covid who are fit to return to work but not quite ready for full duties or full shifts along with consultation with trade union colleagues. NHS Occupational Health are putting together a team to look at the impacts of long Covid on staff both psychological and physical support will be looked at. Employees are being supported on a 121 basis.

Public Health are commissioning research on the effect of long Covid. It was asked what can be done to support staff until the research is finalised. HSCP and WDC have a duty of care to not penalise staff who may be facing half pay due to long Covid. M McAloon will source further details from WDC to update the staff side before the next JSF. It can be considered in our approach to how we support employees but it won't impact on policies.

d) What Matters to You

E McLean highlighted the What Matters to You campaign ran by Public Health Scotland, pre engagement campaign will start on Monday encouraging staff to be involved. A community survey and staff survey will be going live on 31st May 2021 on line, text messaging service and other formats. E McLean asked if everyone could complete the survey and encourage staff to do the same. He also encouraged members on the frontline to encourage clients to tell us what matters to them. Campaign day 9th June 2021. These conversations will be ongoing not a one off event. The survey will be open for two weeks, focus groups will also take place. Members of the JSF are to be included in the circulation of the survey.

A Cameron Burns asked how this survey differs and or complements surveys already carried out by the NHS. E McLean advised that these surveys will be used to inform strategic plans over the next couple of years and not based solely on Covid-19. A Cameron-Burns also asked if this would be linked to iMatters survey and if common themes would be combined to reflect both campaigns, and was assured that it would be.

5. Any Other Business

a) Three Key Elements for Area Partnership Forum

MM

- Aurora House
- Impact of Long Covid
- District Nursing

b) Election – Staff Side Chair and Secretary

D McCrone has been re-elected as co-chair. A further discussion will take place on the election of secretary.

6. Date of Next Meeting

Thursday 17th June 2021

2 p.m.

MST

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

Date: Thursday 17th June 2021, 2 p.m.

Venue: Microsoft Teams

MINUTE

Present: Peter O’Neill (chair); Diana McCrone; Beth Culshaw; Liz Kerr; Ann Cameron-Burns; Sylvia Chatfield; David Scott; David Smith; Jo Gibson; Jonathan Hinds; Leeanne Galasso; Helen Little; Simon Macfarlane; Margaret Wood; Michelle McAloon; Paul McIver; Richy Kennedy; Sean Davenport; Audrey Slater; Val Jennings; Paul Carey; Sandra Cowie; Margaret-Jane Cardno (part meeting).

Apologies: Shirley Furie; Mags McCarthy; Allan Wallace; Fiona Taylor; Moira Wilson.

In Attendance: Hazel Slattery (minute)

Item	Description	Action
1.	<p>Welcome, Introductions, Apologies P O’Neill welcomed everyone to the meeting.</p>	
2.	<p>Matters Arising a) Long Covid Support from WDC Members were advised that Long Covid is a live issue which is being discussed nationally. Sick pay relating to Long Covid is also being discussed at a national level. P Carey has raised this issue at various forums. Implications of long Covid are not yet known, a study has been commissioned to look at this.</p> <p>V Jennings welcomed S Chatfield’s comments re 118 Dumbarton Road, however managers have held meetings with staff with no Trade Union involvement. S Chatfield will reiterate to managers that Trade Unions must be involved in meetings.</p>	
3.	<p>Standing Agenda Items a) Minutes of Last Meeting Minutes were agreed as an accurate record however P O’Neill felt that the minutes did not capture the strength of feeling felt by members regarding Aurora House.</p> <p>b) Rolling Action Log P O’Neill raised concerns re the length of time some actions are taking to complete on the rolling action list. It was agreed that if managers could not</p>	

attend the meeting, a written update would be provided.

Completed actions will be removed from the action log.

A finance session will be arranged, J Slavin provided members with a financial update. Papers are being submitted to the Board which can be viewed on line which detail proposals on earmarked reserves and underspend. J Slavin asked members to read papers and added that she is happy to answer questions via email and will provide a briefing to the next meeting of the JSF.

MJ Cardno advised members that there has been some positive progress in relation to ICT, however there have been Procurement challenges with lead in times longer than we had appreciated. There is no real clarity on lead in times, there is a global shortage. B Culshaw has raised this at the Tactical Group. WDC ICT have provided loan laptops in the interim, this is not an ideal solution however has meant that staff have been able to carry out roles. MJ Cardno will provide a written update for the next JSF.

c) Chief Officer Update

B Culshaw advised that infection rates have increased this week to 136/100,000. However cases of Covid are not following through to hospital admissions. Good progress has been made on vaccinations. Care homes are in a positive/stable situation. Mass testing has been carried out once in recent weeks.

The Audit and Performance Committee and the HSCP Board take place next week.

d) Service Updates

i. Children's Health & Care and Criminal Justice

Staffing is stable across Children and Families. Health Visitors are feeling a little strain, graduates have been recruited. Additional staffing has been sourced from bank, some staff have been able to provide overtime. Antenatal contact starts in July across GG&C. Within Criminal Justice additional funding has been received. Unpaid Work Team are recruiting to vacancies. Specialist Children's Services are reporting a pressing issue in relation to Autism assessments. A huge amount of work is ongoing to the restart process for Children and Families Social Work, a further update will be provided at the JCC C&F at 3.30 p.m. today.

ii. Mental Health, Addictions and Learning Disabilities

Staff have been consulted re workstyles. Number of staff and patients in buildings continues to be monitored to ensure that buildings are not overcrowded. Vacancies have been filled within the Mental Health Team including a Nurse Team Lead. Changes to Mental Health Assessment have received positive feedback. Vacancies within Addiction Services have been filled. More information has been released from Scottish Government regarding Drug Death Task Force monies, S Chatfield will keep members updated and will also report through the ADP.

Discussions continue to be held on finding suitable accommodation for those within 118 Dumbarton Road. The Dumbarton centre will be reopening for a maximum of 50 people (staff and service users), the risk assessment is being reviewed.

V Jennings asked for clarity on the two posts within Addiction Services and if these posts had been merged into one, S Chatfield advised that the two posts are still separate however only 1 post has currently been filled. S Chatfield will update on progress.

iii. Health and Community Care

Vaccination centres continue to be very busy. Drop in clinics have been opened for those who have had difficulty attending planned appointments. Do Not Attend rates are lower in West Dunbartonshire than other areas. Problems with queuing had been reported at the drop in centres, this was unfortunately on one of the hottest days of the year, those waiting were provided with chairs and bottled water whilst more vaccinators were drafted in. No further issues with queues have been reported. Kickstart staff have been manning the vaccination centres, this has been a great initiative with great feedback on the staff.

Progress within care homes has been steady. Residents are now being able to get out and about, some residents have also had the opportunity to spend a night at home with family.

Plans are underway to open Day Services as per ministerial letter. Plans and risk assessment discussions are underway with Public Health. It is hoped that some Day Services will recommence on 5th July 2021 for a small number of service users.

Care at Home are extremely busy. Staff have found it frustrating that phones are not being answered. L McKnight has organised an emergency number. V Jennings thanked L McKnight for very quickly implementing an emergency number.

Local convenors meeting took place, focussing on Care at Home service redesign, project initiation was discussed, timelines will be discussed at the next meeting.

M Wood advised that none of the Care at Home staff received the What Matters to You survey. J Gibson will pick this up with E McLean.

Progress on the new Health Centre is going well, on track for November, migration plan is being developed.

J Gibson informed members that she is having planned time off due to surgery, Fiona Taylor will be the Head of Service during this time.

iv. HR Report

Absence continues to be monitored, reasons for absence are being looked at so that supports can be put in place. iMatter campaign due to

start again. Moira Wilson, OD will be leading on this.

e) Trade Union Updates

NHS pay rise will be implemented in pay as soon as possible, back pay will be paid in August.

P O'Neill mentioned industrial action and advised that there has been disaggregated ballots due to no pay increases.

f) Aurora House

B Culshaw stated that due to a grievance being submitted the issues regarding Aurora House were unable to be discussed in detail. Trade Unions requested that an update was provided, A Slater advised that this could not be discussed due to the content of the grievance, the only update that could be provided was that alternative proposals are being considered, as soon as more information is known this will be shared. L Galasso added that NHS 24 are carrying out renovations on the second and third floors. Corporate Assets Team are identifying alternative accommodation.

D McCrone asked why a communication was sent to WDC staff only regarding Aurora House which did not include NHS staff based within Aurora. B Culshaw advised that WDC sent out an email late yesterday which would be circulated to NHS colleagues today by L Galasso and managers of integrated services would be reminded to share communications with all staff. Communications from integrated operational managers will be shared with staff side colleagues.

g) Physiotherapy Premises

H Little thanked D McCrone for supporting Molly, who is new in her role as a CSP rep. There are some issues regarding premises that may affect physiotherapy departments in Vale of Leven, Baillieston and Shettleston. A paper was taken to the Tactical group on Tuesday night. Meetings are taking place with Vale of Leven and Glasgow City. An update will be provided at the next meeting.

h) Ethical Care Charter Action Plan

Ethical Care Chartered Action Plan was due to be updated and brought back to the JSF along with a report on progress.

4 Rolling Agenda Items

a) Re-start plan
Item covered above.

5. New Agenda Items

a) Presentation on Queens Quay and Clydebank Health Centre
P McIver and L Kerr provided presentations on Queens Quay and Clydebank Health Centre, presentation will be shared with members.

b) Frequency of Meetings

A discussion will take place with A Slater, P O'Neill and D McCrone to

discuss frequency of meetings.

6. Any Other Business

a) Three Key Elements for Area Partnership Forum

MM

1. Good working across the HSCP on the opening of Queens Quay Care Home.
2. Acknowledge ongoing concerns re communication, HSCP and Trade Unions working together to improved this.
3. Physiotherapy premises concerns.

Trade Unions asked if a representative from their group should attend the Strategic Planning Group. B Culshaw is keen that a partnership representative from both NHS and WDC trade unions are included. V Jennings asked if this can be done in line with commissioning detailed within the Ethical Care Charter. B Culshaw advised that there is no conflict with the principles of the Ethical Care Charter.

6. Date of Next Meeting

Date of next meeting will be confirmed.