

Agenda

West Dunbartonshire
Health & Social Care Partnership

West Dunbartonshire Health & Social Care Partnership Board

Date: Thursday, 19 August 2021

Time: 10:00

Format: Zoom Video Conference

Contact: Lynn Straker, Committee Officer
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Dear Member

ITEMS TO FOLLOW

I refer to the agenda for the above meeting which was issued on 12 August and now enclose copies of Items 7 and 9 which were not available for issue at that time.

Yours faithfully

BETH CULSHAW

Chief Officer of the Health &
Social Care Partnership

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

Report by Chief Financial Officer

19 August 2021

Subject: 2021/22 Financial Performance Report

1. Purpose

- 1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 3 to 30 June 2021 and a projected outturn position to the 31 March 2022.

2. Recommendations

- 2.1** The HSCP Board is recommended to:

- **note** the updated position in relation to budget movements on the 2021/22 allocation by WDC and NHSGGC;
- **note** the reported revenue position for the period 1 April 2021 to 30 June 2021 is reporting an adverse (over spend) position of £1.098m (2.67%);
- **note** the projected outturn position of £0.141m underspend (0.08%) for 2021/22;
- **note** that the projected costs of Covid-19 for 2021/22 are currently estimated to be £6.020m;
- **note** the update on the monitoring of savings agreed for 2021/22;
- **note** the current reserves balances; and
- **note** the update on the capital position and projected completion timelines;

3. Background

- 3.1** At the meeting of the HSCP Board on 25 March 2021 members agreed the 2021/22 revenue estimates. A total indicative net revenue budget of £170.097m (excluding Set Aside) was approved as the health allocation was subject to NHSGGC Board formal approval.
- 3.2** Since the March HSCP Board report there have been a number of budget adjustments, including additional funding related to the Scottish Living Wage. A total net budget of £174.008m is now being monitored as detailed within Appendix 1.

4. Main Issues

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

- 4.1** A detailed Local Mobilisation Plan (LMP) Covid-19 financial tracker continues to be completed and is now required to be submitted to the Scottish

Government on a quarterly basis by HSCPs via NHSGGC Health Board. The detailed information is considered by the Senior Management Team and there is individual scrutiny by our funding partners and the Scottish Government.

- 4.2** The first financial tracker for 2021/22 was submitted on 27 July 2021 and the table below provides actual and projected costs based on June ledger data. At this time costs are projected until the end of the 2021/22 financial year, with the exception of care home occupancy payments, which have been projected to end of September 2021 in line with the latest COSLA guidance.

Table 1: Summary of Covid-19 Costs and Funding to 31 March 2022

Covid/Remobilisation Cost Analysis	Actual to Date	Full Year Forecast
	£000's	£000's
Covid-19 Pressures	2,103	5,594
Additional PPE	0	315
Flu Vaccination	5	5
Community Hubs	14	58
Additional Care Home Placements	0	7
Additional Staff Costs	1,071	1,812
Staff Wellbeing	0	50
Additional FHS Contractor Costs	2	26
Social Care Provider Sustainability Payments	660	1,405
Children and Family Services	0	516
Loss of Income	80	305
Other	0	87
Unachievable Savings	271	1,008
Remobilisation Costs	35	426
Adult Social Care	0	236
Reducing Delayed Discharge	35	190
Total Spend	2,138	6,020
Funding		
Earmarked Reserve for Covid Pressures	(1,217)	(4,970)
Grant Funding for Social Care £500 Thankyou Payment	(688)	(737)
Grant Funding for Third Party Provider £500 Thankyou Payment	(233)	(234)
Assumed funding to come	0	(79)
Total Funding	(2,138)	(6,020)
Assumed Funding Gap	0	0

- 4.3** Costs for 2021/22 will be subject to change as additional guidance is issued and the partnership moves through its recovery and renewal phases.
- 4.4** The table above details the anticipated full drawdown of the Covid-19 Pressures Reserve with an anticipated funding shortfall of £0.079m at this time which is assumed will be funded.
- 4.5** The table above also includes the costs and funding associated with payment of the £500 Thank-you Payment for both social care staff and third sector providers.
- 4.6** A joint letter was received on 30 June 2021 from the Minister for Mental Wellbeing and Social Care and the COSLA Spokesperson Health and Social Care confirming sustainability proposals from 1 July 2021 to March 2022 with the main points as noted below:
- Additional costs relating to remobilisation and adhering to public health measures will continue to be met in line with the Scottish Government guidance and will remain in place until 31 March 2022. This includes:
 - Additional staffing and non-staffing costs related to the pandemic, and additional costs for pandemic related administration required by care homes as set out in the annex of the guidance. This does not include continued funding for the restriction of staff movement policy;
 - The Social Care Staff Support Fund will be extended to 30 September 2021; and
 - Claims for sustainability funding for PPE will continue to be permitted until at least September 2021. We will continue to review PPE arrangements.
 - Under occupancy payments in care homes will be extended until 30 September 2021 and the criteria set out in section 1 of the guidance will continue to apply.
 - The national approach to non-delivery of care for non-residential services will continue until 30 September 2021 to allow a transition period for services to remobilise.

Summary Position

- 4.7** The current year to date position as at 30 June is an overspend of £1.098m which is mainly due to the traditional timing of applying the use of reserves at the year end. The projected outturn position, with all identified Covid-19 costs being fully funded from reserves or additional anticipated funding, is a potential underspend of £0.141m. This consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

4.8 Members should note that the projected underspend takes into account £7.739m of expenditure to be drawn down from earmarked reserves. Summary detail on the anticipated level of reserves is provided within Appendix 6. There will be a more detailed update on the application of reserves to a future meeting.

4.9 The summary position is reported within Table 2 below which identifies the projected 2021/22 budget under spend of £0.141m (0.08% of the total budget).

Table 2 - Summary Financial Information as at 31 March 2022

Summary Financial Information	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Health Care	105,776	24,502	24,448	54	107,577	(1,801)	(1,874)	73	0.1%
Social Care	102,024	20,162	19,853	309	101,341	683	(434)	1,117	1.1%
Covid-19	0	0	2,138	(2,138)	6,020	(6,020)	(5,891)	(129)	0.0%
Expenditure	207,800	44,664	46,439	(1,775)	214,938	(7,138)	(8,199)	1,061	0.5%
Health Care	(4,517)	(997)	(997)	0	(4,517)	0	0	0	0.0%
Social Care	(29,275)	(2,549)	(2,304)	(245)	(27,765)	(1,510)	(461)	(1,049)	3.6%
Covid-19	0	0	(921)	921	(1,050)	1,050	921	129	0.0%
Income	(33,792)	(3,546)	(4,222)	676	(33,332)	(460)	460	(920)	2.7%
Health Care	101,259	23,505	23,451	54	103,060	(1,801)	(1,874)	73	0.1%
Social Care	72,749	17,613	17,549	64	73,576	(827)	(895)	68	0.1%
Covid-19	0	0	1,217	(1,217)	4,970	(4,970)	(4,970)	0	0.0%
Net Expenditure	174,008	41,118	42,217	(1,099)	181,606	(7,598)	(7,739)	141	0.1%

4.10 Analysis on the projected annual variances in excess of £0.050m is contained within Appendix 5.

Update on Pay Awards

4.11 The currently reported annual budget for Health Care services includes an estimation, carried out on a GGC board wide basis, of the impact of the 2021/22 agreed pay uplift for health care staff including the incremental drift impact. This will be subject to change as the actual impact is determined at a local level.

4.12 Board members should refer to the 2021/22 Budget Setting Report approved on the 25 March 2021 which at that date reflected the revised public sector pay policy announcement shown below:

- Flat rate uplift of £800 for those earning up to £25,000;

- 2% uplift for those earning between £25,000 and £40,000;
- 1% uplift for those earning between £40,000 and £80,000; and
- Flat increase of £800 for those above £80,000.

4.13 This was subsequently rejected by health unions and a new deal was agreed in May which effectively offered an average 4% uplift across the Agenda for Change (AfC) pay scales. The Scottish Government committed to fully fund the additional cost of the base 4% however the funding would not cover the additional incremental pressure of the revised AfC pay scale.

4.14 Health Boards have received an allocation of funding in July and the six local CFOs are working with NHSGGC finance colleagues on individual allocations and the identification of the incremental gap. The September Board will be updated on the scale of the gap and proposals to cover any pressure.

Update on Scottish Government Funding

4.15 There has been a number of Scottish Government funding letters received throughout July confirming the 2021/22 allocations for both known policy initiatives as well as some specific Covid-19 recovery funding. The impact of the confirmed funding is being considered by the respective local and board wide groups e.g. Primary Care Boards, ADPs and Mental Health Strategy Groups and will be incorporated into future board updates. The funding includes:

- Funding to support the delivery of the National Drugs Mission - £0.244m (£13.5m Scottish total);
- Primary Care Improvement Fund - £2.803m full year with 50% received in 1st tranche (£155m Scottish total);
- Mental Health Action 15 - £0.579m full year with 50% received in 1st tranche (£32m Scottish total); and
- Mental Health Recovery and Renewal - £7.2m received at NHSGGC level for CAMHs and Psychological Therapies. Allocation will be across local and board wide projects. (Scottish total £34.150m)

Update on Reserves

4.16 At the 24 June 2021 meeting members approved proposals to take forward expenditure plans for earmarked reserves totalling £14.193m with anticipated spend in 2021/22 of £8.968m.

4.17 Analysis of reserves is detailed in Appendix 6 and identifies that at this time it is anticipated that £7.739m will be drawn down from earmarked reserves to fund expenditure in 2021/22.

4.18 Since the June HSCP Board reserve highlight reports have been developed and issued to each Head of Service to allow robust monitoring and oversight of the use of these reserves.

Housing Aids and Adaptations and Care of Gardens

- 4.19** The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to the HSCP Board and should be considered as an addition to the HSCP's 2020/21 budget allocation of £72.749m from West Dunbartonshire Council.
- 4.20** These budgets are managed by the Council's – Roads and Neighbourhood and Housing and Employability Services on behalf of the HSCP Board.
- 4.21** The summary projected position for the period to 31 March is included in the table below and will be reported as part of WDC's financial update position.

Table 6 - Financial Performance as at 30 June 2021

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget	Year to Date Actual	Forecast Full Year
	£000's	£000's	£000's
Care of Gardens	453	45	453
Aids & Adaptations	250	25	250
Net Expenditure	703	70	703

2021/22 Capital Expenditure

Health Care

- 4.22** The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership were impacted by the lockdown restrictions through the end of March 2020 to end of May 2020. Previous HSCP Board's have updated on the impact of these delays and this is refreshed below.
- 4.23** The HSCP Clydebank Health Quarter Capital Project Board held on 21 July was updated with the key milestones and project interdependencies of the new Clydebank Health and Care Centre.
- 4.24** The proposed completion date is 18th November 2021 and the contractor has confirmed they are on track for handover. As previously reported there is a revenue shortfall which will require to be built into future budgets, however the risk of any revenue shortfall in 2021/22 is minimal due to an earmarked reserve created at the end of 2019/20 to provide mitigation. Officers will be in better position to establish the scale of the gap for the 2022/23 budget setting exercise.
- 4.25** The transition plan is monitored by the Project Board and a brief summary of the current position includes:

- All clinics and services within the current health centre will be accommodated in the new facility as well the transfer of other HSCP services e.g. Care at Home;
- There will be a greater availability of car parking space from the current provision;
- Public transport provision is subject to further discussion as the Queen's Quay site further develops;
- Accessibility policy in relation to mobility scooters is being considered across NHSGGC health centres in partnership with local Access Panels; and
- A disposal and marketing plan is being developed for the redundant sites.

Social Care

- 4.26** As detailed in Appendix 7 Clydebank Care Home (Queens Quay House) completion was certified 9 November 2020. Clydebank Care Home is due to be financially complete by the end of financial year 2021/22.

5. Options Appraisal

- 5.1** None required

6. People Implications

- 6.1** Other than the position noted above within the explanation of variances there are no other people implications known at this time.

7. Financial and Procurement Implications

- 7.1** Other than the financial position noted above, there are no other financial implications known at this time. Any subsequent changes will be recorded within as part of the audit process.

8. Risk Analysis

- 8.1** The main financial risks to the 2021/22 projected outturn position relate to anticipated increases in demand for some key services such as mental health and other social care services as the HSCP move through its Covid-19 Recovery and Renewal phases.
- 8.2** The ongoing impact of Britain's exit from the European Union on an already Covid depressed UK Economy may have a detrimental impact on public sector funding.

9. Equalities Impact Assessment (EIA)

- 9.1** None required.

10. Environmental Sustainability

10.1 None required.

11. Consultation

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

12. Strategic Assessment

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

13. Directions

13.1 The recurring and non-recurring budget adjustments up to 30 June 2021 (as detailed within Appendix 1) will require the issuing of a revised direction, see Appendix 8.

Julie Slavin – Chief Financial Officer

Date: 6 August 2021

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Appendices: Appendix 1 – Budget Reconciliation
Appendix 2 – Monitoring of Savings
Appendix 3 – Revenue Budgetary Control 2021/22
(Overall Summary)
Appendix 4 – Revenue Budgetary Control 2021/22
(Health Care and Social Care Summary)
Appendix 5 – Variance Analysis over £50k
Appendix 6 – Reserves
Appendix 7 – Social Care Capital Update
Appendix 8 – Directions

Background Papers: 2021/22 Annual Budget Setting Update – March HSCP
Board

Localities Affected: All

2021/22 Budget Reconciliation	Health Care £000	Social Care £000	Total £000
Budget Approved at Board Meeting on 25 March 2021	97,853	72,244	170,097
Council Budget Adjustments			
Reduction in pay award funding from WDC following Cosla adjustment		(20)	(20)
Additional Scottish Living Wage funding allocated 26 March 2021		527	527
Health Budget Adjustments			
Recurring Transfer to Corporate/NHS Board - MSK Physio Accomodation SLA	(170)		(170)
Recurring Transfer to MHAU	(34)		(34)
Period 1 to 3 Adjustments			
Mobile Licence Realignment		(2)	(2)
FHS GMS Reccuring adjustments	509		509
Fhs Other To Hscp's Budget	473		473
Wdhscp Camhs Spec Doc	(16)		(16)
Gms X Chg Hscp Covid MI 6701	2		2
Gms X Chg Hscp Covid MI 6701	1		1
Camchp19 Mh Strategy Action 15	289		289
Camchp20 Pcip Tr 1 Wdhscp	1,261		1,261
Camchp22 Wdhscp Adp Funding	244		244
Anticipated outstanding budget adjustments	847		847
Revised Budget 2021/22	101,259	72,749	174,008

Efficiency Detail	Total Savings to be Monitored	Comment	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Covid Reserve	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends
	£000		£000	£000	£000	£000
Health Care						
2021/22 Approved Savings						
Admin Review	56	Not at risk	56			
Social Care						
2018/19 Savings Proposals Revised for Public Consultation and Review						
Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow	180	Saving at risk due to timing of project start date and existing costs associated with prospective clients being lower than anticipated.				180
2019/20 Savings Based on 27 March Council Meeting						
Learning Disability - Out of Authority Repatriation Part Year	70	This saving is considered to be partially at risk. High cost packages and those with single sleepovers are being reviewed. Use of taxi provision also being considered.	35	35		
2019/20 Uplift in income from SFC Agreed by Council on 27 March 2019						
Physical Disabilities - Charging £10 for Day opportunity	16	Day Services remain affected by Covid-19 - This is only likely to be achievable if support returns to 19/20 levels.		16		
2020/21 Baseline Budget Adjustments						
Reduction to taxis for social work clients	20	Saving at risk due to historical overspending on this line and linkage with review of travel policy		20		
Invoke Ordinary Resident	247	One OR client agreed to be transferred from 24 March 2021, however the second OR will not go ahead and is likely to move to Dumbarton but cost, structure and timing of new package is unknown at this time.	111	136		
Review of Residential Placements reflecting work of Service Improvement Leads	150	At risk given the historical nature of the service to overspend in recent years and the fact that a service review has yet to commence.		150		
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads	181	Care at Home review to commence in 21/22 but unlikely to realise full saving target in year for new saving which is required in addition to the previous unachieved savings	23	158		

Efficiency Detail	Total Savings to be Monitored	Comment	Savings Anticipated to be Achieved as Planned	Savings not anticipated to be achieved as planned but funded from Covid Reserve	Savings not anticipated to be achieved as planned but funded from Earmarked Reserve	Savings not anticipated to be achieved as planned but to be covered by other HSCP underspends
	£000		£000	£000	£000	£000
2020/21 Approved Savings delayed until 2021/22						
Admin Saving	119	At risk due to delays in service redesign				119
2021/22 Recurring Savings						
Overstated Mental Health Staffing	27	No risk as budget file was overstated	27			
Reduction in packages across Mental Health and Addiction Services	43	No risk due to review of RF packages	43			
1 reduction in 1 WTE Senior Social Worker	59	No risk as vacant post removed from structure.	59			
TRFS Staying Well Group	52	While there is a delay of approximately 3 months in this saving but overall supporting people likely to come in on budget	39	13		
Release of balance of FPC Monies in HQ	121	No risk as funds were unallocated and therefore able to be removed from budget	121			
Redetermination Adjustment for Community Placement	68	At risk - budget based on current numbers but this relates to an unexpected redetermination adjustment.				68
Recurring Savings Exercise (50% of reduction in external care beds)	401	Saving based on the HSCP strategic priority of supporting people in their own homes for longer and reducing length of stay. Also recovery to pre-Covid levels is unlikely in 21/22.	66		335	
2021/22 Approved Savings						
Review of foster carer strategy	108	At risk - The age profile of foster carers needs to be addressed by recruiting more internal foster carers to allow a reduction of overall expenditure within the private provision. The Covid pandemic has impacted on recruitment campaigns.		108		
Reduction in external property leases	29	Saving based on vacation of current services in Clydebank by the end of October. This will not be achieved as alternative accommodation not yet identified.			29	
Care at Home service improvement project	425	Care at Home review to commence in 21/22 but unlikely to realise full saving target in year for new saving which is required in addition to the previous unachieved savings	53	372		
Total Savings to be Monitored	2,372		633	1,008	364	367

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Older People Residential, Health and Community Care	30,024	7,922	7,898	24	30,383	(359)	(370)	11	0.0%
Care at Home	11,995	2,831	3,018	(187)	12,744	(749)	0	(749)	-6.2%
Physical Disability	2,604	684	612	72	2,314	290	0	290	11.1%
Childrens Residential Care and Community Services (incl. Specialist)	25,145	5,081	5,236	(155)	25,903	(758)	(505)	(253)	-1.0%
Strategy, Planning and Health Improvement	1,567	427	357	70	1,498	69	(71)	140	8.9%
Mental Health Services - Adult and Elderly, Community and Inpatients	10,526	2,160	2,048	112	10,329	197	0	197	1.9%
Addictions	2,817	964	988	(24)	3,225	(408)	(408)	0	0.0%
Learning Disabilities - Residential and Community Services	11,430	3,270	3,318	(48)	11,629	(199)	(29)	(170)	-1.5%
Family Health Services (FHS)	29,524	7,485	7,485	0	29,524	0	0	0	0.0%
GP Prescribing	19,906	4,730	4,729	1	19,906	0	0	0	0.0%
Hosted Services	6,715	1,780	1,622	158	6,488	227	227	0	0.0%
Criminal Justice (Including Transitions)	136	125	79	46	44	92	0	92	67.6%
Resource Transfer	16,924	2,930	2,930	0	16,924	0	0	0	0.0%
Covid-19	0	0	1,217	(1,217)	4,970	(4,970)	(4,970)	0	0.0%
HSCP Corporate and Other Services	4,695	730	680	50	5,725	(1,030)	(1,613)	583	12.4%
Net Expenditure	174,008	41,119	42,217	(1,098)	181,606	(7,598)	(7,739)	141	0.1%

Consolidated Expenditure by Subjective Analysis	Annual Budget	Year to Date Budget	Year to Date Actual	Year to Date Variance	Forecast Full Year	Forecast Variance	Reserves Adjustment	Revised Actual Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Employee	76,936	17,898	18,910	(1,012)	80,585	(3,649)	(4,212)	563	0.7%
Property	964	83	83	0	1,030	(66)	(29)	(37)	-3.8%
Transport and Plant	1,399	170	179	(9)	1,435	(36)	0	(36)	-2.6%
Supplies, Services and Admin	4,139	813	601	212	4,317	(178)	(708)	530	12.8%
Payments to Other Bodies	71,268	12,917	13,920	(1,003)	73,429	(2,161)	(1,983)	(178)	-0.2%
Family Health Services	24,092	6,004	5,999	5	24,092	0	0	0	0.0%
GP Prescribing	25,160	6,166	6,164	2	25,160	0	0	0	0.0%
Other	3,839	555	583	(28)	5,119	(1,280)	(1,267)	(13)	-0.3%
Gross Expenditure	207,797	44,606	46,439	(1,833)	215,167	(7,370)	(8,199)	829	0.4%
Income	(33,789)	(3,487)	(4,222)	735	(33,561)	(228)	460	(688)	2.0%
Net Expenditure	174,008	41,119	42,217	(1,098)	181,606	(7,598)	(7,739)	141	0.1%

Health Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Forecast Variance £000's	Reserves Adjustment £000's	Revised Actual Variance £000's
Planning & Health Improvements	649	169	133	36	720	(71)	(71)	0
Childrens Services - Community	3,491	836	872	(36)	3,543	(52)	(36)	(16)
Childrens Services - Specialist	1,485	348	409	(61)	1,657	(172)	(172)	0
Adult Community Services	9,852	2,392	2,355	37	9,831	21	(35)	56
Community Learning Disabilities	647	159	151	8	590	57	0	57
Addictions	2,078	448	472	(24)	2,310	(232)	(232)	0
Mental Health - Adult Community	5,054	1,230	1,179	51	4,908	146	0	146
Mental Health - Elderly Inpatients	3,125	763	720	43	3,143	(18)	0	(18)
Family Health Services (FHS)	29,524	7,485	7,485	0	29,524	0	0	0
GP Prescribing	19,906	4,730	4,729	1	19,906	0	0	0
Other Services	1,809	235	394	(159)	3,516	(1,707)	(1,555)	(152)
Covid-19	0	0	71	(71)	306	(306)	(306)	0
Resource Transfer	16,924	2,930	2,930	0	16,924	0	0	0
Hosted Services	6,715	1,780	1,622	158	6,488	227	227	0
Net Expenditure	101,259	23,505	23,522	(17)	103,366	(2,107)	(2,180)	73

Social Care Net Expenditure	Annual Budget £000's	Year to Date Budget £000's	Year to Date Actual £000's	Year to Date Variance £000's	Forecast Full Year £000's	Forecast Variance £000's	Reserves Adjustment £000's	Revised Actual Variance £000's
Strategy Planning and Health Improvement	918	259	224	35	778	140	0	140
Residential Accommodation for Young People	2,927	560	557	3	2,915	12	0	12
Children's Community Placements	5,628	1,437	1,454	(17)	5,696	(68)	0	(68)
Children's Residential Schools	3,397	599	713	(114)	3,852	(455)	0	(455)
Childcare Operations	4,740	1,073	1,022	51	4,781	(41)	(244)	203
Other Services - Young People	3,477	227	209	18	3,457	20	(53)	73
Residential Accommodation for Older People	7,071	1,441	1,450	(9)	7,103	(32)	0	(32)
External Residential Accommodation for Elderly	7,666	3,330	3,330	0	8,001	(335)	(335)	0
Sheltered Housing	1,350	313	307	6	1,325	25	0	25
Day Centres Older People	1,180	175	174	1	1,171	9	0	9
Meals on Wheels	22	(12)	(10)	(2)	32	(10)	0	(10)
Community Alarms	(23)	(400)	(399)	(1)	(21)	(2)	0	(2)
Community Health Operations	2,907	681	690	(9)	2,942	(35)	0	(35)
Residential - Learning Disability	8,630	2,634	2,702	(68)	8,930	(300)	(29)	(271)
Physical Disability	2,319	624	553	71	2,029	290	0	290
Day Centres - Learning Disability	2,153	476	465	11	2,109	44	0	44
Criminal Justice (Including Transitions)	136	125	79	46	44	92	0	92
Mental Health	2,346	166	150	16	2,278	68	0	68
Care at Home	11,995	2,831	3,018	(187)	12,744	(749)	0	(749)
Addictions Services	739	516	516	0	915	(176)	(176)	0
Equipu	285	59	59	0	285	0	0	0
Frailty	138	46	43	3	127	11	0	11
Carers	1,218	0	0	0	1,218	0	0	0
Integrated Change Fund	0	0	2	(2)	0	0	0	0
Covid-19	0	0	1,146	(1,146)	4,664	(4,664)	(4,664)	0
HSCP - Corporate	1,530	453	241	212	865	665	(58)	723
Net Expenditure	72,749	17,613	18,695	(1,082)	78,240	(5,491)	(5,559)	68

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Health Care Variances					
Adult Community Services	9,852	9,796	56	1%	↑
Service Description	This service provides community services for adults				
Main Issues / Reason for Variance	Forecast underspend against Glasgow HSCP Quayside bed usage.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Community Learning Disabilities	647	590	57	9%	↑
Service Description	This service provides community services for persons with learning disabilities				
Main Issues / Reason for Variance	Forecast Pays underspend due to maternity leave and vacancies .				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health - Adult Community	5,053	4,908	145	3%	↑
Service Description	This care group provides mental health services for adults				
Main Issues / Reason for Variance	Forecast pays underspend in core services based on estimated recruitment timescales for vacancies.				
Mitigating Action	None required at this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services	1,810	1,961	(151)	-8%	↓
Service Description	This care group covers administration and management costs in relation to Health Care				
Main Issues / Reason for Variance	Forecast overspend of £151k relates to estimated outstanding pay award backpay (4% less 1% already paid for April and May 2021). Once paid, this will be reflected in actuals and forecast across all Care Groups.				
Mitigating Action	None required at this time				
Anticipated Outcome	An overspend is anticipated at this time				

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status

Social Care Variances

Strategy Planning and Health Improvement	918	778	140	15%	↑
Service Description	This service covers planning and health improvement workstreams				
Main Issues / Reason for Variance	The favourable variance of £0.140m is due to a number of vacant posts assume posts will be filled by September				
Mitigating Action	None required as this time				
Actual Outcome	An underspend is anticipated at this time				

Children's Community Placements	5,628	5,696	(67)	-1%	↓
Service Description	This service covers fostering, adoption and kinship placements				
Main Issues / Reason for Variance	The adverse variance of £0.067m is mainly due to an overspend of of £0.040m in kinship payment arising from 4 potential backdated payments and 2 new external fostering placements.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An overspend is anticipated at this time				

Children's Residential Schools	3,397	3,852	(455)	-13%	↓
Service Description	This service area provides residential education for children and includes the costs of secure placements				
Main Issues / Reason for Variance	The adverse variance of £0.455m is mainly due to the delay in transitions of one young person residing in Secure Accommodation with an annual cost of £0.240m, one new placement within children with disabilities budget at a cost of £0.156m and one new placement in Catch at a cost of £0.087m. These costs are partially offset by costs charged against Covid funding.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	Over spend anticipated of £0.455mm at this time				

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Childcare Operations	4,740	4,537	203	4%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance of £0.203m is due to a number of vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Other Services - Young People	3,477	3,404	73	2%	↑
Service Description	This service area is mainly comprised of staffing costs and includes the cost of social workers				
Main Issues / Reason for Variance	The favourable variance of £0.203m is due to a number of vacant posts				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Residential - Learning Disability	8,630	8,901	(271)	-3%	↓
Service Description	This service provides residential care for persons with learning disabilities				
Main Issues / Reason for Variance	The adverse variance of £0.271m is mainly due to an underspend in staffing of £0.045m represented by vacant posts and net costs of £0.316m related to savings that are unlikely to be achieved.				
Mitigating Action	Service Managers will continue to review placements				
Anticipated Outcome	An overspend is anticipated at this time				

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Physical Disability	2,319	2,029	289	12%	↑
Service Description	This service provides physical disability services				
Main Issues / Reason for Variance	An underspend of £0.289m is anticipated at this time based on client packages paid last				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time based on client packages paid last year.				
Criminal Justice (Including Transitions and VAW)	137	44	93	68%	↑
Service Description	This service provides support and rehabilitation for offenders				
Main Issues / Reason for Variance	The favourable variance of £0.93m is mainly due to covid recovery funding received after the budget had been set which will be used to bring in additional staffing resources (projected for 6 months) to clear the backlog of work due to covid and is able to be utilised to fund current staff budget shortage which means that the contribution from the HSCP is not fully required.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				
Mental Health	2,346	2,278	69	3%	↑
Service Description	This service provides mental health services				
Main Issues / Reason for Variance	The favourable variance of £0.069m is mainly due to vacant posts of £0.023m and £0.030m due to reduction in housing support packages and 20% reduction in payment to Alzheimer's (providers sustainability).				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

Budget Details	Variance Analysis				
	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status
Care at Home	11,996	12,744	(748)	-6%	↓
Service Description	This service provides care at home which includes personal care and minor domestic tasks				
Main Issues / Reason for Variance	The adverse variance of £0.748m is mainly due to increase in staff isolation / positive covid cases impacting on internal and external care at home. There is a projected increase in the use of agency staff and overtime to cover the service. In addition there is a reduction in charging income as less practical care is being provided and delays in completing financial assessments due to the conflicting demands of the service during the pandemic. This is a complex picture and projections will be revised and the application of Scottish Government Covid Funding will be maximised.				
Mitigating Action	Officers continue to review packages and seek to balance internal and external				
Anticipated Outcome	An overspend is anticipated at this time				
HSCP - Corporate	1,529	804	724	47%	↑
Service Description	This budget contains Corporate spend and income pending allocation to services				
Main Issues / Reason for Variance	The favourable variance of £0.724m is mainly due to currently unallocated living wage funding and investment in integration budget of £0.690m and £0.080m respectively. Admin saving not being achieved, however this is offset by vacant post and pay award budget unallocated.				
Mitigating Action	None required as this time				
Anticipated Outcome	An underspend is anticipated at this time				

Analysis of Reserves	Opening Balance as at 1 April 2021	Movement in Reserves	Closing Balance as at 31 March 2022
	£000	£000	£000
Unearmarked Reserves			
Unearmarked Reserves	(4,367)	(141)	(4,508)
Total Unearmarked Reserves	(4,367)	(141)	(4,508)
Earmarked Reserves			
Scottish Govt. Policy Initiatives			
Criminal Justice	(111)	0	(111)
Carers Funding	(266)	0	(266)
Social Care Fund - Living Wage	(678)	0	(678)
Free Personal Care	0	0	0
GIFREC NHS	(72)	0	(72)
TEC (Technology Enabled Care) Project	(89)	35	(54)
Mental Health Action 15	(295)	0	(295)
Alcohol and Drug Partnership	(594)	408	(186)
Primary Care Boardwide MDT	(27)	0	(27)
Child Health Weight (Henry Programme)	(15)	15	0
Infant Feeding PFG Funding	(21)	21	0
Community Living Change Fund	(357)	0	(357)
Childrens Mental Health and Wellbeing	(175)	28	(147)
PCIF	(1,414)	1,414	0
PCIP Premises	(118)	0	(118)
Winter Plan for Social Protection - Fundng for Vulnerable Children	(91)	0	(91)
SG District Nursing Funding	(44)	0	(44)
Analogue to Digital Community Alarms	(30)	0	(30)
PEF Funding – Speech & Language Therapy Projects	(49)	25	(24)
HSCP Initiatives			
Service Redesign and Transformation	(1,030)	490	(540)
Unscheduled Care Services	(500)	0	(500)
COVID-19 Recovery	(806)	34	(772)
Unachievement of Savings	(485)	29	(456)
Recruitment Campaign for Internal Foster Carers	(30)	0	(30)
Champions Board Top Up Funding	(18)	0	(18)

Analysis of Reserves	Opening Balance as at 1 April 2021	Movement in Reserves	Closing Balance as at 31 March 2022
	£000	£000	£000
Promise Keeper Fixed Term Recruitment	(71)	0	(71)
Public Protection Officers	(244)	0	(244)
Participatory Budgeting	(300)	0	(300)
Digital Transformation	(282)	0	(282)
Training and Development	(327)	0	(327)
Change and Transformation	(144)	0	(144)
Covid-19		0	
COVID-19 Pressures	(4,970)	4,970	(0)
NHS Board Adult Social Care	(55)	0	(55)
Health Care		0	
DWP Conditions Management	(164)	6	(158)
Physio Waiting Times Initiative	(703)	(163)	(866)
Retinal Screening Waiting List Grading Initiative	(125)	(64)	(189)
Prescribing Reserve	(1,284)	0	(1,284)
CAMHS	(134)	86	(48)
Health Centre	(250)	0	(250)
Planning and Health Improvement	(70)	70	0
Social Care		0	
Learning Disability	(113)	0	(113)
Care Homes	(891)	335	(556)
Total Earmarked Reserves	(17,440)	7,739	(9,701)
Total Reserves	(21,807)	7,598	(14,209)

Month End Date 30 June 2021

Period 3

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

Special Needs - Aids & Adaptations for HSCP clients						
Project Life Financials	1,113	18	2%	1,113	0	0%
Current Year Financials	1,113	18	2%	1,113	0	0%
Project Description	Reactive budget to provide adaptations and equipment for HSCP clients.					
Project Manager	Julie Slavin					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-22	Forecast End Date	31-Mar-22		
Main Issues / Reason for Variance						
Covid impact on waiting times and reallocation of Aids & Equipment from Revenue Budget						
Mitigating Action						
Additional OT support to tackle waiting times should accelerate expenditure						
Anticipated Outcome						
Provision of adaptations and equipment to HSCP clients as anticipated.						

Month End Date 30 June 2021

Period 3

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

Replace Elderly Care Homes and Day Care Centres						
Project Life Financials	27,530	27,053	98%	27,530	(0)	0%
Current Year Financials	476	0	0%	444	(32)	-7%
Project Description	Design and construction of replacement elderly care homes and day care centres in Dumbarton and Clydebank areas.					
Project Manager	Craig Jardine					
Chief Officer	Beth Culshaw					
Project Lifecycle	Planned End Date	31-Mar-22	Forecast End Date	31-Mar-22		
Main Issues / Reason for Variance						
Clydebank Care Home (Queens Quay House) completion was certified 9 November 2020. The Statement of Final Account has been agreed with the Principal Contractor at a figure less than the cost plan and as such officers have adjusted the project outturn to report the project will be delivered on budget.						
Mitigating Action						
The statement of final account has been signed and financial risk exposure should be reduced through efforts to dispose of the existing properties at the earliest opportunity.						
Anticipated Outcome						
Dumbarton Care Home opened 2017. Clydebank Care Home was certified complete on 9 November 2020 and projected to deliver on budget.						

Appendix 8: Direction from Health and Social Care Partnership Board.

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

From: Chief Office HSCP
To: Chief Executives WDC and NHSGCC
CC: HSCP Chief Finance Officer, HSCP Board Chair and Vice-Chair
Subject: For Action: Directions from HSCP Board 25 March 2021

Attachment: 2021/22 Financial Performance Report

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

DIRECTION FROM WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD		
1	Reference number	HSCP B000011JS19082021.
2	Date direction issued by Integration Joint Board	19 August 2021
3	Report Author	Julie Slavin, Chief Financial Officer
4	Direction to:	West Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes HSCP B000005JS25032021.
6	Functions covered by direction	All delegated Health and Care Services as set-out within the Integration Scheme
7	Full text and detail of direction	West Dunbartonshire Council is directed to spend the delegated net budget of £72.749m in line with the Strategic Plan and the budget outlined within this report. NHS Greater Glasgow and Clyde is directed to spend the delegated net budget of £101.259m in line with the Strategic Plan and the budget outlined within this report
8	Specification of those impacted by the change	2021/22 Revenue Budget for the HSCP Board will deliver on the strategic outcomes for all delegated health and social care services and our citizens.
9	Budget allocated by Integration Joint Board to carry out direction	The total 2020/21 budget aligned to the HSCP Board is £204.859m. Allocated as follows: West Dunbartonshire Council - £72.749m NHS Greater Glasgow and Clyde - £101.259m Set Aside - £30.851m
10	Desired outcomes detail of what the direction is intended to achieve	Delivery of Strategic Priorities
11	Strategic Milestones	Maintaining financial balance in 2021/22
		30 June 2022

12	Overall Delivery timescales	30 June 2022.	
13	Performance monitoring arrangements	Each meeting of the HSCP Board will consider a Financial Performance Update Report and a Year-End Report in line with Annual Accounts statutory timetable.	
14	Date direction will be reviewed	The next scheduled HSCP Board 23 September 2021	

WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Report by Acting Head of Health and Community Care

19 August 2021

Subject: West Dunbartonshire Delayed Discharge Performance

1. Purpose

- 1.1 The purpose of the report is to inform the HSCP Board of the current performance in relation to delayed discharges in West Dunbartonshire, and the actions being taken to minimise these.

2. Recommendations

- 2.1 It is recommended that the IJB note the contents of this report and the range of actions underway to improve performance.

3. Background

- 3.1 The Covid pandemic has had significant impact on the safe discharge of people from hospital to home or to a homely setting, nationally and within our HSCP. West Dunbartonshire has experienced the impact on discharges in various ways and in the early stages of the pandemic there were challenges in admitting people to care homes from hospital caused by a variety of factors:

:

- Care homes having to close to admissions due to outbreaks
- Staffing shortages due to the virus / self isolation.
- A range of approaches to pre admission risk assessment across care homes
- Ward closures due to outbreaks,

Processes were then implemented to support care homes including:

- National policies and guidance to protect care homes from subsequent outbreaks
- Testing processes were implemented
- Staff and resident vaccination programme (flu and Covid)
- Care Assurance Group to consider and share good practice

- 3.2 The pandemic also impacted on legislative processes when attempting to seek guardianship for those who were deemed to lack capacity, with courts initially closed and then a resultant backlog of cases which continues to impact. The majority of delayed discharges in West Dunbartonshire relate to Adults with Incapacity (AWI), complex Mental Health or Learning Disability cases. A study on data from 2020 & 2021 of West Dunbartonshire AWI cases revealed the following contributing factors in AWI delays:

- Delays in patients' representatives deciding on or progressing with legal processes and the required inputs around Guardianship.
- Delays noted in progress by Solicitors, and also in obtaining court hearing dates.

3.3 Ward closures due to outbreaks impacted on the ability of the Hospital Discharge Team (HDT) to visit wards to assess patients for early discharge.

Improvement Actions

3.4 Improvement work was initiated which included a range of actions:

- The prioritisation of assessments for those whose discharge had been delayed, with the Hospital Discharge Team co-ordinating a range of inter-professional responses across a variety of services including Care at Home, Care Homes and Mental Health (when capacity concerns required further interventions) and District Nursing.
- PCR Testing in hospital prior to discharge as this gave assurance to Care Homes when accepting transfers from Acute care, with each person then following a 14 day self isolation period once transferred.
- Regular 'delayed discharge' meetings to review named lists of those being flagged as delays: Acute led meetings with Discharge Co-ordinators and the HSCP Head of Health and Community Care and the Integrated Operations Manager (HDT), and HSCP led with the Head of Health and Community Care, the Head of Mental Health and Learning Disabilities, the Integrated Operations Manager (HDT) and Mental Health Officer's to review all those awaiting discharge and to scrutinise actions being taken to facilitate a speedy discharge. Delays were reported weekly to SMT.
- The addition of AWI chronologies to delayed discharge reports to allow identification of any steps in the process that were slowing progress.
- Partnership working with the HDT and the HSCP Scottish Care representative to support Care Homes to process safe transfers into their care facilities.
- The District Nursing Service managing the demand to support end of life care for those who wished to stay at home, and also co-ordinating fast discharges for those who were in hospital but whose wish was to die at home. This was enabled also by the fast response of Care at Home to provide the required level of support to allow these people to be discharged safely.

Current Activity

- 3.5 Appendix 1 illustrates a range of good practice in relation to delayed discharges which we are continuing to embed locally in West Dunbartonshire.
- 3.6 At Appendix 2, a range of data illustrates the trend in relation to delayed discharges locally, and the increasing numbers and increasing bed days lost. While there has been some improvement in performance as a result of the improvement activity to date, we remain committed to further improving upon current performance. The final table in appendix 2 also illustrates our relative performance nationally.
- 3.7 The Hospital Discharge Team will continue to target those admitted to hospital, with a proactive early intervention programme and 'discharge to assess' pathway.
- 3.8 Partnership working with Independent Care Home providers has been developed through the pandemic and should continue to develop as this assists in smooth transitions of care for those moving into care home facilities. Fortnightly meetings are held with Care Home and HSCP managers to consider any current issues, new guidance and embed close working relationships.
- 3.9 Scrutiny of all 'delayed discharges' will continue to occur on a weekly basis. This will include reviewing chronologies to demonstrate the actions and interventions being taken to expedite discharges. This scrutiny includes oversight by relevant Heads of Service and the Chief Officer.
- 3.10 Proactive admission avoidance will reduce the admission rates and therefore positively impact on delays. It is recommended that the HSCP continues to utilise recognised frailty identification tools (Rockwood and the electronic Frailty Index) and builds on partnership working with GP's to develop care pathways that facilitate multi-disciplinary assessments of those at risk. These early foundations of identification of changing health care needs will support targeted health and social care interventions which will in turn reduce the risk of admission in the future.
- 3.11 Anticipatory Care Plans (ACPs) should continue to be prioritised across the HSCP and be completed and shared by relevant staff groups. This demonstrates a person centred approach and reduces the risk of inappropriate admissions. This also allows early discussions around 'Power of Attorney' (PoA) between citizens and their families.
- 3.12 Consideration is underway to implement strategies that encourage and support citizens to utilise Power of Attorney legislation. Completion of this process could both reduce the risk of hospitalisation when incapacity reaches a point where hospital admission is required, and also facilitate a speedier discharge to a preferred place of care. We want to ensure that the Post Diagnostic service ensures that PoA is considered and individuals and their carers are supported to progress.

4. Next Steps
 - 4.1 The need to prioritise actions to improve and monitor the delayed discharges statistics within West Dunbartonshire is a priority area within Community Health and Care and we take seriously our need to improve and develop the processes in place. Delayed discharges impact on Acute Care in the availability of beds and also the quality of life of those awaiting discharge as prolonged admissions have an impact on healthcare outcomes.
 - 4.2 While recognising the need to strengthen and monitor the wider delayed discharge agenda, these account for less than 2% of all West Dunbartonshire hospital discharges.
 - 4.3 By following the actions contained in this report the HSCP will be strengthened in its ability to reduce delayed discharges and contribute to positive health and social care outcomes of the citizens of West Dunbartonshire
5. Options Appraisal
 - 5.1 Not required for this report
6. People Implications
 - 6.1 Not applicable to this report
7. Financial and Procurement Implications
 - 7.1 Not applicable to this report
8. Risk Analysis
 - 8.1 Performance in delayed discharge is included in both the NHS Acute Division and local risk registers alongside details of the improvement actions detailed in this report.
9. Equalities Impact Assessment (EIA)
 - 9.1 Not applicable to this report
10. Environmental Sustainability
 - 10.1 Not applicable to this report
11. Consultation
 - 11.1 Not applicable to this report
12. Strategic Assessment

12.1 Not applicable to this report

13. Directions

13.1 Not required for this report

Name: Fiona Taylor

Designation: Acting Head of Health and Community Care

Date: 13 July 2021

Person to Contact fiona.taylor2@ggc.scot.nhs.uk

Appendices: Appendix 1 Delayed Discharge Good Practice
Appendix 2 Delayed Discharge Statistics

Background Papers None

Appendix 1 Delayed Discharge

Home should be the default position for all people leaving hospital

- This will mean partnerships must adopt a Home First approach, asking “why not home, why not now” at every stage of a person’s hospital journey. A range of intermediate care services will need to be developed and an assertive attitude taken to risk.

All parties work towards an agreed Planned Date of Discharge

- This will require everyone working as one team with a shared goal, working towards the PDD rather than from the ready for discharge date. Early referral will be needed for any on-going support needs.

People should not be assessed for their long-term support needs in an acute environment when at their most vulnerable.

- Partnerships should adopt “Discharge to Assess” as an ethos and commission dedicated “Transition Teams” to provide immediate support on discharge. As a rule, no-one should transfer directly from an acute setting to a long-term residential care setting without all options to go home being exercised.

Decisions are made and discharge occur across seven days.

- This will need decision makers and decision making processes in place across seven days and for providers to be available for new starts or re-starts of community based care. Transition Teams should be available to support weekend discharges. Pharmacy and transport must also be available, along with technology and other equipment to support safe discharge. Early discharge planning should support timely ordering and availability.

There is good communication between professionals and with the patient, family and carer.

- Community supports must have a single point of contact and access, and be readily accessible. Patients, family and carers should be involved in discharge planning with good, accessible information on what will be available to support discharge arrangements.

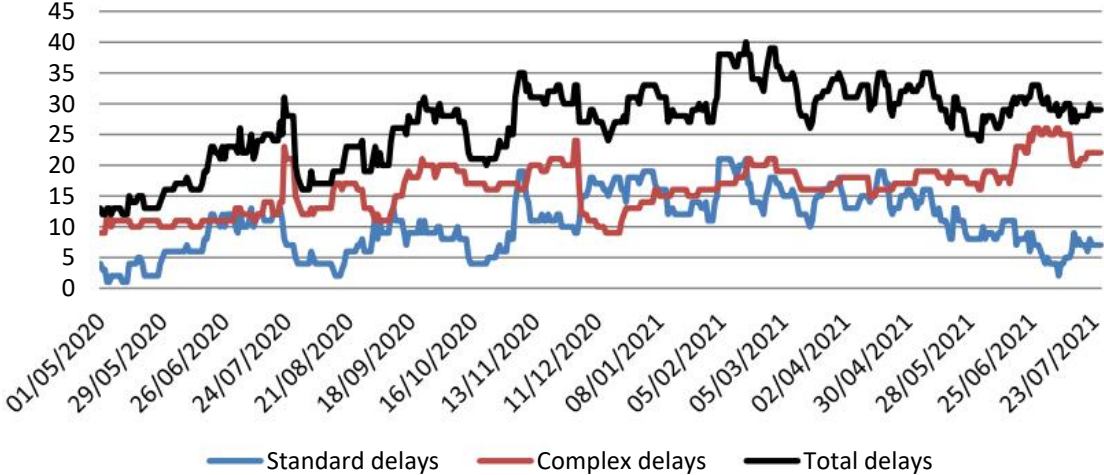
There is robust data and a series of indicators by which to measure performance and identify concerns.

- There must be a single, agreed, version of the truth, with accurate numbers and coding, to fully understand the key indicators of successful performance. SMART (Specific Measurable Achievable Realistic Timely) objectives should be set to measure the impact of these key aims.

West Dunbartonshire Performance

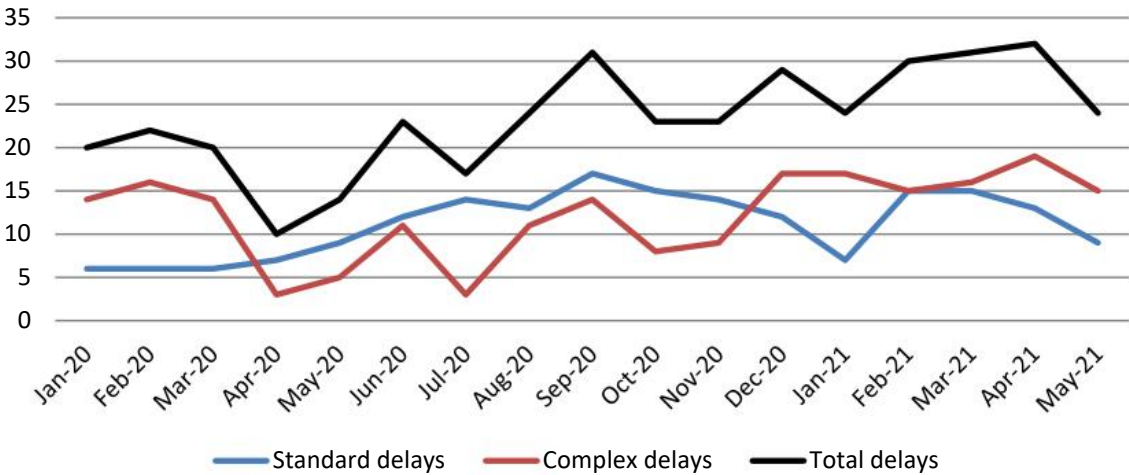
Daily Delayed Discharges May 2020-Jul 2021

(Source: Trakcare)

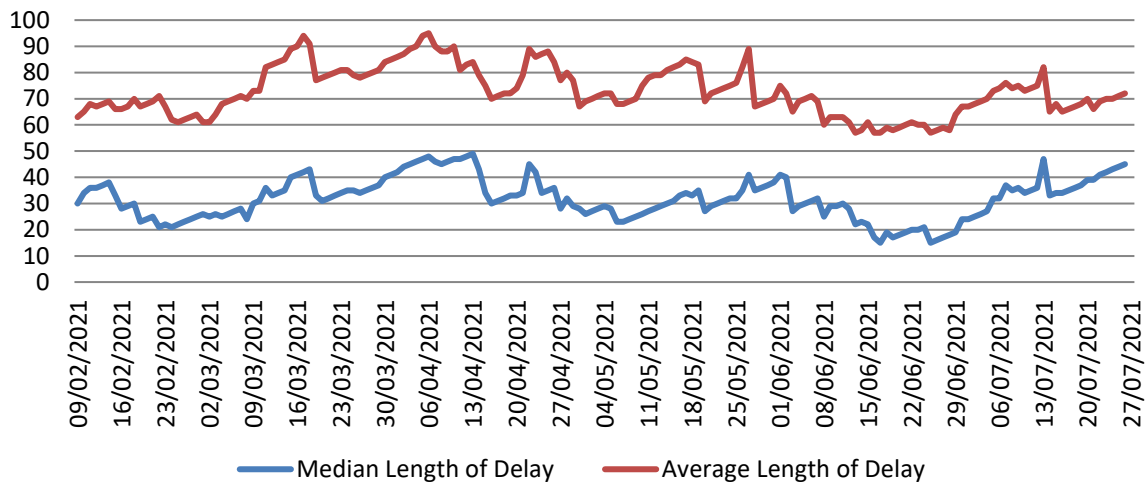


Delays at Monthly Census Point Jan 2020-May 2021

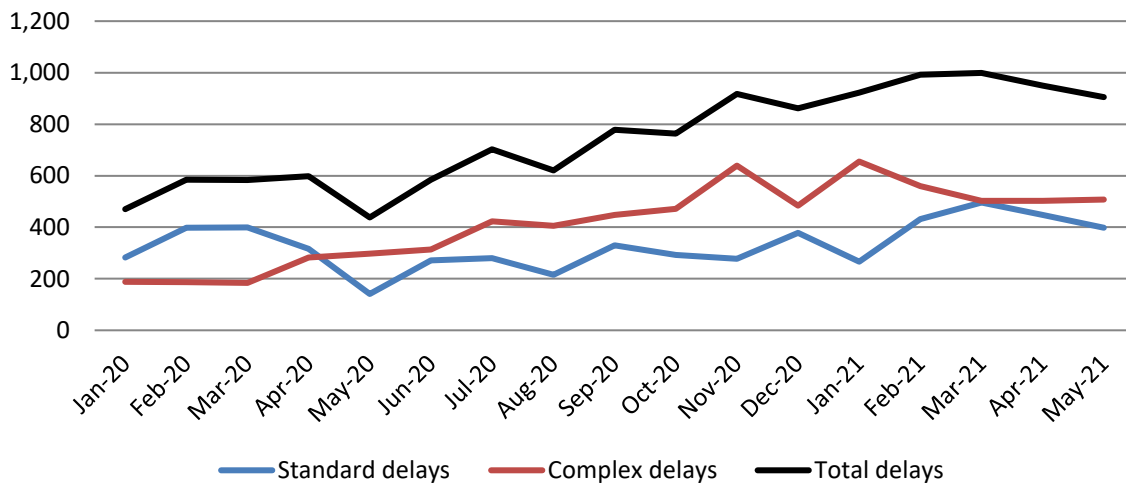
(Source: Public Health Scotland)



Daily Delays - Length of Delay Feb-Jul 2021
(Source: Trakcare)

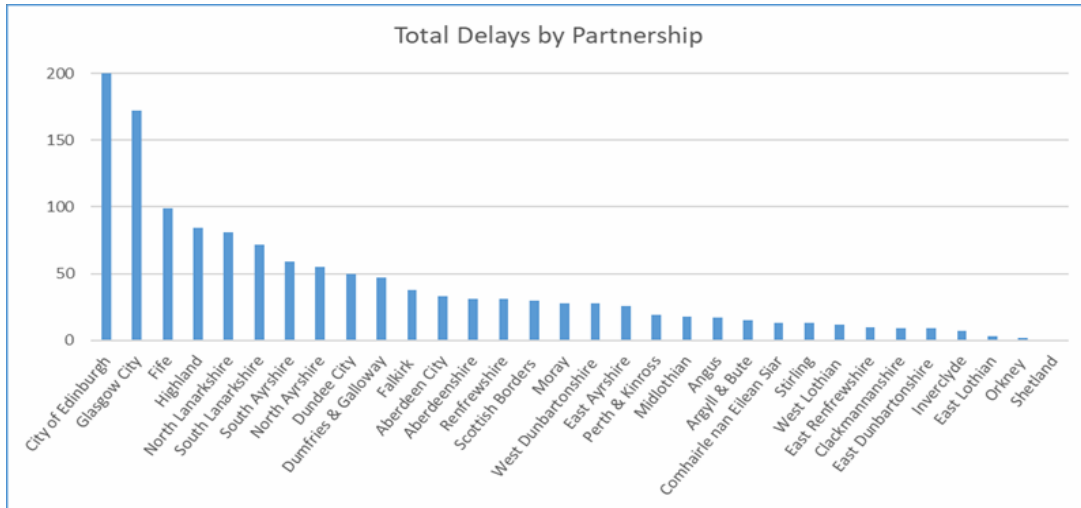


Bed Days Lost to Delayed Discharge Jan 2020-May 2021
(Source: Public Health Scotland)

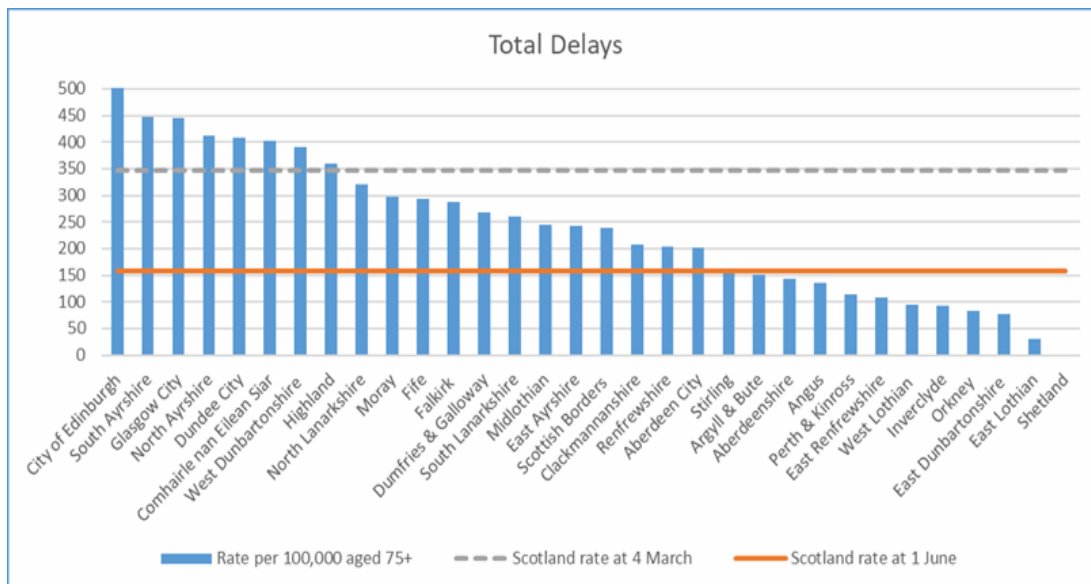


National Performance by Partnership as at 20 July 2021

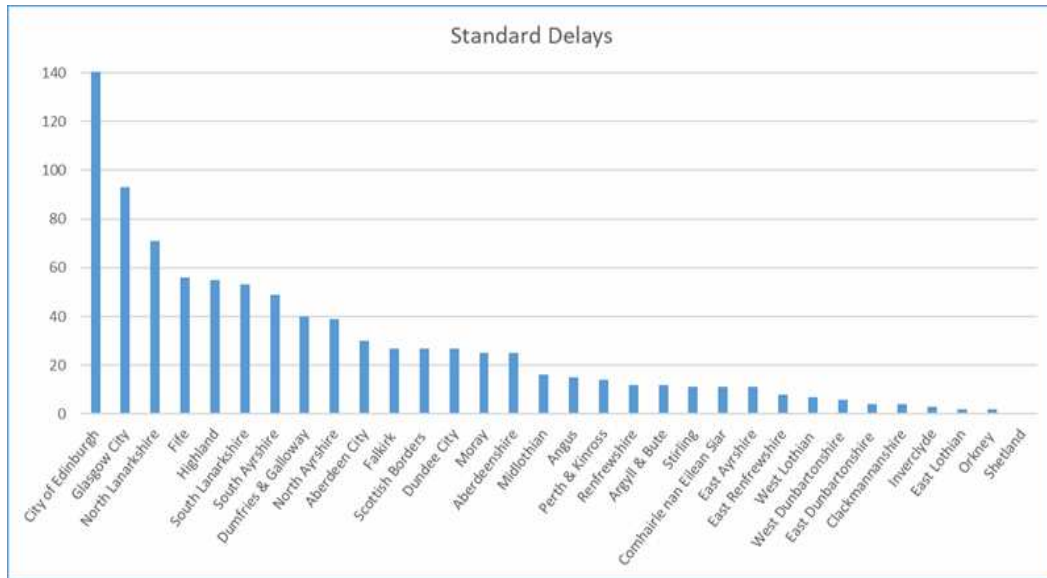
Delays by Partnership – 20 July 2021



Total delays: Rates per 100,00 population aged 75+ by Partnership – 20 July 2021



Standard delays by Partnership – 20 July 2021



Standard delays: Rates per 100,000 population aged 75+ by Partnership – 20 July 2021

